



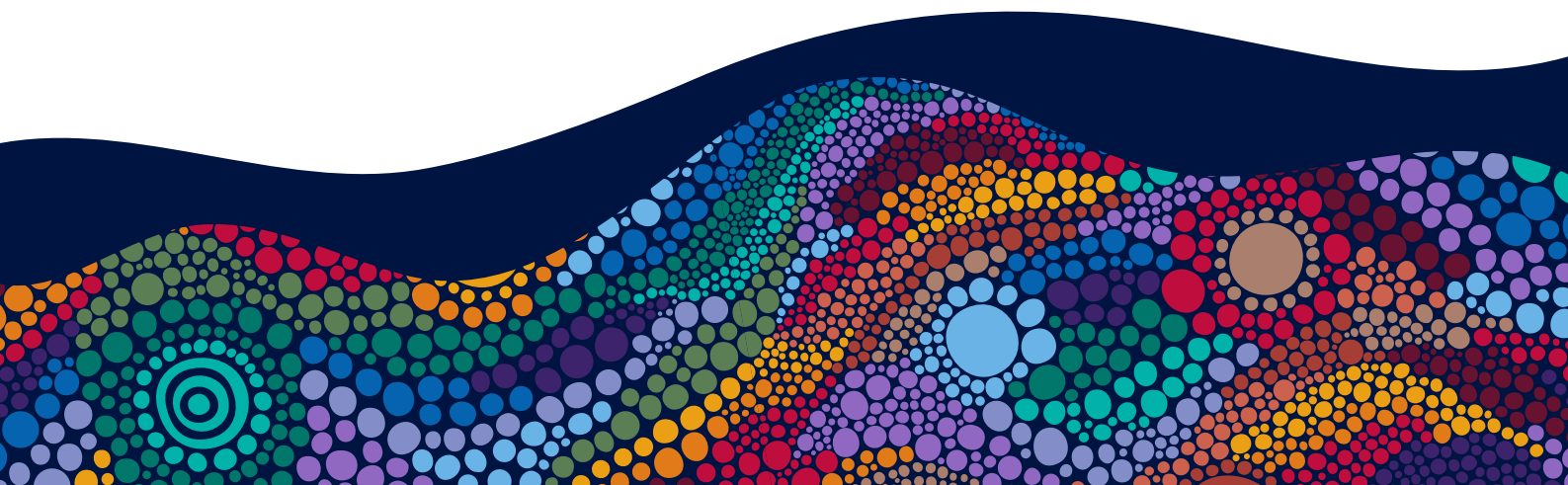
**NACCHO**

National Aboriginal Community  
Controlled Health Organisation

# Pricing Framework for Australian Residential Aged Care Services 2027-28

Submission to the Independent Health and  
Aged Care Pricing Authority

September 2026



# About NACCHO

NACCHO is the national peak body representing 150 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist several other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 146 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Enquiries about this submission should be directed to:

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# Recommendations

NACCHO recommends:

- 1 Pricing frameworks for Australian Residential Aged Care Services align with the National Agreement and its four Priority Reform Areas.
- 2 The Residential Aged Care Services Pricing Framework 2027/28 supports ACCHOs and ACCOs to provide aged care services to meet the cultural and service delivery needs of their local community.
- 3 The Government funds ongoing capacity building for ACCHO/ACCO aged care providers and provides support for all ACCHO/ACCO providers who wish to enter the market.
- 4 The Government urgently works in partnership with the community controlled sector to develop and implement a specific Aboriginal and Torres Strait Islander aged care 10-year transformation plan, as recommended by the Interim First Nations Aged Care Commissioner (IFNACC), and recommendations from the Aged Care Royal Commission.
- 5 IHACPA and the Government consult with the community controlled sector regarding NATSIFAC and flexible aged care funding to address unmet needs in Aboriginal and Torres Strait Islander aged care.
- 6 NATSIFAC funding is prioritised for ACCHOs and ACCOs.
- 7 The NATSIFAC funding model retains its existing guaranteed funding and flexibility benefits, and continues to make funds available, on application, to any residential aged care provider that has Aboriginal and Torres Strait Islander residents needing assistance to maintain connection with Country.
- 8 IHACPA adopts a *Closing the Gap* pricing principle to ensure pricing for age care services aligns with the National Agreement and its four Priority Reform Areas.
- 9 IHACPA formally engages NATSIAAC, NACCHO, and the community controlled aged care sector to ensure transparency of cost collection processes and their translation into policy.
- 10 IHACPA accounts for the unique impacts of dementia for Stolen Generations survivors in its pricing advice considerations for the Specialist Dementia Care Program and publishes its pricing methods to show how this has been addressed.

## Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Independent Health and Aged Care Pricing Authority's consultation on the Pricing Framework for Australian Residential Aged Care Services 2027-28. NACCHO acknowledges valuable input received from our Affiliates and members.

NACCHO supports submissions to this consultation made by our members and our state and territory affiliates.

## National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

### Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

### Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

### Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

### Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

## Review of Closing the Gap

In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, the Australian government needs to relinquish some control and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. It needs to share decision making with Aboriginal Community Controlled Organisations (ACCOs), recognise them as critical partners rather than passive funding recipients, and then trust them to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’<sup>1</sup>

**NACCHO recommends** that pricing frameworks for Australian Residential Aged Care Services align with the National Agreement and its four Priority Reform Areas.

## Aged care provision in an under-developed sector

Aboriginal and Torres Strait Islander people suffer disproportionate rates of disadvantage against all measures of socio-economic status. Stolen Generations survivors and their descendants carry higher levels of disadvantage across life outcomes when compared to other Aboriginal and Torres Strait Islander people, and their numbers are rising. Currently, approximately one in three adult Aboriginal and Torres Strait Islanders are Stolen Generation survivors or descendants. All Stolen Generation survivors are now aged over 50, and so are eligible for aged care.<sup>2</sup>

Thin markets in aged care contribute to Aboriginal and Torres Strait Islander Elders and older people going without essential care to stay on Country or having to move away from Country and their family, at the time they are most needed.

*‘People would rather live with pain and stress than leave Country for respite or residential care’<sup>3</sup>  
–from a Northern Territory consultation by the Interim First Nations Aged Care Commissioner*

Providers delivering care in urban, rural and remote locations and those operating small facilities, face a range of issues when trying to recruit and retain staff such as the high costs of recruitment and/or relocation and a lack of access to suitable accommodation. Remote services often need to provide expensive incentives such as remote allowances, free/subsidised accommodation, travel allowances and additional

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<sup>1</sup> Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

<sup>2</sup> HFAdmin. (2021, June 1). *Significant increase in Stolen Generations survivor numbers signals urgent need for government solutions in health, aged care, and other services*. The Healing Foundation. <https://healingfoundation.org.au/2021/06/02/significant-increase-in-stolen-generations-survivor-numbers-signals-urgent-need-for-government-solutions-in-health-aged-care-and-other-services/>

<sup>3</sup> Transforming aged care for Aboriginal and Torres Strait Islander people, Interim First Nations Aged Care Commissioner, Dec 2024 (updated Mar 2025) <https://www.health.gov.au/resources/publications/transforming-aged-care-for-aboriginal-and-torres-strait-islander-people?language=en>

leave. There is a high turnover of staff in rural and remote locations due to a range of factors including isolation, culture shock and the complex and sometimes confronting nature of the work.

Services in urban areas also operate in economically and culturally thin markets. Across the sector, there is a lack of access to staff who can provide culturally safe care for Aboriginal and Torres Strait Islander people. Analysis from the Institute for Urban Indigenous Health showed that the rate of access to aged care for older Aboriginal and Torres Strait Islander people is 10% below the national average. However, the rates of access in many remote and very remote communities attained or exceeded the national average. This demonstrated that to address these access barriers and close the parity gap, investments to improve access must also focus on older Aboriginal and Torres Strait Islander people living in cities and towns.<sup>4</sup>

To meet the recommendations of the Aged Care Royal Commission and the National Agreement and ensure all Aboriginal and Torres Strait Islander people can access and receive culturally appropriate aged care, consideration must be given to alternative staffing models, funding models, pricing models and regulatory settings for services in urban, regional, rural, remote and very remote locations. This may translate to needing additional funding, expanding access to the specialised aged care funding to support Aboriginal and Torres Strait Islander people, funding ACCHO/ACCO providers in different ways to mainstream aged care providers and/or enabling them to access exemptions from certain obligations. Without this consideration, Aboriginal and Torres Strait Islander people will continue to experience inequitable access to culturally appropriate aged care.

## Aged care services for Aboriginal and Torres Strait Islander people

ACCHOs and ACCOs are deeply committed to and accountable for ensuring that Elders and older people in their communities are well cared for in culturally appropriate settings, and that they can stay on Country and close to family in their own communities. They deliver comprehensive aged care services often in financially and culturally thin markets. However, the level of care they provide is not supported by a market-driven system and they often operate at a loss. In these culturally thin markets, small residential ACCHO/ACCO aged care providers need a safety net to be sustainable and ensure continuity of care when occupancy levels drop.

With appropriate funding NACCHO's member services would be well placed to meet the aged care needs of their communities and have clearly expressed an interest in growing to ensure they can look after their elders. As such, expanding services to include aged care services will be essential for many ACCHOs, particularly in the thin market context of rural and remote areas which are not considered viable markets by larger providers, but also in culturally thin markets in *urban* settings.

The Royal Commission into Aged Care Quality and Safety highlighted the opportunity to design a national aged care system with capacity and flexibility to respond to Aboriginal and Torres Strait Islander people's needs and aspirations. It recommended that Aboriginal and Torres Strait Islander people receive culturally respectful and safe, high quality, trauma-informed, needs-based and flexible aged care services regardless of where they live.

The Royal Commission determined that priority be given to support Aboriginal and Torres Strait Islander providers to become aged care providers. It determined that place-based and integrated service delivery models, and a focus on providing services within, or close to, Aboriginal and Torres Strait Islander populations would ensure people can maintain connection with their Country and communities.

ACCHOs' holistic, person-centred approach to care prioritises individual client needs. The multidisciplinary care model naturally supports people as they age and have growing needs for different types of care to maintain wellness. The ACCHO model of care incorporates wraparound services that are not generally available through mainstream services. Extending this model of care into residential aged care services

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<sup>4</sup> Transforming aged care for Aboriginal and Torres Strait Islander people, Interim First Nations Aged Care Commissioner, Dec 2024 (updated Mar 2025) <https://www.health.gov.au/resources/publications/transforming-aged-care-for-aboriginal-and-torres-strait-islander-people?language=en>

supports continuity of care for Aboriginal and Torres Strait Islander people from those they trust, in their local community.

Recognising that ACCOs achieve better results for Aboriginal and Torres Strait Islander people<sup>5</sup>, and the Productivity Commission's recommendation<sup>6</sup> that governments need to take steps to strengthen the capability of ACCOs in key sectors, it is essential that the Australian Residential care Pricing Framework supports the ACCO sector to deliver aged care services. NACCHO reiterates its support for all Aged Care Royal Commission recommendations relating to Aboriginal and Torres Strait Islander people and aged care service providers.

**NACCHO recommends** the Residential Aged Care Services Pricing Framework 2027/28 supports ACCOs and ACCOs to provide aged care services to meet the cultural and service delivery needs of their local community.

**NACCHO recommends** the Government funds ongoing capacity building for ACCO/ACCO aged care providers and provides support for all ACCO/ACCO providers who wish to enter the market.

### Specialist aged care programs for Aboriginal and Torres Strait Islander people

The Aged Care Act 2024 offered much hope of person-centred care. However, the reform implementation does not readily accommodate Aboriginal and Torres Strait Islander aged care.

A rights-based Aged Care Act that focuses on person-centred care should respect and support peoples' right to receive care from a trusted source. *"The aged care system must reflect the fact that for many Aboriginal and Torres Strait Islander people, health is grounded in connection to Country, culture, family and community."*<sup>7</sup> This was supported by the IFNACC as part of her proposed, ACCO-led, transformation plan for Aboriginal and Torres Strait Islander people.

Research shows that Connection to Country is a powerful determinant of health and is foundational to older Aboriginal and Torres Strait Islander peoples' ability to live, die and age well.<sup>8</sup>

To ensure more equitable access to high quality, culturally safe and inclusive aged care services for older Aboriginal and Torres Strait Islander people, NACCHO supports the first IFNACC's call for Government to develop a 10-year transformation plan, co-designed in genuine partnership with Aboriginal and Torres Strait Islander people.<sup>9</sup>

**NACCHO recommends** the Government urgently works in partnership with the community controlled sector to develop and implement a specific Aboriginal and Torres Strait Islander aged care 10-year transformation plan, as recommended by the Interim First Nations Aged Care Commissioner (IFNACC), and recommendations from the Aged Care Royal Commission.

<sup>5</sup> Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Canberra, fact sheets, Priority Reform 2, p3.

<sup>6</sup> Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Study report, volume 1, Canberra.

<sup>7</sup> Royal Commission into Aged Care Quality and Safety Final Report: Care, Dignity and Respect Volume 1 Summary and recommendations. (n.d.). <https://www.royalcommission.gov.au/system/files/2024-03/aged-care-rc-final-report-volume-1.pdf>

<sup>8</sup> Transforming aged care for Aboriginal and Torres Strait Islander people, Interim First Nations Aged Care Commissioner, Dec 2024 (updated Mar 2025) <https://www.health.gov.au/resources/publications/transforming-aged-care-for-aboriginal-and-torres-strait-islander-people?language=en>

<sup>9</sup> Transforming aged care for Aboriginal and Torres Strait Islander people, Interim First Nations Aged Care Commissioner, Dec 2024 (updated Mar 2025) <https://www.health.gov.au/resources/publications/transforming-aged-care-for-aboriginal-and-torres-strait-islander-people?language=en>

We understand that the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) is to remain as a separate, specialised program.<sup>10</sup> However, there has been a lack of clarity from the Department of Health, Disability and Ageing on when or how aged care providers who do not currently access NATSIFAC will have the opportunity to do so. This uncertainty is unsettling for some ACCHOs considering expansion into residential aged care.

Our latest advice from the Department is that a review of NATSIFAC is underway; that IHACPA is preparing advice to the Department to develop new sustainable funding model options for the program; and that any NATSIFAC expansion is paused pending full implementation of the aged care reforms and IHACPA's recommendations to Government in mid to late 2026.

The IFNACC in her report of December 2024 noted that whilst there was a need to reform, refine, and in some communities, adapt, the NATSIFAC Program, it was important for the Government to ensure that the existing benefits - including guaranteed funding, and flexibility, are not lost in the aged care reforms.

*The ability to offer flexible options to retain connection or reconnect with Country is a key strength of the NATSIFAC Program funding model.<sup>11</sup>*

**NACCHO recommends** IHACPA and the Government consult with the community controlled sector regarding NATSIFAC and flexible aged care funding to address unmet needs in Aboriginal and Torres Strait Islander aged care.

**NACCHO recommends** NATSIFAC funding is prioritised for ACCHOs and ACCOs.

**NACCHO recommends** the NATSIFAC funding model retains its existing guaranteed funding and flexibility benefits, and continues to make funds available, on application, to any residential aged care provider that has Aboriginal and Torres Strait Islander residents needing assistance to maintain connection with Country.

## Pricing framework considerations for Aboriginal and Torres Strait Islander people

NACCHO supports pricing principles that would provide greater flexibility, particularly in rural, remote, and regional areas, but also in thin markets, which in terms of delivering *culturally safe* care, extends to urban and metropolitan areas. This may translate to needing additional support for care recipient exemptions from co-contributions to ensure equitable access to aged care services.

NACCHO reiterates the limitations of remoteness and population as criteria for pricing and funding allocations in thin markets. Modified Monash Model, as sole criterion for pricing services or allocating funding and supports for aged care service delivery in thin markets, is inadequate.

This was explored more deeply in our 2025 submission.

The first Interim First Nations Aged Care Commissioner expressed concerns that:

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<sup>10</sup> Department of Health, Disability and Ageing, Submission 31, Senate Inquiry into Aged care service delivery, p. 4. (accessed via Aged care service delivery final report)

<sup>11</sup> Transforming aged care for Aboriginal and Torres Strait Islander people, Interim First Nations Aged Care Commissioner, Dec 2024 (updated Mar 2025) <https://www.health.gov.au/resources/publications/transforming-aged-care-for-aboriginal-and-torres-strait-islander-people?language=en>

*“...MMM categorisation is a flawed application in determining need and cost for aged care services. The rigid MMM classification does not account for nuance or local circumstances and disadvantages some service providers who are delivering services to Aboriginal and Torres Strait Islander people outside of the MMM6-7 locations...”<sup>12</sup>*

Pricing considerations for residential aged care for Aboriginal and Torres Strait Islander people should be sufficiently sensitive to ensure care is culturally safe.

In our 2025 submission, we recommended a *Closing the Gap* (CTG) pricing principle. Whilst the recommendation was acknowledged in IHACPA's Pricing Framework for Australian Residential Aged Care Services 2026-27, it is disappointing that it was not adopted.

**A CTG pricing principle** is necessary to accelerate and embed:

- Aboriginal and Torres Strait Islander self-determination in the design and delivery of culturally appropriate, effective aged care services
- Expansion of ACCHO/ACCO residential aged care service offerings
- Indigenous data sovereignty and the collection and sharing of data about delivery of aged care services to Aboriginal and Torres Strait Islander people with local ACCHOs and ACCOs so they can make evidence-based decisions about how they deliver aged care services.

A CTG pricing principle would serve as a reminder to IHACPA to focus on all obligations to Aboriginal and Torres Strait Islander people.

**NACCHO recommends** IHACPA adopts a *Closing the Gap* pricing principle to ensure pricing for aged care services aligns with the National Agreement and its four Priority Reform Areas.

IHACPA is now obligated under the National Health Reform Agreement (NHRA) 2026-2031<sup>13</sup> to ensure that cost collections that may affect Aboriginal and Torres Strait Islander people's aged care services, are done in accordance with formal partnership arrangements defined in the National Agreement on Closing the Gap.

The recently revised NHRA shows a different respect for operationalising obligations to align with the National Agreement on Closing the Gap and its four Priority Reform Areas.

Under Priority Reform One, these formal partnership arrangements (clauses 28 – 33) commit the parties to establish structures that empower shared decision making with governments, giving Aboriginal and Torres Strait Islander voices equal weight to government, and access to the same data and information in an accessible format. Importantly, they support transparency and mandate funding to support Aboriginal and Torres Strait Islander parties to engage independent policy advice, meet independently to determine their policy positions and to strengthen their governance so that they can engage as partners.

Alignment with Priority Reform Four requires practices to honour the *Maiaṃ nayri Wingara* (MNW) principles<sup>14</sup> which define Indigenous data as “information or knowledge in any format or medium, which is about and may affect Indigenous peoples both collectively and individually” and Indigenous Data Sovereignty.

<sup>12</sup> Interim FNACC submission to IHACPA Consultation on the Pricing Framework for Australian Residential Aged Care Services 2025-26

<sup>13</sup> <https://federalfinancialrelations.gov.au/agreements/national-health-reform-agreement> (Accessed 11 Sep 2026)

<sup>14</sup> <https://www.maiaṃnayriwingara.org/mnw-principles> (Accessed 14 Sep 2026)

In meeting its obligations to the NHRA, with respect to all matters affecting Aboriginal and Torres Strait Islander people delivering and/or receiving aged care, IHACPA should:

**Priority Reform 1** – Provide transparency and Aboriginal and Torres Strait Islander oversight of funding and pricing decisions, and funding to support them to engage as partners in the decision process

**Priority Reform 2** – Specifically ensure pricing for ACCOs and ACCHOs will support their capacity to provide aged care services to support local aged care needs in their community

**Priority Reform 3** – Consider balancing funding/pricing incentives and disincentives for all aged care providers to ensure Aboriginal and Torres Strait Islander receive culturally safe care in *all* aged care settings

**Priority Reform 4** – Consider publishing, appropriately de-identified data from aged care facilities to support and strengthen adherence to principles of governance of Aboriginal and Torres Strait Islander data.

In line with the NHRA, and to ensure transparency, NATSIAACC (National Aboriginal and Torres Strait Islander Ageing and Aged Care Council), the peak body for Aboriginal and Torres Strait Islander aged care, should be formally engaged to see how cost collections are undertaken and translated into policy.

NACCHO has a vested interest in Aboriginal and Torres Strait Islander health and wellbeing and in supporting ACCOs/ACCHOs to deliver culturally safe aged care and assessment services, and so would be willing to support this process.

**NACCHO recommends** IHACPA formally engages NATSIAAC, NACCHO, and the community controlled aged care sector to ensure transparency of cost collection processes and their translation into policy.

## Specialist Dementia Care Program considerations in pricing advice

Trauma, identity and health are deeply interconnected.

A recent Australian Institute of Health and Welfare report<sup>15</sup> commissioned by The Healing Foundation, found that when compared with other Aboriginal and Torres Strait Islander people of the same age, Stolen Generations<sup>16</sup> survivors are also more likely to experience adverse health and socioeconomic outcomes. They are 2.7 times as likely to have a severe or profound disability and 1.9 times as likely to report high psychological distress, and 1.6 times as likely to have a mental or behavioural condition. For Stolen Generations survivors, residential aged care settings may also trigger past trauma through their resemblance to childhood institutions.<sup>17</sup>

Dementia can erode coping mechanisms and protective strategies that have helped them throughout their lives and cause memories of removal, institutionalisation and the loss of family, language and culture to re-emerge. Care for Stolen Generations people living with dementia cannot be separated from culture, history or lived experience. Pricing services to this cohort should therefore accommodate care being delivered by specially trained workers who understand the impact of grief, loss and trauma of survivors, and respond in

<sup>15</sup> <https://au.headtopics.com/news/new-aihw-report-highlights-ongoing-harms-of-stolen-87517908> (Accessed 14 Sept 2026)

<sup>16</sup> <https://healingfoundation.org.au/stolen-generations/who-are-the-stolen-generations/> (Accessed 11 September 2026)

<sup>17</sup> <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/first-nations-australians-with-dementia/aged-care-service-use#Box> (Accessed 14 Sep 2026)



culturally grounded, trauma-aware ways. This will uphold dignity, emotional safety and cultural identity and reduce risk of additional trauma.<sup>18</sup>

**NACCHO recommends** IHACPA accounts for the unique impacts of dementia for Stolen Generations survivors in its pricing advice considerations for the Specialist Dementia Care Program and publishes its pricing methods to show how this has been addressed.

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<sup>18</sup> NACCHO Integrated Care Training Needs Analysis, January 2026