

POLICY OPTIONS

Perceptions and beliefs regarding the oral health of Aboriginal adults in Perth and key rural centres, Western Australia

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Policy context

Current models of care are not reducing oral health disparities between Aboriginal and non-Aboriginal Australians. Poor oral health in Aboriginal Australians is a significant concern. Evidence suggests that, despite dental caries being largely preventable (theoretically), Aboriginal people have worse periodontal disease, more decayed teeth and untreated dental caries. Current health care delivery systems need reviewing for their effectiveness in improving oral health outcomes at a population level, providing services that are culturally appropriate and understand the issues that many Aboriginal people face including marginalisation, racism and socio-economic disadvantage. Knowledge of Aboriginal perspectives of oral health and dental services is integral to developing responsive and appropriate oral health services that focus on upstream approaches such as preventing disease as well as providing tertiary dental care.

The primary aim of this project was suggested by an Aboriginal Elder and developed over time through conversations with community and Aboriginal colleagues working in health. The hypothesis was that Aboriginal peoples' perceptions of oral health may impact on a number of health behaviours. Exploring perceptions is critical as they form the basis of health behaviour. There are a number of theories in relation to epidemiology, health promotion and behaviour change that investigate stages of change in terms of healthy behaviours and the impact of influences over a lifetime. Designed to respond to a pressing need to generate new knowledge and identify practical solutions to improve the provision of adequate primary oral health care to Aboriginal people, the project findings provide evidence of how Aboriginal people and other stakeholders perceive oral health and dental services, including the barriers and enabling factors that can inform policy and practice development and future research projects.

Aboriginal Australians living in rural and remote Australia face similar disparities in oral health which are multifactorial and multigenerational stemming from the legacy of colonisation and loss of culture and identity, but which are compounded by socioeconomic and geographical disadvantage. The maldistribution of the dental workforce and difficulties in retaining and attracting staff in remote areas makes providing dental services in this context an ongoing challenge. Using volunteers to extend dental care to the remote Kimberley region of Western Australia is a novel approach to address the issue. A secondary aim of this project was to understand the potential role volunteers may play in improving oral health outcomes for remote Australian Aboriginal communities. The study explored values and attitudes towards volunteering and volunteers perceptions of oral health in remote Aboriginal communities.

Policy Options

Barriers outside an individual's control can impact on Aboriginal people making optimum oral health choices. These include cost of services and those associated with providing a healthy diet for families, long waiting times and discrimination from service providers resulting in reluctance to access dental services except for emergency treatment. Oral health is important to Aboriginal people yet current models of care are not meeting their needs, are accessed for treatment not prevention, and are not reducing disparities in oral health between Aboriginal and other Australians. This project suggests that there is a need for:

- > A review of current models of oral health education and service delivery
 - Oral health was often not assessed in general health checks. Flexible, inter-professional models of care that focus on education, prevention and treatment that are respectful of cultural differences were identified as more appropriate to addressing the oral health needs of Aboriginal people. Hence different service models utilising these components, better training in oral health for Aboriginal health workers, and offering services in appropriate community based settings require serious consideration. A dental team approach, community engagement and integration with primary health care infrastructure will better address the needs of Aboriginal communities (particularly those in rural and remote Australia).
- > Appropriate oral health promotion resources
 - Culturally appropriate oral health promotion resources sensitive to different literacy levels and cultural contexts are limited thereby further exacerbating the burden of dental and periodontal disease in Aboriginal Australians. Informing parents and carers about the benefits of promoting appropriate oral health behaviours can significantly improve their confidence in managing their oral health and that of their children. Consideration needs to be given to tailored, culturally appropriate oral health promotion materials that respond to the particular knowledge gaps and needs within the Aboriginal community from pregnancy onwards.
- > Multidisciplinary stakeholder approach
 - Diverse interdisciplinary and intercultural stakeholders working together in a meaningful way offers an opportunity to identify the barriers and enablers to strengthening partnerships, sharing knowledge and identifying new strategies to address the oral health needs of Aboriginal people. This includes thinking more creatively about how to address current structural factors that impact on optimum oral health choices.
- > Addressing broader social determinants critical to oral health outcomes
 - A key question remains of how to appropriately address the complex determinants that compromise many Aboriginal people's oral health. Many families and communities experience numerous other social inequities that result in dental health often not being a priority. Addressing these inequities is key to creating long-lasting changes in the oral health of many Aboriginal people.
- > Changing practices
 - Promoting oral health and preventing oral disease in Aboriginal people must be a shared responsibility where Aboriginal and non-Aboriginal Australians, policy makers, health care providers and community members, work together to improve oral health outcomes. This includes reviewing policies and practices for whether they promote or compromise achieving this goal.

Key findings

- > Factors beyond the control of individuals impact on making optimum oral health choices including accessing dental services. These factors included:
 - Lack of education on preventing oral disease from pregnancy onwards
 - The cost of providing a consistently healthy diet for families on limited budgets
 - The prohibitive cost of private and public dental services which offered no facilities for accompanying children such as a crèche and often had long waiting times
 - Discrimination from service providers
- > Participants visited dentists for emergency treatment rather than prevention and self-managed their dental pain. Despite teeth extraction being recognised as a cheaper option than tooth restoration, the fear of extraction and the desire to keep their own teeth saw many participants avoiding dental care.
- > Non-Aboriginal volunteer dental professionals play a significant role in complementing and extending the existing dental health infrastructure in the Kimberley region.
- > There is a need for dental services to engage with primary care systems so they work together to enable sustainable oral health outcomes. The complex socio-cultural factors that impact on oral health of Aboriginal people need to be better understood to better inform future policy and practice in this region.
- > A dental team approach, community engagement and integration with primary health care infrastructure will better address the oral health needs of remote Aboriginal communities.

Data was collected using interviews and focus groups (qualitative methodology) in order to explore the primary and secondary aims of the project:

- > Primary aim: Aboriginal peoples' perceptions of oral health and impact on health behaviour.
 - To explore Aboriginal adults' perspectives of oral health, these included discrete projects focusing on Aboriginal health workers and community members including parents and grandparents
 - To identify barriers facing Aboriginal people related to oral health and what facilitates oral health for Aboriginal people including how oral health/dental services could be improved
 - To enable the identification of key themes relating to 'barriers' and 'facilitators'.
- > Secondary aim: Understanding the potential role volunteers may play in improving oral health outcomes for remote Australian Aboriginal communities.
 - To understand the potential role volunteers may play in improving oral health outcomes for Australian Aboriginal communities
 - To explore participants' values and attitudes towards volunteering and their perceptions regarding the oral health of Aboriginal communities

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