

KEY MESSAGES

Understanding barriers and facilitators of access to dental care and completion of treatment for Aboriginal adults

June 2016

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Policy context

The general and oral health of the Aboriginal and Torres Strait Islander population of South Australia (SA) is significantly worse than the general population. Despite suffering poor oral health, prior to 2005 only a small percentage of Aboriginal people attended SA Dental Service clinics. Through the Aboriginal Liaison Program, partnerships have formed between the SA Dental Service and Aboriginal Health/Case Workers. These partnerships have been pivotal in raising the profile of oral health and increasing the acceptability of dental services among Aboriginal people, resulting in an increase in Aboriginal people accessing dental care. Currently the program is available to Aboriginal adults 18 years and over with a current Centrelink card. Clients receive free priority care (general and emergency) at all Community Dental Services clinics in SA. Since the program began in 2005, over 18,000 patients have visited a dental clinic for dental treatment. However, some clients who are referred do not take up the care and some clients begin a course of care but do not complete it. This study aimed to understand why some Aboriginal adults who are referred for dental care do not take up or complete a recommended course of dental care.

Key messages

- > Wider promotion of the Aboriginal Liaison Program is recommended amongst Aboriginal health organisations used by Aboriginal clients. Many were unaware of the availability of the service or its payment structure (free).
- > The insecurity of participants attending and having to ask for or claim a service under the Aboriginal Liaison Program could be reduced and there is a need for the better integration of information sharing between the Aboriginal Liaison Program and Community Dental Services clinic receptionists. Additionally, ensuring that there are standard and consistent procedures for reporting Aboriginal and Torres Strait Islander origin on personal records may be important.
- > Issues of timeliness of care and failure to attend appointments should be addressed – if resources were available in the future, walk-ins for clients may be an option to consider.
- > The misperception among some clients that a ‘two strike’ policy exists should be corrected as this was a significant factor in lack of treatment completed. People may be lost from the system as a result of that misperception.
- > Use of health advocates should be increased - there appeared to be a higher rate of completed treatment amongst those who had an advocate within the system.

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health.