

POLICY OPTIONS

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

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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. As a consequence, Aboriginal and Torres Strait Islander oral health has been identified as a priority in South Australia's Oral Health Plan 2010 – 2017 and in Australia's National Oral Health Plan 2015 – 2024.

Despite suffering poor oral health, prior to 2005 only a small percentage of Aboriginal people attended SA Dental Service clinics. Effective health promotion has the potential to play an important role in reducing oral health inequalities amongst Aboriginal people. Through the Aboriginal Liaison Program (ALP), 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.

The ALP began in late 2005 in response to an identified need to improve oral health outcomes for Aboriginal people in the SA metropolitan region. Four demonstration sites (Salisbury, Noarlunga, Parks and Port Adelaide) were selected based on population numbers provided by the Australian Bureau of Statistics. Funding was initially provided by the Central Northern Adelaide Health Service's Health Improvement Pool. However, since then, the SA Dental Service has covered the cost of expanding the program and the increased number of courses of dental care.

Initial planning for the program involved consultation with the Executive Director of Aboriginal and Torres Strait Islander Health and with a number of key Aboriginal staff who provided an insight into the oral health needs and expectations of the community and ways to assist people to access dental care.

One of the barriers identified initially was the two year plus waiting time for general dental care at the South Australian Dental Service's Community Dental Clinics. As a result, one of the main objectives of the ALP has been to refer eligible Aboriginal adults to participating SA Dental Service Community Dental Clinics for priority dental care. Over the life of the ALP, several policy changes have enabled it to better meet the needs of Aboriginal people. 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 Clinics in SA.

Since the ALP 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 but do not complete a course of care. 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.

Policy options

This project has the potential to improve SA Dental Service staff practices in supporting Aboriginal clients in accessing dental care. It could also improve the communication about dental care available to Aboriginal people and thus improve oral health and access. A number of possible service and individual utilisation-related factors were identified to improve access to services.

We recommend,

- > Wider promotion of the ALP amongst Aboriginal health organisations used by Aboriginal clients. Many were unaware of the availability of the service or its payment structure (free).
- > Reducing the insecurity of participants attending and having to ask for or claim service under the ALP and better integration of information sharing between the ALP 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.
- > Addressing issues of timeliness of care and failure to attend appointments – if resources were available in the future, walk-ins for clients may be an option to consider.
- > Correcting the misperception among some clients that a ‘two strike’ policy exists as it was a significant factor in lack of treatment completed. People may be lost from the system as a result of a misperception.
- > More use of health advocates - there appeared a high rate of completions amongst those who had an advocate within the system.

Key findings

Semi-structured face-to-face interviews were undertaken with Aboriginal adults who had been referred for care in each of three categories of receipt of treatment. The interview questions were designed to broadly address potential issues in the participant's ability to access public dental services.

The key findings for each treatment group are listed below,

- > Those who completed treatment
 - This group had higher levels of self-efficacy, health literacy and social cohesion; had previously used dental services, and had used a health advocate.
- > Those who partially completed treatment

This group gave complex responses. There appeared to be two dominant subgroups,

 - Those participants who started treatment but did not complete the recommended treatment plan as their primary individual objective in seeking treatment had been resolved (i.e. pain relief). They were generally satisfied with the level of treatment received.
 - Those participants who did not complete treatment due to other system level factors/barriers.
- > Those who completed no treatment
 - Some individuals interviewed completed no treatment. This group was in general less able or inclined to give comprehensive responses to many of the interviewer questions. This group could be characterised as: in receipt of an opportunistic referral, leading complex lives, having limited literacy and/or English as a second language, showing dental fear and having limited self-efficacy.

In addition it was found that knowledge of the fee structure for Aboriginal and Torres Strait Islander patients of the SA Dental Service was an issue for many of those interviewed.

KNOWLEDGE OF FEE STRUCTURE

It appears there is patchy knowledge of the fee structure for Aboriginal and Torres Strait Islander patients of the SA Dental Service.

- > Some patients thought accessing care was free, others thought there was a fee attached.
- > Many only found out at the moment of attendance when going to make a co-payment and the receptionist asked if they were of Aboriginal heritage. Making sure that the right information on fee structures is widely circulated might be an important health promotion message to this group.
- > Nearly everyone reported that they recalled receiving a reminder text or a reminder card about their appointment.

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