



AUSTRALIAN DENTAL ASSOCIATION INC.

## DELIVERY OF ORAL HEALTH CARE TO INDIGENOUS AUSTRALIANS

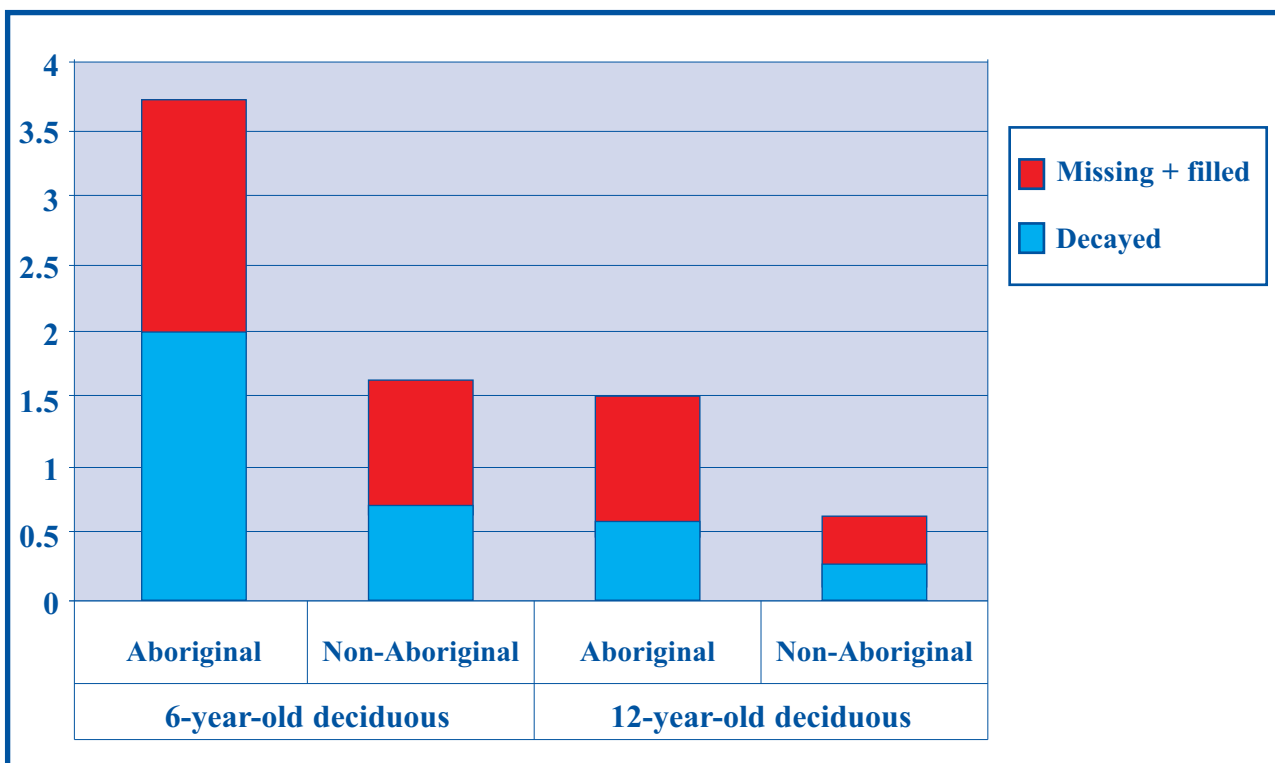
Australians in general are one of the healthiest populations of any developed country and have access to a world-class health system. Indigenous Australians in general are the least healthy of all indigenous populations within comparable developed countries and have a significantly lower level of access to appropriate health care than non-indigenous Australians.<sup>1</sup>

While this observation relates to general health care, the same most definitely applies to their oral and dental health care. Indigenous Australians do not enjoy the same oral health status as the rest of the community. It is estimated that some 16.3 percent of indigenous

Australians are edentulous compared with the overall Australian figure of 10 percent. Indigenous Australians have significantly worse periodontal health than the general population and this disease progression is responsible for considerable tooth loss. The oral health status of indigenous adults is an important example of the links between oral health and general health.

Missing teeth in older indigenous Australians are associated with high rates of diabetes and advanced periodontal disease. Indigenous children are also much worse off in terms of their dental disease status and have a high level of untreated decayed teeth. (See diagram below.)

### Child caries experience Aboriginal and non-Aboriginal, South Australia (2001)



Source: CDHA – SA data

Contacts: Dr David Houghton, President Mr Robert Boyd-Boland, Chief Executive



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Overall, expenditure on health services estimated to have been provided to Aboriginal and Torres Strait Islander peoples during 1998 – 1999 was \$3,065 per head. This was 22% higher (ratio 1.22:1) than the estimated expenditure on services delivered to non-indigenous persons. However this differential is less than might be expected, given the much poorer health status that is evident for indigenous Australians.<sup>2</sup>

While financial resources have been applied to the provision of dental care to indigenous Australians, the Australian Dental Association Inc. believes there has been insufficient attention given to ensure the effective delivery of treatment to these communities.

Any initiatives in the area of indigenous oral health should have as their focus the provision of primary and preventive care, together with the involvement of the communities themselves through the use of aboriginal health workers.

The ADA suggests to Government that specific attention be given to delivery of oral health care in this area in the following fashion:

- Increased training and involvement of indigenous Australian health workers.<sup>3</sup>
- Increased attention through educational programs focusing on prevention of oral disease through oral health education.
- Coordination of other primary health programs to ensure effective delivery of a total health care package.

#### **THE ADA RECOMMENDS:**

- There be an attempt made to recruit and train health workers from the indigenous Australian communities.
- Implementation of an effective education and training program which will increase the health workers' attitude to the importance of dental care to the indigenous Australian communities to the equivalent that is placed on general health issues.
- Introduction of a training program coupled with the publication of a suitable training manual for health staff would effectively overcome the problems that exist.
- A later review of practices of the health workers' practices should then be undertaken to ensure the training is being effectively utilized.

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1. The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013: Context, NATSIHC, Canberra, page 7.

2. ABS and AIHW: The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003, page 3.

3. "Health services that are initiated, controlled and operated by the Indigenous community have the potential to increase the level of access to health services for Aboriginal and Torres Strait Islander peoples by providing holistic and culturally appropriate care. A study by Keys Young (1997) found that some of the reasons for this might include the provision of services at no cost, a sense of ownership, the staff being likely to speak the local language, the centres playing a social role, and the provision of a wide range of services." Ibid, page 70.

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