

DELIVERY OF ORAL HEALTH CARE SPECIAL GROUPS: INDIGENOUS AUSTRALIANS

1 Introduction

- 1.1 Oral diseases are more prevalent in Indigenous Australians than non-Indigenous Australians. In addition, they have reduced access to oral health care. Both of these issues contribute to serious ill-health and lower life expectancy of Aboriginal and Torres Strait peoples ("the 17-year life gap").
- 1.2 Of the estimated Aboriginal and Torres Strait Islander population of 517,200 (ABS 2008), some 68% (351,700) live in regional and remote areas with the greater problems of access to oral health care.
- 1.3 More than 37% of the Indigenous population is under 15 years of age compared to 19% of non-Indigenous people.
- 1.4 Compared to non-Indigenous Australians:
 - Indigenous children have approximately twice the caries rate and much more untreated caries than non-indigenous children, and caries rates in children are rising.
 - Indigenous adults have more missing teeth.
 - Periodontal health is much poorer in Indigenous communities and evident in younger populations.
 - Non-insulin dependent diabetes, smoking, poor oral hygiene and infrequent dental care are more common in Indigenous people, leading to more rapid progress of periodontal disease.
 - Indigenous adults are at a much higher risk of exacerbating diabetes and related conditions from uncontrolled periodontal disease which also reduces the effectiveness of chronic disease treatment.

2 Principles

- 2.1 The Policy Statement reflects the "Close the Gap, Indigenous Health Equality Summit, Statement of Intent" (Appendix A) to which the ADA is a signatory. The statement is as follows:

"This is a statement of intent – between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organizations to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030."

- 2.2 The Policy Statement also reflects the Nine Principles (Appendix B) that guide the 2003 National Strategic Framework for Aboriginal and Torres Strait Islander Health.

3 **Policy**

Research

- 3.1 Research that enhances a better understanding of indigenous oral health issues should address:
- a national survey of the levels of oral diseases, perceptions of oral health and patterns of accessing dental care among Indigenous adults as per the National Survey of Adult Oral Health;
 - the consequential health and social effects of oral diseases over the lives of Indigenous peoples;
 - the barriers and facilitators to accessing both problem-based and regular prevention focussed oral health care; and to responding to oral health promotion strategies outlined below;
 - the building of a national evidence base which describes the most effective Indigenous oral health promotion activities and programmes, particularly within primary health care services;
 - the best practice combination of primary health care services and oral health care services that will deliver equitable and effective oral health services that meet the oral health needs of Indigenous peoples; and
 - evidence-based, best practice protocols for the clinical prevention and treatment of oral diseases, particularly periodontal disease in diabetic people.

Oral Health Promotion

- 3.2 Oral health promotion and oral health care need to be integrated within targeted primary health care programmes and services, in particular, in Aboriginal and Torres Strait Islander community-controlled health services.
- 3.3 The following known effective strategies need special modification to target the social, economic and geographic disadvantage suffered by Indigenous people:
- community water fluoridation;
 - promotion of fluoride usage;
 - education in diet and nutrition;
 - oral hygiene instruction;
 - discouragement of tobacco use;
 - trauma prevention and management; and
 - discouragement of alcohol, drug and substance abuse.

Delivery of Oral Health Care

- 3.4 Access to affordable, culturally and emotionally appropriate and acceptable dental care is difficult for most indigenous Australians. Attendance is generally problem-based and often results in tooth loss rather than oral health maintenance. Aboriginal and Torres Strait Islander peoples need to be actively involved in the design, delivery and control of future services.
- 3.5 In conjunction with research programmes to guide planning and development, it is recognised that all members of the primary care workforce, teachers, childcare providers etc need better training and knowledge of primary oral health care.
- 3.6 Policy madders and senior managers within primary health care services need to be trained and made accountable for planning and funding of oral health care services and oral health outcomes.

3.7 The following workforce initiatives are supported:

- Increased identification of Indigenous Australians as suitable members of the dental workforce and granting of special places and additional support for them in the vocational and higher education sectors;
- undergraduate, postgraduate and continuing education programmes to raise awareness of oral health and social issues amongst Indigenous peoples and provide training in culturally appropriate service delivery; and
- Government support and encouragement for dental schools and the dental workforce to work with Indigenous community controlled health services and within Indigenous communities.

Policy Statement 1.3.5

Adopted by ADA Federal Council, April 23/24, 2004.
Amended by ADA Federal Council, November 13/14, 2008.
Amended by ADA Federal Council, November 12/13, 2009.

APPENDIX A

CLOSE THE GAP

Indigenous Health Equality Summit STATEMENT OF INTENT

CANBERRA, MARCH 20, 2008

PREAMBLE

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between Indigenous and non-Indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

- Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 February 2008

This is a statement of intent – between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organizations – to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030.

We share a determination to close the fundamental divide between the health outcomes and life expectancy of the Aboriginal and Torres Strait Islander peoples of Australia and non-Indigenous Australians.

We are committed to ensuring that Aboriginal and Torres Strait Islander peoples have equal life chances to all other Australians.

We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians, and enjoy living conditions that support their social, emotional and cultural well-being.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery, and control of these services.

ACCORDINGLY WE COMMIT:

- To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.
- To ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.
- To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

- To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To supporting and developing Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieving improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

WE ARE

SIGNATURE:

APPENDIX B

[NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKSHOP – REPORT AND ACTION PLAN]

NINE PRINCIPLES

The National Aboriginal and Torres Strait Islander Oral Health Action Plan is based on a commitment to nine principles as outlined in the draft National Strategic Framework for Aboriginal and Torres Strait Islander Health. These principles are necessary for sustained improvement in Aboriginal and Torres Strait Islander health into the twenty-first century. The principles are:

- **Cultural respect:** ensuring that the cultural diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples are respected in the delivery of culturally appropriate health services.
- **A holistic approach:** recognising that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance.
- **Health sector responsibility:** improving the health of Aboriginal and Torres Strait Islander individuals and communities is a core responsibility and a high priority for the whole of the health sector. Making all services responsive to the needs of Aboriginal and Torres Strait Islander people will provide greater choice in the services they are able to use.
- **Community control of primary health care services:** supporting the Aboriginal community controlled health sector in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to a range of Aboriginal communities and its role as a major provider within the comprehensive primary health care context. Supporting community decision-making, participation and control as a fundamental component of the health system that ensures health services for Aboriginal and Torres Strait Islander peoples are provided in a holistic and culturally sensitive way.
- **Working together:** combining the efforts of government, non-government and private organisations within and outside the health sector, and in partnership with the Aboriginal and Torres Strait Islander health sector, provides the best opportunity to improve the broader determinants of health.
- **Localised decision-making:** health authorities devolving decision-making capacity to local Aboriginal and Torres Strait Islander communities to define their health needs and priorities and arrange for them to be met in a culturally appropriate way in collaboration with Aboriginal and Torres Strait Islander specific and mainstream health services.
- **Promoting good health:** recognizing that health promotion and illness prevention is a fundamental component of comprehensive primary health care and must be a core activity for specific and mainstream health services.
- **Building the capacity of health services and communities:** strengthening health services and building community expertise to respond to health needs and take responsibility for health outcomes. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, fostering leadership, governance and financial management.
- **Accountability for health outcomes:** this includes accountability for services provided and for effective use of funds by both community controlled and mainstream services. Governments are accountable for effective resource application through long-term funding and meaningful planning and service development in genuine partnership with communities. Ultimately, government is responsible for ensuring that all Australians have access to appropriate and effective health care.

