Healthy Mouths, Healthy Lives

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Introduction

Indigenous Australians suffer high levels of morbidity and premature mortality. Historically, oral diseases were almost unknown among Aboriginal Australians. Currently, they suffer substantially poorer oral health than their non-indigenous counterparts. New approaches are needed to address these disparities.

Indigenous people currently have the same risk factors as non-indigenous people however limited access to culturally appropriate and timely dental care are issues requiring attention. Culturally appropriate resources about maintaining healthy teeth and mouths, nutritional guidance on how much sugar is contained in certain foods and drinks are also less readily available for the indigenous Australian population.

Aims

• To undertake a comprehensive oral health needs analysis of the Indigenous population in Mt Druitt.
• To make contact and establish a process/framework to promote dental courses for Indigenous students.
• Direct oral health education to a focus group that would make the most impact. We have decided on mothers and babies/pre-school children.

Results

Are the oral health needs of the community met?

- 47.4% answered ‘no’, main reasons being long waiting lists, limited awareness of services apart from Aboriginal Medical Services
- 31.6% answered ‘yes’ main reasons being that there are dental services available but the community is reluctant to access them.
- 7.9% answered ‘unsure’ with the reasons being that they are not aware of the Oral health needs of the community.

Can members of the community identify the significant link between Oral Health and General Health?

- 39.5% answered ‘yes’
- 28.9% answered ‘no’
- 31.6% answered ‘some can’

A significant proportion of the sample believed that the general population of Mount Druitt are unable to identify the link between oral health and general health, with the larger sample believed some can and the smallest proportion of the sample stated that all can.

Conclusion

A strategic plan is needed to assist the Indigenous population to improve their oral health. Recommendations that are effective and that can be implemented immediately are:

• Advertising of various dental programs available because a large proportion of the Indigenous communities are not aware of how to access dental services.
• Dental brochures must be more readily available at various Indigenous community centres and/or events, not just at the dental clinics.
• Dental brochures must be written in simple English language so that the wider Indigenous population can understand.
• Recruit more Indigenous students into dental programs at universities. This would increase the rate of regular dental visits if there were more Indigenous dentists/therapists working in the Indigenous communities.
• Include dental screening on the “Mootang Tarimi - Longer Living” bus so that the dental service comes to the less mobile people in the communities.
• Regular university participation in oral health promotion to high school Indigenous students and general community.

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References


