Policy Statement 2.3.5 – Delivery of Oral Health: Special groups: Aboriginal and Torres Strait Islander Australians

AUSTRALIAN DENTAL ASSOCIATION

Position Summary

Research must be funded to better understand the dental needs and issues of Aboriginal and Torres Strait Islander people. Steps must be taken to address the social, cultural, economic, and geographical disadvantages suffered by these groups that negatively impact on their oral health.

1. Background

1.1. Oral diseases are more prevalent in Indigenous Australians than non-Indigenous Australians. In addition, they may 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 Islander people ("the 17-year life gap").

1.2. In the 2016 census there were 798,400 people identified as being of Aboriginal and Torres Strait Islander origin and over a third lived in major city areas.

1.3. The Indigenous population is much younger overall than the non-Indigenous population. The median age of the Aboriginal and Torres Strait Islander population at 30 June 2016 was 23.0 years, compared to 37.8 years for the non-Indigenous population.

1.4. Compared to non-Indigenous Australians:

- Indigenous children have approximately twice the caries experience and more untreated carious lesions than non-Indigenous children, and caries experience in children is rising.
- Indigenous adults have more missing teeth.
- periodontal disease is more prevalent for Indigenous Australians 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.
- Aboriginal and Torres Strait Islander people are at increased risk of rheumatic heart disease.

1.5. The social and cultural determinants of oral health are an important factor in Indigenous oral health.

1.6. 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.

1.7. The representation of Indigenous practitioners within the oral health workforce is lower than their representation within the Australian population.

1.8. The Policy Statement reflects the "Close the Gap, Indigenous Health Equality Summit, Statement of Intent" (Appendix) 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."

This Policy Statement is linked to other Policy Statements: *2.2.1 Community Oral Health Promotion: Fluoride Use & 2.3.4 Individuals in Remote Areas*

1.9. The Policy Statement also reflects the principles that guide the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023.

2. Position

Research

2.1. 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 people;
- the barriers and facilitators to accessing both problem-based and regular prevention focused 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 programs, 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 people;
- evidence-based, best practice protocols for the clinical prevention and treatment of oral diseases, particularly periodontal disease in diabetic people; and
- the social and cultural determinants of Indigenous oral health.

Oral Health Promotion

2.2. Oral health promotion and oral health care need to be integrated within targeted primary health care programs and services, in particular, in Aboriginal and Torres Strait Islander community-controlled health services.

2.3. The following known effective strategies need special modification to target the social, cultural, economic and geographic disadvantage suffered by Indigenous people:

- community water fluoridation of all Indigenous communities with a population of 500 or more;
- promotion of fluoride usage, such as fluoridated toothpaste and professional application of fluoride varnish;
- education relating to diet and nutrition;
- oral hygiene instruction;
- discouragement of tobacco use and betel nut use;
- trauma prevention and management; and
- minimisation of alcohol, drug and substance abuse.

2.4. The following social and cultural determinants of Indigenous oral health should be addressed:

- access to affordable healthy food, such as fresh fruit and vegetables;
- reduce access to and consumption of sugars, especially sugar sweetened beverages;
- access to oral hygiene products;

- places for the storage of oral hygiene products;
- adequate hygiene facilities;
- adequate housing; and
- education.

Delivery of Oral Health Care

2.1. The social and cultural determinants of Indigenous oral health need to be recognised and addressed.

2.2. Aboriginal and Torres Strait Islander people need to be actively involved in the design, delivery and control of future services.

2.3. The participation of Indigenous practitioners within the oral health workforce should be encouraged.

2.4. In conjunction with research programs to guide planning and development, it is recognised that all members of the primary care workforce, teachers, childcare providers and other relevant service providers need better training and knowledge of primary oral health care.

2.5. Policy makers 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.

2.6. There should be 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.

2.7. Training in cultural safety to raise awareness of oral health and social issues among Indigenous people should be provided to undergraduate, postgraduate and continuing professional development programs.

2.8. Government should support and encourage dental schools and the dental workforce to work with Indigenous community controlled health services and within Indigenous communities.

Policy Statement 2.3.5

Adopted by ADA Federal Council, April 22/23, 2004.

Amended by ADA Federal Council, November 13/14, 2008.

Amended by ADA Federal Council, November 12/13, 2009.

Amended by ADA Federal Council, November 18/19, 2010.

Amended by ADA Federal Council, November 14/15, 2013.

Amended by ADA Federal Council, November 10/11, 2016.

Editorially amended by Constitution & Policy Committee, October 5/6, 2017.

Amended by ADA Federal Council, August 21,2020

Appendix

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: