

Improving the oral health of people from refugee and asylum seeker backgrounds



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Background

People from refugee and asylum seeker (RAS) backgrounds often experience poorer oral health outcomes compared to the general population. Local Health Districts (LHDs) have limited capacity to meet specific oral health needs of RAS patients.

Objectives

- To improve the access to dental care, and preventive oral health care for the RAS people.
- To provide trauma-informed care training for oral health professionals

Methods

The Centre for Oral Health Strategy (COHS) engaged with LHDs to strengthen local community partnerships to support RAS patients. A needs assessment was conducted to understand barriers and challenges to improve RAS patients access to oral health care.

Practical strategies were scoped such as:

- alternative clinical models of care through the NSW public and private dental sectors
- improve access to interpreter services
- translation of oral health information
- provision of preventive oral health starter kits to support RAS peoples home oral hygiene behaviours
- provision of trauma informed care (TIC) training for dental practitioners

Results

A pilot project was initiated from March to June 2021 with four regional NSW LHDs. The positive learnings enabled COHS to extend the RAS program to include two metropolitan LHDs. Streamlining processes for RAS patients (Fig 1) has improved their access to interpreter services, prioritised clinical dental care, and receive preventive oral health care. For financial year 2022/23 we offered 6,905 appointments to 1,591 RAS patients, 3,087 appointments with interpreters, and 4,400 oral health treatments (Table 1). Trauma Informed Care training sessions were accessed by 250 oral health staff, with positive learning outcomes¹.

Figure 1: The RAS oral health patient pathway with program indicators

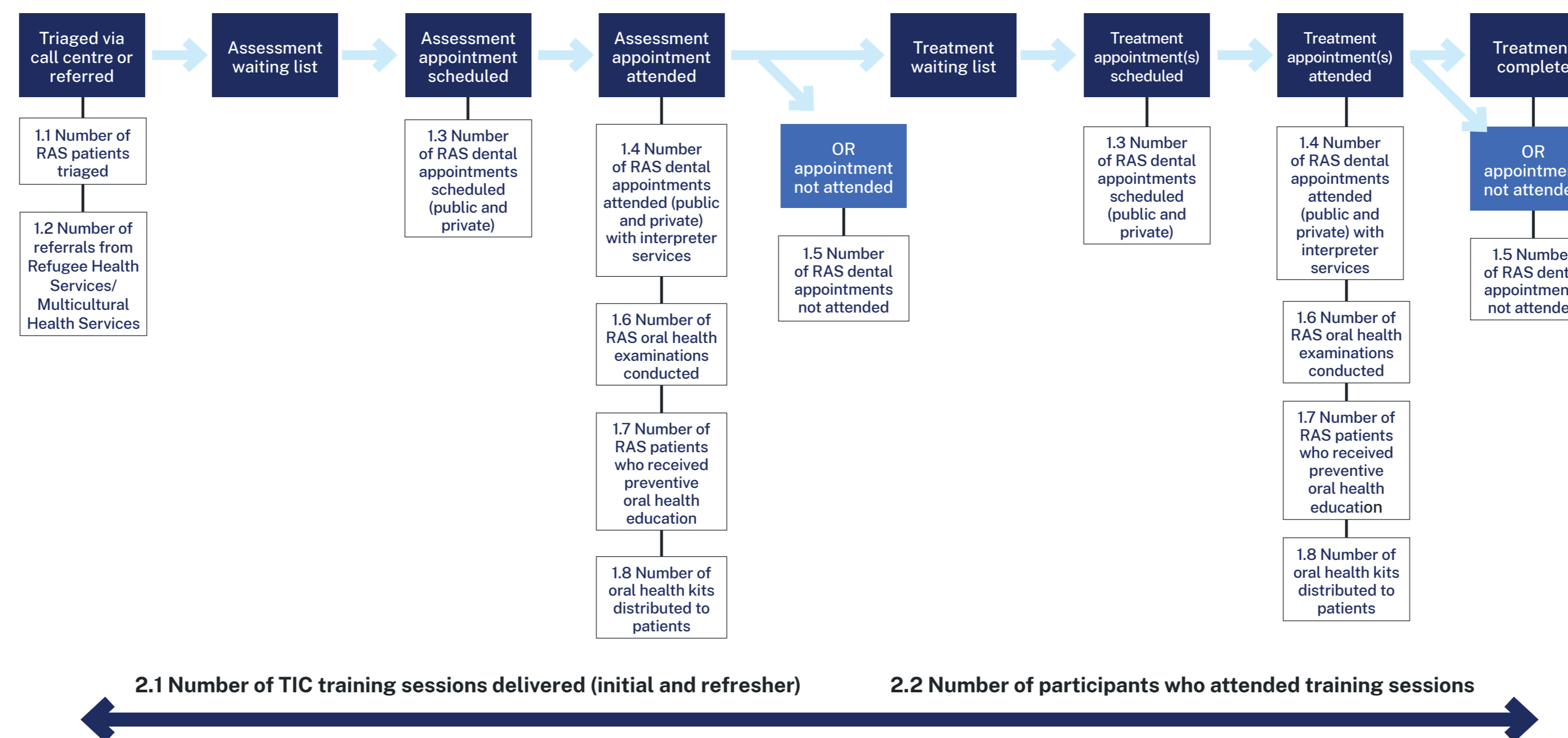


Table 1. Local Health Districts Refugee and Asylum Seeker Oral Health Program FY22/23 activities

Objective	Indicator	Regional	Metro	Total
1. Improve access to oral health care and preventative information	1.1 Number of Unique RAS patients triaged	602	989	1,591
	1.2 Number of referrals from Refugee Health Services/Multicultural Health Services	565	122	687
	1.3 Number of RAS dental appointments scheduled (public & private) *	3,076	3,829	6,905
	1.3.1 Public: Number of RAS dental appointments scheduled	2,954	3,415	6,369
	1.3.2 Private: Number of OHFFSS vouchers issued to RAS patients.	128	408	536
	1.4 Number of RAS dental appointments attended (public & private)	2,170	2,823	4,993
	1.4.1 Public: Number of RAS dental appointments attended	2,060	2,503	4,563
	No. of RAS appointments supported by interpreter services	1,541	1,546	3,087
	1.4.2 Private: Number of OHFFSS vouchers claimed by RAS patients	100	330	430
	1.5 Number of RAS dental appointments not attended	796	861	1,657
	1.5.1 Failed to attend	270	248	518
	1.5.2 Appointment rescheduled	260	343	603
	1.5.3 Patient cancelled	139	183	322
	1.5.4 Clinic cancelled	121	90	211
	1.5.5 Cancelled due to COVID-19	3	0	3
	1.6 Number of RAS oral health assessments conducted (011,012,013)	1,018	1,314	2,332
	1.7 Number of RAS preventive oral health education sessions			2,068
	1.7.1 Item 131 Dietary analysis and advice	217	457	674
1.7.2 Item 141 Oral Hygiene instruction	482	893	1,375	
1.7.3 Item 142 Smoking cessation/Tobacco counselling	11	8	19	
1.8 Number of oral health kits distributed to patients			365	
2. To provide TIC in-service training for oral health teams.	2.1 Number of TIC training sessions delivered (initial and refresher)			9 **
	2.2 Number of participants who attended training sessions			~250

Source: COHS Titanium database*Appointments scheduled does not equal appointments attended plus those not attended. A small number of cancellation reasons were excluded **Training session include Pilot, FY21/22 & FY22/23

Conclusion

The refugee and asylum seeker population may require assistance and support to access oral health care. This program enabled LHDs to provide appropriate support to RAS patients, considering their local context, needs and capacity. This resulted in better patient experience, with effective culturally appropriate dental care, increased attendance and completion rates.

Implications

Refugee resettlement in NSW is expected to increase in the coming years. Working collaboratively across the health system, early intervention and prioritised approaches will ensure the provision of timely oral health care for NSW RAS patients and long-term health benefits.

References

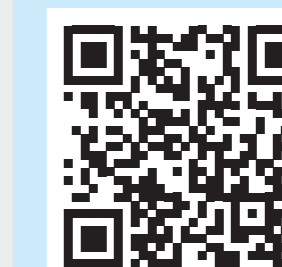
Kelton, S., Marcus, K., Liston, G., Masoe, A., & Sohn, W. (2022). Refugee and Asylum Seeker Trauma Informed Care Training for Oral Healthcare Professionals in NSW, Australia. *Frontiers in Oral Health*, 3, 907758.

Centre for Oral Health Strategy NSW (COHS), *NSW Health Oral Health Strategic Plan 2022-2032*. Available from: [NSW Health Oral Health Strategic Plan 2022-2032 -Oral health](#)

NSW Ministry of Health, 2022. NSW Refugee Health Plan 2022-2027. Available from: [refugee-health-plan.pdf \(nsw.gov.au\)](#)

Acknowledgements

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