Submission
No 161

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

Refugee Oral Health

Introduction

Some 4,000 humanitarian entrants settle annually in NSW. Most are now from various countries on the African continent, with smaller numbers from Iraq, Iran, Bosnia-Herzegovina, Serbia, Croatia, Afghanistan and other locations. Formal surveys, clinical information from dental and medical sources, and constant concerns raised by community organisations and the communities themselves confirm the high level of dental disease among most refugee groups settling here.

The high oral health care needs of refugees were also clearly illustrated by the evacuees from Kosova and East Timor to Australia in 1999-2000.

Oral disease in this population stems from a combination of lack of fluoridated water in their country of origin, poor dental hygiene, limited access to preventative and curative dental health care in the past, dietary and nutritional issues, and in some the effects of torture and/or other physical trauma.

Humanitarian migrants ("refugees") are permanent residents. Most have difficulty finding work initially and few have financial support beyond Centrelink benefits. Newly arrived refugees therefore hold Health Care Cards and are eligible for public dental services and Medicare. Few can afford private dental care.

Current situation

Given the waiting list situation in NSW, people of refugee background with significant dental pathology and a history of poor access to care are again faced with an inability to access help for their teeth. This is despite the fact that these individuals and families are brought to Australia on humanitarian grounds having suffered extreme circumstances. Other barriers to care include insufficient dental staff awareness of refugee health issues, and poor usage of qualified health care interpreters.

Obtaining timely and sensitive care for physical problems is seen as an important part of the overall healing process for such traumatised people. The issue has been highlighted in the NSW Health document *Strategic Directions in Refugee Health Care in NSW.*

One strategy introduced recently has been to incorporate migration status into the triage criteria of the Waiting List Management Program through the introduction of the Priority Oral Health Program. Through this process, refugee status leads to an elevation of coding level, (as does a number of other socio-economic indicators). Data are not yet available on the impact this may be having on waiting times for this target population.

This submission proposes measures to help meet NSW Health's stated aim of better oral health service delivery for refugees. Key issues in more detail are as follows:

a) The demand for dental services

A NSW study of refugees from Iraq, Bosnia and, Serbia and Croatia (Kingsford Smith and Szuster 2000) found that 20-25 percent of refugees had severe oro-dental disease, with significantly greater numbers of decayed, missing and filled teeth. Victorian reports indicate that many refugees experience dental pain, infections and extensive infant and adult caries, as well as broken, missing teeth and injuries to the jaw (Department of Human Services Victoria: 1999). Ninety-five per cent of clients to the Victorian Foundation for the Survivors of Torture and Trauma were referred to dental services for treatment (idem).

The extensive waiting lists preclude timely treatment for these families and individuals. The level of unmet need amongst refugees cannot be underestimated, with the barriers resulting in continued pain, disruption to resettlement and continuing disability and disruption to daily life (Department of Human Services Victoria: 1999).

b) The funding and availabilit y of dental services

On arrival in Australia, refugees experience socio-economic disadvantage including poverty, high levels of unemployment, and the effects of torture and psychological trauma on mental health (Bruce: 1999). Private dental care is in general financially prohibitive. Few could afford private health insurance.

The majority of refugees access Medicare and have are able to gain a health care concession card which qualifies them for public dental services (Department of Human Services: 1999) However, these services are often stretched, with high demand, long waiting lists and limited resources. The dissolution of the Commonwealth Dental Program in 1996 reduced oral health services that refugees could access (Department of Human Services: 1999)

In addition, a number of asylum seekers living in the community do not have access to Medicare, and are thus not eligible for public dental services (NSW Refugee Health Service: 2000). For this group, access to any form of dental care is extremely difficult.

The voucher system is limited in its application due to communication barriers and lack of access to interpreters for dentist in private practice.

DIMIA has a current policy of increased settlement of refugees (and other migrants) in rural and regional parts of NSW. Barriers to access are accentuated in such areas with fewer public oral health services, less interpreter service access and staff less familiar with treating those of refugee background.

c) Quality of care received within dental services in NSW

Some refugees report an unsatisfactory rate of tooth extraction in contrast to repair/restoration.

For those asylum seekers without Medicare or a Health Care Card, public dental services provide extremely limited care such as a one-off consultation for relief of pain only.

d) The dental services workforce, including issues relating to the training of dental clinicians and specialists

Oral health needs to be seen in the social context where services will focus on wide, interrelated needs of vulnerable groups (Department of Human Services: 1999). This means the oral health workforce should have adequate skill and competency in providing services to refugees. This would include knowledge of the refugee experience, impact of torture and trauma to the mouth and health status of newly arrived refugees, cultural aspects of care, and using qualified health care interpreters.

It is worth noting that the difficulties that the public dental services in NSW face in attracting and retaining adequate levels of staff impacts on the quality and quantity of services that can be delivered to newly arrived refugees. Staff who become proficient in providing care may be lost due to high turnover rates.

e) **Preventative dental care and initiatives**

Provision of health promotion to refugee groups would include improving the heath literacy for refugees through culturally appropriate, targeted projects. These may include education relating to adequate nutrition such as reduction in energy dense food and drinks, oral hygienic practices such as flossing, and how to seek services when needed (NSW Health: 2003). Funding to assist the NSW Oral Health Branch to implement the NSW Oral Health Promotion Framework for Action Plan 2010 would enable broad strategies to be implemented in relation to refugee oral health.

Addressing cultural beliefs about the origins and treatments for oral health problems amongst newly arrived refugee groups, as well as promoting good oral health practices, is important to reduce oral pathology in these communities (NSW Health: 2003).

A number of health promotion activities could be developed to prevent further deterioration of oral health amongst refugees. These include assisting refugee develop personal skills in oral hygiene, developing translated material in community languages, the reorientation of health services to those in greatest need, and strengthened community action involving increased advocacy and empowerment of refugee groups (World Healthy Organisation: 1986).

What is currently being done

Measures to improve access to public dental services by refugees are to be applauded. These include the introduction of the Priority Oral Health Program with a "recent humanitarian entrant" coding, and the pilot Refugee Dental Clinic at the Westmead Centre for Oral Health.

In 2003, the Oral Health Branch of NSW Health developed an Oral Heath Promotion Framework for Action that identifies refugees as a priority group and list strategy for future action. These include working with non-government organisations to increase access to service; development of appropriate health promotion material and projects for refugees; and the development of a Statewide policy to improve the health of

people from linguistically and diverse communities, particularly refugees (NSW Health: 2003) .

The Westmead Centre for Oral Health has established a pilot Refugee Dental Clinic which separates refugees from the general assessment intake process, with referral to a specific clinic with appropriate interpreters. With appropriate community support including volunteers transporting patients to the clinic, substantial gains have been made in reducing waiting times and easing access to appropriate dental services for newly arrived refugees. However due to staff shortages the clinic has been in recession for a period of six months. It is due to recommence in June 2005.

Recommendations for action

- Identification within Area Health Service Oral Health Plans of refugees as a priority target group that would help secure attention and services to this group

- The development of key performance indicators relating to refugees would help ensure quality and appropriate services. This could include ensuring that all emergency cases are seen within 24 hours, (Department of Human Services Victoria:1999), that interpreters were present at all consultations of refugees (if required), and that relevant oral health staff had attended training on refugee health needs.

- As well as enhancing and supporting generic public dental services to refuges, targeted programs could be introduced. The provision of a dedicated clinical service for refugees would mean that refugees would have their oral health needs met, and would help reduce general dental service waiting lists. The Westmead Centre for Oral Health's model of targeted clinics for newly arrived refugees could be replicated at the Sydney Dental Hospital and in areas of high refugee resettlement such as Fairfield and Liverpool.

- The introduction of routine oral health screening for newly arrived refugees as part of an initial health assessment could rapidly identify those in need of oral health services and lead to more efficient and timely referral and treatment. This could be achieved through a partnership with the Department of Immigration and Multicultural and Indigenous Affairs.

- Another strategy to increase access to services could be to utilise bicultural workers as service brokers within public oral health services who would work in partnership with DIMIA-funded settlement services to ensure smooth access to public dental services.

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