

**CITY OF
GREATER
DANDENONG**



Melbourne's 2nd City



**GREATER
DANDENONG
COMMUNITY
HEALTH SERVICE**

ORAL HEALTH PROMOTION PROJECT
2001/2002

FINAL REPORT

ORAL HEALTH PROMOTION PROJECT
TITLE: Promoting the Oral Health of
Children in a culturally diverse municipality.

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CONTENTS

1. CITY OF GREATER DANDENONG – ORGANISATION

2. RATIONALE FOR ORAL HEALTH PROMOTION PROJECT.

3. PROCESS OVERVIEW

4. IMPACT EVALUATION

5. PROCESS EVALUATION

6. LEARNING FROM THE PROJECT THAT CAN BE UTILISED TO PROMOTE THE ORAL HEALTH OF ALL VICTORIAS

ATTACHMENTS

Executive Summary

Referral Letters in Community languages

Oral health pamphlets

Disk of the oral health Education in English

Disk of the Oral health Education produced by the Albanian parents

CITY OF GREATER DANDENONG – ORGANISATION

Early Steps is part of the stateside Maternal and Child Health (MCH) Service. We target parents with children 0-6 years residing in the City Of Greater Dandenong. Maternal and Child Health services monitor the health and development of children at key ages, support parents and promote the development of peer support networks between parents.

The Oral health promotion Project “*Promoting The Oral Health Of Children In A Culturally Diverse Municipality*” was funded by the Department Of Human Services (Oral health Promotion Funding Scheme 2001) Partners in the project were Greater Dandenong Community health Service (Dental Program) and Bunurong Aboriginal health service.

INTRODUCTION TO THE MUNICIPALITY

The City Of Greater Dandenong (CGD) has a population of approximately 130,000 and an annual birth rate of 1,800 new babies. The municipality is the most culturally diverse in Victoria with residents from more than 140 countries. 52% of residents have been born overseas, (double the equivalent percentage for Victoria). 25% of residents state they spoke English “not well” or “not at all”.¹ The birth rate for women 15-24 years is nearly twice the Melbourne level. The municipality accommodates nearly twice as many newly arrived immigrants than any other in Victoria and has a greater than state average receipt of social welfare benefit.²

RATIONALE FOR ORAL HEALTH PROMOTION PROJECT.

- A. Children within the municipality (in grade prep) have the highest rate of decayed missing or filled teeth in Victoria³
- B. The demographic profile of the municipality creates barriers to the effective provision of oral health education and care.

¹ 1996 census

² Greater Dandenong statistical profile Series- No 1 1998

³ DHSV 2000

3. PROCESS OVERVIEW : PROMOTING THE ORAL HEALTH OF CHILDREN IN A CULTURALLY DIVERSE MUNICIPALITY

GOAL	TARGET POPULATION	HEALTH PROMOTION STRATEGIES	KEY ASPECTS OF IMPLEMENTATION	METHOD OF IMPLEMENTATION	PERFORMANCE	SUSTAINABLE OUTCOMES
Promote the Oral health Of Infants in a culturally diverse community.	<p>Parents of Children 0 – 6 yrs.</p> <p>children from families with high incidence of dental caries</p> <ul style="list-style-type: none"> • Low socio economic status. • CALD families. • Aboriginal culture • Albanian culture • African cultures • Chinese culture 	<p>1. Education & Training</p> <ul style="list-style-type: none"> • 	<p>Family focused intervention. Empowerment of parents. Utilisation of pre-existing group settings.</p> <p>Partnerships through service integration between the community health service , the maternal and child health service</p>	<p>Trained MCH nurses & C.D workers about oral health.</p> <p>MCH nurses utilise education and screening kit at the 6, 12 & 24-month consultations.</p> <p>Parent education (partnership between MCH service & C.H.S) at parent groups in English, Albanian, Chinese, African Khmer Vietnamese languages.</p> <p>Oral health care linked to healthy nutrition practices at the time of introducing solid food (4-6 months)</p>	<p>All MCH nurses and relieving nurses trained to educate parents about how to care for their children’s teeth and minimise decay.</p> <p>Community Development & Support Workers trained to educate parents about caring for their children’s teeth</p> <p>“Health Teeth Education Kits” developed.</p>	<p>Education of all parents at the 6 month consultation when teeth are erupting.</p> <p>Screening of all children at the 2 year MCH consultation & opportunistically later.</p> <p>Education of all 1st time parents (English language and Vietnamese) who attend a new parent group. Parents targeted within the 1st 4 months of their 1st child’s life.</p> <p>Oral health Education in language specific groups annually. Groups conducted in Khmer, Chinese, Dari/Pashtu, Albanian and African languages.</p> <p>Kits displayed in MCH centres, CHS, and at health promotion activities.</p>

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<p>Promote the Oral Health Of Infants in a culturally diverse community.</p>	<p>Parents of children 0-6 years. Children from targeted groups with high rate of dental caries</p> <ul style="list-style-type: none"> • Low socio economic status. <p>CALD families.</p> <ul style="list-style-type: none"> • Aboriginal culture • Albanian culture • African cultures • Chinese culture <ul style="list-style-type: none"> ❖ Khmer ❖ Dari ❖ Vietnamese ❖ Pashtu <p>targeted in addition to project brief.</p>	<p>2. Personal Health Services</p> <ul style="list-style-type: none"> • provision of self administered programs • screening 	<p>The MCH Service has community acceptance as a universal primary health service.</p> <p>The nurse is strategically located to conduct oral health screening as a component of her work due to the non-stigmatising nature of the MCH nurse role in health care.</p> <p>The MCH service is free, is accessible due to proximity to the place of residence and familiarity to parent and child due to continuity of care from the time of birth.</p>	<p>Oral examination of pre-school children 2+years</p> <p>The MHC service core business directs parents to present children at 2 years for a developmental assessment. The screen has been added to the standard assessment.</p> <p>Written Referral Forms to the Preschool Dental Service were introduced across CGD with referral letters in the following languages. Albanian, Amharic Arabic, Bosnian Chinese, Dari English</p> <ul style="list-style-type: none"> ❖ Aboriginal Harari, Khmer Oromo, Somali, Spanish, Turkish, Tigrini. 	<p>All MCH nurses and relieving nurses trained to screen children for decay.</p> <p>1261 screenings conducted by MCH nurses in the 12 months.</p> <hr/> <p>241 referrals made in the 12 months</p> <p>125 dental consultations further to the MCH nurse referrals.</p>	<p>Screenings and referrals will continue as a core component of the MCH Service.</p> <p>The dental Service will continue to absorb preschool children when presented by their parents. There is no requirement to attend at a specific ‘preschool clinic’. This enhances the accessibility of the dental service</p>

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<p>Promote the Oral health Of Infants in a culturally diverse community.</p>		<p>3. Mass Media Interactions supported by concurrent community based activities</p> <p>4. Community Action: These approaches include encouraging & empowering communities to use their own resources to develop & sustain health promotion action. peer education programs that aim to develop skills Identifying training needs and supporting volunteer leaders to be role models and sources of advice.</p>	<p>Activities conducted locally provide a local focus for state/national mass media campaigns</p> <p>Parents involved in the education participated in the development of Education Kits</p> <p>Parents involved in the development of kits</p> <p>Informed consent gained for the use of personal photographs. MCH Service groups promote and reinforce the Oral health message</p>	<p>Parent Groups and Oral health messages are promoted in City of Greater Dandenong “2nd City News” the free community Newspaper.</p> <ul style="list-style-type: none"> • Children’s Week • Dental Health Week. <p>Volunteers from CALD Communities trained and supported to develop kits.</p> <p>Participants photographed and contributed to the translation of the text for the Kits</p> <p>Parents promote oral health care messages. Tooth Brushing after meals is reinforced. Low sugar snacks are provided and encouraged at each session.</p>	<p>Oral Health Displays in all M.C.H. Centres inclusive of CALD relevant information.</p> <p>Parents who have been involved feel a strong sense of pride and ownership in the oral health project.</p> <p>Parents from CALD communities beyond the target groups requested involvement and participated in the development of kits.(Dari, Pashtu, Khmer,)</p>	<p>Displays rotated across the sites of service.</p> <p>The Kits incorporate local people and venues which will enhance the efficacy of the health message for the life of the kits.</p> <p>These Kits too will be utilised by the CHS and the MCH service.</p> <p>Parents have a leadership role in the language specific groups and model healthy dietary practices for new participants.</p>

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<p>Promote the Oral health Of Infants in a culturally diverse community.</p>		<p>5. Organisational Development:</p>	<p>Partnership between the MCH primary Health Service and the CHS Tertiary Dental Health service has enabled early intervention regarding Oral Health in an effective and cost efficient manner.</p> <p>Screening by MCH nurses provides both a strategy and legitimacy for early intervention to enhance oral health of a total population</p> <p>The Oral Health Information developed is</p>	<p>Oral Health Screening training has enabled MCH nurses to add value to the developmental assessment conducted at 2 years.</p> <p>Oral health education in Language specific cultural groups has enabled parents not fluent in English to learn about Oral Health care in the child's 1st year of life.</p> <p>The Community Dental Clinic has modified its data management system so that early Steps are advised of referrals attending the clinic.</p> <p>Written referral in 16 community languages increased the level of attendance and treatment at the Preschool dental Clinic.</p> <p>Development of the CGD Web page to</p>	<p>1476 oral health screening attempts in 12 months.</p> <p>The Web page has not been developed in the</p>	<p>The Maternal & child health service has integrated Oral health promotion into its business plan as a core activity.</p> <p>Follow up of children referred but not attending the dental Clinic will enable the Efficacy of the inter agency partnerships to be enhanced.</p> <p>No sustainable outcome.</p>

		<p>6. Environmental Support Ensure a supportive social and physical environment.</p>	<p>accessible to health Workers outside the municipality.</p> <p>The MCH Service provided the education as a component of its parent education & support groups</p>	<p>include Oral health Information.</p> <p>Groups in “child friendly space” are conducted in key languages</p>	<p>project period,</p> <p>Transport provided</p>	<p>Groups ongoing</p>
		<p>7 Economic & regulating measures The development and application of social and/or economic incentives /disincentives to encourage the adoption of healthy practices and make available healthier choices.</p>	<p>Involvement of the private sector.</p>	<p>Private Sponsorship has been sought to fund the provision of a brush and paste. It is hoped this strategy will be particularly effective for families for whom tooth brushing is not a cultural practice.</p>	<p>If successful each child attending the 2-year developmental assessment will be given a brush and child strength paste.</p>	<p>Sponsorship for 3 years anticipated.</p>

IMPACT EVALUATION

SUMMARY ORAL HEALTH PROMOTION GRANTS PROGRAM 2000 / 2001

DENTAL SCREENING EXAMINATIONS CONDUCTED BY M.C.H. NURSES IN THE CITY OF GREATER DANDENONG MARCH 01-

02

	Dandenong	Dandenong North 1	Dandenong North 2	Dandenong South	Heritage 1 AND 2	Springvale One	Springvale Two	Springvale Three	Darren Reserve	Noble Park One	Noble Park Two	Chandler	TOTAL
Dental screens attempted by MCH nurses													
Screened.	132	94	28	81	171	54	111	58	94	210	129	99	
not screened	15	44	24	3	18	2	19	2	21	24	8	35	
	147	138	52	84	189	56	130	60	115	234	137	134	
ORAL HEALTH MCH NURSE SCREENINGS BY AGE													
2 Years	83	53	27	39	117	33	75	27	77	132	81	71	
3 Years	39	37	19	22	12	13	37	19	28	65	36	36	
4 Years	25	48	6	23	60	10	18	14	10	37	20	27	
	147	138	52	84	189	56	130	60	115	234	137	134	
NESB ??													
Yes	82	60	9	63	64	53	108	33	69	134	66	73	
No	43	78	43	21	125	3	22	27	49	100	71	61	
REFERRALS BY MCH NURSES TO GREATER DANDENONG COMMUNITY DENTAL SERVICE; SPRINGVALE AND DANDENONG SITES													
	32	9	7	15	21	9	22	17	31	30	28	20	
DENTAL EXAMS AT CHS RESULTING FROM MCH NURSE REFERRALS													
	Mar-01	APRIL	MAY 01	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Jan-02	Feb-02	
	9	16	27	3	10	6	4	12	7	9	18	4	

PROCESS EVALUATION

<p><u>PHASE 1</u></p> <ul style="list-style-type: none"> ▪ Trained M&CH and community workers re oral health ▪ M&CH nurses trained to screen for decay. ▪ Screening of children at MCH nurse consultations. 	<p><u>EFFICACY</u></p> <ul style="list-style-type: none"> ▪ All nurses attended. Not all targeted community workers attended. ▪ All trained and screen effectively ▪ 2 y/o children screened and older children who were not screened at 2 years.
<p><u>PHASE 2.</u></p> <ul style="list-style-type: none"> ▪ Referral Form to the Dental Service Developed in 17 Community languages ▪ Treatment at Dental Clinic by culturally diverse staff using interpreters appropriately. 	<ul style="list-style-type: none"> ▪ 814 (55%) of parents NESB . Most able to be given the information in own language. ▪ 125 of 241 (51%) children referred did not attend the Dental clinic.
<p><u>PHASE 3</u></p> <ul style="list-style-type: none"> ▪ Education of parents by dental team at culturally specific groups held in MCH centres familiar to parents. ▪ Screening at culturally specific groups 	<ul style="list-style-type: none"> ▪ Albanian, African, Chinese, Khmer education and screening sessions conducted. ▪ Aboriginal session not conducted at Bunurong due to staff changes. Kit developed by parents at a Koori playgroup.
<p><u>PHASE 4</u></p> <ul style="list-style-type: none"> ▪ Parent involvement in the production of Education kits in targeted languages. ▪ ESL teacher with interpreter/community worker at Albanian Group. ▪ Education accessible to parents and Health workers 	<ul style="list-style-type: none"> ▪ Community Workers involved. ▪ Parents feel a high degree of ownership and pride. ▪ High level of nutrition education possible to compliment Oral health info. Mums made a PowerPoint presentation to send to Kosovar and sell through Early Steps. ▪ Pamphlets developed in a couple of languages ▪ Web page not developed to date.

IMPACT OF PARENT EDUCATION SESSIONS

Education at New Parent Groups in English	23 sessions (190 parents of 0-6 mth babies)
Education of CALD parents in ethno specific Groups at MCH centres.	Aboriginal 6 parents Afghan 20+ parents ** African 20+ parents (Amharic, Harari, Somali) Albanian 30 + parents Chinese 40+ parents Khmer 15+ parents ** ** These groups in addition to project Brief.

LEARNINGS FROM THE PROJECT THAT CAN BE UTILISED TO PROMOTE THE ORAL HEALTH OF ALL VICTORIANS

- Parents change behaviour when engaged in a comprehensive education project.
- TIME is required.
- Commitment of key staff is linked to a successful outcome.
- Service linkage between agencies enhances quality of care.

RECOMMENDATION

That consideration is given to the extension of the model more broadly than with the children and parents selected for the Greater Dandenong Project. Maternal and Child Health Services are strategically positioned to intervene early to enhance the oral health of infants in areas where there is a Preschool Dental Program.

SUMMARY

The project has utilised a combination of direct health care, education of parents using community development approaches and service integration to promote the oral health of children.

These approaches have had the benefit of building social capital within disadvantaged new parent communities. This outcome is arguably more important for the health of children and families than the early intervention to enhance oral health.

Parents, children, M&CH nurses, community workers, Dental Program staff, the adult educator, interpreters, translators, photographers and the photo developer all feel a sense of pride and achievement in what has been accomplished.

All involved acknowledge the role that the Department Of human Services has played by funding the project.

We recommend that consideration be given to the extension of the model more broadly than with the children and parents selected for the Greater Dandenong Project.

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