

1.0. Program Rationale & Background

1.1. Rationale Kensington Community High School

Kensington Community High School (KCHS) has a population of approximately 100, of which a significant proportion are considered socially disadvantaged. Almost all students are health care cardholders. Many students are referred to Kensington because of behavioural or social problems in other schools. The student population is transient and composed chiefly of anglo-saxons.

Adolescents are entering a significant transitional phase in their lives filled with experimentation and exploration. Developmentally, the students are gaining independence, image is important and they are learning about health care and life-style habits. Oral health has a major impact on their self-image, self-esteem and future employment prospects.

New income from part-time employment often provides increased independence and subsequent susceptibility to heavy commercial marketing and peer pressure. Income also provides the opportunity for youth to start making independent decisions about their bodies, self-image, social interaction and diet.

Given these unique characteristics, there are a number of oral health issues that are particularly pertinent to the adolescent dentition.

Eating disorders are entrenched in modern youth culture with associated problems for the dentition. The acidic gastric contents regularly regurgitated by bulimics, coupled with unrestrained high carbohydrate eating sprees, contribute to dental caries and erosion. (Roberts and Tylanda, 1989)

Intra-Oral piercing has a range of complications for the dentition including chipped and fractured teeth, gingival trauma and recession, hypersalivation and increased calculus build-up (Farah and Harmon, 1998). Such piercing seems to be an ingrained component of youth culture rather than a fad. Government bodies are yet to regulate the practice.

Regular use of amphetamines dehydrates and inhibits saliva flow. The prolonged consumption of low pH sport drinks and carbonated sweet beverages, often when an individual is dehydrated, has dire consequences for the dentition (Sovari 1989).

The continual sucking of lollipops, which is commonly associated with youth drug culture, further exasperates the problem.

Males, in particular, engage in more high impact sport as they enter adolescence and are subsequently susceptible to injuries of the dentition (Jalleh et al, 2000).

Regardless of the Victorian Government's decision to extend free dental services to all year 9 to 12 high school students with Health Care Cards, a very low percentage of Kensington Community High Students access their local dental services. Regular

timely access to dental examinations provides early detection of caries and subsequent intervention.

Long term tobacco habits are often initiated during adolescence (Patton et al, 1998). Tobacco use has been implicated in soft tissue oral cancers and the discolouration of the dentition.

1.2 Rationale Refugee, African and New Arrival Communities

This target group comprises a collective number of people who have arrived in Australia under refugee or special humanitarian programs. The majority of Horn of Africa community settle in North Melbourne, Flemington and Kensington and access many of the services of Dousta Galla Community Health.

The transitional phase faced by many refugees and migrants is often traumatic, and many cultural changes are confronted. The transition from the homeland may have been lengthy with considerable time without adequate access to health care.

Particularly high levels of untreated dental caries have been reported in refugees and asylum seekers (Walker et al. 1999). Research has suggested that accessing dental care for refugees recently arrived in Australia is more difficult than accessing comparable medical services (Kingsford Smith et al 2000).

The diet of the new arrival is often compromised. Migrant women have been found to have lower rates breastfeeding compared to non-migrant women. This is of particular concern as inappropriate products are often substituted for breast milk. Infants that would have previously been breast fed in their homeland may rather be bottle fed and subsequently prone to Early Childhood Caries (Lund-Adams et al, 1995).

A number of these arrivals may also have been survivors of torture and trauma possibly involving varying degrees of damage to the dentition. Subsequently these survivors may have an associated fear of dentistry and a reluctance to access dental care.

Some members of the African community have traditionally cleaned their teeth with a twig from a native tree and are reluctant to accept the benefits of fluoride toothpaste and western toothbrushes. Some older African tribal members may have had teeth removed during routine tribal initiation.

Long-term refugees may have experienced a lack of facilities including water, food and oral hygiene tools and may have suffered from malnutrition. The homeland countries may not have had the advantage of fluoridated water.

Many arrivals are unaware of what dental services are available and therefore not actively access them. Language barriers may further exasperate this problem. Kingsford Smith et al (2000) has recommended improved support for refugees to access dental care during the settlement period.

1.3 Rationale Dousta Galla Staff Training

The Douтта Galla Community Health Service (DGCHS) Staff deal with a diverse range of clients. Clients access the centre for many services including immunisation, counseling and medical appointments.

Having a collective access to clients provides staff with an opportunity to intervene, educate and refer appropriate clients through the correct avenues for treatment providing an opportunity for primary prevention.

Oral health is not an isolated entity with poor oral health having implications for the whole health of the individual. In contrast, behaviors or illnesses treated by community health staff may have implications for the oral health of the patient. For example, a recovering heroin patient on the methadone program is highly susceptible to developing dental caries.

1.4 Funding

A total of \$25,843 was granted to Douтта Galla Community Health Service to implement the project. A further \$2,974 was contributed by DGCHS.

1.5 Project Management

A Dental Therapist with Health Promotion Qualifications was appointed by DGCHS and commenced employment on 9th April 2001. Staffing costs allocated in the budget permitted the employment for 36 weeks with the role terminating on 16th December 2001.

2.0 Planning Process

2.1 Objectives

Initially the objectives of the project were to:

- To develop and document a culturally and lingually appropriate sustainable program for use in and by the community.
- To develop and document age appropriate education sessions for use in and by secondary schools.
- To develop and document a training program to enhance the capacity of health workers and professionals to identify those at risk of developing caries due to no or minimum oral health practises and provide appropriate health education and referrals.

With the appointment of a project officer the objectives were elaborated further and developed to specifically address issues that were raised during focus groups. Additional objectives include;

- To increase the attendance of Kensington Community High School students and the new arrival community to local dental services.
- To incorporate oral health as a permanent component of KCHS health curriculum.

- Empower Kensington high students with the ability and confidence to access oral health information and to disseminate knowledge through both the peer support medium and through informal processes.
- To establish an approachable relationship between KCHS students and Dousta Galla Community Health staff.
- To increase the oral health knowledge of KCHS students and the new arrival community.
- To provide allied health staff with appropriate skills, education, resources and the confidence to deliver oral health education and intervention to clients.

2.2 Steering Committee

A steering committee was established to oversee the development and delivery of the project. The committee comprised of the Project Worker, DGCHS management, relevant staff, a representative from Dousta Galla Dental Clinic and Kensington Community High School staff.

The steering committee met monthly.

2.3 Focus Groups

2.3.1. Kensington Community High School

An informal focus group was conducted with the Peer Support group that meets regularly. The Peer Support is comprised of a representative student from each class that disseminates information back to other class members. It was discovered from the focus groups that very few students had accessed dental services within the past two years. Tongue piercing was discussed by the students as a suitable topic to be included in the education program. A number of students expressed an interest in having their teeth professionally polished and mouthguards moulded for contact sport.

2.3.2. African Community

Informal focus groups were conducted with representatives from the African community. It was discovered that many women were reluctant to breast feed in Australia and that many of the African women would much prefer to be treated by a female dentist rather than a male dentist. It was found during focus groups that women were more likely to adopt the bottle as a pacifier here in Australia than in their country of origin. It was also found many Africans preferred to use a traditional twig to clean their teeth rather than use conventional toothbrushes. Focus groups also revealed that older women were often put into a child minding role for the younger women.

2.3.3. Staff Training

A representative from each profession within the Dousta Galla Community Health Service was invited to attend focus group to steer the staff-training seminar to be conducted later in the year. Because each profession was represented a number of dentally related issues were raised. Mental health workers expressed a need to learn

about the effects of alcoholism and anti-depressant medication on the dentition. Other pertinent issues raised included bottle-carries, tongue piercing and bulimia.

2.4. Project Strategies

The following broad strategies were adopted for the project:

- Resource development
- Peer education amongst KCHS students and the new arrival communities
- Awareness raising amongst Dousta Galla staff.
- Training and education for service providers
- Encourage referral and intervention amongst health care providers and service providers.

3.0 Implementation of Strategies

3.1 Kensington Community High School

3.1.1. Tour of local Community Dental Clinic

An appointment was organised by the peer education support teacher for a number of students to tour the clinic, to meet staff members and to familiarise the students with the location and clinic. The tour also presented an opportunity for the students to arrange examination appointments for themselves.

A dental staff member presented a short and informal oral health education session. Students were issued with postcards and posters promoting the dental clinic to be distributed and displayed around the school.

3.1.2. Provision of Mouthguards

Peer support representatives conducted a needs assessment exercise that revealed approximately 16 students expressed a need for the mouthguards. The mouthguard demand was pursued as a strategy to draw the students into the clinic. Negotiations were made with a local technician to have the mouthguards moulded and fitted for an amicable price.

The mouthguards were provided to the students under the condition that students must complete their course of treatment before mouthguards are provided. This proved to be an effective avenue to encourage students to access the clinic for an examination and more importantly to complete their course of treatment.

3.1.3. Apply for Financial Assistance

To contribute to the costs of mouthguards, students were encouraged to contact their local Rotary Club to seek financial contribution. Responding to a letter drafted by the peer support group North Melbourne Rotary was forthcoming with \$200 to contribute to the project, which would cover the cost of five students to have mouthguards made.

A letter of thanks was later forwarded by the students.

3.1.4. Dental Appointments

Initially the students were encouraged to arrange and attend appointments on their own initiative. Following some missed appointments it was decided that appointments would be organised with the assistance of the school nurse and that the students would be escorted to the clinic. Priority appointments were given to the students and dental clinic receptionists would routinely telephone the school prior to the appointment to encourage compliance.

Following some appointments where students forgot to bring their concession card with them a database of card details was kept with the school for reference. The generic 1300 number displayed on posters and postcards was deleted and changed to a direct number to the clinic to facilitate a more user-friendly process.

3.1.5. Oral Hygiene Lessons

Oral hygiene lessons were organised with the students on a number of occasions. Toothbrushes and toothpaste were provided to the students at the time of their appointments and individual chairside oral health promotion was provided by staff where appropriate.

3.1.6. Participation in Annual School Festival

As part of the annual '*Face of Kensington*' festival conducted at the school in August a Plaque Shuttle was accessed from the Oral Health Promotion Unit to be utilised as part of the activities. The shuttle involved the use of a plaque disclosing agent under a fluorescent light to give the students visual access to plaque.

The activity complimented previous classroom lessons with students responding more favourably to the interactive exercise. The shuttle also proved to be useful tool to encourage further appointments with the dental clinic and to continue to raise awareness and the profile of oral health among the students. The shuttle is planned to be accessed for future use.

A trivia competition was conducted with the students with appropriate prizes distributed. The competition received a good response with most students responding.

The festival proved to be an ideal forum to pursue the oral health program and to access the students in an informal manner.

3.1.7. Media Release

Following the successful application of funding from the local Rotary Club a media release was issued to a number of local press. Subsequently a local newspaper published an article on the program, which received front-page exposure with an accompanying colour photograph.

3.2.African and Refugee Communities

3.2.1. Women's Groups Education Sessions

A total of 11 information sessions were provided to predominantly Somali and Eritrean women. The sessions were generally conducted at the Kensington Community Health Centre and covered a range of topics relevant for the group based on the needs assessment conducted earlier in the project. The information provided to the participants was confined to bottle caries and oral hygiene. A main component was to also encourage the participants to have their details put on to the waiting list.

The participants were accessed with the assistance of the African Community Liaison Officer and the Community Settlement Worker. Both these staff were valuable resources and expertise who had both worked extensively with the target group

The translation of the presentation content into two languages meant that one half hour of information required up to one and half-hours. This made the process lengthy and arduous for the participants.

At all available opportunities, oral health would also be incorporated into any forums that the African community would be access. However, it was found that towards the end of the project that some participants were being doubled up. Within the course of the project, 36 weeks, the African community were subject to a number of information sessions including Breast Cancer awareness, physiotherapy, hepatitis C awareness. The provision of information seemed to deter some prospective participants from attending some sessions. Anecdotal feedback suggests some community members were fatigued of attending workshops and seminars.

Halal catering was provided for the participants. Childcare was not requested with some parents preferring their children to accompany them.

A number of information sessions were scheduled in September with both men and women. However following the events of September 11th, these sessions were cancelled as the local Muslim community, particularly the women, were very reluctant to leave their homes for quite some time after the event.

A number of idiosyncrasies of the Muslim and African culture had to be considered when delivering the project. Some older women prayed during the sessions and some fasted. Participants generally were not punctual.

3.2.2. Children's Centres

It was found that the information sessions provided at the centre were an effective way of accessing the community but the efficiency of collectively accessing the participants was questionable with many phone calls, reminder letters and catering to organise. Despite diligent a planning process some sessions were not well attended.

In response to the sporadic attendance it was decided to pursue the option of accessing the local African and new arrival community through two Children's Centres that hosted a large number of the target group and predominantly health care cardholders.

Following a thorough consent process a simple non-intrusive examinations was offered to 2-4 years olds to screen for obvious caries. The screening consisted of a dental mirror and flashlight with assistance of a dental nurse and childcare staff. All children were provided with toothbrush, paste, and other incentives. All children participated eagerly.

Letters were forwarded to all children who were considered to have obvious caries. Those parents were informed of their local dental services and of the no-waiting period for pre-primary children. Non health care cardholders were encouraged to access private dental care.

When parents arrived with their children dental staff would enquire if the parents and siblings had accessed dental care and would encourage them to place their names on the waiting list. The evaluation figures suggest that using established forums such as Children's Centres are a viable and efficient method of accessing the target community.

Feedback from Children Centre staff indicates a strong support for continued efforts in this arena. Anecdotal feedback from parents is also positive.

The amount of caries discovered during the process was consider high and would have possibly gone unreferral or untreated without this intervention.

A number of children did not have their treatment followed up despite follow-up efforts by Children Centre staff.

3.2.3. Incidental Referral

The waiting room at Dousta Galla Community Health Centre often is full of target group patients accessing a number of health services provided at the centre. This provides an ideal opportunity for the project officer and other staff to incidentally approach the clients and intervene with brief snippets of information and to encourage referral if appropriate.

This initiative was most effective with mothers of young children. Children were often encouraged to open their mouths for the project officer and again screened non-intrusively for obvious caries. Individuals then were referred next door to the dental clinic if necessary.

A great number of new arrivals were present weekly when Women's Health nurses were present for check-ups. The nurses were briefed of the project, provided with toothbrushes and paste to be passed on children, and encouraged to intervene where appropriate.

Anecdotal feedback suggested that a great number of the community were unaware of the location of the dental clinic, of eligibility, waiting lists and services provided etc.

Having a project officer present in the centre proved to be an ideal resource for incidental intervention and referral.

3.2.4. Maternal and Child Health Centres

A number of ethnic specific education sessions were conducted through the local Maternal and Child Health Centre. Oral health was incorporated as an education feature with the parenting program. Feedback received from participants and staff was positive and encouraging.

This proved to be another forum, already established within the community, with regular access to target groups. Such forums are cost effective, as no preparation is required by the project officer. Translators are provided by the centres with no contribution from the project.

3.2.5. Chinese Community

A request was made by the Dousta Galla Community Health Chinese Community Development Officer to present an education and information session. This reflects the success of the staff education session with staff actively placing oral health on their agendas. The majority of participants were health care cardholders and the established forum again meant no organising on behalf of the project officer.

A list of clients requesting their details on the waiting list was compiled by the community worker and forwarded to the clinic. This was more efficient rather than individual phone-calls by the clients.

3.2.6. Men's Health Forum

As part of the Men's Health Forum conducted by the Moonee Valley council, a brief information session was delivered into the congested program. The forum provided one of the few opportunities to collectively access African men.

3.2.7. Adult Migrant English Service (AMES)

With the assistance of AMES staff, the adult classroom was used as forum to access the new arrival target group. The majority of participants attending the classes had only been in Australia for less than six months.

Many of the adult pupils were unaware of the services available and of the protocol to access the services.

AMES staff were encouraged to refer pupils and promote the services available. Some teachers incorporated oral health into future English lessons reinforcing the previous messages delivered at the session.

Tours conducted by the Community Settlement Worker through the Dousta Galla Community Health Centre were also used as an opportunity to access the target group, to deliver health messages and to promote the dental services.

The AMES centres provide an efficient and accessible forum to collectively access the target group.

It is anticipated that the efforts of the project will be replicated in subsequent years and that the future number of students accessing their local dental services will be sustained and increased.

Six students had mouthguards moulded.

During the course of the project 5 separate oral health education opportunities were delivered to the students. Oral health has become a component of the school's health curriculum and future delivery of health promotion will be conducted by teaching staff and the school nurse with assistance from Dousta Galla staff where appropriate.

4.2. African, New Arrival and Refugees

The 11 education sessions conducted at the Dousta Galla Community Health Centre managed to access approximately 70 participants.

Separate screening exercises at two Children's Centres accessed 64 children of which 30 required referral. At the time of publication 23 had sought and completed treatment. Despite follow-up efforts from Children Centre staff, the remainder of children did not seek treatment. The Children's Centre forum represents an efficient and viable mechanism to access the target group in contrast to the time consumptive efforts in the Community Health forum.

Approximately 70 new arrivals were accessed through the AMES forum and again represents an efficient mechanism of access to the target population. The availability of interpreters made the exercise cost effective.

4.3. Staff Training

Written feedback from participating staff demonstrated a strong rapport towards the content of the seminar and high satisfaction.

A component of the seminar was to encourage the referral of high-risk clients to place themselves on dental clinic waiting list. Collated written feedback demonstrated that the majority of staff were now more likely to refer clients to the dental clinic. Feedback also suggested a relevant array of topics appropriate to the needs of the collective professions.

Formal staff training has raised the profile of oral health as a priority

5.0. Sustainability of Strategies

5.1. Kensington Community High School

The long-term sustainability of the project is jeopardised by the termination of the project officer's contract.

Mechanisms and negotiations have been made with KCHS principal and school nurse to continue the efforts of the project into future years. The oral health project has been incorporated into the health curriculum.

Despite future staff changes, the inclusion of oral health into the school curriculum will ensure sustainability.

Arrangements have been made with dental clinic staff to liaise regularly with School staff to ensure that oral health is prioritised on the agenda but will require encouragement and reminders on behalf of dental clinic staff.

Students may replicate mouthguard initiative again in subsequent years by accessing community groups for funding or by fundraising initiatives. Arrangements have been made with a local technician to maintain cheaper prices for mouthguards for students.

Because of the transience of the student population, it may be necessary to initiate the program again from term one and continue through each term and to maintain a database of students that have attended.

5.2. African, New Arrival and Refugees

Arrangements have been made with the African Community Worker to continue to have oral health promotion on the agenda of future initiatives. Because of the changing population base in Kensington, it is likely that the African and new arrival population will decrease. It appears the initiatives pursued with this particular target group reached saturation point where an overlap of participants occurred.

5.3. Staff Training

An annual staff training day will be scheduled during planning events. Expertise will be accessed internally by dental clinic staff. Existing resources and props developed during the employment of the project officer will be available for use.

Future orientation for new staff members will include a tour of the dental clinic and comprehensive information on available services. Regular e-mail communication issued by senior dental clinic staff to remind other staff of eligibility, to update on waiting times aims to maintain oral health on professional's agenda.

6.0 Recommendations

Future initiatives should vigilantly pursue the utilisation of existing established forums that are utilised by the target groups. Such forums include Childrens' Centres, Maternal and Child Health Centres, AMES centres and local schools. The necessary protocol procedures should be pursued with the relevant councils and authorities to establish an arrangement that is amicable and beneficial for the targeted community. Another avenue that may be beneficial pursuing is to establish an oral health component into TAFE childcare courses that are conducted in areas with significant pockets of high-risk clients.

Health promotion funding allocated for refugees needs to be supplemented with accompanied funding to meet the immediate clinical needs of this high-risk group. The dental health status of newly arrived refugees has been quoted as the worst in Australia (Walker et al, 1999) with many of this sub-population having been denied access to health services for prolonged periods of time. Past health promotion efforts

have allocated priority appointments in public dental clinics to treat the immediate clinical needs of this target group. This strategy needs to recommence and continue.

The delivery of the program has instigated interest from a number of agencies and schools in the local area. This demand warrants an expansion of the project to a more comprehensive level. Maternal and Child Health Nurses and Children's Centres have expressed particular interest.

The continued employment of a part-time project officer would ensure long term comprehensive sustainability.

8.0. References

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