

# **Koori Kids Koori Smiles (KKKS)**

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## ***Abstract***

Koori Kids dental clinics are held at Gosford Hospital Dental Clinic on Thursday evenings from 4.30 – 8.30pm. The location and time was arranged after consultation with the Aboriginal community. Parents and carers advised us that evening clinics would be most appropriate as transport during the day is difficult as most families have one car only and Saturday sport is a barrier to attendance.

The KKKS program provides clinical restorative dental treatment, preventive therapies and the provision of mouthguards for children playing contact sport. The mouth guards are issued after completion of all other necessary dental treatment.

Patient mix consists of children ranging from 0 to 17 years; most dental work is carried out by Dental and Oral Health Therapists with pathways for referral to specialist dental care if required.

Challenges involved gaining acceptance from the Aboriginal community and establishing rapport between the clinician's and the Aboriginal patients. This was successful because the Aboriginal community were consulted throughout the planning, implementation and evaluation of the program. The program logo was designed by a local Aboriginal artist which provided ownership of the program to the Aboriginal community.

## ***What was the problem?***

Timely and culturally appropriate oral health information and dental services have historically been unsuitable and very limited to Aboriginal people on the Central Coast. As a result, the dental and oral health of Aboriginal children on the Central Coast had been poorly managed. The Aboriginal community had not had the opportunity to access the service for comprehensive oral health care, nor the availability of culturally appropriate oral health literature.

The focus groups identified the following barriers to accessing oral health:

- Lack of culturally appropriate dental environments, including the presence of Aboriginal health workers.
- Lack of culturally appropriate oral health literature and promotional materials.

- Lack of Aboriginal community oral health knowledge.

The focus group also identified a need for the provision of mouth guards for children playing contact sport.

### ***What did we do?***

- Involved the stakeholders from local Aboriginal community in all stages of the project:
  - Aboriginal Interagency Committee
  - Aboriginal leaders
  - Representatives from education
  - Child & family health representatives
  - Youth health representatives
  - David O'Brien, Aboriginal local artist.
- Instigated oral health promotion training for the existing NSCCAHS Aboriginal dental assistant, from an accredited training facility.
- Developed and produced culturally appropriate oral health resources. The Koori Kids Koori Smiles logo was designed by local Aboriginal artist. All written information was edited by the focus group into an Aboriginal friendly format.
- Provided oral health information to Aboriginal health workers on the Central Coast.
- Provided culturally appropriate dental clinics that suit the needs of the Aboriginal community.
- Displayed appropriate oral health information in local dental clinics and Aboriginal Community Health Centres on the Central Coast
- Developed and displayed promotional material – posters, stickers, oral health literature and T-shirts.
- Provided dental assessments and gift bags containing oral health information, toothbrushes and toothpaste to Aboriginal children at NAIDOC day celebrations.
- Provided mouth guards to patients who play contact sport and have completed all their recommended dental treatment.

## ***What were the results?***

Comprehensive clinical dental services are provided to Aboriginal children and young people aged 0 – 17 years in a culturally appropriate dental environment.

### **Results from 2006**

#### **Qualitative**

- Information from the focus groups meetings, including agendas and minutes, was used to measure appropriateness and acceptance.
- Client phone satisfaction surveys were done after the completion of all dental treatment. The results were extremely positive. Feedback from the local community reaffirmed this information.
- Culturally appropriate oral health literature was developed and evaluated with and by the Aboriginal community. Acceptance from the local Aboriginal community has increased the interest in the oral health literature.
- Dental treatment provided to all Aboriginal children attending the Saturday clinics was based on best practice dentistry, including full examination, radiographs, preventive and restorative care. This has the long-term potential to significantly improve Decayed Missing Filled Teeth (DMFT) in this target group.
- Plan Do Study Act (PDSA) cycles are being followed to examine outcomes and act on the results. Changes have been made to accommodate feedback.

#### **Quantitative:**

Data from the Saturday Aboriginal dental clinics from 11<sup>th</sup> March 2006 - 17<sup>th</sup> June 2006: 112 Aboriginal children sought treatment as a direct result of the Koori Kids Koori Smiles program. In comparison, only 58 Aboriginal children were identified on the ISOH waiting lists in 2005. NAIDOC day dental assessments were provided to a further 45 Aboriginal children. Although the program was in its infancy, impact evaluation indicated an increase in access.

## ***What were the problems we had?***

Originally KKKS dental clinics were run on Saturday mornings; this soon became a problem as football is a favourite sport for many Koori kids, as a result the Failed To Attend (FTA) rate increased. After consultation with the community, an alternative clinic time was allocated on Thursday evenings.

Challenges as far as availability of appropriate dental staff and the opportunity to gain funding to pay staff was sometimes an issue.

### ***What did we learn?***

- How important consultation is to the success of Aboriginal oral health improvement programs.
- How to build lasting relationships with members of the Aboriginal community.
- This program also highlighted to the KKKS team how many other health issues the Aboriginal community have to deal with and how few resources or programs are culturally appropriate (at least at the initial stage of this project 2006).

### ***What are we doing now?***

As a result of the program's success, it received a NSW Aboriginal Health Award in 2006 and recurrent funding from the Centre For Oral Health Strategy (COHS). Colgate also provided toothpaste and tooth brushes for a period of 5 years. The KKKS oral health literature was reproduced and funded by COHS for distribution state-wide.

### ***References***

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