How to improve the standard of dental care to Aboriginal and Torres Strait Islander people?

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This is the first article in a series – #TalkingTeeth – that will run at Croakey in 2016 examining current issues in dentistry and how to make dental health available to all.

Thanks to the team at the International Research Collaborative – Oral Health and Equity at The University of Western Australia, who are some of Australia’s leading experts and graduate students driving innovation in dental public health in Australasia, for contributing this series for Croakey readers.

Below researchers from the University of Sydney and the University of Western Australia explore the importance of cultural competence in dentistry education, training and practice.

(Croakey notes that other frameworks are in use elsewhere, including cultural safety and cultural responsiveness).

Cathryn Forsyth, Michelle Irving, John Gilroy, Stephanie Short, Estie Kruger and Marc Tennant write:

On graduation we expect that dental professionals will be able to identify oral health problems and intervene to improve the health of individual patients, as well as the wider community.

Sadly, significant health disparities between social groups in the Australian community persist, despite efforts to reduce such disparities. Aboriginal and Torres Strait Islander people suffer substantially greater burdens of both general and oral disease, which is measured principally in terms of number of teeth lost due to decay, gum disease and injury.
A ‘cultural competence’ curriculum framework has been recognised as a strategy to improve health outcomes for under-served, vulnerable and minority populations. Cultural competence is defined (Cross et al., 1989) as:

“Congruent behaviours, attitudes and polices that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross cultural situations.”

During the early 2000s, cultural competence became integral in higher education and health service delivery within the United States; however, it has taken time for this shift in focus to filter through to Australia.

At the University of Western Australia in 2007, the team at the Centre for Rural and Remote Oral Health (now the IRCOHE) recognised that a cultural understanding of Indigenous peoples’ experiences and the multi-factorial reasons behind health disparities should be part of dental training and important to future dental practitioners in Australia.

As a result, a collaborative working group was formed to design an Aboriginal and Torres Strait Islander cultural competence curriculum framework for dental students.

To our knowledge this is the only Indigenous dental curriculum framework that has been devised to date anywhere in the world.

In the years that followed this early work, despite standards being included in the accreditation system for many dental schools, there has been little academic advancement in the field.

Systematic review coming soon

An interdisciplinary team of academics from the University of Sydney (including the authors) has picked up the baton, and is conducting a systematic review of Indigenous cultural competence in dentistry and oral health higher education that will be published in the near future.

The interdisciplinary team from Sydney has future research aims to further develop and analyse current Indigenous cultural competency within curricula delivered in dentistry and oral health programs across Australia.

The plan is to work with communities and dental schools to explore what helps (or hinders) dentistry and oral health students from understanding Indigenous culture, including the systematic hindrances to a wider involvement inculcation of cross-cultural learning in dental education, and to identify new ways of teaching and learning that enables students to become culturally competent upon graduation.

It is noteworthy that efforts to include Aboriginal and Torres Strait Islander people in dental education and as practitioners in Australia has been well below the achievements in other disciplines. It is fantastic to see recent advancements in active recruitment and support starting to redress the imbalance but there is still a long way to go.

Traditionally curricula for dental students have a strong emphasis on invasive restorative and surgical care (drilling and filling). A sustained shift in the educational paradigm in dentistry is going to be vital to re-direct attention to preventive disease management, risk assessment and cultural competence.
The principle of this R&D program is to learn from the processes initiated back in the early 2000’s and to advance this into new paradigms of learning right for the 2020’s.

In Australia, dental education has gone through substantial change in the last 15 years, with a near doubling of dental schools in Australia and many of these having a stronger focus on targeting communities in need.

The Government’s funding of new schools based in rural and remote Australia has sent a message has to the profession that a focus on society and communities in need is a critical element to dental education.

**Improving practice**

Health practitioners need to be more cognisant of the complex issues faced by Aboriginal and Torres Strait Islander people. Practitioners are expected to make reforms to their own practice, as well as drive the reform of systematic issues in the profession. This is going to be integral to closing the gap in health outcomes.

These efforts at curriculum reform aim to create changes in attitudes that percolate through future generations of health practitioners. This is part of a wider multilevel strategy to address marginalisation in Australian society.

The establishment of the University of Sydney’s [Wingara Mura Bung Brrabagu Indigenous Strategy](https://wingaramurabc.org.au) indicates that this paradigm shift is in progress, with Indigenous cultural competence being integrated into all faculty curricula within the University of Sydney.

It is evident that despite embryonic efforts to stimulate strong cross-cultural learning and focus within dental education, the continuance of the effort has not been strong.

The re-emergence of an inter-disciplinary collaboration to revitalise the effort is something that we hope will find support from other health disciplines and also be watched and learnt from by other dental schools in Australia.

Success in closing the health gap relies on all practitioners being cognisant of the specific needs of Aboriginal and Torres Strait Islander people.

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- **The feature image is from the University of Sydney’s Wingara Mura Bung Brrabagu Indigenous Strategy.**