



Oral Health Program Priority Populations

Evaluation Report Summary

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One: About Inner South Community Health (ISCH)

Inner South Community Health is a major provider of health and community services across the inner southern region of Melbourne and beyond. Inner South is a not for profit organisation located at four centres within the St Kilda, Prahran and South/Port Melbourne area. ISCH provides access to doctors, dentists and a broad-range of allied health and other supports, delivering more than 150,000 services each year. Our mission is twofold:

- To develop and deliver quality health services that respond to the needs of our communities, with a particular focus on engaging those who may not readily access mainstream services;
- To advocate for a social model of health and address the structural reasons for health inequity.

Evidence over many years of significant health disparities in our local population has led to the development of specific approaches to the oral health needs of our community. A 2009 survey of ISCH clients found that:

- 11.5% identified as homeless
- majority had moved 4 times in past 12 months
- 67% reported that they do not feel safe in the place they live
- 59% lived alone
- majority reported higher than average rates of acute / chronic disease and subsequent increased levels of inpatient / ED treatment
- 50% reported decreased function due to emotional / mental health issues
- a large number reported higher than average rates of co morbid mental health, AoD, gambling
- compared with the region and state, the majority experienced poorer oral health status - ↑ DMFS adults over 25 years
- 45% reported difficulties affording health care
- 70% reported difficulties meeting cost of transport

Two: ISCH Oral Health Priority Populations Model of Care

Based across two sites, ISCH has a total of 8 dental clinics and provides approximately 17,000 appointments per year. In response to local need, we have developed an Oral Health Model of Care to improving the oral health of relevant priority populations:

- Aboriginal people
- People experiencing (or at risk) homelessness
- People living with mental illness
- People living with HIV
- People with alcohol / other drug issues
- People living in pension level SRS
- Preschool children.

The model (as depicted in appendix one) comprises six key components:

1. Assertive Outreach

Assertive outreach involves clinical staff seeking out clients who would not otherwise access oral health care. The team offers screening, health education and care coordination in environments where priority populations congregate - rooming houses, parks, homeless agencies etc.

2. In-reach

Local agencies who work with priority populations are provided with a block booking sessions in order to opportunistically engage clients with clinical care. Agency staff provide practical support (such as transport), whilst the clients attend our clinics for clinical care and treatment.

3. Partnerships

Partnerships with relevant agencies are essential to our priority population model of care. Collaboration occurs around both individual client need and local population health planning.

4. Cross team collaboration

The support of other teams at ISCH ensures that oral health staff are able to work effectively with priority populations. Collaboration with mental health, indigenous, AoD, homelessness and admin staff are critical to achieving positive outcomes for vulnerable clients.

5. Health promotion

A health promoting approach to all aspects of care ensures that sustainable improvements in oral health care will occur.

6. Efficient / effective clinical care

Whilst the above strategies provide essential engagement, health education and capacity building, the provision of accessible, timely, affordable clinical treatment is an essential component of improving the oral health of priority populations.

Three: Monash University Evaluation:

In 2013, ISCH contracted Monash Uni to evaluate the ISCH model for improving the oral health of marginalised populations, via the following objectives:

- Fully document the model;
- Identify / analyse the model strengths, opportunities, weaknesses and risks;
- Provide evidence that supports sustainability;
- Inform service development at ISCH.

The researchers used a mixed approach of both qualitative and quantitative methods, incorporating: literature review, population health data review, service usage data analysis, focus groups, in-depth interviews and peer administered questionnaires.

Four: Key Findings

The researchers determined that the ISH Oral Health Priority Populations Model of Care is essentially a **highly effective, well implemented program** with some gaps in reach and adoption. They also found that sustainability and growth are at times restricted due to funding constraints.

Reach
<ul style="list-style-type: none">• Good program reach, although not all eligible clients are engaged.
Effectiveness
<ul style="list-style-type: none">• Client evaluation suggests high level of effectiveness.
Adoption
<ul style="list-style-type: none">• Outreach component is not appropriately funded and therefore not able to cover all settings for priority populations.
Implementation
<ul style="list-style-type: none">• Flexibility / responsiveness was found to be excellent.• Opportunities for further development re internal cross referral processes.• Appointment system needs review; need to ensure continuity of care for highly transient clients.• Use of volunteers (ie transport etc) is highly valued.• Opportunities exist for capacity building within partner agencies.
Maintenance
<ul style="list-style-type: none">• Although all aspects of the model are not supported by funding , there is a strong organisational commitment to the model sustainability

Five: Client voices

As part of the Monash Uni evaluation, a number of clients participated in in depth interviews. A small selection of transcripts below highlights the value of the program to accessibility and sustainability in oral health.

“I am one of the residents here; I have been here 7 years and I think the dental program has been wonderful for me with the way I have been treated... the dentists have all been very nice... very polite they explain everything that they are doing, they are very careful not to cause you any pain so they are careful with injections to treat your teeth...”

“You are taught how to brush your teeth properly and that you should also brush your gums... and they usually take their time, it is not rushed or anything like that...and when they come they bring those sample packs with them...so you have a little tube of toothpaste, a new toothbrush, some floss to floss your teeth...it’s very helpful especially the floss because most people forget to buy that for themselves”

“For years I had a mouthful of really bad, rotten teeth ... and it made me a little bit introverted ... hand over the mouth... always aware of people looking at me. I think the part of me with the depression felt that when I looked in the mirror that those rotten teeth were a representation of what was going on for me... So when I started to get the depression in check one of the first things my family friends had been saying was ‘you need to go and get your teeth fixed’. So I came up here and made an appointment...”

The dentists, they were really, really good with me they went very slowly, they broke things down and explained what procedures was going to be done that afternoon...how long it was going to take....and spoke to me about the pain meds with the injections in the mouth and everything else that goes with it...and sort of talked me through that and had me feeling a lot better about the situation. I guess with my health improving with the extractions of the teeth probably the first 6 teeth my general health started to pick up.”

Six: Next steps

The following strategies are currently being implemented:

1. Dissemination of findings (conference presentations, journal articles and DHSV / DH briefing) with a view to:
 - Sharing the model and findings
 - Advocating for appropriate funding levels for this model
2. Development of an action plan to address key findings.

Appendix One: Schema of the Oral Health Program for Priority Populations

