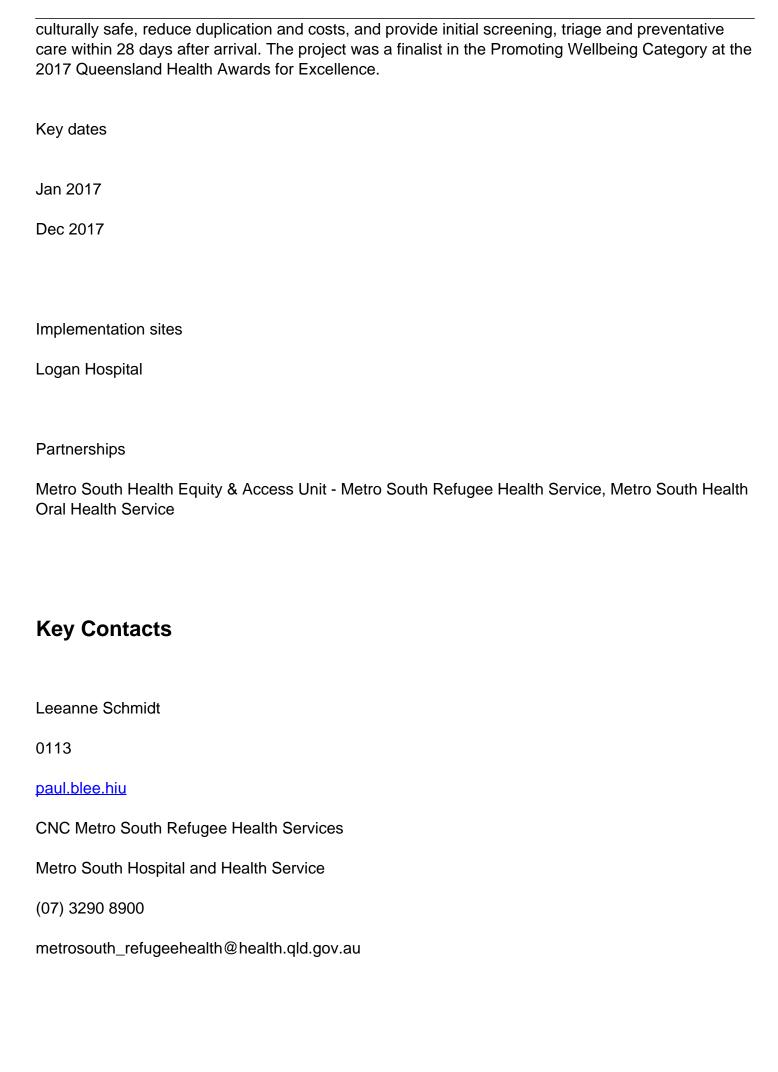
Integrating Oral Health wellness into a nurse-led Refugee Health Service

Initiative Type
Model of Care
Status
Deliver
Added
22 February 2018
Last updated
29 August 2019
URL
https://test.clinicalexcellence.qld.gov.au/improvement-exchange/oral-health-refugee

Summary

The Metro South Refugee Health Service (MSRHS - a nurse-led service of five staff) in collaboration with the Metro South Refugee Health Service (MSRHS) and Metro South Health Oral Health Service (MSHOH) established a nursing health assessment pathway for all newly arrived people would be



Aim

To provide timely access, triage, support and information about oral healthcare pathways for refugees and asylum seekers in our region.

Benefits

- Established to facilitate a response to refugee health needs within the local community.
- Key stakeholders work collaboratively to build capacity among primary health care providers including identifying gaps in knowledge and developing resources and education to address these gaps.
- Improved health outcomes increase the settlement experience of people with a refugee background

Background

The MSRHS had received feedback from community that there were long delays in people with a refugee background accessing oral health care in the Logan Central area. Navigating the phone based oral health referral Hub was complex. Additionally there was a large increase in the number of refugee arrivals. As a result Metro South Health Oral Health (MSHOH) reviewed their wait list and Model of Care. Findings included:

- A two year wait list (700 people) existed for refugee initial assessment and oral care at MSHOHS, Logan Central Community Health Centre
- 68 per cent of Queensland's oral health interpreter usage was attributed to MSOHS
- English and health literacy were required to access the current referral pathway
- MSHOH capacity at Logan central Community Health Centre (LCCHC) was unable to meet the demand

Solutions Implemented

A two pronged collaborative approach was developed to prevent the wait list continuing and provide service for those on the wait list. This included:

- Re-allocation of an oral health therapist (OHT) within MSRHS
- Scheduling clients and interpreters to shadow the existing referral pathway at MSRHS
- Resource development screening tool, multilingual resources
- Implementation by oral health of the <u>NSW refugee health appointment reminder translation</u> tool

In 2016, the oral health wellness program (Refugee Healthy Mouth Day - RHMD) became embedded within MSRHS.

Evaluation and Results

- Allocation of an oral health therapist (OHT) within MSRHS is cost neutral
- People are screened and triaged, receive education and application of fluoride with 28 days after arrival in Australia
 - At Nov 2017 1236 people received care
 - 42 per cent received fillings
 - 11 per cent required teeth extraction
- The learnings have been shared with colleagues in the refugee health sector. A state wide oral health working group for people with a refugee background has been established and is auspiced under the Queensland Refugee Health Partnership Advisory Group

Lessons Learnt

- Newly arrived people experience many barriers navigating health systems
- Early oral health intervention reduces risk of other health conditions and supports improved settlement outcomes
- Culturally responsive services build trust and engagement
- Culturally appropriate additional resources are required

Further Reading

Refugee Health and Wellbeing - <u>A policy and action plan for Queensland 2017–2020 Oral Health Queensland Metro South Health Service Profile Metro South Refugee Health Service Metro South Oral Health Service Refugee Health Network Queensland ACCESS Community Services</u>

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