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RESEARCH ARTICLE

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Oral health promotion and programming provided by Aboriginal Community Controlled Health Organisations in South Australia

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Abstract

Background: Aboriginal Community Controlled Health Organisations (ACCHOs) play a critical role in supporting Aboriginal and Torres Strait Islander health in Australia. This article aims to identify and describe oral health programming and promotion provided by ACCHOs in South Australia.

Methods: All ACCHOs in South Australia were identified through the Aboriginal Health Council of South Australia. A targeted search strategy was designed to include the websites and social media pages (Facebook, Twitter, Instagram) for each organisation. Program characteristics were extracted and summarised, and oral health promotion content was analysed utilising content analysis.

Results: Twelve programs were identified across the 12 ACCHOs in South Australia. Of these, seven focused on oral health and five focused on nutrition. Oral health and nutrition information shared online by ACCHOs was extracted and aggregated into oral health and nutrition categories, which included reminders about visiting services, advocacy statements, oral hygiene messaging, appointment availability, education resources, and upcoming community-based activities.

Conclusions: The evidence explored highlights the integral role ACCHOs play in oral health promotion and service delivery. It is critically important that ACCHOs are involved in development and implementation of oral health services to ensure programming reflects community knowledges and is effective in improving oral health equity.

KEYWORDS
aboriginal community controlled, dental public health, health services, indigenous health promotion, oral health

1 | INTRODUCTION

The core purpose of Aboriginal Community Controlled Health Organisations (ACCHOs) is to minimise the disparity in health between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians[1]; a mandate supported by the Australian government.[2] The establishment of ACCHOs in the 1970s was in response to social movements, organised by Aboriginal and Torres Strait Islander

communities against racist and exclusionary practices in healthcare that asserted community rights to self-determination and culturally secure healthcare provision.[3,4] At the time of writing, 144 ACCHOs operate in over 300 locations across Australia working to improve Aboriginal and Torres Strait Islander wellbeing across numerous areas of health and through a combination of fixed, outreach and mobile healthcare models.[4] Governance models of ACCHOs are community operated and grounded in accountability to community members.[5] ACCHOs provide a platform for activism, engagement and employment that align with local cultures and values.[6] The prioritisation of Aboriginal and Torres Strait Islander values within a Western and biomedical health sector, through ACCHOs, shifts power dynamics and centres Indigenous knowledges, perspectives, and understandings, ultimately providing more equitable access to health services.[7,8] ACCHOs remain one of the only publicly funded organisations that are governed by and accountable to Aboriginal and Torres Strait Islander communities in Australia.[9] The Aboriginal Community Controlled Health sector in Australia has been acknowledged as a best practice example for the implementation of Indigenous self-determination, a central aspect to the United Nations Declaration on the Rights of Indigenous Peoples.[3,8] Research in Australia posits that adaption of the community-controlled model is associated with improved health outcomes and wellbeing for Aboriginal and Torres Strait Islander peoples.[10] Oral health is essential to overall wellbeing[11] and as such, is an important piece of the ACCHO mission.

Regrettably, Aboriginal and Torres Strait Islander people experience poorer oral health than non-Indigenous people in Australia.[12] Aboriginal and Torres Strait Islander children experience significantly higher rates of early childhood caries than non-Indigenous children across all age groups,[13] whilst periodontal disease, untreated dental decay and tooth loss are higher among Aboriginal and Torres Strait Islander adults.[14] The improvement of Aboriginal and Torres Strait Islander oral health is a mandate of both the Australian and South Australian governments' respective oral health plans.[15,16] The 2019 to 2026 South Australian Oral Health Plan identifies Aboriginal and Torres Strait Islander communities as a priority population and asserts that culturally secure dental services, co-located with primary health systems, are needed to close the oral health gap.[16] ACCHOs are the key provider of culturally secure, acceptable, and safe health care for Aboriginal and Torres Strait Islander communities.

Provision and involvement in dental care access varies widely across ACCHOs in Australia. Facilitation of off-site dental services is the main role ACCHOs play in oral health (39%), followed by provision of on-site dental assessment or treatment (37.6%), a combination of on-site and off-site services (15.6%), and no access to dental care (7.8%).[17] Despite varying support for oral health, approximately half of all ACCHOs across Australia identified dental care as one of their top five health services gap in 2015.[12] While some national data exists for provision of oral health services through ACCHOs, there is limited information specific to the South Australian context. To assess the scope of oral health provision and programming, including the promotion of oral health and nutrition knowledge on social media, this study utilised content analysis of publicly available data to audit provision of oral health care by ACCHOs in South Australia. This research aimed to identify and describe programs and information shared about dental caries prevention, which included dental service provision and coordination, as well as oral hygiene and sugar-related education.

2 | METHODS

2.1 | Positionality

Researcher reflexivity and positionality are essential elements in qualitative methodologies due to the influence of research subjectivity on study design and interpretation of findings. This project was driven by limited foundational understandings regarding ACCHO involvement in oral health in South Australia. A desire to explore available data regarding ACCHO involvement in oral health was recognised with the aim of establishing an evidence base for future program development in partnership with ACCHOs. As members of the Indigenous Oral Health Unit at the University of Adelaide, the research team for this project comprised of both Indigenous and non-Indigenous researchers, all of whom have been involved in collaborations with ACCHOs across the state. All aspects of this project had oversight by a senior Indigenous researcher (JH).

2.2 | Study design

All South Australian ACCHOs were included in this audit. Services were included if they were identified by the Aboriginal Health Council of South Australia (AHCSA), the peak body for ACCHOs in South Australia, as members. After retrieving the list of ACCHOs from AHCSA, a search strategy was formulated that included the websites, *Facebook* pages, *Twitter* accounts, and *Instagram* accounts (where applicable) for each of the ACCHOs (S1). Due to the publicly available nature of the data collected in this audit, ethical approval was not obtained. Social media platforms were included in the search strategy because of the strong social media presence of the Indigenous health sector in Australia.[18] In addition, limited research suggests that Aboriginal and Torres Strait Islander use of social media is higher than non-Indigenous individuals[19,20]; this has partially been attributed to social media's ability to help develop and express Indigenous identity.[21–23]

2.3 | Search strategy

The search was conducted between December 2021 and January 2022 and aimed to capture all available information on programs that incorporate oral health components, including dental service provision. Initial searches returned limited results, so the search was expanded to include all oral health and nutrition information shared

on websites and social media pages, including *Facebook*, *Twitter* and *Instagram* that related to the prevention of dental caries, including nutrition information. Nutrition information and programming were included in the search due to the strong association between sugar consumption and dental caries.[24] All pages of websites were manually searched, including newsletters and annual reports. The search function on *Facebook* pages was used to search a pre-defined list of key terms; all posts identified through by this approach were extracted, regardless of when the post was made (S1). In addition, all *Facebook*, *Instagram* and *Twitter* posts made in the past 18 months were manually searched for any information shared about oral health or nutrition.

2.4 | Data extraction

Data obtained through the systematic search were extracted into a piloted extraction framework in Microsoft Excel.[25] Data were classified into one of four overarching categories: (1) oral health programming; (2) oral health information shared online; (3) nutrition programming or; (4) nutrition information shared online. All posts, regardless of classification had the following information extracted: date of post, link to post, exact content of post, and corresponding program name (where applicable). For both oral health programming and nutrition programming the following characteristics were recorded: delivery model (in person, internet, phone, other), mode of delivery (individual, group, other), delivery setting (outpatient clinic, in-home, dental clinic, school, government department, community setting, other), and person delivering the program (dental therapists, Aboriginal Health Workers, social workers, nurses, teachers, other).

2.5 | Data analysis and synthesis

Program data and information shared on social media pages were analysed separately. Content of each of the posts extracted from social media pages was qualitatively analysed utilising content analysis[26,27] to determine patterns among the key oral health promotion information being shared by ACCHOs. Excerpts from ACCHO websites and social media pages were decontextualised from the other data collected and imported into NVivo Software (QSR International Pty Ltd. Version 12.6.1, Melbourne, Australia). This analysis followed methodologies of manifest content analysis or surface structure, where researchers describe what is actually said, staying close to the text, rather than inferring meaning from text.[28,29] Utilising deductive reasoning, the research team sought to determine what topics of the predetermined subjects of oral health and nutrition were commonly shared across the various ACCHO websites and social media pages. These common topics were then categorised into sub-headings[30] and brought together during the compilation phase, where final conclusions were drawn.[26] Oral health and nutrition program data from all sources were collated, and tabulations of program features were calculated in Microsoft Excel.

3 | RESULTS

3.1 | Search results

In total, 31 websites and social media pages representing 12 ACCHOs, across 11 regions in South Australia (Port Augusta, Anangu Pitjantjatjara Yankunytjatjara [APY] Lands, Adelaide, Whyalla, Yalata, Coober Pedy, Murray Bridge, Port Lincoln, Whyalla, Ceduna, Mount Gambier) were searched. From the 31 online sources searched, 51 unique pieces of publicly available information related to oral health programming, oral health information shared online, nutrition programming or nutrition information shared online were extracted.

3.2 | Program characteristics

A total of 12 programs were identified through searching information on the 31 sites from the 12 ACCHOs in South Australia; seven (58%) programs focused on oral health and five (42%) focused on nutrition. No programs relevant to our research question were found by searching publicly available information in the Ceduna or Mount Gambier regions. Of the identified oral health-related programs, five provided dental treatment, one provided oral hygiene tools, while one offered dental advice through the phone. Dental treatment was delivered to individuals by a dental therapist, while the oral hygiene and dental advice programs were facilitated by Aboriginal Health Workers (Table 1). All identified nutrition programs provided advice on healthy eating. Four of these programs were delivered by a nutritionist, while one was delivered by organisation staff. Only one of the five nutrition programs provided individual services, while the other four were delivered in a group setting (Table 2). Of all the identified programs, 10 (83%) did not specify a target group, one (8%) was aimed at females and one (8%) at youth. Two (17%) programs were also open to non-Indigenous immediate family members of Aboriginal and Torres Strait Islander clients. The majority of identified programs (92%) were delivered in person, with only one program utilising phone services.

3.3 | Oral health and nutrition information shared online

Oral health information shared by ACCHOs across their various websites related to seven common categories: oral health advocacy, oral hygiene promotion, oral health promotion activities, dental appointment promotion, visiting dental services, availability of dental services in-house and dental training opportunities (Figure 1). Two posts were reshared from other organisations, including the Australian Dental Association (ADA) South Australia branch and the Australian Government Department of Health, one post referenced the ADA, and one referenced the South Australian Health Department. Three posts were accompanied by visual representations.

TABLE 1 Oral health programs delivered by Aboriginal Community Controlled Health Organisations in South Australia

Region (program/s)	Target population	Delivery model	Delivery setting	Delivered by	Mode of delivery
Port Augusta (1)	Women	In person	Community	Aboriginal Health Workers	Individual
APY lands (1)	All	In person	Dental clinic	Dental therapists	Individual
Adelaide (1)	All[a]	In person	Dental clinic	Dental therapists	Individual
Whyalla (1)	All	Mixed	Health clinic	Aboriginal Health workers	Individual
Yalata (2)	All	In person	Community	Dental therapists	Individual
	Youth	In person	Schools	Dental therapists	Individual
Coober Pedy (1)	All[a]	In person	Dental clinic	Dental therapist s	Individual

[a]Programs also extend to non-Indigenous immediate family members of Aboriginal and Torres Strait Islander clients.

TABLE 2 Nutrition programs delivered by Aboriginal Community Controlled Health Organisations in South Australia

Region (program/s)	Target population	Delivery model	Delivery setting	Delivered by	Mode of delivery
Murray Bridge (1)	All	In person	Community	Nutritionists	Group
Port Lincoln (2)	All	In person	Community	Nutritionists	Group
	All	In person	Community	Nutritionists	Group
Whyalla (2)	All	In person	Health clinic	Nutritionists	Individual
	All	In person	Community	Organisation staff	Group

Two posts were related to oral health advocacy, one shared the desire of staff to have an in-house dentist available to community, while the other described the oral health gap in Australia, '*Oral health among young Aboriginal adults and children is significantly worse than the general population in Australia. Closing the health gap between Indigenous and non-Indigenous Australians – for too long – has been a nationally debated topic with real progress hard to identify, according to the Nganampa Health Council.*' Four posts promoted oral hygiene, stressing the importance of brushing teeth and using floss to maintain oral health longevity; one post underscored the impact preventive oral hygiene behaviours can have for oral health, '*It should not be a normal expectation that at some stage of your life, teeth will need to be removed because of tooth decay or gum disease. Australians should expect to keep their teeth for their lifetime and practising these four simple routines can help people to reach this goal.*' Five posts related to oral health promotion activities being hosted by the organisation, including school-based initiatives, outreach programs, and dental health promotion days. Six posts promoted dental appointments, sharing information about dental schemes and encouraging community members with prompts such as, '*When was your last dental check-up?*' Eight posts were focused on reminding community members of in-house dental services available at the corresponding ACCHO, and three posts highlighted upcoming visits by dental services to the community. Finally, two posts shared government-funded dental assistant traineeship opportunities specifically designed for Aboriginal and Torres Strait Islander individuals between 17 and 30 years of age.

Nutrition information shared by ACCHOs across their various websites related to six common categories: nutrition education resources, nutrition advocacy, breastfeeding promotion, nutrition education activities, visiting dietitian services and balanced diet promotion (Figure 1). Two posts were reshared from other organisations, including the World Health Organisation (WHO) and Healthy Eating New Zealand, one post referenced the WHO and one referenced the ADA. Nine posts were accompanied by photos or videos.

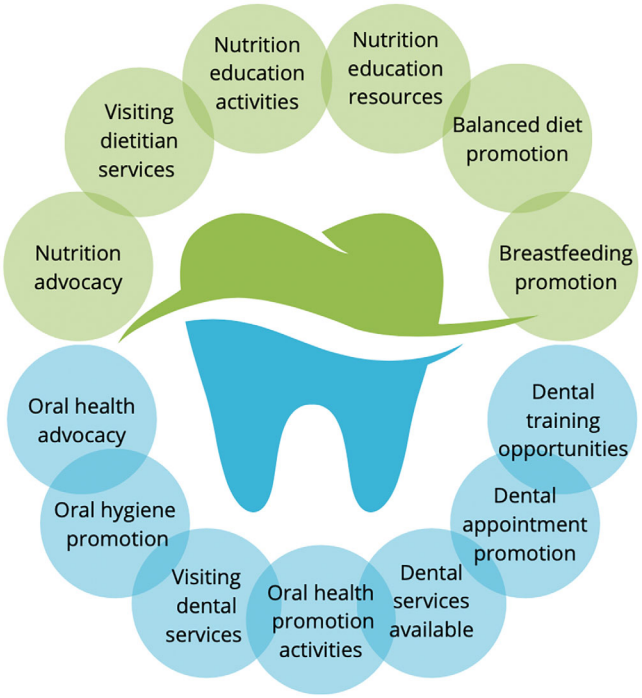

FIGURE 1 Conceptual model of oral health promotion information shared by Aboriginal Community Controlled Health Organisations in South Australia

Six posts shared nutrition education resources, which included recipes, cooking videos made by services, and three posts shared information related to accessing 'That Sugar Film', an Australian documentary. Two posts related to nutrition advocacy, one shared the efforts of a community member to gain attention for healthy tucker being made by locals, and the other reported changes to the availability of sugary drinks at the local store, '*One Mai Wiru store no longer stocks large sizes of sugary drinks and another no longer stocks large bottles of sugary fruit juice. All stores displayed a greater amount of unsweetened drinks (water and diet drinks) than sugary drinks*.' Two posts promoted the benefits of breastfeeding for both child and maternal health. Six posts related to nutrition education activities, including cooking, weight management, nutrition label reading, and healthy eating workshops: '*The second event will be Eating Healthy on a Budget with Kelly Taylor, Dietician. Participants will get the opportunity to be involved in cooking budget healthy meals, with costing provided, and sampling the foods afterwards*.' Four posts shared information about upcoming visiting dietitian services. Finally, four posts promoted a balanced diet, highlighting the importance of fruit, vegetable, and water consumption, as well as reduced sugar intake.

4 | DISCUSSION

In South Australia, where 2.5% of the population identifies as Aboriginal and/or Torres Strait Islander,[31] ACCHOs shared information related to oral health and nutrition information on 31 occasions and facilitated 12 programs related to oral health between 2013 and 2021. Oral health programs primarily focused on dental care provision, while all the nutrition programs focused on healthy eating. Generally, ACCHO programs were open to all community members. Information shared in relation to oral health and nutrition included oral health promotion, service availability, and educational resources. Despite the limited oral health funding and training received by ACCHOs in South Australia, findings from this study illustrate the significant leadership and advocacy of ACCHOs in relation to oral health promotion for community members. The majority of data included in this study was published online during the Covid-19 pandemic, which demonstrates the strength and adaptability of ACCHOs to meet the needs of their community in accessible and agile ways.

The 2019-2026 South Australian Oral Health Plan identifies Aboriginal and Torres Strait Islander individuals as a priority population for whom targeted action is required to adequately address unique access barriers and disproportionate burdens of oral disease. This plan also recognises that, 'culturally appropriate, acceptable and safe dental services, integrated and co-located with primary health systems are required to close the oral health gap'.[16] These priorities are echoed by the National Australian Oral Health Plan 2015-2024.[15] The findings presented here suggest that there remain limited targeted oral health programs developed in partnership and co-located with ACCHOs, with many of the programs being organisation-driven, with uncertain sustainability. While 12 programs were identified through this research, there remains a lack of comprehensive coverage for the Aboriginal and Torres Strait Islander priority population and insufficient geographic spread across South Australia. Due to the unique positionality of ACCHOs and Aboriginal Health Workers in providing comprehensive care for Aboriginal and Torres Strait Islander communities,[10,32] there is an opportunity to further explore the provision of preventive services and dental care in partnership with ACCHOs.

The South Australian Oral Health Plan recognises the potential role of Aboriginal Health Workers in oral health care provision, as the plan calls for legislative change that is required to enable non-dental practitioners, such as Aboriginal Health Workers, to apply fluoride varnish. Similar initiatives have successfully been implemented in New South Wales, where research has demonstrated that Aboriginal dental assistants can effectively and safely apply fluoride varnish to children.[33] Similar approaches in the Northern Territory,[34] Western Australia[35] and Tasmania[36] have also used paraprofessionals, including Aboriginal Health Workers, for fluoride varnish application programs. The success of the fluoride varnish program in New South Wales has resulted in a call to scale up the initiative to a state-wide program.[37] No comparable programs are currently underway in South Australia, but the existing evidence-base suggests that a similar approach is not only feasible but could be quite successful in minimising the experience of dental caries, particularly for children.[38] Previous research programs in South Australia have demonstrated the effectiveness of fluoride varnish in reducing early childhood caries among Aboriginal and Torres Strait Islander children.[39] The use of fluoride varnish programs is a major component of the National Oral Health Plan due to the possibility these programs hold for increasing accessibility of fluoride to children who might otherwise not have regular access to fluoride toothpaste, fluoridated water, or dental care.[15] This is just one example of the ways in which ACCHOs and the Aboriginal health services workforce in South Australia could be trained to support the oral health of Aboriginal and Torres Strait Islander individuals across the state. Working together with ACCHOs, Aboriginal Health Workers, and community members will help ensure that the needed targeted action identified by the South Australian Oral Health Plan adequately meets community needs.

The evidence base established by this work provides a platform for informed future directions. The development of a structured and regulated oral health education and awareness program for ACCHOs and Aboriginal Health Workers in South Australia would enable ongoing discussions about community oral health needs and an opportunity for training to address those needs. State-wide training opportunities would ensure uniformity across services and equip health workers with the confidence to start a conversation about oral health with clients, inquire about dental needs, and facilitate dental referrals.[40] Funding for an Aboriginal and Torres Strait Islander Oral Health Coordinator to oversee the delivery of training programs and oral health promotion across South Australia would provide necessary Aboriginal and Torres Strait Islander leadership in this space. Finally, the development of pictorial oral health and nutrition information specific to Aboriginal and Torres Strait Islander communities and the

provision of electronic formats of these infographics would enable ACCHOs to share oral health promotion on a more regular basis.[41–43]

4.1 | Strengths and Limitations

This study investigated oral health and nutrition programs available for Aboriginal and Torres Strait Islander communities in South Australia. The search strategy, including social media pages, provides foundational evidence and recognises the efforts of ACCHOs in delivering oral health and nutrition programming. Due to the limited program information available, the research team also included oral health promotion information shared by ACCHOs; and through the utilisation of content analysis, we were able to further understand areas currently targeted by ACCHOs in South Australia. This study is limited by its use of publicly available information; it is plausible that oral health programs not included in this audit are offered by ACCHOs in South Australia but not promoted or described via online platforms. In addition, program details were scarce and therefore, further analysis regarding program design, effectiveness, usage, funding sources and economic evaluation was not possible. The main limitation of this study is that ACCHOs were not involved in this project and therefore were unable to offer their perspectives, which would have enhanced the findings and strengthened the conclusions drawn herein. The evidence generated by this audit will inform future research conducted in partnership with ACCHOs that aims to comprehensively evaluate current oral health programming and ensures that future programming meets community oral health needs.

5 | CONCLUSION

Community controlled health services play an integral role in Aboriginal and Torres Strait Islander health and wellbeing, which includes oral health. This research indicates that ACCHOs provide oral health promotion, oral health services, and facilitate access to dental services across South Australia. Both state and national oral health plans call for targeted oral health care for Aboriginal and Torres Strait Islander communities.[15,16] As such, it is critically important that ACCHOs are involved in the development and implementation of oral health services that address all oral health-related risk factors in a culturally secure manner that meets community needs and reflects community priorities. Critically, the success of oral health programming is directly related to the degree that they consider and address Aboriginal and Torres Strait Islander determinants of health. To effectively work to decrease the experience of dental caries among Aboriginal and Torres Strait Islander individuals in South Australia, oral health programming must be shaped by community knowledge, attitudes, and beliefs.

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CONFLICT OF INTEREST

None to declare.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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