



Bila Muuji Aboriginal Health Service Incorporated

Introduction

Bila-Muuji Aboriginal Health Service Incorporated (Bila Muuji) is a regional grouping of Aboriginal Community Controlled Health Organisations (ACCHOs) in western New South Wales (NSW). It was established in 1995 and now has member ACCHOs in the locations of Bourke, Brewarrina, Gongolgong, Walgett, Coonamble, Dareton, Wellington and Orange. Bila Muuji means 'river friends' and Bila Muuji's vision is to provide collective support to its members, and to identify and address shared issues impacting on the Aboriginal communities across the region.

Current activities of the regional oral health promotion program – summary

Target Groups currently include:

1. Kids in schools in the Bila Muuji communities
2. Mums and bubs groups
3. Chronic care patients.

Current Programs include:

1. Daily school tooth brushing programs
2. Visits to schools to foster awareness of oral health
3. Instruction to teachers on oral health and prevention issues
4. Supporting local ACCHO staff to manage programs locally
5. Developing a manual for school based toothbrushing programs
6. With the help of the Western NSW LHD, Bila Muuji conducts oral health assessments in schools. From these assessments, Bila Muuji identifies children with early oral disease and makes necessary arrangements for the kids to attend clinic
7. Workshops with mums and bubs groups
8. Developing programs for people with chronic disease, and smoking cessation
9. Conducting an annual workshop for Bila Muuji and associated staff involved in oral health programs.

Below are the approximate numbers of children participating in the tooth brushing programs from each area. The programs are provided for ALL children attending the schools. Note: Dubbo and Balranald are included as they have been recent members of Bila Muuji

School	Aboriginal	Non-Aboriginal	Total
Dubbo Schools	395	402	797
Orange	207	234	441
Walgett + Collarenebri	517	183	700
Brewarrina	67	38	105
Bourke	285	186	471
Coonamble	213	58	271
Wellington	282	254	536
Dareton	79	34	113
Balranald	127	112	239
TOTAL	2172	1501	3673

Oral health promotion program from the ground up – history

Background

In 2006 Bila Muuji members identified poor oral health and lack of access to dental services and advice in western NSW Aboriginal communities as a serious priority.

There were very few dental practitioners in the region, and patchy activity in oral health promotion programs. The more remote towns of Bourke, Brewarrina, Gungahlin, Walgett, Coonamble, Balranald and Dareton had no fluoride in the water supply. Health checks conducted since 2000 by the then Far West Area Health Service (FWAHS) found that in some remote Bila Muuji communities:

- 5-6 year old children had on average 7.56 primary (or baby) teeth affected by dental caries (decay)
- this was eight times greater than the state average for that age group
- the percentage of 5-6 year olds with no caries in their primary teeth was as low as 5.6%
- caries in the permanent (adult) teeth of children in the 11-13 years age group was up to five times the state average.

Nutrition and dietary information collected during the check programs found there was a very high incidence of sugar consumption and low levels of oral hygiene practised. Many people were regularly consuming up to two litres of cola drinks per day.¹

While there were no oral health data specific for the adult population in the majority of the Bila Muuji communities, a national survey of adult oral health conducted in 2004-06 found that the Indigenous adult population had:

- 2.3 times more untreated caries than the non-Indigenous adult population, and

- 57% of Indigenous adults had one or more teeth affected compared with 25% of non-Indigenous adults.²

In 2006 Bila Muuji members developed a service plan to address the poor oral health status and low level of dental services in the region. This plan identified the need for a regional dentist position and a regional oral health promotion program.

Due to limited availability of statewide funds, the regional dentist position wasn't funded however funds were made available for the oral health promotion program and a full time coordinator. A formal partnership was established with the then Greater Western Area Health Service (GWAHS) to support the program.

The first and important stage of the program's implementation was to work with the frontline staff within the ACCHOs as the success or failure of any program depends greatly on its foundations. If the Bila Muuji oral health promotion program was going to have strength and longevity, it had to be embedded within the communities, with ongoing support and commitment from the staff at the ACCHOs.

Two workshops were organised in 2008 with the overall aim being to identify and implement oral health promotion priorities and activities across the Bila Muuji region. Participants were, largely, Aboriginal Health Workers and dental staff from Bila Muuji member organisations with some GWAHS staff also attending.

The workshops provided training on oral health issues, disease prevention at both individual and community levels, identified issues locally, and created a forum to **develop a regional oral health promotion plan**. Since this plan was developed by local ACCHO staff, there has been ownership of the plan and its implementation.

Some of the common issues discussed were:

- lack of community knowledge about dental prevention
- lack of dental services
- high consumption of sweet drinks in baby bottles, particularly cola drinks
- the importance of encouraging the drinking of water, and for school children to have water bottles filled with fresh water while at school
- poor access to dental information resources
- the importance of maintaining communication networks.

Some of the activities initiated by participants, in association with relevant health personnel, in their communities included:

- supervised toothbrushing with fluoride toothpaste at school breakfast clubs and preschools
- providing oral health information and advice in young mothers programs

- incorporating oral health checks into Healthy for Life programs and organising appropriate follow up dental care.

Partnerships

A formal partnership was established with the then **Greater Western Area Health Service**, to enable the development of a regional coordinator position for Bila Muuji's oral health promotion program.

Bila Muuji also partnered with **Charles Sturt University** to develop a Memorandum of Understanding. One aspect of the Memorandum was a scholarship scheme whereby Bila Muuji would support selected undergraduate Bachelor of Oral Health students, with the intention of introducing the students to oral health issues in rural Aboriginal communities, and encouraging them to work in these areas upon graduation.

Regional coordination, the next step

In 2009 a regional oral health promotion coordinator was appointed. The position is based in Dubbo, with travel to the Bila Muuji communities on a regular basis to support and develop further the activities already established by the ACCHO staff.

Guided by the priorities identified in the oral health promotion plan, the regional oral health promotion activities initially focussed on children aged 0-5 years, young mothers/carers, and school aged children. The young children and mothers/carers are accessed largely through young mothers groups and preschools. Working with ACCHO staff in each location, the regional coordinator provides appropriate information and resources to the various groups on a regular basis, as well as supporting the ACCHO staff to take the lead in future programs. Other partners include dietitians, nutritionists, dental staff, Healthy for Life teams and community health workers. Bila Muuji staff and coordinator also participate in community events and open days.

The school program aims to support supervised daily toothbrushing with fluoride toothpaste. The toothbrushing programs are for all children attending the schools, Aboriginal and non-Aboriginal, though the targeted schools have a large percentage of Aboriginal children attending them. Cooperation from school principals is not universal, however most primary schools participate in the

program. A support manual for school teachers that describes relevant oral health issues and protocols for school based tooth brushing programs, is currently near completion. Again, the regional coordinator and local ACCHO staff, with partners, provide the necessary information, resources and support for the school programs.

In Bila Muuji locations with dental clinics, local ACCHO staff participate in screening and referral programs for infants and school aged children. The Lift the Lip protocols are also taught to local program workers.