

teeth tales newsletter...

Update on another busy year!

teeth tales is a university-community partnership project between The McCaughey Centre at the University of Melbourne and Merri Community Health Services (formally known as Moreland Community Health Service). The community project partners include, Arabic Welfare, Pakistani Association Australia Melbourne, Victorian Arabic Social Services and Dental Health Services Victoria.

Happy reading! *Veronika and Elisha*, teeth tales project team



Fascinating research findings!

Working in partnership with all the cultural groups and talking to people in the community has given us a lot of insight about oral health in the community. Here are just some of the things we have found:

Traditional behaviours

- The Miswak is used in all communities, generally by people from a Muslim background.
- Some people use the miswak for religious reasons rather than for oral hygiene and will still use toothbrush and toothpaste.
- Rubbing salt on gums was very common in Lebanon.
- Using bark from walnut trees was also common.

You can see the miswak and the bark in the photo. The other item is a crystal that comes from Saudi Arabia. It is ground up, mixed with water and used like toothpaste.



Misconceptions about child oral health

- Baby teeth will fall out anyway, so it is not important to look after them.
- Tooth decay is hereditary, and that some children are therefore more prone to tooth decay than others.

“...My grandchild who is 7 years old, he had problem with his teeth, they extracted, removed all of his teeth from the age of two and a half, three, they were all decayed and the dentist recommended that they all should be extracted which they’ve extracted all of his teeth, it’s been for the last 3 to 4 years not one tooth has come up. Of course his mother is worried, very worried about it, and when I asked her, she said when she took him to the dentist, the dentist said it would probably take about six to seven years before he can get teeth.” (Iraqi grandmother)

More interesting findings!

What causes decay?

Parents were aware of the link between diet and decay, but struggled to encourage their children to eat healthy food. Most parents see the school as an important setting for promoting health, and struggle with things like chocolate fundraising in schools and selling unhealthy foods in canteens.

"In the school if the teacher will get some information because sometimes the school teachers if they are good they give them jelly beans you know and my kids are quite talkative and good at listening and every week they have one or two jelly beans for being good and I think that's not good for the kids." (Pakistani Mother)

*"when I came here I don't have any family and there is nobody here to help me with anything, when I migrate, I came to *Judy (MCHN) she helped me a lot, he (my son) was eighteen months old and I brang him and she was so concerned about him." (Pakistani mother)*



New Partner: PAAM

We have been working with a new project partner called the Pakistan Association Australia Melbourne. Saher Ali from PAAM joined the research team and analysed the results from the Pakistani focus groups and interviews.

Saher organised a community feedback session with the Pakistani Community to share findings and discuss the next steps of the project.

Working in partnership helps to develop new skills and to build and strengthen individual and organisational capacity of all involved.

Data analysis is almost complete working with VASS and Arabic Welfare.

Tap water and fluoride

There was limited knowledge of what fluoride is, the importance of it and that it is added to tap water.

People avoided drinking tap water on arrival and added other things to it such as cordial to improve the taste.

However, some people enjoyed the taste, as they had previously only had unsafe water to drink in the home country.

Other factors impacting on refugee and migrant oral and overall health & wellbeing :

- Religion
- Racism & Discrimination
- Social Isolation/Social Exclusion
- Maternal Depression
- Parenting
- Smoking



Project update: Cultural competence

We are trying to understand what makes a community service easily accessible for diverse communities and how service providers can best meet the needs of people from all cultures.

In order to do this we are reviewing a number of ways to assess how well services currently do this, which is also known as the cultural competence of an organisation.

We will consult with our partner organisations (Pakistani Association, Victorian Arabic Social Services and Arabic Welfare) first on what they see are 'gold standard' examples of cultural competence. Then we will trial a method to assess cultural competence with Merri Community Health Service Children's Services Team and later with the Child and Family Health Services team at Moreland City Council. We will conduct these pilots using interactive dialogue with staff and clients to uncover

areas of operation that are already culturally competent and areas that may need assistance to become more culturally competent. This will be a shared, ongoing process undertaken over the long term.



Community intervention development

There will be active participation of community members in all aspects of intervention development and evaluation.

The results and continuous community engagement indicate that the intervention should include the following components:

- Peer Education: Increase parental knowledge and behaviours in relation to child oral health practices. Increase awareness and access to child health programs and dental services.
- Review of Child and Family Services for cultural competency.
- Dental health screenings of children.

We are currently seeking funding for the implementation of the intervention. If you have any ideas for funding sources, please let us know.

Conferences

Elisha was awarded a scholarship to enable her to attend the Population Health Congress in Brisbane. The title of the presentation was "A culturally competent study exploring the socio-cultural determinants of child oral health from refugee/migrant communities".

Two abstracts have been accepted to the Public Health Association Conference and to the International Association of Dental Research. They will be presented in poster format.

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Moreland Community Health becomes Merri

- Moreland Community Health Service changed its name to Merri Community Health Services on 30 April 2009.
- Our new name reflects the fact that we serve an area broader than Moreland. The name 'Merri' was chosen because of Merri Creek, a prominent landmark in our region.
- Merri Community Health Services will still offer the same range of health and wellbeing services from our sites in Brunswick, Coburg, Glenroy, Fawkner and Preston. Contact details for staff will not change.
- See our website www.mchs.org.au for more information.

New staff member

We welcome Veronika Pradel to the teeth tales team. She returned to Merri Community Health Services in February this year to commence working on the cultural competency area of the project.

Veronika has a background in community development and social policy and has worked in community health and local government and in far off places like Guatemala with Australian Volunteers International.

Funding applications

The teeth tales project was successful in receiving \$20,000 from Moreland City Council to conduct the development of the cultural competency review tool.

We are currently awaiting notice on several funding applications to secure funding for the implementation and evaluation of the community based intervention. They are –

- National Health and Medical Research Council (NHMRC) Partnership Grant
- Australian Research Council (ARC) Linkage Grant

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A university-community partnership between
The McCaughey Centre, University of Melbourne
Merri Community Health Services
Victorian Arabic Social Services
Arabic Welfare
Pakistan Australia Association Melbourne


Merri Community Health Services

