Emerging Health Policy Research Conference 2017

Abstract Submission

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Presenters Details

Name of Author(s) – asterisk the presenting author:

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Short Biography of presenter (maximum 50 words):

Dr Rahila Ummer-Christian's research interest is in the oral health of children with intellectual and developmental disabilities. She has a dental degree from India and a Master of Public Health from the University Of Wollongong. She has undertaken a dental public health internship at the World Health Organisation, USA.

Presentation Details

Presentation Title (up to 10 Words):

Access to Dental Services for Children with Intellectual and Developmental Disabilities

Keywords: (up to 5 to assist organisers in streaming papers):

Children with Intellectual and Developmental Disabilities, dental services, access, disability policies, practice guidelines

Research Details (250 word limit)

Introduction/Background:

Children with Intellectual and Developmental Disabilities (IDD) have poorer oral health than the general population. Evidence shows these children are at a disadvantage in accessing dental services due to barriers that include physical inaccessibility of the service, lack of awareness of importance of oral health, costs incurred by carers and difficulties in making appointments. Further barriers are associated with dental practitioners lacking understanding of communication difficulties, behavioural issues and concomitant disabilities of these children, and their limited training and experience, giving rise to little confidence and effective management of children with IDD. Though not specific to IDD, Australian dental practice policies address full participation of children with disability in services. Despite these policies, children with IDD continue to face barriers in accessing dental services.

Research Question: To what extent are dental practitioners providing equitable access to services for children with IDD in Victoria, Australia?

Methodology: Phase 1 is a survey audit of public and private dental services to determine access rates for children with IDD. In phase 2, using qualitative methods, dental services with the highest and lowest access rates will be compared across factors found to influence dental service utilisation.

Findings: It is anticipated that enablers and barriers will be identified which will inform a model of care, the implementation of which will improve dental service use by children with IDD.

Policy Implications: Recommendations will be made on how dental services can best be configured and supported to maximise their potential in improving access to children with IDD.

N.B. All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.