Dental Contribution to the Army Aboriginal Community Assistance Program (AACAP 21)

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Scope

- Overview of the AACAP Program
- Community Profile - Pormpuraaw
- Patient challenges
- Provision of services
- Dental outcomes
- Lessons learnt
- Questions
• Started in 1997 - Closing the Gap
• Aims to improve health and living standards of remote Aboriginal communities in Australia
• Delivers a mix of housing, road, sewerage, airfield, telecommunications, schooling or water supply upgrades
• Deliver training to enhance employment opportunities
• Delivers primary healthcare through integral health team (~20 pers)
• Dental team of 3 pers for support to military members AND community
Community Profile - Pormpuraaw
Population
Culture
Employment
Leisure
Wet season
• Language
• Cultural barriers
• Patient compliance
• Concept of health
• Dental Literacy
• Magnitude of problem
• Chronic disease and comorbidities
Provision of Services - at Camp
Provision of Services - Health Facility
Provision of Services - School based
6 days per week for 10 weeks

362 Patients seen
  - 52 military
  - 310 civilian
  - 96% of school children screened
  - 40% of school children completed treatment

Much greater child caries experience (85%) than literature suggested (61%) for indigenous children
Provision of equivalent of 4 years of dental services

BUT

Still seeing 10 patients a day during the last week of the trip!
Lessons Learnt

- Skills deficit (garrison vs remote community dentistry)
  - Oral surgery
  - Paediatric services
  - Dental management of complex medical conditions
- ‘One shot’ dentistry for low patient compliance
- Community involvement to develop familiarity and rapport
- It takes time and effort to foster community’s trust
- Effect of reputation on patient flow