

## Letter to the Editor

Dear Sir,

We read with interest the article Racism and oral health inequities among Indigenous Australians by Hedges et al. (2021). Racism indeed impacts on oral health improvements and service quality. The Poche Centre for Indigenous Health at The University of Sydney has spent the last eight years working with communities to address the inequality in access to oral health services and prevention for Aboriginal and Torres Strait Islander Children in New South Wales (NSW), Australia.

We concur with the article's explanation of how racism impacts on oral health and the related recommendations. Significant progress in NSW has been made in several areas including development of locally sustainable workforce, culturally safe oral health promotion and prevention initiatives and a summary of this, along with published work, recently appeared in *The Conversation* (Gwynne et al., 2020). Additionally, more Aboriginal and Torres Strait Islanders are completing dental assistant courses with over 100 credentialed dental assistants trained by Poche in partnership with NSW TAFE. A successful completion rate of over 90% is owed to a course that is co-designed and culturally competent (Gwynne et al., 2019). Many of the dental assistants are working in Aboriginal Community Controlled Health Services, while others have undertaken further study and progressed into clinical roles and policy and research positions in universities and government departments.

Several Australian Universities are also working on the cultural competency of their courses and entry pathways to see entry to a Bachelor in Oral Health and dentistry programs improve further. We are seeing a growing number of Aboriginal and Torres Strait Islander oral health therapists and dentists graduate nationally, including from University of Western Australia, University of Sydney, Newcastle University and James Cook University, with some of these students entering via a dental assisting pathway.

There has also been a growth in the number of Aboriginal Community Controlled Health Services in NSW - under the NSW Aboriginal Oral Health Plan (NSW Ministry of Health, 2014) – now having their own dental service within a primary health care setting with funding for these services at \$7.8 million per annum. The Poche Centre's co-designed oral health service has been delivering culturally safe dental services for eight years in partnership with Aboriginal communities and staff based locally in rural and remote communities of NSW (Gwynne et al., 2016; 2020; 2021). The outcomes of the successful co-designed, community lead oral health promotion program for Aboriginal children, that has accompanied improved service delivery models, was reported in this journal in 2020 (Dimitropoulos et al., 2020).

While fluoridated water is critical to preventing dental caries, school-based fluoride varnish programs in Aboriginal communities may also be required where water

fluoridation is not possible and to complement other initiatives in highly disadvantaged communities. The Australian Medical Association's Report Card on Indigenous oral health acknowledged and supported school-based fluoride varnish programs (AMA, 2019) and suggested the need to train dental assistants to apply the varnish. This work is well-progressed in several Australian states and territories with the use of Aboriginal dental assistants and Aboriginal Health Workers highlighted as a success story in the AMA Report Card (AMA, 2019).

Undoubtedly there is a long way to go to address the impacts of racism on oral health services and access to care in many parts of Australia. Nevertheless, we should also acknowledge the programs that have been successfully developed and implemented, particularly those co-designed by Aboriginal and Torres Strait Islander people. We also need to acknowledge the growth in co-produced oral health research as well as its co-translation.

John Skinner, Yvonne Dimitropoulos, Boe Rambaldini, Kylie Gwynne and Tom Calma, Poche Centre for Indigenous Health, The University of Sydney.

Carmen Parter, Poche Centre for Indigenous Health, University of Queensland.

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