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# **WAS I STILL ON THE WAITING LIST?**

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*3 June 2010*

# About the presentation

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- ❑ Origins of the study
- ❑ Study aims
- ❑ Methods
- ❑ Results
- ❑ Recommendations

# Background

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## Literature review

- ❑ AIHW (2009)
- ❑ Poor oral health + low socio-economic status = lower attendance at dental clinics
- ❑ Racial disparity

# Rationale

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❏ Dental costs study (2008)

❏ Questions raised:

- Why did people disappear from the waiting list?
- Was poor literacy a barrier?
- What was going on?

# Aims of the study

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- ❑ Investigate factors that caused patients not to keep appointments offered to them whilst on the public dental waiting list.
- ❑ Explore people's perceptions of their oral health status, general health status and associated behaviours, while waiting for public dental care.

# Methods

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## Project steps:

1. Ethics
2. Project reference group
3. Access to dental waiting lists
4. Telephone contact following introductory letter

# Project steps cont'd.

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5. Face-to-face interviews
6. Observation – how many from the entire study attended appointments (control + intervention groups)
7. Comparison of rates of response
8. Follow up phone contact

# Details of participant numbers

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- 150 consumers sent the invitation
- 107 pre-interview telephone calls
- 47 interviews (11 from an Arabic background)
- 60 consumers in non-intervention group

# Analysis: qualitative

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- ❑ 47 in-depth interviews
- ❑ Content analysis
- ❑ comparison between interviews as in grounded theory
- ❑ Thematic development

# Results



## Pre- interview telephone calls:

### ‘Was I still on the waiting list?’

A telephone call was made to a lady born in Italy. The Dianella database indicated that her preferred language was English. On the phone, she did not speak English very well and asked a man to take over the conversation. The man spoke English with a heavy accent. The researcher was not sure if he understood what she said. When she tried to explain slowly, he said, ‘Sorry’ and hung up the phone.

*This lady did not make an appointment when invited to do so.*

A woman from Malta answered the call from Health Issues Centre. Both she and her husband were on the dental waiting list and eligible for participation in the intervention group. When asked if they had received a letter about the study, she replied, ‘Yes, but I sent it back. My English is no good. My husband’s is worse than me.’ A further conversation was attempted and her English became more limited. She insisted that she did not want to be part of the study.

*This lady made an appointment when invited to do so*

# Results cont'd.

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- Face-to-face interviews:
  - Oral Health Impact Profile (OHIP)
    - (In the previous 4 weeks)
    - Eating uncomfortable (40%)
    - Feelings of self-consciousness (34%)
    - Painful aching (32%)
    - Diet unsatisfactory (30.4%)

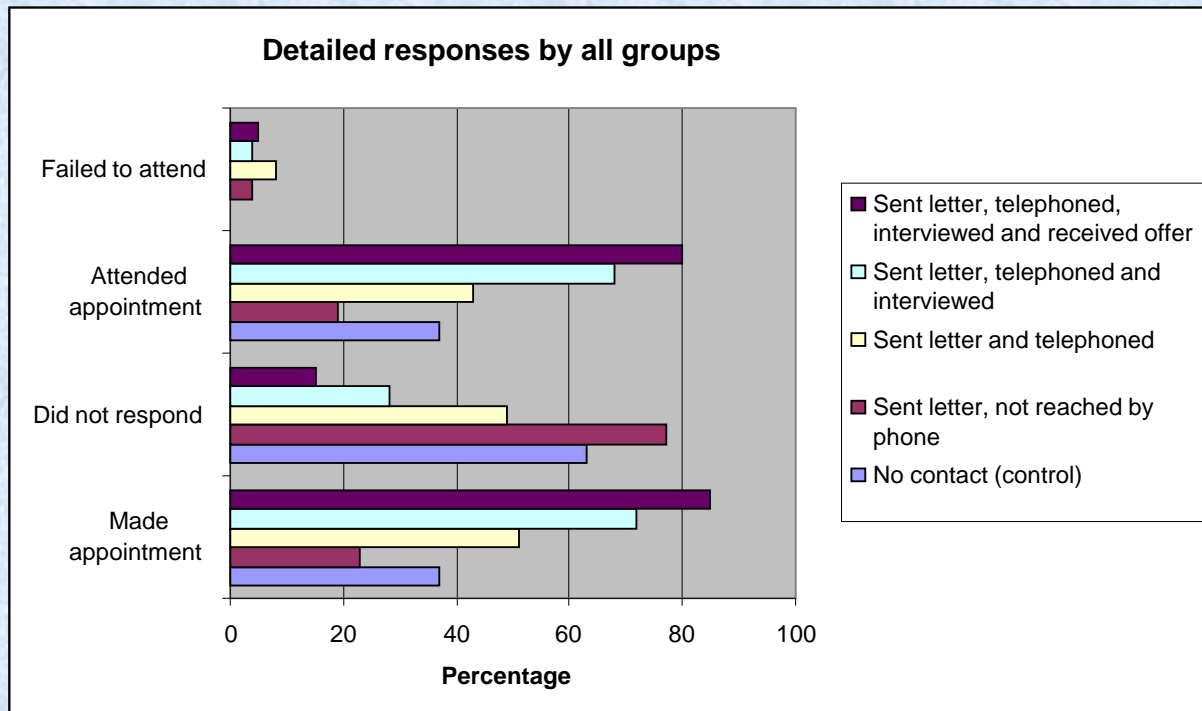
# Results cont'd.

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## Interviews – qualitative data – positive comments:

- ❑ 'I always get good care here'
- ❑ 'It's cheap, cheaper than private which is so expensive'
- ❑ 'There is no difference between here and private in the care that you get, it's just it's much too expensive for me to go to a private person now'
- ❑ 'Private care is too expensive for what you get'
- ❑ 'Going private is just not possible – it's too expensive for me.'

# Results: quantitative



# Key findings

- ❑ Numbers of consumers attending their dental appointment increased dramatically following participation in this study.
- ❑ People who spend long periods of time on the waiting list can face deterioration in their general and social health.
- ❑ Access to emergency dental care is important to those waiting for public dental care.
- ❑ The population on the public dental waiting list at Dianella are culturally and linguistically diverse with low levels of English literacy.

# Key findings cont'd.

- ❑ There is a lack of knowledge and consequently a high level of misunderstanding about public dental care among those on the waiting list.
- ❑ Information about public dental care was not readily available to members of the Dianella community.
- ❑ There was a level of anger, frustration and unhappiness among participants; this impacted on their attitudes towards dental care and those providing that care.
- ❑ Preliminary telephone interviews provided an avenue for expression for those who did not wish or could not be interviewed.

# Development of recommendations

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## Discussion points for the Reference group:

- ❑ A debate about the position of public dental health
- ❑ Re-thinking emergency care
- ❑ Maximizing appointment attendance
- ❑ Delivery of information

# Recommendations

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- ❑ For when people are put on the waiting list
- ❑ For ongoing engagement
- ❑ What to do while people are on the waiting list
- ❑ What to do when people have reached the top of the waiting list
- ❑ For instituting service delivery changes

# We'd like to thank

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## Members of the Reference group:

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|-----------------------|---------------------------------|
| ☐ Mark Sullivan       | Dianella Community Health       |
| ☐ Dr Sachidanand Raju | Dianella Community Health       |
| ☐ Dr Hanny Calache    | Dental Health Services Victoria |
| ☐ Dr Elisha Riggs     | University of Melbourne         |
| ☐ Frank McNeil        | Consumer representative         |
| ☐ Val Johnstone       | Consumer representative         |
| ☐ Tony McBride        | Health Issues Centre            |
| ☐ Dell Horey          | La Trobe University             |