

# THE BUDDY PROJECT

## Using Local Capacity to Address Oral Health Needs of Refugee Communities in the Geelong Area

Low oral health literacy is a barrier to accessing health services for people recently settling in Australia, often leading to disparities in oral health.

Addressing low health literacy allows vulnerable groups to enjoy better oral health outcomes.

2

We formed a partnership with three agencies, in order to improve access to oral health services for people recently settling in the Geelong area, an area 100km outside of Melbourne, where a lot of refugee communities settle.

3

We used different recruitment strategies and followed specific criteria to interest participants from five language groups in the Geelong area to participate in a peer-led initiative involving mentoring of newly-arrived communities in oral health.

4

Mentors comprised of those who had lived in Australia for more than two years and presumably relatively confident using the oral health system. Mentees had recently arrived in Australia.

5

We invited mentors to attend skills development sessions throughout the life of the project, equipping them with relevant knowledge for conducting one-on-one mentoring sessions.

6

Mentors provided information on oral health, shared own lived experiences in overcoming barriers to accessing oral health care, and encouraged access and utilisation of oral health services. Similarly, mentees shared experiences engaging with the system.

7

During these interactions, participants shared their experiences which provided deeper insights into the key oral health challenges faced by newly-arrived refugee groups.

8

### Oral Health Care System

Preliminary findings indicate behavioural and attitudinal changes towards the oral health care system.

### The project

raised confidence levels of target groups in accessing services;

offered a platform for dialogue around emerging and established challenges;

created opportunities to forge strategic partnerships in responding to specific needs of vulnerable groups.

We expect that lessons learnt will inform practice and influence quality improvement efforts in oral health.