Applying primary health care principles to dental service delivery in rural communities in Tasmania

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As an outcome of their overall rurality and isolation, Tasmanian communities find access to oral health services more limited than people living in urban areas of other states. Tasmania has the worst national adult oral health status, lowest ratio of dental practitioners per 100 000 (26.5 per 100 000) and one of the highest proportions of health care cardholders in Australia. Improving oral health requires action at various points in the development of oral disease and the extent to which interventions are appropriate depends on the community’s resources, expectations and “need”. In Tasmania, constrained public oral health resources must be used well to improve oral health and dental care. This should address the need for sustainable oral health gain, improve access to equitable health services, reduce health differentials between urban and rural communities and be supported by evidence of effectiveness.

Expanding the practice of dental therapy and including oral health in primary health care models are two approaches to achieve these outcomes. Pilot workforce models, put forward by the collaboration in Tasmania between the University Department of Rural Health (UDRH) and the Department of Health and Human Services (DHHS), incorporate new clinical teams (dentists and and extended role for dental therapists) with new programs (oral health promotion, prevention and timely interceptive dental care) in targeted communities in rural Tasmania. Significantly, the pilot models will be analysed to assess risks, quality, costs and accessibility for each model compared to the existing system of public dental care. This strategy requires a collaborative team approach for oral health education and public oral health service planning and delivery so that appropriate use of the skills and education of each member of the oral health team will facilitate good dental care. It will also provide evidence for workforce and oral health services policy and planning for rural Tasmania.

PRESENTER

Rosemary Cane graduated in dentistry from the University of Sydney in 1977. Her early years were spent in Sydney in both private and public dental practice. During the 1980s she developed a keen interest in education in dentistry and was involved in undergraduate clinical education at all levels at the University of Sydney, with a particular interest in preventive dentistry.

Since 1996 Rosemary has lived in Tasmania, where she has been involved in an education program developed by the University of Adelaide for Tasmanian dental therapists and the introduction of nationally recognised vocational training for dental assistants. In 2000, she was a co-writer for the national competency standards for dental assistants. At the same time, she has developed the Oral Health Research Education and Training project at the Department of Rural Health, University of Tasmania and is currently pursuing research studies on access and equity in oral health and dental care and oral health workforce issues in rural communities.