Providing a Remote Area Dental Service for Aboriginal and regional communities

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Remote Area Dental Service—why?

The Royal Flying Doctor Service (Western Operations) (RFDS) is committed to consolidating and expanding its existing portfolio of primary health care programs being delivered to remote Western Australia. A focus area for growth in service delivery is development of a Remote Area Dental Service (RADS).

This is in recognition of

- The inequality of dental care that exists between urban and rural populations in Western Australia, in particular in many remote aboriginal communities.
- The increasing prevalence of dental caries and gum disease in the communities and the flow on effect to many chronic diseases already prevalent in these communities.
- The long history and expertise of the RFDS in providing primary health services to many remote and isolated communities within the state.
- Current service providers, such as Dental Health Services WA are struggling to meet the huge demand for dental services with their existing resources.

The formation of a dental service under the banner of the RFDS has been a long held desire of the organisation and is in keeping with dental service delivery by both South East and Central Sections of the Royal Flying Doctor Service and a clear acknowledgment in the RFDS National Strategic Plan of the importance of including Oral Health when designing primary health care programs in remote Australia.

Despite having one of the healthiest populations in the world, inequalities in service delivery and health outcomes still exist within Australia. These inequalities are particularly apparent and chronic in the area of oral and dental health care.

Australians in rural and remote areas have decreased access to dental care because of a combination of a lack of staff, limited facilities and large distances to care and have been documented to have poorer oral health than their urban counterparts.

The effects it can have on people mentally, socially and physically makes investment into the population’s oral health important. Poor oral health can indicate and impact on underlying serious medical conditions such as heart and renal disease. Reducing the burden of oral disease can improve the quality of life for individuals and improve the management of chronic conditions such as diabetes.

Oral disease, like other chronic disease, is experienced at much higher rates by disadvantaged groups and this is certainly evident among Aboriginal people who have significantly poorer oral health than their non-Aboriginal counterparts.

This is exacerbated by WA being the largest of Australia’s seven States and Territories, covering a third of the continent and has the most dispersed and remote communities.

The RFDS acknowledges the difficulties for Aboriginal Australians in remote communities in accessing dental care. This lack of access is driven by issues around geographic location, availability of dental services and affordability.
Indigenous Western Australians suffer from more caries, periodontal diseases and tooth loss than non-Indigenous people. Tooth decay among the Indigenous population commonly goes untreated, leading to more extractions.

There is evidence that oral care may not have been required with a traditional Indigenous diet, so these practices did not form part of many Indigenous cultures. It is likely that there is still a lack of understanding about the benefits of good oral health care among many Indigenous people. The poor availability of toothbrushes, toothpaste and floss may limit their use in many communities.

Oral health in Aboriginal communities, particularly in rural and remote communities, is also affected by factors that include water quality, fluoridation, diet, smoking, alcohol consumption, stress, infection the availability of dental services and transport over distances to existing services.

Oral health services are also often too costly for many Indigenous people. Many clients without a concession card (not eligible for public dental treatment) cannot afford private dental treatment. There is currently no Medicare scheme available to help Indigenous people pay for oral care despite their identification as a disadvantaged group.

So severe are the issues surrounding oral health care in Indigenous populations that Australia’s National Oral Health Plan 2004–2013 (National Advisory Committee on Oral Health) has listed the oral health of Aboriginal and Torres Strait Islander people as one of seven key priority areas.

As a result of this, proposed action plans include oral examinations to be part of general health assessments, the provision of more culturally appropriate and accessible services, increased oral health promotion and the integration of oral health services within general health systems and services.

Oral diseases are now common in most Aboriginal communities, comprising one aspect of the many serious health problems experienced by Aboriginal people. The poor oral health of Indigenous Australians contributes to their poor general health and reduced quality of life.

It is in these remote environments populated by predominantly indigenous populations that the Royal Flying Doctor Service delivers much of its new RADS service.

**RFDS Remote Area Dental Service—how?**

RADS aims to operate in remote, often largely Indigenous Communities across the State, servicing a population that would have had little or no exposure to oral and dental care, or education, in the past.

The RADS provides a dental service that includes oral health advice, routine dental care and preventative dental treatment and will do so free of charge.

A fly in/fly out (FIFO) model has been selected as the most appropriate service model to use with staff based in Perth and flying out to regional centres, prior to then travelling to the particular remote community. This may occur via existing RFDS clinic charter flights, commercial or charter flights. It may incorporate the use of existing dental clinics, or a dedicated 4WD vehicle with equipment for remote delivery or a custom built mobile dental clinic, pending the location of the community.

After reviewing associated accommodation costs and discussing recruitment issues around permanently basing staff in the regional centres it has been decided that the FIFO model is the most cost effective model to adopt for the RADS and provides the RFDS with the greatest likelihood of success with its dental strategy.

There are numerous towns and communities across all regions of rural and remote WA that an expanded RADS could look to service.
**RADS—where?**
The Remote Area Dental Service will mainly operate in remote Indigenous Communities across the State. It will provide an oral and dental health service to patients whom would have had little or no exposure to dental care or treatment in the past.

It will provide a high quality dental service including oral health advice, preventative care and routing dental care. The RADS will also provide a referral service for more complex dental procedures.

Dental services under the RADS are provided free of charge.

**RADS—what?**
- Oral examinations—comprehensive, periodontic, emergency
- Extraction
- Restoration
- Scale and Clean including removal of calculus
- Pulp testing
- Radiologic examination
- Root treatment
- Temporary filling
- Oral health promotion and education

Patients requiring services not provided at RADS clinics are referred to the most appropriate dental care provider.

Public patients (those with Government subsidies) are referred to the Oral Health Centre of Western Australia (Nedlands) for specialist treatment.

Private patients (those without government health subsidies) and Department of Veterans Affairs patients can be referred to the appropriate general or specialist practitioner at either regional centres or the Perth metropolitan area. The RADS dentist will make the determination for such referrals.

**Key relationships—current and future**

The Australian Dental Association (Western Australia) (ADAWA).
- The ADAWA is the main source for legislative, technical, industrial and administrative information required by the RADS.

The Dental Board of Australia (the Board).
- The Board provides registration for dentists hoping to practice in Australia.
- In addition, the Board manages the Public Sector Dental Workforce Scheme (PSDWS). Under the PSDWS graduates from certain international dental training programs are granted an exemption from the ADC Preliminary Examination. The PSDWS is a potential source of dentists for the RADS.

**Dental Health Services (WA) (DHS)**
- DHS has limited procedures available to patients at their mobile clinics. Patients who are eligible for treatment in their country clinics must be in possession of a valid Health Care Card.
• Treatment is limited in scope and covers general dental services only. There is a provision to refer patients for specialist care, for example, for complex oral surgery.

**Oral Health Centre of Western Australia (OHCWA).**

• The OHCWA is the centre of dental education in this State. The Centre is a partnership between the University of Western Australia and the State Government, with the collaboration of Curtin University of Technology and the Central Institute of Technology.

• OHCWA is an integrated teaching, research and service delivery centre of excellence for oral health. It provides training for dentists, dental hygienists, dental therapists, dental clinical assistants and dental technicians, and is a focus for research activity. The Centre also provides general and specialist dental services for patients eligible for public dental treatment.

**School of Dentistry, University of Western Australia.**

• The School of Dentistry is WA’s only tertiary dental training centre providing a range of undergraduate and postgraduate courses.

• A mentor relationship has been established with the School of Dentistry for final year students who elect to be placed at a RADS clinic as part of their option elective.

**The Centre for Rural and Remote Oral Health (CRROH)**

• The CRROH aims to improve oral health outcomes and conducts a wide array of research related to people in rural and remote areas of WA.

**Kimberley Dental Team (KDT)**

• The KDT travels twice a year to Halls Creek and surrounding Indigenous communities. They have access to a surgery and well developed infrastructure to support dental operations in this area. As of 2013, KDT can also access a mobile dental unit based in the Kimberley region. The KDT utilises volunteer dentists and a steering committee organises flights and accommodation.

**National Dental Foundation (NDF).**

• The NDF has entered into a partnership with Colgate to promote oral health care. NDF organises “Dental Rescue Days” in each state to treat children, homeless and severely disadvantaged people who are referred to the NDF via well established charities.

• NDF’s expertise in treating such groups is of interest to the RADS as subsections of these patients groups are in part similar to RADS patient demographics.

**Aboriginal Medical Services (AMS’)**

• There are a number of community controlled AMS’ that the RADS will need to establish relationships with across the State. The AMS’ will be able to act as liaison with the Communities in which the RADS will operate and provide in kind support through accommodation, vehicle access etc.

**Achievements to date**

In 2011/2012 a pilot project providing a visiting dentist to the community of Roebourne was conducted. In six months the RADS dental team provided 10 clinics, saw over 500 patients and performed more than 2,200 dental procedures.

This Roebourne pilot project was such a success that after further discussions with Dental Health Services WA, funding was made available to trial delivery of regular clinics to the remote communities of Wiluna and Warburton.
The Remote Area Dental Service was contracted to provide 50 days of service at the Wiluna and Warburton communities. This service delivery has occurred across ten x one week visits to Wiluna and five x 2 week visits scheduled at Warburton at regular intervals across the year.

Currently in the second year of delivery at both remote locations, it is anticipated that the contract will be extended to a third year for 2013/2014 and that this will become a regular RADS provision into the future.

The Royal Flying Doctor Service (Western Operations) was provided with an ideal opportunity to begin its Remote Area Dental Service program.

- There was a clearly identified need for dental services in these communities
- DHSWA had been handed the responsibility for service delivery at Wiluna and Warburton following the cessation of contractual arrangements with CRROH
- RFDSWO had a relationship with CRROH and they agreed to provide us with significant local knowledge and expertise to support the start up of RADS in these communities
- There was existing dental infrastructure in place that could be utilised by RFDSWO

In a further development, during 2012 the RFDS entered into a corporate community partnership with Karara Mining Limited, to fund the custom build of a mobile dental clinic. It is anticipated that a mobile dental and primary health care service will commence from this unit in the 2013/14 financial year, across the Midwest region of WA. Service delivery will be jointly funded for 25 weeks each year by Karara Mining Limited and Rapids Crushing Limited. An implementation plan is currently being drafted for this new model of service delivery.

RFDSWO acknowledges that we are inexperienced in the field of dental service delivery but would like to stress that we are very committed to having a positive impact on dental health outcomes amongst remote (predominantly) indigenous West Australians.

References


Perroozzi C. Dental Services in Country Western Australia. February 2009. WA Country Health Service.

