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Royal Flying Doctor Service

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(Dental Services)
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Dr Alison Clegg
Committee Secretary
House of Representatives Standing Committee on
Adult Dental Services across Australia
PO Box 6021
Parliament House
Canberra ACT 2600

Email: haa.reps@aph.gov.au

Dear Dr Clegg,

Re: House of Representatives Inquiry into Adult Dental Health Services

Thank you for the opportunity to provide a submission to the House of Representatives Standing Committee on Health and Ageing, inquiring into adult dental services across Australia.

Given the Royal Flying Doctor Services' (RFDS) detailed knowledge of remote communities and their needs, and our effectiveness in meeting these needs, we have focused our commentary on addressing the fourth term of reference, namely, the 'availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations'.

Remote and rural oral health profile

The Australian Research Centre for Population Oral Health's (ARCPOH) 2008 report Improving Oral Health and Dental Care for Australians, prepared for the national Health and Hospitals Reform Commission, highlighted rural residents as among the groups in Australia that are more likely to have unfavourable dental visiting patterns, with a greater likelihood of poor oral health outcomes. According to the report, the rates of untreated caries in rural residents is 31.7% compared with 24.8% in urban residents, and the rate of moderate to severe periodontal disease is 32.8% in rural residents compared to 26.1% in urban residents (1).

AIHW reported in Australia's Health 2012 that rural and remote adult residents are about 1.7 times as likely to have no natural teeth, and those who do have natural teeth have 25% more missing teeth than adults who live in major cities (2).

The inequity is also true for Indigenous Australians. The 2008 report found nearly half of Indigenous Australians suffer from untreated caries compared with 25% of non-Indigenous Australians (1). The results of ARCPOH's National Survey of Adult Oral Health 2004-2006 show that the rate of untreated caries was 2.3 times more in the Indigenous than the non-Indigenous adult population, with 57% of Indigenous adults having one or more teeth affected compared with 25% of non-Indigenous adults, and there was also greater tooth loss. Periodontal disease was also more prevalent in Indigenous Australians (34.2%) compared to non-Indigenous people (26.7%). Of dentate Indigenous Australians, 19.6% have fewer than 21 teeth, compared to 14.2% of non-Indigenous Australians (3).
These variations in oral health can be attributed in part to differences in access to the means to prevent dental disease, and to differences in access to timely dental treatment for dental disease when it is needed. For Australians living in remote and rural areas, both can be a problem.

The Royal Flying Doctor Services' 2012 Oral Health Discussion Paper summarises some of the major factors impacting on oral health in remote and rural communities (4):

- Poor access to dental services and care often with a history of irregular dental visits and programs which can affect continuity of patient care;
- Limited access to oral health advice and information;
- An expectation in some areas that dental care is for emergency and relief of pain, hence there can be difficulty in getting patients to return for routine care when available;
- People have to travel long distances for dental care and there is no financial support for transport for routine dental care, or dental emergencies;
- In areas of no/low dental workforce, general practitioners and other health staff are often the first to be consulted for dental pain and infection, leading to a higher use of antibiotics and analgesics;
- Varying levels of dental infrastructure in place across the country with no standardisation of equipment. Many dental clinics lie empty and unused or require major upgrading;
- Many small remote and rural towns and communities are without fluoridated water; and
- Access to fresh foods can be limited, and expensive.

Access to dental services in many remote and rural areas is poor to non-existent, driven largely by workforce shortages or a reluctance of the dental workforce to leave larger metropolitan and regional centres. This is exacerbated by the closure of private practices in some towns when the usually long serving dentist retires, and there is no one to step into the practice.

While most oral health services in Australia are provided by the private sector this is not the case in remote and many rural communities where there is a greater reliance on public dental services. This over dependence on public dental services is exacerbated by the services often being irregular and dwindling, plus, access to public dental care is generally limited to concession cardholders.

The following table describes the distribution of the dental workforce in Australia in 2009 (5). It highlights the inequitable supply of dental practitioners in remote and rural areas.

Table 1: Dental workforce per 100,000 population by Remoteness Area, 2009

Dental professional	Major cities	Inner regional	Outer regional	Remote/Very remote	Australia
Dentists	62.4	40.0	30.4	23.1	54.1
Dental therapists	5.0	6.8	8.0	5.4	5.6
Dental hygienists	5.2	2.1	2.5	1.5	4.2
Dual registered therapists/hygienists	2.9	2.1	2.7	1.5	2.7
Dental prosthetists	4.4	4.8	3.0	0.6	4.2

The RFDS has long recognised that oral health is a high priority across its remote health footprint, which includes the provision of around 14,000 primary medical care clinics and 140,000 patient contacts per annum. In practical terms, oral health is one of the most consistently un-managed health issues that present to RFDS clinicians. Presentation is often in the late stage of disease and when management is limited to antibiotics, pain relief and transportation.

Summary

Clearly, the data shows the oral health of remote and rural Australians is measurably worse than their city counterparts, with Indigenous Australians in remote and rural communities having significantly poorer health again. Also, the data shows that there is an imbalance in oral health service provision across the nation with remote and rural communities missing out on timely, preventatively focused dental care.

Logistical and cost barriers of remote health services coupled with next to non-existent private dental services and a high demand on public dental services present significant challenges to improving oral health services for remote and many small rural populations.

Royal Flying Doctor Service remote health footprint

The RFDS is the backbone to health service delivery in many remote locations providing stability, consistency and continuity of care. Its remote footprint covers about 65% of the Australian land mass and services a sparsely dispersed population of about 66,500 or approximately 0.3% of the national population. Of this population, Indigenous people make up at least 33%.

The RFDS is often the sole provider of health services for people who live beyond the reach of Australia's 'normal medical infrastructure', providing 24/7 aeromedical emergency, primary and preventative health services.

In communities where other health services may be present, we work closely together aiming to enhance rather than duplicate each other's work. Our partners usually include a small number of government run services and Aboriginal health services.

In some towns, we are able to provide extra programs such as mental health, child health, oral health and health promotion services.

Summary

The RFDS has a proven track record in transcending the specific challenges in delivering health services to remote and rural Australia, including:

- **overcoming geographic isolation and lack of medical infrastructure;**
- **increasing access to primary medical care services beyond the reach of conventional services;**
- **working effectively with Aboriginal and Torres Strait Islander communities, through partnerships that maintain autonomy and respect cultural differences; and**
- **working with different levels of government to coordinate care irrespective of jurisdictional responsibilities.**

Royal Flying Doctor Service's current oral health program

With little in the way of public fanfare, the RFDS has been quietly operating a number of successful dental programs over the last few years, slowly making strides in helping to restore the oral health of many isolated communities.

- In far western NSW, the RFDS South Eastern Section employ two dentists to provide services to public dental clients in Broken Hill and deliver fly-in, fly-out dental services to surrounding remote communities. This program is largely resourced by long term state government funds however some RFDS charitable funds also support the initiative.

- Also, in NSW, the RFDS South Eastern Section employs a small dental team, including a dentist, dental therapist and dental assistant, to provide services to public dental clients in Dubbo and deliver fly-in, fly-out oral health services to a number of north-western NSW communities. Unlike the Broken Hill program this service is largely resourced by short term funds from the private and philanthropic sectors as well as RFDS charitable monies.

- In South Australia RFDS Central Operations is collaborating with SA Dental Services, private dentists and the University of Adelaide Dental School to pilot fly-in fly-out services to Marree, Oodnadatta and Marla from Port Augusta using supervised dental students and volunteer/academic dentists. The service focuses on applying fluoride varnish to children and providing screening and basic treatment services to the general community. Like the Dubbo program this service is largely resourced from short-term corporate funds. There are potential opportunities to extend this program to other SA communities such as Yalata as well as further support the provision of specialist dental care across other remote areas of South Australia and the lower parts of the Northern Territory.

- In Western Australia the RFDS Western Operations has employed a dentist and dental assistant to provide fly-in, fly-out services to Wiluna and Warburton. Future expansion of services to commence in July 2013 in the mid-west region east of Geraldton with similar remote area dental services being considered for the East Pilbara and the Fitzroy Valley in the Kimberley. Like the Broken Hill program these services are largely resourced by state government and private funds however the Commonwealth funded some upfront infrastructure and some RFDS charitable funds also support the initiatives.

- In Victoria, the RFDS Victorian Section has partnered with various stakeholders to provide fixed dental treatment clinics in Robinvale and dental examinations and oral health education to community sites in the northern Mallee region by means of a mobile dental unit. Two volunteer dentists, one week per month, fly in commercially to provide the established clinics and conduct the community education sessions. This program is supported from multiple sources including RFDS charitable funds and will be extended into other rural areas across Victoria.

- In Queensland, in addition to its significant role in transporting Queensland Health oral health staff to many Aboriginal communities in Cape York, the RFDS Queensland Section has established a mobile oral health service that involves a multidisciplinary dental team in a purpose built transportable dental unit, to service a number of rural and remote communities in Central Queensland.

Like the Dubbo and Port Augusta programs this service is resourced by short term corporate funds together with some Department of Health and Ageing funding for up front infrastructure. Demand for dental services in the communities visited exceeds what this sole service can provide and many service gaps remain across rural and remote Queensland, including communities in the Gulf of Carpentaria and parts of South West Queensland.

Summary

While emergency aeromedical work is the emotional heartland of the RFDS operations, John Flynn's original vision stretched beyond the concept of emergency air ambulances to pick up the sick or injured to the wider provision of health services for the outback – and over the last 20 years we have steadily increased the quantity and array of primary health care services that we provide. In line with this broader vision, all RFDS Sections have established oral health services in recent times. This increasing capacity places the RFDS in a strong position to assist governments to meaningfully address the challenges of improving oral health services to remote and rural Australia. However, this opportunity has to date not been fully grasped by the health system.

Royal Flying Doctor Services' future oral health service provider role

While the RFDS's oral health service reach is increasingly significant, the majority of these sectional programs have been opportunistic developments and relied on the entrepreneurial cobbling together of local funding, including in some cases, State Government monies. Commonwealth funding has supported up front infrastructure in Western Australia and Queensland. However, overall the RFDS's involvement in oral health services remains opportunistic.

This is in contrast with the systematic, nation-wide approach the Commonwealth Government has taken in developing the RFDS's role in the delivery of primary medical care (Traditional Services program), women's health (Rural Women's General Practice Service) and mental health services (Mental Health Services in Rural and Remote Areas Program). In each of these cases the Commonwealth Government has liaised directly with the RFDS and contracted them to deliver a nation-wide service to remote and rural Australia. Undoubtedly, this approach has ensured greater coverage of a more stable and consistent service.

Furthermore, many of these sectional dental services are largely funded from private sources and/or utilize volunteer and academic staff. As such, the sustainability of these existing programs is not guaranteed. However, on the positive side, the current suite of RFDS services provides a platform for government investment that can rapidly increase oral health services to needy remote and rural communities.

Finally, the RFDS, as a charitable organisation, provides the Commonwealth Government with the opportunity to expand its 'public private partnership' approach to the delivery of health services to remote and rural Australia and use the RFDS to help fix the imbalance between oral health service provision in remote/rural and city areas. Utilising the RFDS's existing infrastructure and expertise will not only induce efficiency, access and innovation in the delivery of oral health services to the more isolated communities of Australia but also reduce the overall government cost of oral health care in the bush.

A component of the dental health reform package announced by the Minister for Health; the Hon Tanya Plibersek in August last year was $225 million for a flexible grants program for dental capital and workforce initiatives that improve access to oral health services for people living in outer metropolitan, regional, rural and remote areas. One of the service development examples cited in the Minister's announcement was 'innovative models of care to help reach people in isolated locations'. The flexible grants program provides the possible means for the Commonwealth Government to contract the RFDS to deliver a nation-wide program that provides oral health services to remote and rural communities, particularly those beyond the reach of established dental services.

Summary

The RFDS has long recognised that oral health is a key priority for remote and rural communities. Over the last few years the RFDS has endeavoured to assist in redressing the imbalance between dental service provision in remote/rural and city areas through the establishment of a number of local service initiatives. However we would contend that the organisation has the capacity and wherewithal to do far more. For this reason, we would argue the need for a specific national remote/rural oral health program be developed that uses the RFDS to deliver dental services to isolated communities that lie outside the region where more conventional dental services can be established and maintained.

If you require any further information do not hesitate to contact me.

Yours sincerely

Greg Rochford
National CEO

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