



SERVICING THE ORAL HEALTH NEEDS OF ABORIGINAL COMMUNITIES IN RURAL NSW

Bila Muuji Aboriginal Health Services Incorporated

Submission prepared for the Inquiry into Adult Dental Services in Australia, House of Representatives Committees, Department of Health and Ageing.

Dubbo Hearing 17 May 2013

The Bila Muuji Aboriginal Health Services Incorporated comprises Aboriginal Community Controlled Health Organisations from Brewarrina, Bourke, Coonamble, Orange, Wellington and Walgett with Orana Haven at Gongolgong, a Drug and Alcohol Rehabilitation Centre, also a member of the consortium. Bila Muuji has several regional programs and since 2007, has developed and implemented a regional oral health promotion program, and allocated funds for undergraduate oral health therapy students at Charles Sturt University.

The Bila Muuji region is underserved dentally, leaving many Aboriginal families, many at high risk of dental and chronic disease, without adequate access to appropriate dental care. Of the seven Bila Muuji member sites, only the towns of Orange, Wellington, Bourke and Dubbo are fluoridated.

Services delivering daily fly in-fly out dental visits will not effectively address the oral health needs of Aboriginal people in remote communities as they have limited time in the community. Sustained effort is required over time, and effectiveness of visiting services improves with increased time on the ground. There is a need to improve access to culturally appropriate and regionally based dental care, and this can be enhanced by the employment of a regional Bila Muuji Dentist and Oral Health Therapist/Dental Therapist, coupled with support for training local people to become skilled and qualified Dental Assistants.

RECOMMENDATIONS

Improved Service Delivery

- Identify and build on existing capacity of Aboriginal Community Controlled Health Services (ACCHSs) in the region.
- Agree on a working partnership with the LHD and other relevant bodies such as local service providers, LGAs, universities, Medicare Locals, to coordinate delivery of dental treatment and preventive services.
- Create 2 regional Bila Muuji dental positions: Regional Dentist, and Regional Dental/Oral Health Therapist. An Oral Health Therapist can provide dental hygiene services to adults.
- Appoint four Dental Assistant trainees in Bourke, Walgett, Coonamble and Orange.
- Continue to support the Bila Muuji Regional Oral Health Promotion program, and coordinate with its activities.
- Develop appropriate programs focussing on the identified priority groups, across the region. These programs to look at, using evidence based approaches where they exist, appropriate preventive and clinical programs to address the needs of pregnant women and young mums, chronic disease clients, dentures, and to develop appropriate referral pathways both within program areas, and within dental networks.
- The clinical care would be preventively focussed, and based on minimal intervention dentistry and best practice screening (for example through regular adult health checks for chronic disease patients, and early intervention and prevention.
- Consider optimum use of visiting dental services, where effectiveness increases with increased length of time per visit.

BILA MUUJI ORAL HEALTH PROGRAM

GOAL: To raise the standard of oral health of Aboriginal people in the Bila Muuji region to the same level experienced by the majority of Australians, by implementing a Regional Oral Health Program in partnership with local, State and Federal bodies.

The priority oral health needs for adults are:

- Relief of existing dental pain and infection
- Dental care for antenatal women, young mums and their babies
- Management of dental diseases, and their prevention, in young adults
- People with chronic diseases particularly diabetes
- General dental care for adults including dentures.

There is also a need to upskill and support the training and employment of Aboriginal people in oral health services.

Oral Health Needs Of Aboriginal Adults

Aboriginal people suffer greater burdens of dental disease which, coupled with their higher rates of other chronic diseases, contribute to unnecessary pain, discomfort and strain on already weakened immune systems.

The poor situation of Aboriginal oral health has been well documented in reports such as *Healthy Mouths Healthy Lives. Australia's National Oral Health Plan 2004-2013* (AHMC 2004)¹; *Oral health of Aboriginal and Torres Strait Islander children*. Jamieson LM, Armfield JM, Roberts-Thomson KF (2007)²; *Review of Indigenous oral health*. Williams S, Jamieson L, MacRae A, Gray C (2011)³. Several key issues across the reports include greater oral health needs in Aboriginal communities and limited access to dental services particularly in rural and remote regions, and lack of appropriate workforce and oral health promotion activities.

Risk factors for dental disease include:

- poor diet coupled with
- inadequate oral hygiene practices
- no water fluoridation (particularly relevant in smaller rural communities)
- smoking (negative impact on periodontal health)
- alcohol consumption (contributing risk factor for oral cancer)
- high rates of Type 2 diabetes
- stress and other health and social priorities
- cost and availability of oral hygiene items
- affordability and availability of dental services and
- difficulties in getting transport to those services that do exist.

The association between periodontal disease and Type 2 diabetes is well known and dentists working in Aboriginal communities extract many loose and infected teeth in diabetic people.

There is also emerging evidence that links oral diseases and other conditions such as cardiovascular disease, cerebrovascular disease, preterm and low birth weight babies, blood borne disease, infective endocarditis, otitis media and nutritional deficiencies in children and older adults. Many of these conditions are suffered by a high proportion of Aboriginal people.

One often overlooked factor is the loss of self esteem that comes from having bad and unsightly teeth, or no teeth at all. In communities that face high unemployment, going for a

¹ *Healthy Mouths Healthy Lives. Australia's National Oral Health Plan 2004-2013* (AHMC 2004).

² *Oral health of Aboriginal and Torres Strait Islander children*. Jamieson LM, Armfield JM, Roberts-Thomson KF (2007) (AIHW Catalogue no. DEN 167) Canberra: Australian Research Centre for Population Oral Health (ARCPOH).

³ *Review of Indigenous oral health*. Williams S, Jamieson L, MacRae A, Gray C (2011) Australian Indigenous HealthInfoNet.

job interview is made much more difficult if a person has no teeth and is not able to talk or smile without embarrassment.

While data collection is generally poor particularly for Aboriginal adults, it has been demonstrated through the various reports that Aboriginal people suffer from greater levels of dental disease. Compared to the overall Australian population we know that:

- Aboriginal adults have more missing teeth;
- periodontal (gum) health is worse, exacerbated by the higher incidence of Type 2 diabetes;
- poorer periodontal health is becoming increasingly evident in younger populations
- rural and remote Aboriginal populations have higher rates of dental disease.

Culturally Appropriate Oral Health Service Management And Delivery

Many Aboriginal people feel more comfortable seeking health care in an Aboriginal community-focussed environment, and often feel disenfranchised from “mainstream” services. Higher levels of poverty and low income status mean that Aboriginal people cannot pay for dental care and are forced to seek care either in the public system or through Aboriginal Community Controlled Health Services/Aboriginal Medical Services. The access to public dental care in New South Wales mitigates against enabling access for Aboriginal people through the use of a call centre approach for triaging and appointment prioritisation, and lack of clinics and services in the more remote communities in the Bila Muuji region.

Access to care through the private sector is limited and the inadequacy of the public dental sector to cope with demand is well known. Where there are no dentists, medical GPs are called on more and more frequently to deal with dental infections. They are not trained in management of dental conditions and there is a tendency to over-prescribe antibiotics. This comes with the risk of potentially causing antibiotic resistance and does not resolve the main cause of the dental problem, which is only fixed through appropriate dental care.

Fear of the dentist and lack of appropriate services causes many Aboriginal people to endure pain and infection until they can no longer bear it. This can lead to a repeated cycle of traumatic extraction-only dental visits. Waiting lists are not a measure of dental need as many Aboriginal people will only present for emergency care, hence this information is not included.

However the Community Controlled Health Sector is struggling to provide appropriate oral health care, for several reasons:

- limited funds for dental services with associated difficulties in recruiting dental personnel
- lack of resources for the development of appropriate oral health promotion programs
- varying levels of cooperation with relevant Local Health Districts through Partnership agreements
- difficulty in gaining recognition for the high level of dental need in Aboriginal communities.

Existing Oral Health Services in the Bila Muuji Region

Appendix 1 presents the dental services available to Aboriginal communities in the Bila Muuji region as of April 2013, and population numbers in the region. Orana Haven clients access dental care at Brewarrina when available.

In Walgett and Coonamble, the AMS is the only dental service provider in the respective towns. In Bourke and Brewarrina there are visiting dental services; in Bourke the services are provided in the Bourke Aboriginal Health Service dental clinic, in Brewarrina the visiting dental service is provided in the Shire dental clinic.

Recent cuts to the national Medicare Chronic Disease Dental Scheme have impacted negatively on service delivery and access to essential dental care. The Teen Dental program however continues to be implemented.

The patterns of part time and occasional service delivery to some of the more remote Bila Muuji communities such as Bourke and Brewarrina, lead to an inconsistency in access and eligibility requirements. Communities are subject to the individual objectives and requirements of the programs offered by the various providers, which are universities (Brewarrina, Bourke) and the Royal Flying Doctor Service (Bourke).

Bila Muuji's Current Oral Health Partnerships

1. Oral Health Promotion in the Bila Muuji Region - a Partnership with the Western New South Wales Local Health District (LHD)

In 2008 Bila Muuji ran two oral health workshops principally aimed at Aboriginal Health Workers in the Bila Muuji member organisations. The focus was on how to develop and run community based oral health prevention programs, and one of the outcomes was the development of a regional oral health promotion plan based on input from the Health Workers and other workshop attendees.

In 2009 Bila Muuji employed a Regional Oral Health Promotion Coordinator, in a partnership agreement with the LHD whereby Bila Muuji provides salary, funding and oversight for the Coordinator, and the LHD provides an office and access to local resources.

The oral health promotion activities have focussed on

- implementation of school-based tooth-brushing programs;
- incorporation of oral health into other health and community programs such as women's groups, youth programs, young mothers groups, diabetes programs and elders groups;
- supporting the education of Aboriginal Health Workers in the promotion of oral health; and
- development of culturally appropriate educational material.

In addition Bila Muuji recognises that the LHD provides dental care to children through the Child Dental Service (CDS), and the agreement also extends to the contribution by Bila Muuji of 46% funding for the salary of a newly employed Oral Health Therapist who has received a Bila Muuji oral health scholarship at Charles Sturt University during their undergraduate studies (see next section). The first Bila Muuji-supported Oral Health Therapist (OHT) completed her 12 month contract with the LHD in December 2012, the second one commenced his 12 month contract in January 2013 and the third and final OHT will commence his 12 month contract in January 2014, upon successful graduation.

2. Memorandum of Understanding with Charles Sturt University

In 2009 Bila Muuji developed a Memorandum of Understanding with Charles Sturt University. Activities focussed on liaison, input into the curriculum and consideration of support for student placements in the Bila Muuji region. The most effective part of the MoU has been the development of the Bila Muuji Oral Health Scholarship for Bachelor of Oral Health students entering their second year of studies. Three scholarships have been awarded since 2010, with the graduates gaining employment in their first year at the LHD community dental clinic in Dubbo. Bila Muuji contributes to the salary and each oral health therapist gains experience in Bila Muuji sites during their employment.

APPENDIX 1

ABORIGINAL DENTAL SERVICES IN THE BILA MUUJI REGION – AS AT APRIL 2013

| | Walgett Walgett Aboriginal Medical Service | Bourke Bourke Aboriginal Health Service | Coonamble Coonamble Aboriginal Health Service | Orange Orange Aboriginal Medical Service | Brewarrina Brewarrina Aboriginal Health Service | Wellington Wellington Aboriginal Corporation Health Service |
|--------------------------|---|--|--|---|--|--|
| Clinic facilities | 2-chair dental surgery at AMS | 2-chair clinic + OPG machine at AMS - Shire clinic to be upgraded; building is complete, but no dental equipment yet | 2-chair dental surgery managed by Coonamble AMS | 2-chair dental surgery at AMS + 1 x mobile dental equipment to be relocated to Forbes end Jan 2013. | Four chair dental student clinic, Griffith University and Brewarrina Shire Council | 1-chair clinic Wellington hospital |
| Dental services | For all people. Free for HCC holders and children. Non-HCC adults pay fees. Do Teen Dental vouchers. WAMS is the only dental service in town. | RFDS: non-HCC pay fee Poche: Aboriginal clients only. WNSWLHD vouchers for non-Aboriginal people on HCC. These are the only available dental services in town. | For all people, public and private. One year funding end June 2013, for voucher payments for eligible health care card holders. Do Teen Dental vouchers. This is the only dental service in town. | For all people who are clients of OAMS. Aboriginal people need to have GP health check before seen in Dental clinic. No fees for dental treatment. Do Teen Dental Vouchers. Impacted by closure of Medicare CDDS., leading to loss of dental prosthetist. | Adults on HCC and children free access to student clinic. Non-HCC adults pay fees. 20 weeks in 2012. This is the only dental service in town. | Health card holders can access dental services from WNSWLHD Dubbo dental service who offer vouchers back to local Wellington Dentists |

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| | | | | Plan to introduce fees for certain cases, tbc. | | |
| Child dental services | Regular school screening, kids checks and follow up dental care. | Griffith Uni did school kids screening, but no follow up care. Child Dental Service available through WNSWLHD. | Fortnightly visit from LHD dental therapist. Relief of pain seen between dental therapist visits. | Eligibility and access as above. Coordination with LHD child dental service. | Children are seen by Griffith University student program. | Child dental service available through WNSWLHD. |
| Dental personnel: DENTIST | Visiting dental locums approx 30 weeks per year. | 2 days monthly visits from Poche Centre. 1 day per week RFDS. | Full time dentist works on a percentage of practice income. | 2 FT dental teams of dentist and dental assistants. | No dental funds in AMS. Dental students from Griffith University work with Bre Shire, | No dental funds in AMS |
| Dental personnel: DENTAL/ORAL HEALTH THERAPIST | WNSWLHD DT twice per month. Visiting DT/OHT from metro ad hoc. | RFDS DT one day per week. LHD DT team available for one week per 3 months | Fortnightly visit from LHD dental therapist. | N/R | N/R | N/R |
| Dental personnel: DENTAL ASSISTANTS | 3 Full time DAs | Local dental assistants at BAHS. | One fulltime DA and one casual. One fulltime dental receptionist. | Local Dental Assistants | N/R at AMS | N/R at AMS |
| Dental software and data | OASIS dental software and records | ISOH dental software and records | Paper based | ISOH dental software and records. | N/R at AMS | N/R at AMS |

| | | | | | | |
|-----------------|-----|-----|-----|--|-----|-----|
| OUTREACH | N/R | N/R | N/R | Parkees, Bathurst, Cowra in LHD clinics. Forbes will be in Aboriginal Aged Care centre. For all Aboriginal people and their families. All patients must have general assessment by GP first. | N/R | N/R |
|-----------------|-----|-----|-----|--|-----|-----|

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| OTHER | | | | | | | |
| SDH HUB AND SPOKE 2012 | Utilised previously by Orange AMS, Coonamble Aboriginal Health Service and has visited Wellington. | | | | | | |
| BILA MUUJI ORAL HEALTH PROMOTION | All Bila Muuji member organisations including Orana Haven participate in the oral health promotion activities. Where dental staff exist, they demonstrate leadership and manage programs locally. In other organisations, key health worker staff demonstrate leadership and take responsibility for oral health programs and activities. | | | | | | |
| PARTNERSHIPS | CSU: Three Bachelor of Oral Health students have received Bila Muuji scholarships since 2010. WNSWLHD: Service agreement whereby the LHD employs the recently graduated scholarship student for 12 months, with the person working primarily in Bila Muuji locations alongside a senior practitioner. Bila Muuji contributes 46% of the salary. | | | | | | |
| TAFE Western, Orange. Dental Training Pathway | Discussions are underway (April 2013) to introduce dental training pathways for Aboriginal students, starting with traineeships and supported access to complete a Cert 2 pre-program course and a Cert 3 in Dental Assisting. Stakeholders include Bila Muuji, TAFE Western, Charles Sturt University, WNSWLHD, COHS, SDH Hub and Spoke. | | | | | | |
| Aboriginal Populations, | Walgett | Bourke | Coonamble | Orange | Brewarrina | Wellington | |

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|--|-------------|------------|------------|-------------|------------|------------|--|--|--|
| ABS 2011, according to LGA; and Total population in the LGA | 1812 | 869 | 1177 | 2050 | 1042 | 1701 | | | |
| | Total: 6453 | Total 2867 | Total 4031 | Total 38056 | Total 1766 | Total 8494 | | | |