

Incorporating oral health into primary health care—a productive partnership

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Judith Townsend-Stahre is the Director of Primary Health Care and Service Integration, Institute of Rural Health based in Ayr having begun her career 49 years ago as a student nurse. During the last decade Jude has been actively promoting primary health care and establishing multidisciplinary teams with a core focus on health promotion, prevention of chronic disease or at least reducing the long-term complications. Jude is proud to be the team leader of the Ayr Team. The Ayr Team is recognised as the role model for other services across the District. This model has been developed by integrating oral health, ATSI health, child and adolescent health services with an addition of primary health care nurse and traditionally hospital/outpatients based allied health. This integrated team is driven by people who are passionate about primary health, empowering clients, making a difference especially in children and young people's health outcomes. This is supported by great community partners including government, non-government organisations and industry sectors. In previous lives Jude spent 22 years in Texas (USA), published and presented extensively in HIV/AIDS and mineral metabolism, spent time in clinical research, lovingly laboured in the medicine sub-specialities and is now wondering what is the next challenge?

Tarja Martin initially trained and practised as a registered nurse, however her interest turned to health promotion in the mid-1980s starting as a project officer for skin cancer prevention for the Health Advancement Branch, Queensland Health. This role then became a skin cancer prevention health promotion role attached to the Tropical Population Health Unit in Townsville that involved in a number of state-wide initiatives whilst working in a regional area. During the last five years Tarja has been the Senior Health Promotion Officer for the Ayr Health Service Primary Health Care Team, Institute of Rural Health Townsville Health Service District. This role has involved working across the health promotion continuum and being a passionate and driving force for preventative health as part of this dynamic team. Tarja is a strong advocate for the creation of primary health care teams in regional areas using the model created by the Director of Primary Health Care and Service Integration for the Ayr Health Service that has health promotion at its core. This model has ensured that allied health services, the primary health care nurse, dental health (including school dental) look beyond their traditional clinical roles to actively embrace health promotion both individually and collaboratively as a team. This approach also involves working in strong partnerships with other service providers, government and non-government organisations. Tarja finds it extremely rewarding working in this encouraging and proactive environment that sees the team punch well above its weight in service delivery and health promotion initiatives.

Our small health service in rural Queensland views oral health wellbeing as valued as the mangroves are to the wellbeing of oceans.¹

It is becoming increasingly understood at a professional level that the mouth is the entrance to the body and reflects general health and wellbeing. Bowen District Health Services had incorporated Oral health into its Primary Health Care Team and model. This small district was subdivided and moved to the larger districts of Townsville and Mackay as part of Queensland Health's health reforms

This incorporation of oral health as part of the Primary Health Care Team has been the catalyst an increased oral health community presence and stronger partnerships as part of a multi strategic approach to oral wellbeing. This is supported by improved referral processes within the Primary Health Care Team that ensures the clients are receiving a holistic approach to support their wellbeing.² This has been a complete departure from working in the limited effectiveness of an 'illness' model of care, being "lets just treat the presenting condition". This holistic approach ensures that there are better linkages between oral health services, the multidisciplinary team and the community. It is an important element of this small health district's Chronic Disease Strategy. At the coalface it has meant a review of how we do business and has moved to a holistic approach to oral health that in turn can improve overall health.

From an historical perspective the Oral Health Services in our health district worked in isolation as did other members of our Primary Health Care Team. Five years ago a Primary Health Care Team was created that incorporated all Allied Health disciplines, Aboriginal and Islander Health, Health Promotion, School Based Youth Health Nursing, Mental Health and Oral Health including School Dental. At Ayr Health Services (what's left of the Bowen District—now part of Townsville District) all team members except for the School Dental and School Based Youth Health Nurse are all based in close proximity to each other in the Community Health section of the Health Facility. This improves the referral processes, understanding of the scope of other

disciplines roles and created effective supportive working relationships that support client wellbeing and ensures that a health promoting approach flourishes.

Prior to this the focus of health in our small rural Health District was still largely on the 'illness model'. Preventative health was largely driven by a lone part time health promotion officer. Our current Primary Health Care team members were allocated into the 'silo' system and managed by Directors of Nursing or the Medical Superintendents. This did not provide a supportive environment to realise the potential of these services to deliver a proactive, effective approach to preventative health and wellbeing. Oral health and other disciplines were locked into a 'revolving door', treat only the presenting condition model, being the 'illness' model. The shift to a 'wellness' model has been clearly demonstrated by inclusion and successful operation of the Primary Health Care Team in particular the oral health service.

The Primary Health Care^{3 4} Model used in our service has preventative health⁵ at its core. Planning is undertaken through the monthly Primary Health Care Team Quality and Demand Management Team meetings. The purpose is to provide a forum to enhance communication, assess, plan, implement and evaluate our activities and to monitor demand, advise campus executives on relevant issues and is the vehicle for professional development.

Health promotion is a shared responsibility within the Primary Health care Team². This small health service became a united force for maintaining and improving wellbeing that has created stronger linkages between oral health services, the multidisciplinary team and importantly the community and partner organisations.

How does it work in the oral health⁶ context? One hour consultations are allocated for clinical oral health services allowing for comprehensive review of oral health, not just dealing with the immediate problem of the presenting "toothache". Some of the introductions to our service has been 'family conferencing' re oral health care. Referral process to the Primary Health Care Nurse have increased as well as referrals to the Lifestyle programs and Chronic Disease self Management Programs

Oral health is incorporated in all programs implemented by the Primary Health Care Team. This has included the West Australian Pit Stop⁷ Men's Health screening and brief intervention program that we provide to local industries including Sugar Cane Mills, Burdekin Shire Council and Queensland rail. As part of "Pit Stop" our team includes Oral Health as a 'station' being the 'Radiator'. It has been an 'eye opener' to say the very least as to how little people know about effective oral health care. Our team targets industry in the rollout of this program and we reach hundreds of workers over the year. If Oral health team members are not available to man this station other team members are skilled to undertake the basic questions and brief intervention. In some cases Oral Wellbeing starter Kits are provided (Soft toothbrush, Fluoride tooth paste, dental floss and a simple how to brush and floss one page instruction.)

Another program that includes oral health with great success is Fit Kids for Life⁸. This is a project developed by our team (in partnership with Education Queensland, Health promotion Connections Inc, Girudala Community Cooperative) to identify and support young primary school children who may have physical, mental and social wellbeing factors that will compromise their learning, socialising, immediate and future health. It is a comprehensive screening and intervention program that supports the services' Chronic Disease Prevention Strategy (involving all members of the Primary Health Care Team). The oral health workers (usually from the School Dental Team) do a basic physical oral check and explore nutrition/dietary habits. Bookings and referrals are made where needed. A report is prepared for each child with findings and recommendations that is sent to parents. A small report with overall findings sent to schools. This helps the schools direct and redirects their strategic planning. Importantly as this program is conducted in the school setting and a non clinical, non threatening environment it helps break down barriers and has gained the trust of the young participants, parents and teachers.

Oral health and Diabetes⁹ is often overlooked in the delivery of Diabetes education. Oral health is an integral part of the Diabetes Support Group Program and evaluations indicate that it is often a 'revelation' for those attending. The education sessions are conducted by the Dentist, Hygienist or Dental assistant. Our service has held five Diabetes Expos over the last two years across the former district with oral health being part of the presentation program and as a stallholder. Oral Health inclusion always features in the strongly in the key messages the participants receive based on their evaluation of the event.

Oral Health is also part of our Healthy lifestyle Expos, our Stay on your Feet© Active Healthy Aging Expos and our recent Strong and Deadly Families Expo. The Stalls and or presentations are tailored to the audience and appropriate key messages. Oral health also links to our go for 2 and 5 promotions and other opportunistic screening programs and our *Stay Well Be Well* health newsletter, and *Healthy Families Newsletter*.

Issues identified with this approach have been the lack of understanding of effective yet basic health care by the general community. Many 'high risk' clients and those with chronic disease have little understanding not only of their own health problems including a basic understanding of their medications and their effects their overall health including their oral health. This lack of understanding can impact on the health outcomes, health procedures including their dental procedures. All chronic disease clients especially people with diabetics and cardiac problems are prioritised for an oral health review and similarly any people with diabetes or cardiac disease seen initially by Oral Health are offered a referral to the Primary Health Care Nurse.

This active and shared involvement has led to a number of quality improvements including; standard protocols, improving client self reporting and using a multidisciplinary team approach. This has meant that we now have a streamline point of care that is used on all new complex clients with two or more chronic identifiers and high poly pharmacy. Whilst this program is still under review, there has been decrease in readmission for avoidable chronic disease complications. In the autumn of 2011 we will include the oral health review for eligible ante-natal clients.

Having such a wide reach through our various programs and activities both in the community and in the clinical setting has meant that many of those who would have 'slipped through the net' are being identified, assisted and managed effectively.

This is a small health service that is able to 'punch above its weight' in Oral Health service delivery and work outside it's traditional 'clinically oriented role" due to the inclusion of its services into a proactive Primary Health Care Team. It has certainly been a most productive partnership for clients, clinicians, health promoters, partner agencies and the community.

Take home message?¹⁰ The relationship between poor oral health and systemic diseases has become an important issue to the point where oral health can and should not be ignored in overall health strategies and in future funding for health services.

References

- ¹ Climate Change and Oral Health: Current Challenges and Future Scope Dr. Sunali Khanna. International Journal of Environmental Science and Development, Vol. 1, No. 2, June 2010, ISSN: 2010-0264
- ² Medication Safety and Continuity with Chronic Disease Clients through Shared Service Provision: Norton, Amanda, Kim Novak & Fiona Bertello, Poster presentation 11th National Rural Health Conference Poster Presentation
- ³ Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR 6-12 September 1978
- ⁴ Jakarta Declaration on Leading Health Promotion into the 21st Century The Fourth International Conference on Health Promotion: New Players for a New Era—Leading Health Promotion into the 21st Century, meeting in Jakarta from 21 to 25 July 1997
- ⁵ Australia: the Healthiest Country by 2020 National Preventative Health Strategy—the roadmap for action 30 June 2009prepared by the National Preventative Health Taskforce
- ⁶ The National Library of Australia Cataloguing-in-Publication entry: Healthy mouths healthy lives: Australia's national oral health plan 2004-2013. ISBN 0 7308 9353 7.
- ⁷ Pit Stop: Gentlemen Check your Engines!, Elsa Alston, Chris Hall, 6th National Rural Health Conference Canberra, Australian Capital Territory, 4-7 March 2001
- ⁸ Fit Kids for Life—proceedings Inviting Innovations Forum October 2010
- ⁹ Talking Diabetes no 6: oral health and diabetes www.diabetesqld.org.au
- ¹⁰ Evidence-Based Health Promotion Resources for Planning No. 1—Oral Health. Produced by Health Development Section Public Health Division Department of Human Services

Recommended readings

- Davenport VF, Elley KM, Fry-Smith A, Taylor-Weetman CL (2003) The effectiveness of routine dental checks: a systematic review of the evidence base. *Br Dental Journal*. 195 (2):87-98; discussion 85.
- Spencer AJ (2003) An evidence-based approach to the prevention of oral diseases. *Medical Principles and Practice*, 12(suppl 1):3-11.

Useful websites

<http://www.diabetesmonitor.com/learning-center/teeth/oral-health.htm>