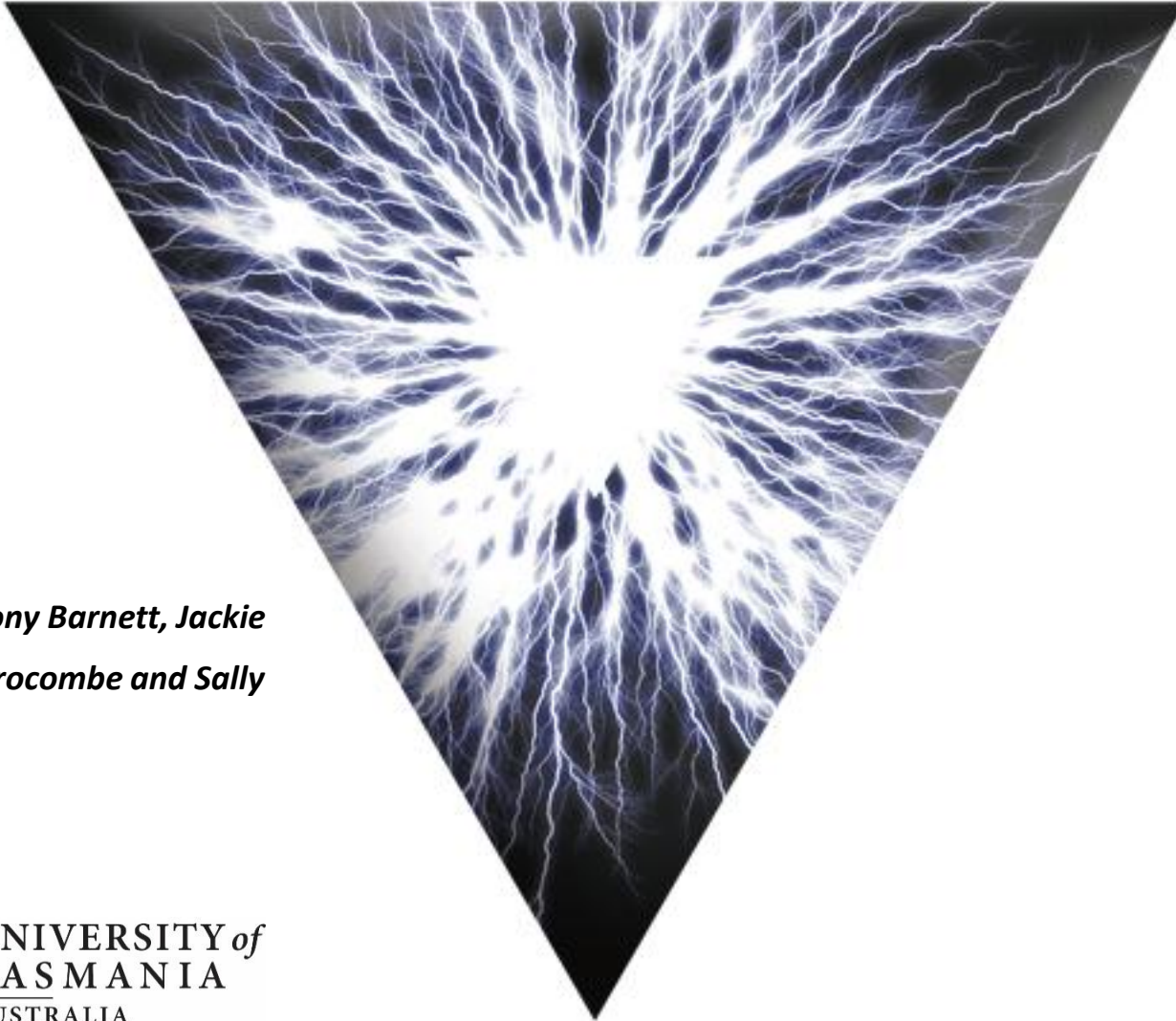


Primary care providers' strategies on how to fix the oral health crisis in the bush



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Introduction

DENTAL SERVICES IN AUSTRALIA (Brennan, & Ellershaw, 2012)

Private Sector (85%)

Public Sector (15%)

Public Oral Health Services

Children up to 18 year-old

Adults with concession cards

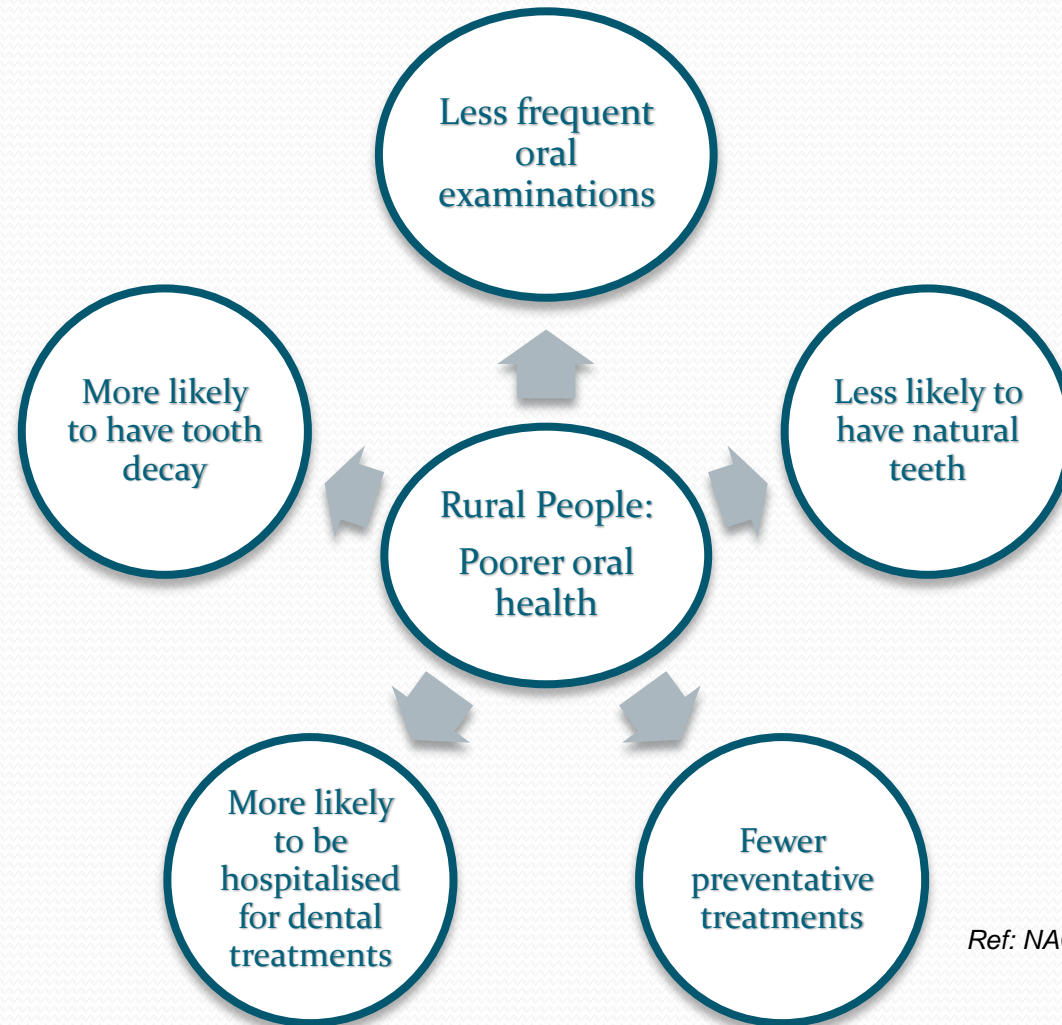
Current funding for public oral health services

20% get treatment

80% without treatment

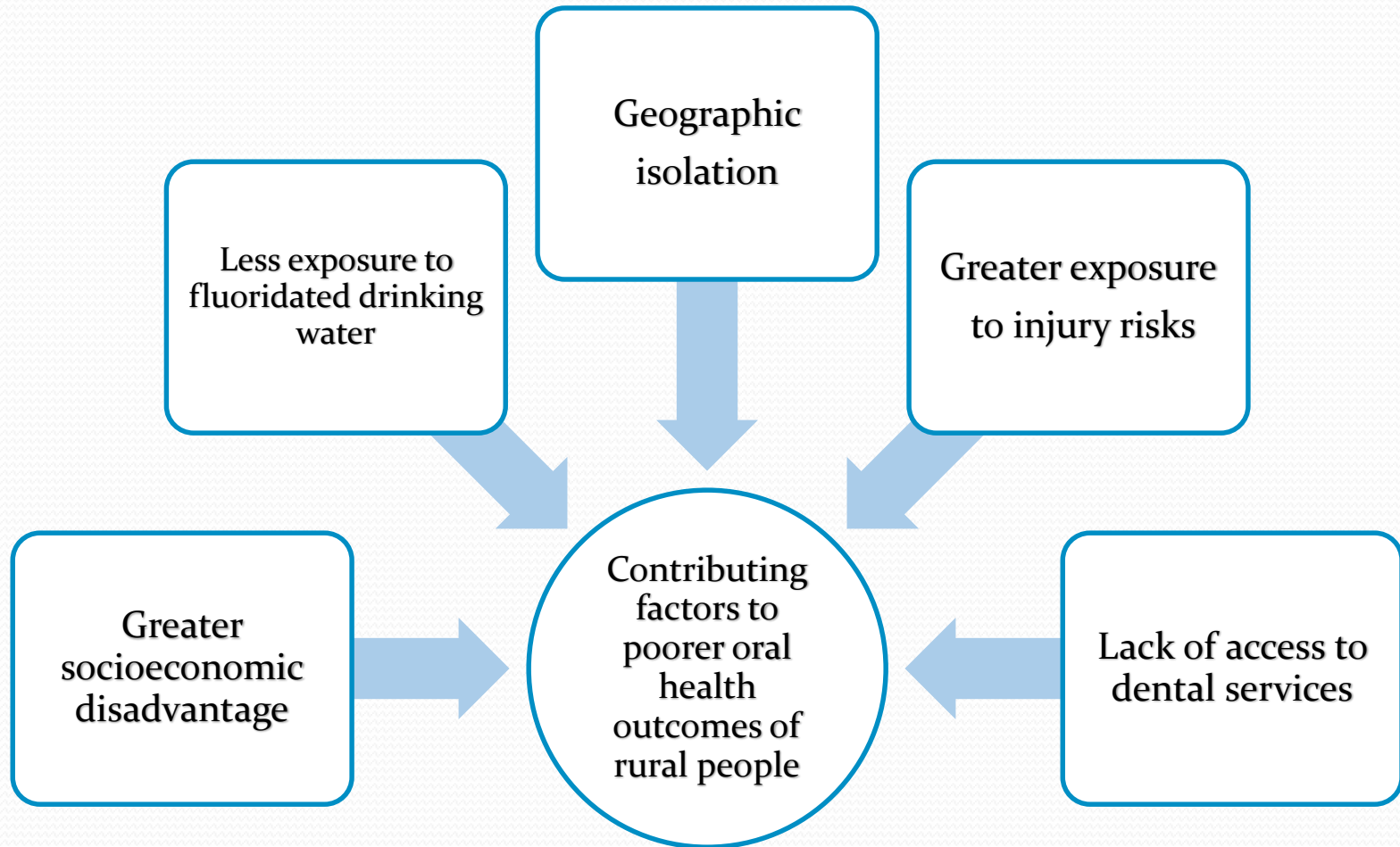
Waiting times: up to 5 years

Introduction



Ref: NACDH, 2012.

Introduction



Introduction



Cohen, Bonito, Akin, Manski, & Macek, 2008; Cohen et al., 2011

People with a lack of access to dental health services often present to non-dental health services for dental advice and treatment



Cohen, Bonito, et al., 2009



Britt et al., 2000

Introduction



Medical practitioners generally lack substantive training in dentistry (Cohen, Harris, et al., 2009)



Very few doctors at the EDs have been trained in the management of dental problems (Skapetis, Gerzina, Hu, 2012)



Pharmacists reported a lack of available resources and training relating to oral health (Buxcey, et al., 2012).

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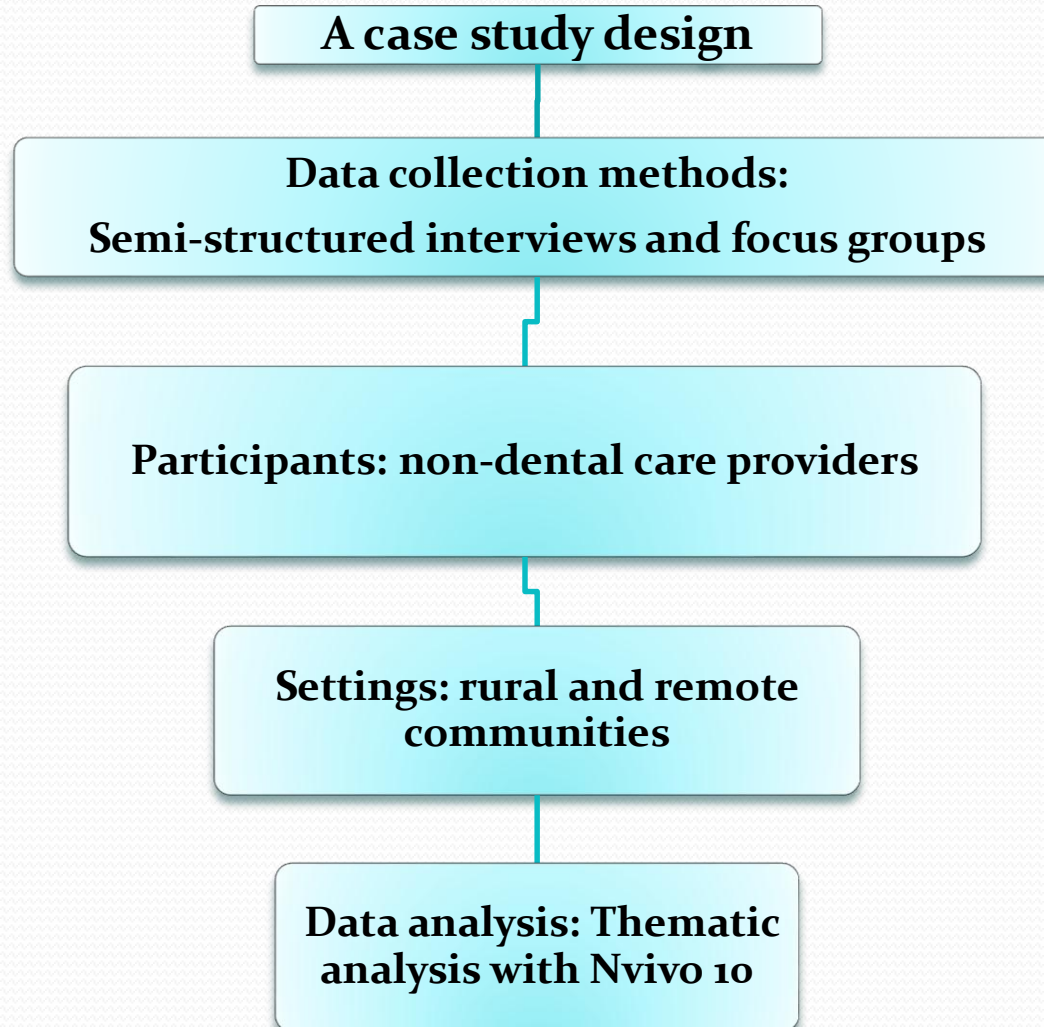
"Still, let's do an x-ray just to be sure."

Aim

- To investigate the perspectives of non-dental care providers on
 - rural oral health issues; and
 - strategies to improve oral health of rural and remote communities.



Methods



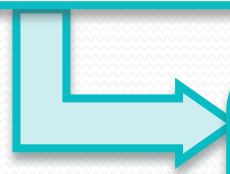
Methods

Community selection criteria:

There is no resident dentist/dental surgery; and
There is at least one general practice, a health care facility, a pharmacy practice.



Communities identified by chief dental officers and verified to meet the study criteria

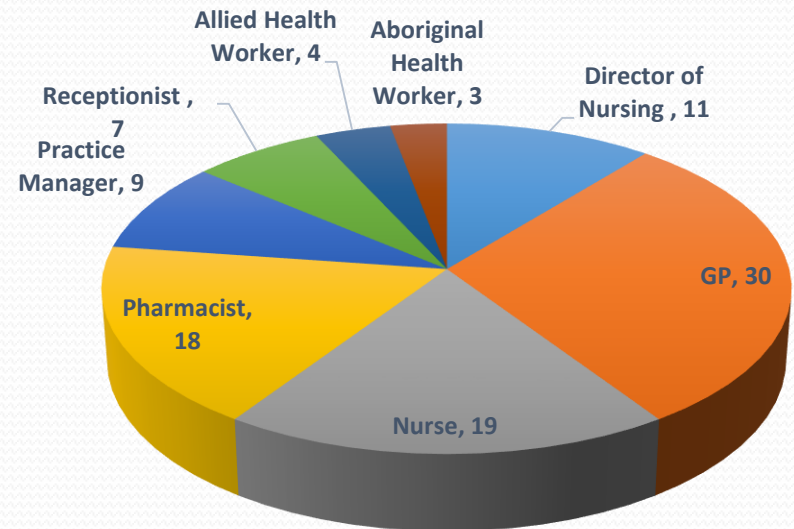


Non-dental care providers who had experience in providing oral health advice were invited to participate in the interviews

Findings

- 13 rural and remote communities identified and included
- 87 interviews conducted including 8 focus groups
- 101 non-dental care providers participated in the interviews.

Participants by profession



Findings

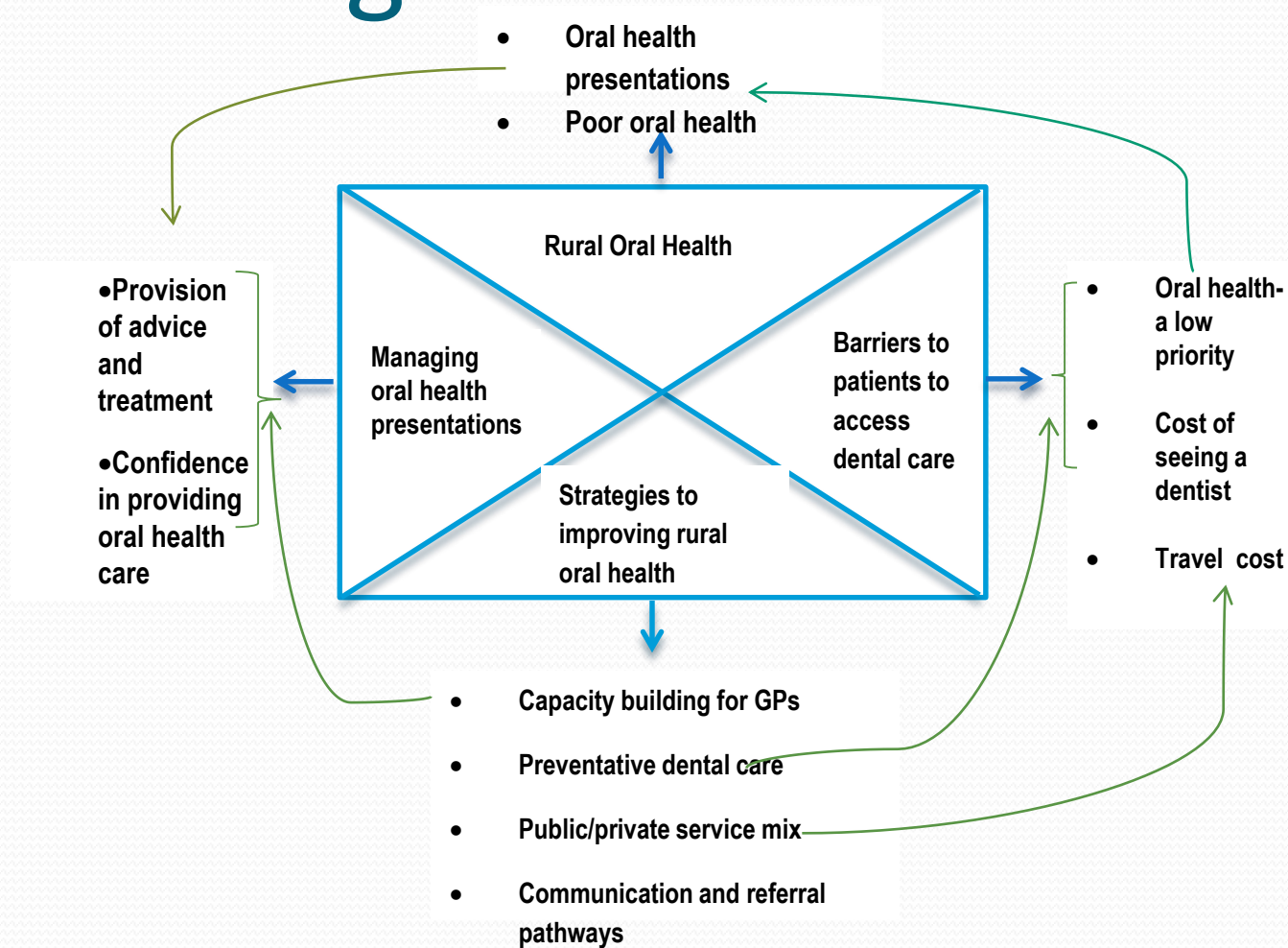


Figure 1: Thematic schema representing non-dental care providers' perspectives of rural oral health

Rural Oral Health

Rural residents:
presented to
non-dental
providers with
oral health
problems

“everyday”, “20
a month”, “5-10
per week”, “all
the time”,
“very
common”

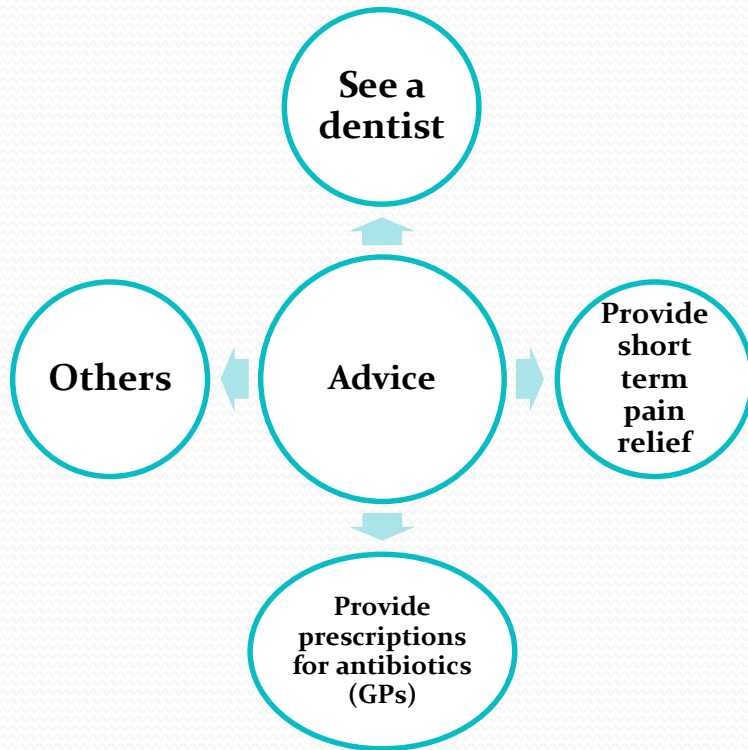
“so bad”, “very
poor” “never
expected” and
even “shocking

Toothaches,
abscesses, oral
infections,
denture, mouth
ulcers, oral
hygiene products
and diagnosis
and trauma



“I mean this town has shocking, shocking dental care. ... I’ve never seen teeth so badly decayed...” (GP)

Managing oral health presentations



"If I suspect infection I will give antibiotics ... As far as pain goes I will give them a short term oral pain relief. ... but I always give advice to go to the dentist go to the dentist. (GP)

Occasionally I pull people's teeth here but I'd rather not do it... (GP)

Confidence in providing oral health advice



Around half of the primary care providers: “confident” within their scope of practice



Some “not confident enough” and “not confident”



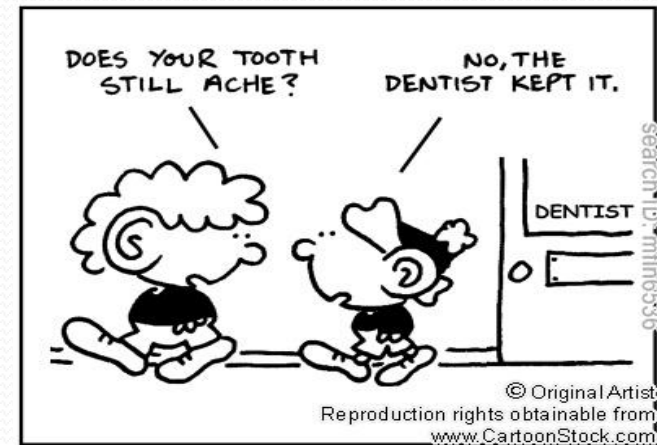
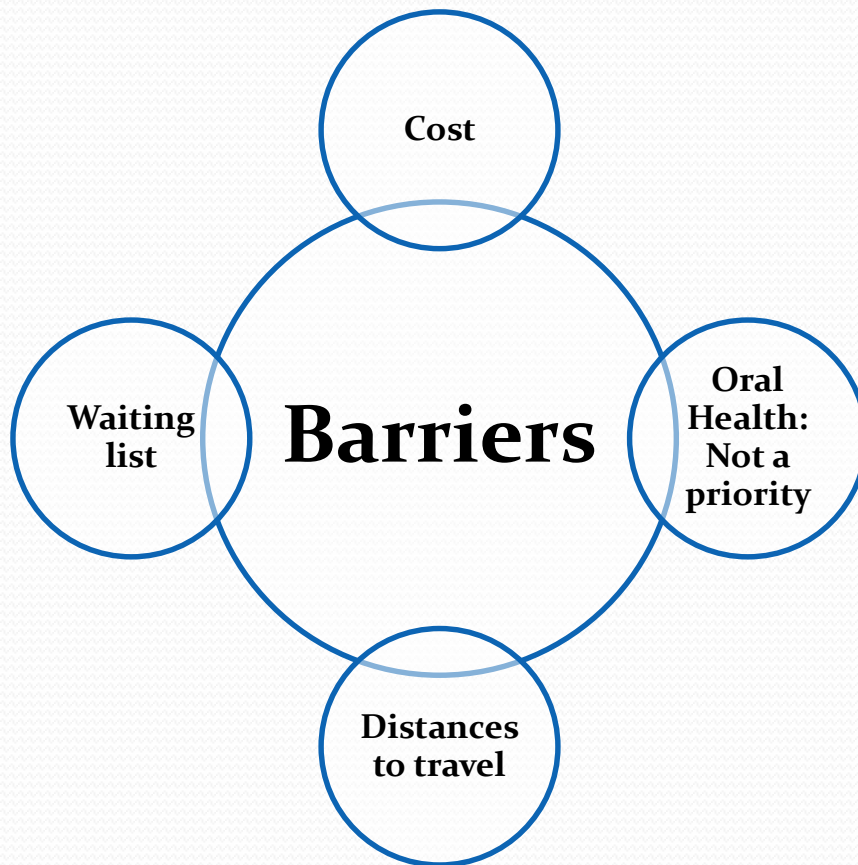
Lack of oral health training



Well to be honest, pharmacy it's more about medications. We don't get much training about dentists. (Pharmacist)

...I start off... 'sorry, I'm not a dentist' and all I know is there are supposed to be 32 teeth in the mouth and that is pretty much all I know. I don't have the training, absolutely not. (GP)

Barriers to patients to access dental care



My niece has gone to the dentist for the first time in grade 2. She had 5 teeth removed because it has been that long waiting and mum just couldn't afford it. (Indigenous Health Care Worker)

Dental care is not a priority in rural people's lives at all. There are some quite attractive young men and women who've got shocking teeth, you know, so just for lack of care. (GP)

Strategies to improve rural oral health

To be honest the professional interaction co-ordination between me and most dentists, as a GP and the dentist is nothing. (GP)

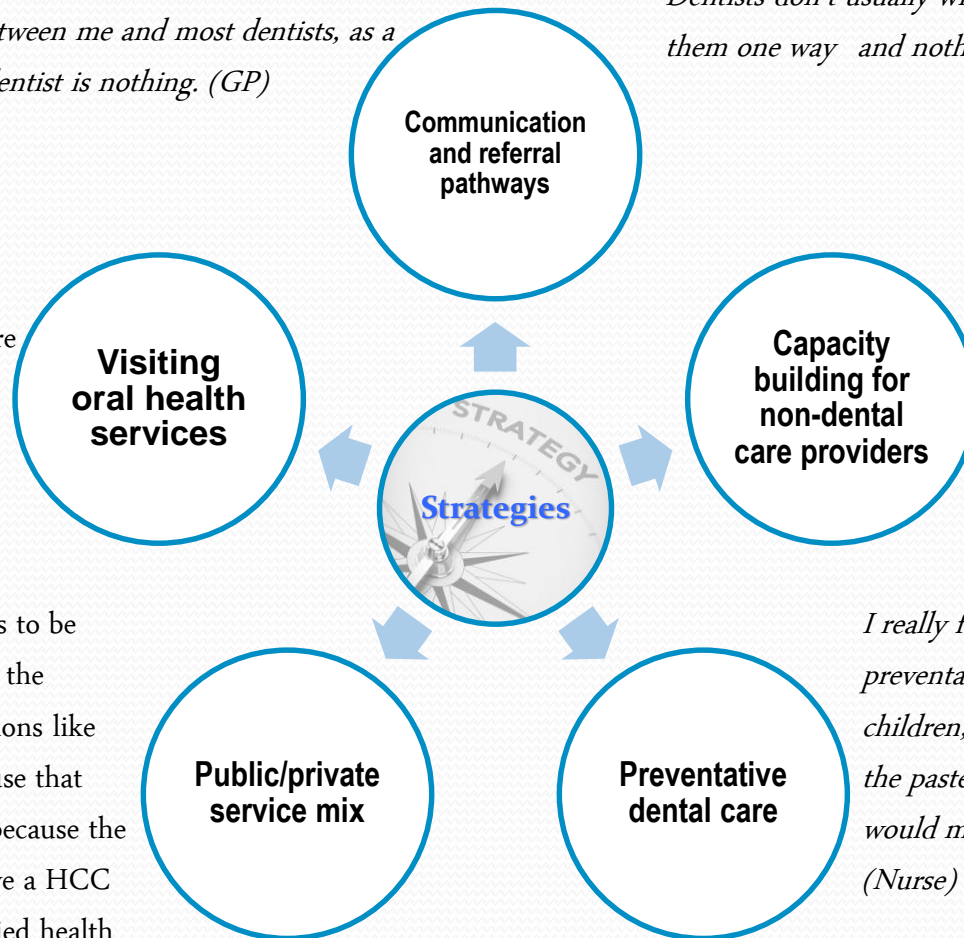
Dentists don't usually write back to us; we send them one way and nothing comes back. (GP)

It would be good if GPs have a little more training in dentistry ...to have an idea what to do, when to refer and what's serious and what's not serious so we can appropriately triage. (GP)

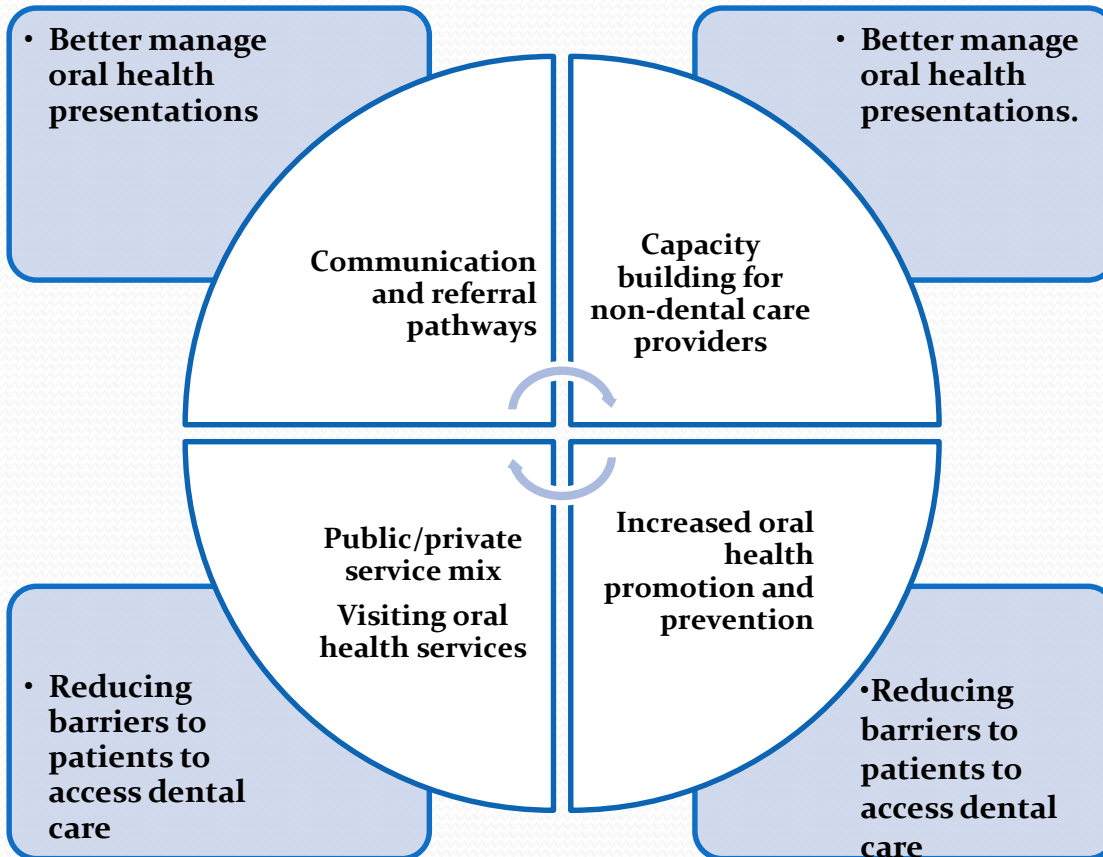
We need a [visiting] dentist more often. (Pharmacist)

I really feel that having someone locally doing preventative health advice, especially with the children, checking that the fluoride is enough, getting the paste on their teeth on a regular basis I think would make a big difference, just educate them. (Nurse)

It [Dental service] needs to be available to anybody on the island, not have restrictions like HCC or no HCC because that just makes it pointless because the persons who do not have a HCC are suffering more. (Allied health worker)



Conclusion



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Acknowledgements

- The research reported in this presentation is a project of the Australian Primary Health Care Research Institute, which is supported under the Australian Government's Primary Health Care Research, Evaluation and Development Strategy.
- The information and opinions contained in it do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Department of Health.

Thank you for listening!



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