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

Ha Hoang, Tony Barnett, Jackie Stuart, Len Crocombe and Sally Page
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Introduction

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

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<th>Private Sector (85%)</th>
<th>Public Sector (15%)</th>
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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

Rural People: Poorer oral health

- Less frequent oral examinations
- Less likely to have natural teeth
- More likely to have tooth decay
- More likely to be hospitalised for dental treatments
- Fewer preventative treatments

Introduction

Contributing factors to poorer oral health outcomes of rural people

- Geographic isolation
- Greater exposure to injury risks
- Less exposure to fluoridated drinking water
- Greater socioeconomic disadvantage
- Lack of access to dental services
Introduction

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

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

Britt et al., 2000

Cohen, Bonito, et al., 2009
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).
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

A case study design

Data collection methods:
Semi-structured interviews and focus groups

Participants: non-dental care providers

Settings: rural and remote communities

Data analysis: Thematic analysis with Nvivo 10
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.
Findings

- Oral health presentations
- Poor oral health

Managing oral health presentations

Strategies to improving rural oral health

Barriers to patients to access dental care

- Oral health - a low priority
- Cost of seeing a dentist
- Travel cost

- Capacity building for GPs
- Preventative dental care
- Public/private service mix
- Communication and referral pathways

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

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)

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
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 coordination between me and most dentists, as a GP and the dentist is nothing. (GP)

Communication and referral pathways

Capacity building for non-dental care providers

Preventative dental care

Public/private service mix

Visiting oral health services

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)

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

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)

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

• Better manage oral health presentations

Communication and referral pathways

Capacity building for non-dental care providers

Public/private service mix
Visiting oral health services

Increased oral health promotion and prevention

• Reducing barriers to patients to access dental care

• Reducing barriers to patients to access dental care
References

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Thank you for listening!

- Ha Hoang
- Centre for Rural Health
- Email: Thi.Hoang@utas.edu.au