

KIMBERLEY ABORIGINAL HEALTH PLANNING FORUM (KAHPF)

RECOMMENDATIONS TO IMPROVE ORAL HEALTH IN THE KIMBERLEY

Endorsed by KAHPF on 24 August 2016

INTRODUCTION

As detailed in the KAHPF Technical paper on Oral Health in the Kimberley 2016, a range of strategies are required to improve oral health in the region. These may be grouped into 4 key areas:

- The need to incorporate oral health into the broader health system, thereby fostering alignment and integration between dental health and primary health care services.
- Improving access to services
- Increasing health promotion and early intervention activities
- Improving prevention measures

This paper details the recommendations which KAHPF has adopted and identifies some initial implementation strategies to be undertaken. Some recommendations require additional resources. Several can be implemented using existing resources. The implementation strategies are presented using red text.

It is envisaged that the information in this paper will be used to inform the Oral Health section of the Kimberley Aboriginal Health Plan 2016-20.

RECOMMENDATIONS RE PLANNING and EVALUTATION

Good planning, identification of key performance indicators and ongoing monitoring and evaluation are required to achieve the improvements identified in the KAHPF Technical paper 2016. For this reason KAHPF recommends the following:

1. **THE WA ORAL HEALTH PLAN** currently under development must be sufficiently detailed to convince government of the need to increase resources for the provision of dentistry services in the Kimberley region.
KAHPF will therefore:
 - Forward the KAHPF Technical paper 2016 and the recommendations in this paper to the WA Chief Dental Officer and ACHWA.
 - Review and provide input to the WA Oral Health plan when it becomes available for public comment.
2. **THE DEVELOPMENT OF A KIMBERLEY ORAL HEALTH PLAN** which aligns with and builds on the priorities and recommendations in this paper, the Technical paper and the WA Oral Health Plan. The Kimberley Oral Health plan must:
 - Contain standards and frequency of access guidelines for oral health/dental services which KAHPF can use to monitor and evaluate the adequacy of services in the Kimberley.
 - Support an annual dental workforce census that includes FIFO services, so that KAHPF

can be accurately informed of capacity in the Kimberley.

- Identify measures to be taken to achieve best practice oral health services in the region.

KAHPF will therefore:

- Source funds to appoint a project officer to develop the Kimberley regional, inter-agency oral health plan
- Establish a Steering Committee to guide the project.

3. ESTABLISHMENT OF KIMBERLEY KPIS FOR DENTAL HEALTH SERVICES

Suitable KPIs to be identified and negotiated which are reported to KAHPF on an annual basis. Suggested KPIs are:

- Percentage of Kimberley children enrolled in school who are enrolled in the School Dental Service (Target 100%)
- Number of Kimberley children enrolled with the School Dental Service who receive a dental examination at least once every 12 months (Target 100%)
- The number of Kimberley children who require fissure sealing that receive it. (Target 100%)
- Number of people with a diagnosed chronic disease where their care plan recommends an annual dental review who receive an annual review. (Target 100%)
- Number of adults and children on the waitlist for treatment under general anaesthetic (Target = reduction)
- Waiting time for general dental services (Target = eventual reduction)

KAHPF will therefore:

- Negotiate with Dental Health Services re the adoption of these or other suitable KPIs.

RECOMMENDATIONS RE INCREASING HEALTH PROMOTION AND EARLY INTERVENTION ACTIVITIES

4. DEVELOPMENT OF A SPECIFIC ORAL HEALTH PROMOTION AND PREVENTION PLAN FOR THE REGION WITH PARTICULAR EMPHASIS ON IMPROVING CHILDREN'S ORAL HEALTH.

Development of this plan will bring together a wide range of service providers, including Maternal & Child Health and Education providers, to map out key messages and agree on how to provide regular equitable health promotion activities and support across the region to children and their families.

- The Health Promotion Sub-committee to be tasked with driving this project. If necessary KAHPF to provide high level advocacy support with the Dept. of Education and Catholic Education.

Specific purposes of this plan would be to devise strategies to ensure:

- All Health Promotion activities aimed at reducing sugar intake incorporate messages about the impact of excess sugar on the condition of teeth, with particular emphasis on sugar in drinks.
- Kimberley schools promote messages about sugar in drinks in their classrooms, canteens and sports grounds.

- All new mothers receive ongoing advice about ways to keep their children's teeth healthy
- Healthy teeth activities are included in all Kindy classes in the region.
- DHS sources funding to ensure the continuation of the toothpaste/toothbrush distribution currently resourced by KDT.
- DHS, KDT and other relevant health promotion resources are reviewed for Kimberley relevance. Appropriate resources are actively promoted to teachers on an ongoing basis.
- Funding is sourced to develop and deliver relevant oral health messages on community radio, TV and via other social media outlets.
- Measures are identified which can be used to evaluate the effectiveness of health promotion activities.

Initial strategies to achieve improved outcomes:

- The Maternal and Child Health Working Group to review and update the Healthy Kids protocol to enhance the oral health component.
- Identification of key oral health messages then assessment of existing resources against consistency with key messages, cultural appropriateness and production quality by the Health Promotion Working Group.
- Development of a KAHPF process to endorse health promotion resources
- Uploading of all endorsed Health promotion resources onto the KAMS website.
- Discussions with Goolari Media (who are members of the Health Promotion subcommittee) re the funds required for an effective regional oral health promotion campaign.

RECOMMENDATION RE EXPANSION OF A KEY PREVENTION MEASURE

5. INVESTIGATION OF THE POSSIBILITY OF FLUORIDATION OF THE WATER SUPPLY OF THE TOWNS AND LARGE COMMUNITIES IN THE KIMBERLEY REGION WHICH DO NOT CURRENTLY HAVE FLUORIDATED WATER.

This should be explored with the appropriate authorities and an annual status report produced through KAHPF.

- KAHPF to investigate and identify the appropriate agencies to lobby re the need for this strategy.

RECOMMENDATIONS WHICH ENHANCE CLINICAL OUTCOMES

6. DEVELOPMENT OF A KIMBERLEY ORAL HEALTH PROTOCOL

KAHPF already has considerable expertise in the development of clinical treatment protocols which are adopted and used by all service providers in the region.

- The Chronic Disease Working Group to be tasked with forming a subcommittee in conjunction with DHS regional staff and visiting specialists to draft and approve a Kimberley Oral Health protocol.

7. IMPROVEMENT IN INFORMATION EXCHANGE

Although DHS now have a computerised records management system, no arrangements are in place to exchange electronic information with other providers. Similarly, a staff member in a PHC setting seeing the patient after treatment has no idea what dental treatment has been performed. In a region where HIV rates are increasing and BBV levels already high, this is a totally unsatisfactory situation (DHS dentist, personal communication). Similarly, there are no arrangements in place for visiting NGO dental service providers (eg KDT) to plan service delivery or share patient information with DHS.

Strategies to support improvement:

- KAHPF will lobby to ensure that DHS is included in the My Health Record work currently underway with NeHTA.
- In the interim, KAHPF to facilitate negotiations with DHS to identify a way that relevant DHS clinical information e.g. a dental consultation summary can be transferred electronically to the relevant PHC service after any dental service is provided by DHS.
- MOUs which include a clause about exchange of information to be negotiated between all visiting dental service providers prior to the commencement of service.

8. CLARIFICATION OF REFERRAL PATHWAYS FOR DENTISTRY

At present it appears that referral pathways are restrictive. For example, DHS only accepts referrals from a GP from a patient's local service, not referrals from a visiting GP or specialist. Measures also need to be put in place to ensure that high priority referrals are clearly identified and treated accordingly.

Strategies to support improvement, to be undertaken by the Chronic Disease Working Group:

- Mapping of referral process.
- High level negotiations between service providers and DHS where these processes are found to be inadequate.
- Inclusion of an oral health referral on all chronic disease pathways, including making a referral as a high priority case

9. IMPROVED PATIENT-CENTRED CARE VIA SERVICE INTEGRATION AND ALIGNMENT

Better service efficiency and clinical outcomes for patients would be achieved if dental health services were better integrated into the Kimberley health system so that resources are shared and patient care better coordinated. Examples where improvement could occur include:

- Increased accountability in primary health care services to ensure that patients attend dental appointments and dental officers see, as a priority, patients where poor oral health can exacerbate their chronic disease.
- Discussion and development of protocols re the use of health service patient transport and/or Aboriginal Liaison staff to support dental patients to attend their appointments.
- Local ACCHOS undertaking to work with DHS to review the Cultural safety and cultural appropriateness of its service arrangements, and where necessary provide cultural orientation to new DHS staff.
- Issues with children's enrolment in the School Dental Service. Discussions between DHS and the Maternal and Child Health Sector regarding how M&CH staff could support increased enrolment.

Strategies to support improvement, to be undertaken by KAHPF:

- Development of a standard MOU template which could be used to underpin negotiations on local arrangements and understandings between DHS/ other visiting dentistry providers and the local primary health care provider. (see also recommendation 7)
- Discussions to occur at individual service level re the feasibility of using patient transport and liaison officer resources to ensure dental patients attend their appointments, with a report back to KAHPF on the outcome of these deliberations.
- If current resources do not allow this, discussions at KAHPF level about how this improvement could be achieved.
- Discussions in the M&CH sector to occur to establish if Child Health nurses could assist parents to complete the enrolment form as part of a Child Health Check.

RECOMMENDATIONS WHICH IMPROVE ACCESS TO SERVICES

10. ADVOCACY BY KAHP

As the Technical paper 2016 reveals, access to dental services across the region for adults and children do not meet the standard required and are not equitable. Essentially, a large portion of school children in the Kimberley are not receiving regular, timely screening, treatment and care.

Without doubt DHS is grossly under resourced for the geographical area and growth in the population they are expected to service. For example, there has been no increase in the Broome School Dental Service FTE since 1980 despite the school population growing 300+%.

KAHPF will therefore advocate for:

- Adoption of the recommendations regarding dental services in the PATS review.
- Development of dental and oral health standards for population-based monitoring.
- Additional resources to be assigned to DHS:
 - To employ an additional Dental Officer to service Halls Creek, surrounding communities and the Kutjungkja region.
 - Employment of, at minimum, 3 additional School Dental Therapists:
 - 1 FTE to support delivery to Broome schools
 - 1 FTE based in Derby or Fitzroy Crossing servicing the Derby and Fitzroy Valley areas
 - 1 FTE based in Kununurra who would provide additional services to the East Kimberley.
 - To enable the provision of equitable dental services for children and adults across the Kimberley which are not reliant on voluntary services and/or ad hoc visits of military personnel
 - To address matters relating to remuneration which impact on staff recruitment and retention issues
- The roll out of the EEO Fluoride Varnish programme across the region if evaluation indicates the programme is effective.
- The formation of a partnership with an academic dental research partner to map future requirements and consider future workforce needs.