

**Submission to  
Legislative Council Social Issues Committee  
Inquiry - Dental Services in NSW**

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## **INTRODUCTION**

The NSW Farmers' Association (the Association) is an apolitical voluntary industry body representative of the whole farming community in NSW. Through its commercial, policy and lobbying activities it provides a powerful and positive link between farmers and the public. Currently the Association has some 11,000 members across NSW.

Rural and remote Australians have poorer health than their metropolitan counterparts (Aust. Institute of Health and Welfare, 2005). Their oral health is no exception and in fact there is a growing body of evidence suggesting a correlation between general and oral health. The US Surgeon General's Report on Oral Health states "you cannot be healthy without oral health" (Council of Social Service NSW, 2005). For the rural / remote population who are faced with serious dentist shortages and are often unable to access preventative care, this is a serious concern.

## **ORAL HEALTH IN RURAL AND REMOTE AREAS**

Statistics reflect the poor oral health found within rural / remote areas in Australia.

- The percentage of adults with no natural teeth is higher in rural areas (9.2%) compared with metropolitan areas (5.5%)
- More rural people (20.9%) have full upper dentures compared with urban people (16.4%)
- Rural adults have more missing teeth (6.3) than their urban counterparts (5.2), and
- Rural patients seeking emergency care had more decayed teeth (4.1) than metropolitan patients (3.0).

Moreover, rural patients have:

- fewer filled teeth than urban patients (5.4 versus 6.5 respectively), and
- fewer partial dentures than urban patients (11.8% and 17.8% respectively).

Together these figures suggest that rural / remote people have less preventative care and that their dental experiences tend to be 'emergency'. Their teeth are being extracted rather than filled (Aust Institute of Health and Welfare, 2002).

There appears to be a few reasons for this:

- Rural/remote people have poorer access to dentists. Due to the rural dentist shortage, wait lists are very long and rural dentists are often only able to focus on emergency work. Without prevention, more extractions occur.

- Rural/remote people tend to be within the lower socioeconomic bracket, particularly at present due to the current drought. They therefore cannot afford to visit a private dentist for preventative care, and access to public dentists for preventative work is virtually impossible.
- Rural / remote people often do not have fluoridated water systems (Aust. Institute of Health and Welfare, 2005) and therefore have more tooth decay.

## **THE RURAL/REMOTE ORAL HEALTH WORKFORCE**

### *The maldistribution and shortage of dentists in rural/remote areas*

There is currently a maldistribution of dentists within NSW. The dentist to population ratio within metropolitan areas is much lower than that occurring in rural, and particularly remote, areas within NSW. There is also a shortage of dentists within rural / remote areas. NSW Farmers' Association understands NSW Health has figures that attest to this.

To make matters worse, the Australian oral health workforce is ageing. The number of dentists over 50 years of age is projected to increase from 37.9% in 2000 to 47.5% in 2015 for males, and from 11.6% in 2000 to 26.1% in 2015 for females. By 2013, the rate of practicing dentists is forecast to decline, indicating that the dentist labour force will not keep pace with population growth (Teusner & Spencer, 2003).

One concerned rural dentist suggests the rural Councils should look through the NSW Dental Register, which details graduation dates, to preempt how soon their towns will lose their dentists to retirement. He predicts Parkes, for example, will soon lose three of their four dentists, as they are approaching retirement age. To make matters worse, as is currently occurring, retiring rural/remote dentists cannot find replacements or buyers for their practices. Examples include: Tenterfield, which recently lost its only dentist for this very reason despite the dentist trying to sell his business for many months prior; and Cootamundra, which used to have two full-time dentists and now has only one part-time dentist. One of the full-time dentists retired and was unable to sell his business, and the other dentist died.

More needs to be done to attract and retain oral health workers in rural / remote areas. Attempts should be made to boost the rural / regional dentist workforce through:

- o Rural scholarships based on those available for other health professionals
- o More and longer rural / remote university clinical placements
- o Reimbursement of university fees for time spent working in rural / remote areas, with work in the public oral health sector recognised more favourably
- o Active recruitment of first degree graduates from regional based universities to undertake dentistry degree
- o Quarantining of university dentistry places to students who will likely choose to practice in rural / remote areas (ie students who originate from rural/remote areas)
- o Recruitment of overseas trained dentists who are willing to work in rural/remote areas, and;
- o Providing greater support and bridging courses to overseas trained dentists so that they may quickly and satisfactorily pass registration requirements.

The Association also suggests the dentistry degree interview should be reviewed as there is industry belief that it favours academic types who by nature are more likely to want to practice in metropolitan areas. It is thought that the interview unintentionally siphons out those types of people that would prefer to live in rural / regional areas.

#### *Access to oral health services in rural/remote areas*

According to the Honourable Dr Arthur Chesterfield Evans, there are only 10 full time public dentists in rural NSW (Hansard, 2005). This is no surprise given the dearth of dentists in rural / remote NSW. Public dentistry is considered a less attractive way to practice – it provides less income, and is often ‘emergency’ work, due to their high demand. With dentist to population ratios projected to increase in the coming years, the situation will likely worsen. For the rural / remote population, this is a very serious concern as a significantly greater proportion of rural / remote people utilise public dental services (5.8%) than their urban counterparts (3.9%). In NSW many rural / remote people fall into a low socio economic category, especially presently due to the drought. They are therefore much more reliant upon the public system. As one member stated:

“As a result of the drought and poor commodity prices [the farming community] are not accessing dental professionals as they can not afford to”.

Unfortunately, with the small number of public dentists available, our members consider access to public treatment as 'abysmal' and 'non-existent'. In effect, the waiting lists never move. Urgent painful cases jump the queue, and they are of sufficient quantity to hinder any preventative work occurring, thus continuing the negative cycle. Even in cases of emergency, patients are not guaranteed fast access. According to the Australian Dentist Association NSW, 60 people on the public waiting list in the Mudgee area are classified as 3A – thus signifying they are in pain. In the Nundle area, one woman with an abscessed tooth was told she had a six week wait for public treatment. Fortunately the local Nurse Practitioner organized for a local charity to pay for her dental treatment at a private practice. Evidently greater numbers of public dentists are required and more should be done to make the public health system attractive. As aforementioned, the Association recommends university fee reimbursement for time spent working within public oral health services within rural and remote areas, as one part of the solution.

Long waiting lists are not isolated to public dental practices. Members inform the Association that a wait of three months for a private dentist is not unusual. To reduce this wait, some people travel to visit a dentist, including to Sydney. Recently a woman from Ivanhoe (outback NSW) drove from town to town seeking immediate attention for a severe tooth-ache. She eventually found help after an entire day's driving.

## **CHILDREN – THE FUTURE OF RURAL / REMOTE NSW**

As previously mentioned, rural / remote people are less likely to seek preventative treatment from their dentists. This is due partly to their inability to access a dentist for preventative treatment, and partly due to their lower socioeconomic status. As one member of NSW Farmers' Association said:

“Preventative dental treatments and initiatives, including fluoridation ... are not accessed by the farming community as there is only money available for emergency treatment.”

Unfortunately this lack of prevention impacts on rural/remote children - the next rural/remote generation. They display significantly poorer oral health than their urban peers:

- Six and twelve year old children in regional/remote areas had, respectively, about 1.3 and 1.2 times as many decayed, missing or filled teeth as their counterparts in major cities (Aust. Institute of Health and Welfare, 2005).

### *Fluoridation*

Research suggests that the disparity in the oral health of rural/remote versus metropolitan children is largely due to fluoridation. Water fluoridation significantly reduces tooth decay in a population, along with the associated savings in the cost of treatment (NSW Department of Health, 2004). It is a well-proven public health measure, endorsed by major health organisations around the world (Australian Dental Association, 2005), and has been described as one of the ten greatest public health measures of the 20<sup>th</sup> century (US Dept of Health and Human Services, 1999).

Yet much of the rural population does not have access to fluoridated water. They either have their own water supply (tanks) or the town supply is not fluoridated. Moreover, as a disadvantaged group, due to their lower socioeconomic status, rural / remote people would benefit most from the decay prevention fluoride provides. It would reduce their reliance on oral health services (which are hard to access); reduce their dental expenses (which are avoided until treatment becomes necessary); and will assist with improving rural / remote general health (which has been found to be poorer than urban counterparts, as previously mentioned). Certainly numerous studies suggest that water fluoridation most benefits those groups with the greatest dental need (Aust Dental Association, 2005).

That said, NSW Farmers' Association respects that there is some debate about whether water fluoridation is best for one's health. For this reason, the Association recommends that using fluoridated water be encouraged to the rural / remote population, but that the ultimate decision rests with rural / remote populations. The Association is aware of one NSW town that recently researched the benefits of fluoride and consequently lobbied the government for assistance with implementing a fluoridated water system.

NSW Farmers' Association recommends that:

- There be an education campaign in rural/remote areas on the importance of oral health and its prevention, including information on fluoridation and how to access it if not on fluoridated water supplies;

- New or expecting mothers in rural/remote areas be educated about the importance of providing their children with fluoride;
- Any rural/remote community wishing to improve its access to fluoridated drinking water be supported; and
- That consideration be given to providing free fluoride tablets to rural/remote families.

#### *Children's access to services*

There is a somewhat confused picture presented as to the rural/remote oral health services provided for children. Some Association members say their children have access to good dental services through schools, yet some rural dentists believe that where this service exists, it is just a 'check-up' which does little for their oral health, as the children would still need to get past all the rural/remote oral health barriers (previously mentioned) for treatment.

Regardless of the reality of this situation, providing all rural / remote children with free dental attention should be a priority. It would help break the cycle of poor rural/remote oral health, as is currently occurring. The Association therefore recommends that:

- The State Government consider providing Mobile Dentist trucks (like the Premier's Mobile Surgery truck), which visits all rural/remote schools throughout NSW, and
- Primary schools teach children the value in caring for their teeth.

Obviously, as aforementioned, increasing the number of oral health professionals within the rural/remote public oral health sector would also improve children's oral health.

#### **CONCLUSION**

The statistics clearly show that the oral health of rural/remote Australians is significantly poorer than their urban counterparts. Faced with serious dentist shortages, long waiting lists, 'impossible' access to the public oral health workforce, and reduced access to fluoridated water, the poor oral health of rural/remote Australians reflects their inability to access preventative care. Urgent attention needs to be given to growing the rural/remote oral health workforce, expanding its public services, and ensuring sufficient services are available for each and every rural child. At the same time, the rural/remote population, particularly new and young families, should be educated about the importance oral health

care and using fluoride. Any rural/remote town wishing to fluoridate their water system should be supported.

## RECOMMENDATION SUMMARY

### *Increasing the rural/remote oral health workforce*

Attempts should be made to boost the rural / regional dentist workforce through:

- Rural scholarships based on those available for other health professionals
- More and longer rural / remote university clinical placements
- Reimbursement of university fees for time spent working in rural / remote areas, with work in the public oral health sector recognised more favourably
- Active recruitment of first degree graduates from regional based universities to undertake dentistry degree
- Quarantining of university dentistry places to students who will likely choose to practice in rural / remote areas (ie students who originate from rural/remote areas)
- Recruitment of overseas trained dentists who are willing to work in rural/remote areas, and;
- Providing greater support and bridging courses to overseas trained dentists so that they may quickly and satisfactorily pass registration requirements.
- The dentistry degree interview should be reviewed to ensure that it does not favour academic types (who by nature are more likely to want to practice in metropolitan areas).

### *Promoting good oral health*

- There be an education campaign in rural/remote areas on the importance of oral health and its prevention, including information on fluoridation and how to access it if not on fluoridated water supplies.
- That new or expecting mothers in rural/remote areas be educated about the importance of providing their children with fluoride
- Any rural/remote community wishing to improve its access to fluoridated drinking water be supported
- That consideration be given to providing free fluoride tablets to rural/remote families
- The State Government consider providing Mobile Dentist trucks (like the Premiers Mobile Surgery truck), which visits all rural/remote schools throughout NSW, and that
- Primary schools teach children the value in caring for their teeth.

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