

# Rural Dental Action Group

## Dental Health Survey 2006

### Executive Summary

In April 2006, the Rural Dental Action Group undertook a survey of the members of the Country Women's Association (CWA) Branches of NSW in order to obtain a clearer picture of the state of dental health services across NSW. A total of 191 surveys (42%) were returned. CWA Branches were asked a number of questions in regards to the availability of the varied dental services in their regions, including school dental clinics, private dentists and government dental clinics, distance travelled to access the services, transport options to reach the services and waiting times.

The survey found that over one third did not have a school dental health service, 44% did not have a private dentist and over 65% did not have a government dental clinic. Some smaller branches indicated that it was expected they would not have dental services due to the small size of their communities.

As travelling distances to services are expected to be longer in rural and regional areas, 50 km was chosen as a 'reasonable' distance to travel to dental services. Taking this as a guide, 44 branches reported traveling more than 50 km to access the school dental service e.g. Bourke and district residents have to travel 400 km to a school dental service in Dubbo. Seventy branches reported traveling more than 50 km to use a private dentist and 78 reported they travel 50 km or more to use the government dental clinic.

Waiting times for all the dental services remain an issue for rural residents with government dental clinics having the longest waiting times ranging from 12 months up to 3-5 years. However, long waiting times was also experienced by some communities for private dentists, in some cases up to 10 months.

Although limited availability of dental services remains one of the biggest issues for rural communities, transport to these services is also a major barrier. A private car was the most widely used form of transport to access all dental services, with community transport being the second most used form of transport. Many branches raised a number of issues in relation to transport including the current high cost of petrol to run a car, the high costs or unavailability of taxis, the restrictions, cost and limitations on the use of community transport and the lack of options in regards to using buses and /or trains.

Overall, the survey found that the availability of the school dental service varied from none in mostly smaller communities to a full range of services in larger towns. The most common form of dental service available to an unemployed adult with a Health Care Card was the government dental clinic which normally involved long waits and potentially long distances to travel ( for some communities interstate). For other members of the community (including War Widows, employed people with or without private insurance), private dental clinics were considered to be the main (and only) dental service available.

The survey clearly showed that access to affordable, good quality, dental care is unevenly spread across NSW. Many population groups are disadvantaged as they are unable to afford private dental treatment but are also unable to access timely, preventative treatment through the public system. In rural communities the public dental system is under severe strain with demand for the service outweighing current resources, often resulting in long waiting times for dental treatment. This situation is again exacerbated in rural areas due to a lack of services, long distances to regional clinics and limited transport options.

## Introduction

*Rural dental health is only for the rich - because then you can afford to go to Sydney etc for a dentist.*

Dental care remains an ongoing health issue for people living in rural areas with limited public services and overstretched private services exacerbated by transport barriers, cost and staff shortages. Rural communities are aware that distances must be traveled to access some health services, but are concerned that oral health is becoming an increasingly neglected area of health care in terms of funding, resources, government attention and action, with people living in rural areas paying the highest price. Stories of rural communities' experiences with dental care have been missing from the debate and are essential to understanding the current state of oral health care in NSW.

## Background

In April 2006, the Rural Dental Action Group undertook a survey of the members of the Country Women's Association (CWA) Branches of NSW in order to obtain a clearer picture of the state of dental health services across NSW.

A questionnaire was mailed with a covering letter to a total of 451 NSW CWA Branches and Groups in May 2006. It was also sent by CWA Head Office via their E-news. A total of 191 (42%) surveys were returned.

The responses were grouped according to geographical location based on the former regional boundaries of the NSW Department of Health to assist in gaining a clearer picture of the state of dental health in NSW. In a few instances more than one person replied from a Branch and it should also be noted that the larger regional centres are the service centre for several Branches.

The greatest number of responses was from the Riverina / South West (31) followed by New England (26), Central West (20) and ACT/South East/Coast. Not all responses answered every question with some offering explanations such as 'no school' or 'no school children.'

## 1. Results

The following section outlines information from the collated surveys, grouping the information together in themes based on the key questions asked.

### 3.1 Responses received

Region	District / Town
Blue Mountains	Blackheath, Blaxland, Lawson/ Katoomba (3)
Central Coast	Umina Beach, Woy Woy Peninsular (2)
Central West	Barmedman, Canowindra, Cumnock, Forbes, Grenfell, Gumble, Kandos, Lake Cargelligo, Lyndhurst, Millthorpe, Molong, Orange, Rylstone, Trundle, Tullamore, Tullibigeal, Ungarie (3), West Wyalong, Woodstock (20)

<b>Region</b>	<b>District / Town</b>
Far West	Bourke, Cobar, Mount Hope, Nevertire, Nymagee, Wanaaring (6)
Hunter	Cessnock - Kurri, Gresford, Hunter Region, Lower Belford, Maitland, Medowie, near Toronto, Scone, Singleton (9)
Illawarra	Shoalhaven, Stanwell Park, Tahmoor-Picton, Wingecarribee Shire (4)
Metropolitan	Blacktown, Greenwich, Penrith (3)
Mid North Coast	Kempsey, Nambucca Heads, Nambucca, (1) Port Macquarie, (2) Port Macquarie, South West Rocks, Wingham, Willawarrin (9)
New England	Bendemeer, Blackville, Bonshaw, Deepwater, Dorrigo, Edgeroi, Gunnedah, Gunnedah (2), Inverell, Inverell- Delungra, Kootingal, Manilla, Matherson Kingsland, Narrabri, Nundle, Somerton, Spring Ridge, Tamworth Regional Council Area, Tenterfield Day Branch, Tenterfield Evening, Walcha , Warialda, Warialda District, Wellingrove (near Glen Innes), Werris Creek, Yarrowitch (26)
North Coast	Bangalow, Bonalbo, Byron Bay, Coffs Harbour, Evans Head, Iluka, Kyogle, Lismore, Old Bonalbo, Raleigh/Repton/Myleston, Suffolk Park, Tabulam Village, Urbenville, Urunga, Woolli- Minnie Waters (15)
North West	Bellata, Bingara/Myall Creek, Bullarah, Bundarra, Carinda, Collarenebri, Goodooga, Gwydir Shire, Maclean, North Star, Rowena, Weemelah/Mungindi, Wee Waa (1- via email), Wee Waa (2),(14)
Orana	Cassilis, Collie, Coonabarabran, Dunedoo, Eumungerie, Geurie, Gilgandra, Gilgandra Evening Branch, Girilambone, Goolhi, Mendoran, Mudgee(1), Mudgee (2), Mudgee (3), Narromine, Nyngan, Tambar Springs, Trangie, Warren and district, Wollar (20)
Riverina/South West	Ardlethan, Batlow, Berrigan, Coleambally, Collingullie, Galong, Griffith, Hanwood, Henty/ Yerong Creek, Holbrook, Jerilderie, Jugiong, Junee Shire, Lockhart Evening Branch, Mulyalpa, Merriwagga, Milvale-Grogan-Stockinbingal, Narrandera (1), Narrandera (2), near Wagga, Oaklands, Oura, Rankins Springs, Riverina, Tumut, Wagga Wagga (1), Wagga Wagga (2), Wallacetown- Coursing Park- Downside- Brucedale, Wallendbeen, Yenda, Yerong Creek (31)
ACT, South East/Coast	Bermagui, Berry, Bigga, Boorowa, Bredbo, Bungonia, Canberra, Canberra Evening, Collector, Crookwell, Crookwell district (Upper Lachlan Shire), Dalgety & Numbla Vale, Jerangle - Peakview, Jindabyne, Majors Creek, Nimmitabel, Tumbarumba (1), Tumbarumba (2), Yass, Young (20)
Other	Norfolk Island (via email), plus three unable to be unidentified (4)

### 3.2 Dental services available

A school dental service was the most available dental service (n=87) followed by a private dentist (n=84). Whilst only 40 responses indicated they had a government dental clinic, 124 indicated they did not. Seventy one responses indicated they did not have a school dental service and 85 responses indicated they did not have a private dentist available in their community. Some responses indicated this was to be expected because of the small size of their communities.

**Table 1 Overview of available dental services**

Service	Yes	No	Did not answer
A school dental service	87 (45.5%)	72 (37.5%)	32 (17%)
A dentist in private practice	85 (44.5%)	85 (44.5%)	21 (11%)
A government dental clinic	40 (21%)	124 (65%)	27 (14%)

Many communities, especially in the Central West and New England, have a school dental service visiting once a year. One school in the Illawarra region however was expecting their first visit, in at least 15 years, from dental staff.

Communities close to larger regional centres, such as Maitland, Coffs Harbour and Port Macquarie, have access to all three types of dental service (school, private and government dental clinic). For some other regions, although there was access to dental services this was not a full time service, for example the Central West and New England regions reported having a part-time dentist either a few days per week, on call from other another town, or a visiting dentist on alternate weeks. One small community has access to the Royal Flying Doctor Service on a six weekly basis but the service could only manage emergencies.

### 3.3 Distances to travel to dental services

**NB:** 50 km was chosen as a 'reasonable' distance to travel to dental services.

Far West region

*Since the dentist left, residents have to travel 393 km to (town name) or 453 km to the government dental clinic*

To access a school dental service, 44 branches reported travel distances of more than 50 km with residents in the Far West region having to travel approximately 400 km. Seventy branches reported traveling more than 50 km to access a private dentist with some respondents choosing to travel beyond their closest dentist. The Far West region reported traveling distances of 200km,

New England residents travel interstate to access a private dentist, whilst one community from the North West region is unable to get in to see the dentist interstate. To access a government dental clinic, 78 branches stated they travel 50 km or more with the South Coast region reporting distances of 160 km to access either of the two closest government dental clinics, of which one is interstate.

### 3.4 Waiting times for dental care

Riverina / South West Region  
*Years for a government clinic, never for follow up*

There was a mixed response to this question in relation to school dental clinics with a number of Branches unsure of waiting times. Some branches reported prompt attention in an emergency, others of waiting one to two years due to the service only visiting once a year.

For private dentists, whilst Branches reported appointments were fairly readily available in an emergency, there were reports of waiting 6 to 10 months for dental care. A branch in the Riverina/ South West region reported waiting 9 months for a checkup with a private dentist. Some branches reported dentists closing their books to any new patients.

Waiting times were much longer for government dental clinics with one branch in the North West region stating that the government dental clinic was unavailable to most community members. Six Branches reported waiting twelve months, one 18 months, fourteen Branches reported waits of 2 years and, four Branches wait up to three years. One Branch in the Riverina/ South West region stated they could wait 'a lifetime for the government dental clinic.'

### 3.5 Available transport

A few Branches reported all forms of transport were available to access dental services. The key issue for many branches was that although transport was available, it was the waiting time and the treatment costs that put dental services beyond the reach of many rural families.

A private vehicle was the most common form of transport used to access the nearest school dental service, private dentist or government dental clinic. Ten Branches reported a private vehicle would not be used. Reasons for this included towns not having petrol, residents not owning or having a reliable car, and the prohibitive cost of petrol.

Mid North Coast  
*A private vehicle if you own one, Community Transport for medical appointment only, taxi expensive, bus irregular, train once per day*

Community Transport was the second transport option most used to access dental services. Many branches, however, described a number of limitations of community transport which restricted its use including poor funding, its availability limited to medical appointments, the requirement for a carer to the patient, limited service, restrictions on who can use the service, and often full bookings. In some smaller communities, Community Transport with all its restrictions was the only alternative to a private vehicle.

Fewer communities use a taxi to access any dental service due to the use other forms of transport such as a private vehicle, the school dental service being accessible at the school, there being no taxi services or they are too expensive especially for a trip of some distance.

Whilst a number of Branches reported a bus being available, these included both school and Country Link services. The same number of Branches (52) reported a bus may be used to access a school dental service whilst almost twice as many (101) stated a bus would not be used. If a bus did exist, its service may run only once or twice a week, be infrequent, irregular, mean a long day, or require an overnight stay.

Not surprisingly, trains were the least common form of transport used.

### **3.6 Available dental services**

The survey asked each Branch to outline what dental services are available for specific population groups.

- **School children:**

The availability of the school dental service varies from none in mostly smaller communities to a full range of services in larger towns such as Canberra, Dubbo, Cowra, Port Macquarie, and Cessnock – Singleton. Often the school dental service offers only assessments which are provided on a range of frequency from weekly, fortnightly, monthly, annually to bi-annually.

- **An unemployed adult with a Health Care Card:**

The most common form of dental service available to an unemployed adult with a Health Care Card is the government dental clinic. For some Branches this meant travel of some distance, e.g. in the North West region over 100kms and a wait of some time, e.g. in the Riverina/South West region 2 years and in the Mid North Coast up to 5 years. The Far West Region reported that the person would be allowed only one appointment per year at the government dental clinic and there would be a limit of \$190 per patient per year. The Orana region reported that if further work was required there would be a reassessment and a wait for further treatment whilst the North West region reported that the person would have to go interstate to Goodiwindi in Queensland.

- **An employed adult with private dental health insurance:**

A private dentist was the most commonly stated type of dental service available. Some people from smaller communities, e.g. in the North West and Central West regions reporting travel distances between 100 and 200 kms to a private dentist. Some private dentists have 'closed' their books.

- **A self employed adult without private dental health care insurance and not eligible for a Health Care Card:**

The majority of Branches that replied stated that a private dentist was the only option although travel may be necessary and payment may be a problem. Only a few branches stated that the government dental clinic could be accessed.

- **A war widow with a gold Veterans Affairs card:**

Private dentists were the most common form of dental service for this group even though this may involve travel and there were some differences in how much it would cost.

### **3.8 Further Comments**

There were many Branches that were very satisfied with the care they had been given by either a private dentist or a government dental clinic, especially in a timely manner in an emergency. However, several Branches cited travel distances and waiting times as a problem.

Overall, there was general concern that access to dental services is poor and declining in some towns. In the both Central West and New England regions, the school dental service is open only

one day a week with waiting times whilst in the North West region, as there has been no school dental service in one town for ten years, families are predominately use private services. In the New England region, many small towns had no dentists at all and have to access private dental services in other towns creating greater workload on these dentists and increasing waiting times.

The prohibitive cost of private dental services (sometimes the only service available) was raised by numerous Branches with many expressing concern that such services are beyond people's ability to pay. The Central West region reported that even with insurance, the cost of private dental care is high whilst the Orana and Mid North Coast regions felt that their population characteristics (high rates of retired, unemployed and or older people) meant their were doubly disadvantaged in affording private care. The Hunter region stated young families with a mortgage find the cost of dentistry very expensive. The Central West region provided the example of an elderly man having to pay \$1,200 for dentures and make seven trips to town for the dental care including once when the surgery was shut. His wife mentioned both the cost of the dental care, the cost fuel and the effort to drive so far at their age as a major concern.

Long waiting times, predominantly for government dental clinics was an issue raised by a wide range of branches. In the Far West region a person with a Health Care Card can access the government dental clinic but the waiting time for this service is very long whilst in the New England region waits were reported up to two years for pensioners and Health Care Card holders. The North Coast region reported one person waiting 3 years for an appointment at the government dental clinic for dentures, in the Hunter region, six months wait for a partial plate and a five year wait with a temporary filling. Some branches reported people going to private services as the wait for the government clinic was too long, an option only for those people who could afford it.

Even in emergencies branches reported a lack of dental care and or waiting times. A branch in the Mid North Coast reported one person having a broken tooth with severe pain who had to drive 124 kms for relief.

#### South Coast region

*The greatest problem is not so much the availability of dentists but the cost. Fillings go neglected as they are not a priority with the government dental clinic and many of us on pensions and no private health insurance cannot afford the private dentists.*

### 3.9 Suggestions

Branches were asked to offer suggestions or recommendations on how dental services and oral health care could be improved in rural communities. The following suggestions were provided:

- Incentives to be given to dental students to work in rural towns/areas,
- School dental service should be made available to private persons in very small communities especially elderly or pension card holders,
- The provision of scholarships for dental students to work in rural areas,
- Introduction of dental courses in rural Universities,
- Education on the importance of good dental hygiene including promoting preventative measures,
- Encouraging dentistry as a career in rural areas,
- Greater availability of dental therapists.