

EDUCATION AND HEALTH STANDING COMMITTEE

**ADEQUACY AND AVAILABILITY OF DENTAL SERVICES
IN REGIONAL, RURAL AND REMOTE WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
MONDAY, 12 NOVEMBER 2001**

THIRD SESSION

Members

**Mrs Martin (Chairman)
Mr Board (Deputy Chairman)
Mr Ainsworth
Mr Andrews
Mr Hill**

WALKER, MR ALEX,
Member, Council on the Ageing (WA),
examined:

The CHAIRMAN: Have you completed the Details of Witness form?

Mr Walker: Yes.

The CHAIRMAN: Have you read the Information for Witness sheet provided?

Mr Walker: Yes.

The CHAIRMAN: Do you have any questions regarding those sheets?

Mr Walker: No.

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I thank you for taking the time to appear before us today. The committee is conducting an inquiry into the adequacy and availability of dental services in regional, rural and remote Western Australia. Your submission is of particular interest and we have asked that you attend today to discuss this information.

Mr BOARD: How does your association work, particularly for rural and remote Western Australians, and how is the supply of public dental services in rural and remote areas affecting older Western Australians?

Mr Walker: The Council on the Ageing, Western Australia, is part of a federal organisation. It is not under a head office but it refers commonwealth matters to its central office. The mission of the Council on the Ageing is to forward the interests of all Western Australians aged 50 years or more, regardless of race, sex, ethnic origin.

Mr BOARD: Has the association received representations from people in rural and remote areas about the inadequacy of supply of public dental services or problems affecting older Western Australians in those areas? Has the association noticed an increase in the demand for, or difficulty in supplying, public dental services?

Mr Walker: Our organisation is largely voluntarily staffed and we have not had any recent representations. However, about three years ago one of the members of our standing committee on community services and health a member came from the Port Hedland area. We got feedback from that committee, and the impression was that the provision of services was not as nice as we would have liked.

Mr BOARD: Does your organisation offer advice and support? What does your association deliver for people? The association represents people aged 50 and above - I put myself in that category - and therefore, it represents the interests of those people. We have an ageing population in Western Australia, and this committee is looking into the provision of public dental services in rural and remote areas. What is the association's point of view on the difficulties with access to public dental services for aged people in those areas? Is it adequate; and if not, what should we be doing about this? We are trying to establish that, and anything you can add to that would be of advantage to us.

Mr Walker: I have lived and worked in all three regions, obviously when I was in the work force. I have first-hand experience of the difficulty of living in the outback when one's front gate is 20 miles down the road from the homestead. We are not a service provider organisation. We field questions from members or from any member of the public who falls within our sphere of interest. From that we get a sense of the major issues concerning our membership, which, at the moment, is over 5 000. Each year we present recommendations for the forthcoming state budget. To our

delight. the last state budget provided for 80 per cent of what we had supplied with regard to background, information and requirements.

The CHAIRMAN: Do many aged pensioners and older people live in the rural and remote areas of Western Australia ?

Mr Walker: Yes, about 1 700 live in residential care in rural and remote areas. The total number is about 26 per cent of the total aged population of Western Australia. About one in four of the aged population lives in rural or remote Western Australia.

The CHAIRMAN: Do they know what services are available to them as senior citizens?

Mr Walker: That differs between people. The impression we get is that people do not worry about finding out what is available until they need it. In the 24 hours I had to update the documents I have, I have discovered that about three pamphlets are available at employment exchanges - that is what they used to be called - and with the officers responsible for providing support to the unemployed. I have those pamphlets with me now.

The CHAIRMAN: Is that the sort of the information available?

Mr Walker: The pamphlet that I obtained on Friday is an excellent one. It gives all the details required in a digestible form.

Mr ANDREWS: What is your impression of dental care in aged care facilities?

Mr Walker: Within the facilities themselves?

Mr ANDREWS: Yes.

Mr Walker: It is not satisfactory. I have been in contact with Dr Patrick Shanahan. We first met about eight years ago when I was chairman of the board. In the conversations between us that followed we did a little research on what was available in the public domain, through figures obtained from the Australian Bureau of Statistics or the health administrative review committee. The service is moderately unsatisfactory for those who do not suffer from cognitive impairment, and appallingly bad for those who do, particularly those with Alzheimer's disease.

Mr ANDREWS: From your background - this is partly a medical question - can people who are in the early stages of Alzheimer's disease communicate that they have a dental problem?

Mr Walker: In the earlier stages, possibly; however, in the later stages, definitely not. One of the problems is that they might be suffering a toothache, which they do not express as such. As a consequence, they are given medical treatment that is more appropriate to a mental condition than to a blinding toothache. I think Patrick Shanahan told me that one of the problems is that nursing homes do not have a suitable room in which treatments can be delivered. Secondly, not all dentists are capable of dealing with people who have advanced stage dementia. That is about all I can say at the moment. Please bear with me because from time to time I lose track.

The CHAIRMAN: Thank you very much for your information. Is there anything that you would like to add?

Mr Walker: I have some printed documents.

The CHAIRMAN: Would you like to table them?

Mr Walker: I am happy to table them. My predecessor spent a lot of time gathering this information.

The CHAIRMAN: This concludes your part of today's hearing. The standing committee will send you a transcript of the oral evidence you have presented today for correction. Alterations must be confined only to the correction of errors. If there are points that you have made in your evidence that you think may need clarification or that you have inadvertently omitted, you may, if you wish, forward this additional information in writing to the standing committee. This will be incorporated

into our records as a supplementary submission. You will have 10 working days in which to return your corrected transcript to the committee office. If the transcript is not returned within this time, it will be deemed to be correct. Thank you, Mr Walker, for your time.

Proceedings suspended from 11.17 to 11.30 am