

# STRATEGIC PLAN

2012-2016



**STRONG**  
*teeth*

**strong**  
*body*

**strong**  
*mind*



*Developed in partnership with*

Rotary Clubs of Perth and Heirisson





## STRATEGIC PLAN 2012-2016

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## Introduction



This strategic plan was developed with the support of Rotary and presents the strategic direction for the Kimberley Dental Team over the next four years.

Kimberley Dental Team Inc (KDT) is a not for profit, non government organisation established by Jan and John Owen in 2009 to work initially in the East Kimberley region of Western Australia.

Key elements of the KDT model are:

- Free, easy access to family and community friendly dental treatment delivered where Aboriginal people live;
- Practical, positive dental health education for Aboriginal children, families and communities;
- Seamless interlinkage of dental screening, dental health education and dental treatment;
- High quality service delivery through a multi-skilled professional team of dental volunteers;
- Ongoing relationships with Aboriginal people based on mutual respect, trust, friendship and fun; and
- Collaborative and collegiate relationships between dentists, students, government, and non government organisations.

A hub and spoke approach is used to service the East Kimberley, based from Halls Creek. The Owens' helicopter and the mobile dental clinic facilitate outreach to outlying communities in the Halls Creek region.

The protocol is always that KDT visits by invitation from Aboriginal communities.

## Our Mission

To improve the general wellbeing and dental health of indigenous children and their families in the Kimberley Region of Western Australia thereby reducing the long term cost and suffering dental disease inflicts.





## Our Vision

## Strong Teeth *Strong Body* Strong Mind



Our vision is that:

- In the long term Aboriginal people will have healthy lifestyles and Aboriginal people will be delivering accessible and appropriate health and dental services in Aboriginal communities.
- The KDT model will influence the way services are delivered to Aboriginal communities throughout Western Australia.
- The KDT dental health education approach (with simple messages, teaching materials for school staff and community health workers, and ready access to toothbrushes and toothpaste) will influence the model for dental health education Australia-wide.
- Aboriginal people will be empowered to take responsibility and make a difference in their own wellbeing and dental health and will expect to keep their teeth.
- Volunteers will continue to play a key role in maintaining the passion, energy and fun in Aboriginal dental services in remote areas. Volunteering will continue to provide a unique opportunity for dental students and new graduates.
- The KDT team approach with multi-tiered skill sets will be adopted by government as the approach to dental services, especially in Aboriginal communities.
- Aboriginal people will continue to be encouraged and supported to enter the dental profession and the KDT approach will influence the establishment of an education model for dental training in remote communities.

## Our Scope – *the next four years*

Dental will remain the focus of KDT however the overall KDT model may be taken up by others beyond dentistry.

The Kimberley will remain the main geographic focus for KDT's direct delivery of dental treatment; however KDT will continue to influence the model of delivery of dental services throughout Western Australia.



There will be a wider geographic focus for KDT's delivery of dental health education with progressive implementation throughout Western Australia, and potentially Australia-wide, through partnerships and sponsorship. The education model may be taken up by others beyond dentistry.







## Our Values

<b>Understanding</b>	Delivering dental services that are flexible, family and community friendly and culturally appropriate
<b>Reliability</b>	Being consistent, honest and honouring our commitments
<b>Respect</b>	Creating relationships based on trust, empowerment and mutual respect
<b>Teamwork</b>	Bringing passion, energy and fun through teamwork and volunteering
<b>Professional</b>	Ensuring best practice, quality care and professional standards in all our services
<b>Dedication</b>	Tackling challenges and creating lasting change

## Key Result Areas

The Strategic Plan will be delivered through four interlinked Key Result Areas:

- **Dental Health Education**
- **Dental Treatment**
- **Advocacy**
- **Organisational Sustainability**



**KEY RESULT AREA 1**

# Dental Health Education

## Outcomes

We commit to the following outcomes:

- Aboriginal children understand and practice good dental hygiene and, as a result, do not need dental treatment, are free from dental pain and able to attend school.
- Aboriginal adults are aware of the value of dental hygiene and expect to keep their teeth for life.
- Teaching staff and healthcare workers are confident and competent in delivering dietary and dental health education in a way that is positive, engaging and fun.
- Infrastructure is available that is conducive to good dental health.
- Capacity to extend the KDT dental health model to all Australian children in need.

## Key Performance Indicators

We will measure our impact in Dental Health Education by:

- Improvement in DMFT (decayed, missing, filled teeth) of participating Aboriginal children and adults.
- Improvement in number of participating Aboriginal children and adults needing urgent dental treatment.
- Improvement in tooth brushing scores for participating Aboriginal children.
- Number of schools involved and level of involvement.

## Strategies

### 1.1 KDT Liaison Officer

Pilot the delivery of dental health education by a local Aboriginal KDT Liaison Officer. The education role involves:

- Providing simple, positive and culturally appropriate dental health and dietary messages.
- Supporting teaching staff and healthcare workers to deliver dental health education in a positive, engaging and fun way.
- Engaging with mothers, children and families at playgroups and in community settings to promote dental health.
- Maintaining links between local health services and KDT.
- Working with KDT teams on each visit.
- Providing administrative support for KDT's dental health education program.

Evaluate outcomes of the pilot, refine the model and implement progressively throughout the Kimberley.



**KEY RESULT AREA 1**

**Dental Health Education**  
*continued*

**1.2 Educational Resources and Logistics**

- a) Resource and organise logistics (including freight) for delivery of the KDT package of dental health education materials, toothbrushes and toothpaste - progressively extending to more communities.
- b) Explore ways to distribute toothbrushes at a reasonable price through community stores.

**1.3 Dental Health / “Barefoot Dentist” Vehicle**

- a) Introduce a dedicated dental health / “barefoot dentist” vehicle around Perth and rural areas utilising KDT and National Dental Foundation volunteers to visit centres such as Aboriginal playgroups, hostels and places where families gather to:
  - deliver KDT style dental health education, screening and treatment planning / facilitation;
  - encourage children to feel comfortable in the dental environment; and
  - reach families who experience barriers in accessing dental services.
- b) Investigate whether the vehicle should also be equipped to deliver dental treatment.
- c) Use volunteers to drive the vehicle to the Kimberley for KDT trips, potentially stopping off at communities along the way to deliver KDT style dental health education.

**1.4 Promotion of Dental Health Education**

- a) Present the KDT dental health education model at professional development days for school staff and promote to other groups who have opportunities to provide dental health education, eg play group organisers, child health nurses, community health workers, etc.

- b) Promote careers in dentistry to Aboriginal students at school Career Days and other occasions. Provide encouragement and support to those who take up this opportunity.

**1.5 Evaluation**

Develop the evaluation tool, data standards, information technology support and baseline data to demonstrate the outcomes of KDT’s dental health education model.







**KEY RESULT AREA 2**

# Dental Treatment



## Outcomes

We commit to the following outcomes:

- Aboriginal people in the Kimberley have access to flexible, family and community friendly and culturally appropriate dental treatment.
- KDT's model of interlinked screening, education and treatment results in improved dental health of Aboriginal people in the Kimberley with a move along the continuum from extractions to restoration work to maintenance to healthy teeth.
- KDT capacity to undertake the more time intensive restoration work.
- The KDT model is transferable beyond the Kimberley.

## Key Performance Indicators

We will measure our impact in Dental Treatment by:

- Number of individual patients, families and communities accessing KDT dental treatment.
- Trend data showing improvements in dental health for KDT patients.
- Outcomes and economic value of KDT dental treatment compared to a typical metropolitan dental clinic.
- Level of satisfaction of Aboriginal communities, families and children with the KDT model.

## Strategies

### 2.1 Hard to Reach Population Groups

- a) Continue to find ways to engage with hard to reach population groups in the East Kimberley who are not yet linked to KDT.
- b) Use the local KDT Liaison Officer to link to families to ensure follow through on dental treatment for school children.

### 2.2 Young Children at Risk

Negotiate with local hospitals and government dental clinics to enable complex dental treatment for young children at risk locally (reducing the need to travel to Perth).

### 2.3 Dental Assistants

With the assistance of the KDT Liaison Officer<sup>1</sup>, recruit and train local Aboriginal people to work with KDT as dental assistants.

<sup>1</sup> See also Strategy 1.1



KEY RESULT AREA 2

Dental Treatment

*continued*

**2.4 Empowerment**

Explore the feasibility of introducing a co-payment model to empower Aboriginal people to take responsibility and make a difference in their own dental health and overall wellbeing.

**2.5 Physical Infrastructure**

Establish physical infrastructure in Halls Creek for KDT, ie

- a) Storage space for dental equipment and records.
- b) A KDT dental clinic.
- c) A small office space for use by the KDT Liaison Officer year-round and by KDT during visits.
- d) A four wheel drive vehicle and customised off-road trailer for use by the KDT Liaison Officer year-round and by KDT during visits (as an adjunct to the truck-based mobile clinic).

**2.6 Extending Geographically**

- a) Document the detail of the KDT model and resourcing requirements.
- b) Once support infrastructure is in place in Halls Creek, develop a strategy to expand the KDT model progressively throughout the Kimberley.

**2.7 Evaluation**

- a) Develop the evaluation tool to demonstrate the outcomes of KDT's interlinked model of dental screening, education and treatment<sup>2</sup>.
- b) Collect, analyse and communicate evaluation outcomes.

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<sup>2</sup> See also Strategy 1.5





**KEY RESULT AREA 3**

# Advocacy

## Outcomes

We commit to the following outcomes:

- The KDT model influences State and Federal Government policy, funding and service delivery.
- Sustainable State and Federal Government funding for dental services based on the KDT model.
- Dental health becomes a priority area for AMS funding streams.
- Effective relationships with Aboriginal leaders and the media to achieve change in government policy, funding and service delivery.

## Key Performance Indicators

We will measure our Advocacy impact by:

- The extent to which the KDT model influences government policy, funding and service delivery.

## Strategies

### 3.1 General Wellbeing and Nutrition

Develop advocacy strategy that integrates wellbeing, diet and dental health.

### 3.2 Aboriginal Leadership

Further develop relationships with Aboriginal leaders and organisations to work together on advocacy strategies.

### 3.3 Government Ministers

Develop briefing papers and promote the KDT model to State and Federal Government Ministers involved in health, education, regional and Aboriginal affairs.



KEY RESULT AREA 3

Advocacy  
*continued*

**3.4 Dental Health Services**

Continue to build relationships with Dental Health Services in order to influence government policy, funding and service delivery.

**3.5 Department of Education**

Work with the Department of Education to develop dental health education as a policy imperative for schools, based on the KDT model.

**3.6 Peak Bodies**

Develop relationships with key peak bodies in order to include the KDT model in pre-budget and pre-election submissions to State and Federal Government.





**KEY RESULT AREA 4**

# Organisational Sustainability



## Outcomes

We will achieve the following outcome:

- KDT is a sustainable organisation with the structure, resources, skills and relationships to deliver the strategic plan.

## Key Performance Indicators

We will measure our Organisational Sustainability by:

- Indicators of the long term sustainability of KDT in terms of leadership, governance, financial capacity, people and skills, and key relationships.

## Strategies

### 4.1 Governance Model

- Explore alternative governance and management models for KDT to retain the benefits of the current structure while extending access to government grants and corporate sponsorship.
- Explore alternatives and implement the most appropriate way to achieve Aboriginal input to KDT governance and service delivery.
- Develop the organisation structure for KDT incorporating volunteer and paid support.

### 4.2 Expert Advice

Establish access to expert advice, as required (via Rotary and other sources) in key areas such as:

- Governance models.
- Achievement of GDR (Gift Deductible Recipient) status with the Australian Tax Office.
- Political advocacy.
- Linkages to major sponsors, eg resource industry.
- Liaison with Aboriginal leaders/Elders.
- Organisational structure, human resource strategy and occupational health and safety.
- Taxation, financial planning and budgeting (including funding sources and costing of programs and services).



KEY RESULT AREA 4

Organisational Sustainability

*continued*

4.3 Resourcing

Develop paid and voluntary hands-on support for KDT to be available as required (via Rotary and other sources) in the following areas of expertise:

- a) Business management (e.g. introducing the position of Business Manager or Coordinator).
- b) Writing grant applications and funding submissions.
- c) Fundraising and corporate sponsorships. Sources include:
  - Private dental sector – Dental products companies, Australian Dental Association.
  - Government sources – Healthway, Lotterywest, Dental Health Services, Office of Aboriginal and Torres Strait Islander Health (OATSIH), government traineeship funding.
  - Corporate sector, including resource industry.
  - Aboriginal controlled community health services (co-ownership approach).
  - Rotary.
- d) Writing ministerial and pre-election political party briefing papers.
- e) Marking, branding and communication, including developing presentations, newsletters, educational materials, website, social media, videos and photography.
- f) IT systems development and support including management of administrative and patient records.
- g) Developing evaluation tools and associated data collection and analysis.
- h) Implementing and evaluating pilot projects, eg KDT Liaison Officer.
- i) Administrative support.
- j) Accounting support.
- k) Acquittal of government grants and sponsorships and associated reporting requirements.
- l) Documenting the detail of the KDT model and resourcing requirements to enable implementation beyond the Kimberley.
- m) Documenting KDT's administrative procedures.
- n) All aspects of logistical planning and support for Kimberley visits, including liaison with Dental Health Services.
- o) School liaison and logistical support for delivery of KDT dental health education packages.
- p) Sourcing a clinic/office accommodation and storage facilities in Halls Creek.
- q) Sourcing dental equipment and consumables as donations or at discount prices.
- r) Sourcing of services such as hire cars, hotel accommodation, insurances and printing at discount prices.
- s) Purchase and maintenance of vehicles, specifically:
  - A four wheel drive vehicle and customised off-road trailer in Halls Creek. (*See Strategy 2.5d*).
  - A dedicated dental health/"barefoot dentist" vehicle for use around Perth and rural areas (also to be four wheel drive and taken to the Kimberley for KDT visits). (*See Strategy 1.3*)





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