

## The not so good, the bad, and the quite ugly: an oral health policy vacuum in rural and remote Australia

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Dr Bruce Simmons BDS (1969) BscDent (Hons) FADI FICD was the first full-time district dental officer in central Australia from 1979 to 1984, travelling to over 50 remote Indigenous communities as well as developing and providing dental 'basic skills' and 'post-basic skills' training for Aboriginal health workers. From 1986 to 2007 Bruce managed the Central Australian Oral Health Service and with the team developed a public 'Dentistry with a Difference' service aimed at increasing the oral health awareness of patients, families and communities and enabling them to own and better manage their oral health care needs. He continued to provide remote community services and encouraged research opportunities into improving Indigenous people's oral health and wellbeing. Over the years Bruce has contributed to the evolving oral health sections of successive CARPA and CRANA manuals. He now practises one day a week at Alice Springs jail. Bruce remains a passionate advocate for person-centred health care, social justice and equity and enabling individual, family and community development.

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Over many years successive Australian governments have failed to put in place the national policies that would secure good oral health services and good oral health for the people of rural and remote Australia. Statistics are clear that, overall, Australian children's oral health is worsening and adult oral health is poor by OECD standards, and this is especially the case for people on low incomes, Indigenous Australians, and those who live in rural and remote areas.

Action to ameliorate this situation needs to begin with national leadership and national policy development and a national implementation plan. The Federal Government must accept that oral health is a key part of primary health and 'the mouth' should no longer be quarantined from the rest of the body. The state, territory and federal governments signed up to the National Oral Health Plan 2004–2013, which highlights seven areas of significant disadvantage and proposes strategies to address them—but the federal government has continued playing a bit part, unwilling to commit itself to national leadership. The National Oral Health Alliance has developed a first set of proposals that would improve the situation: its REPAIR plan. The NRHA and other bodies, including those in the National Oral Health Alliance, will be looking to the Federal Government to transform its approach to oral health policy and actions across Australia. The people of rural and remote areas would be among the main beneficiaries of such an improvement. How might we help break the oral health policy seal?