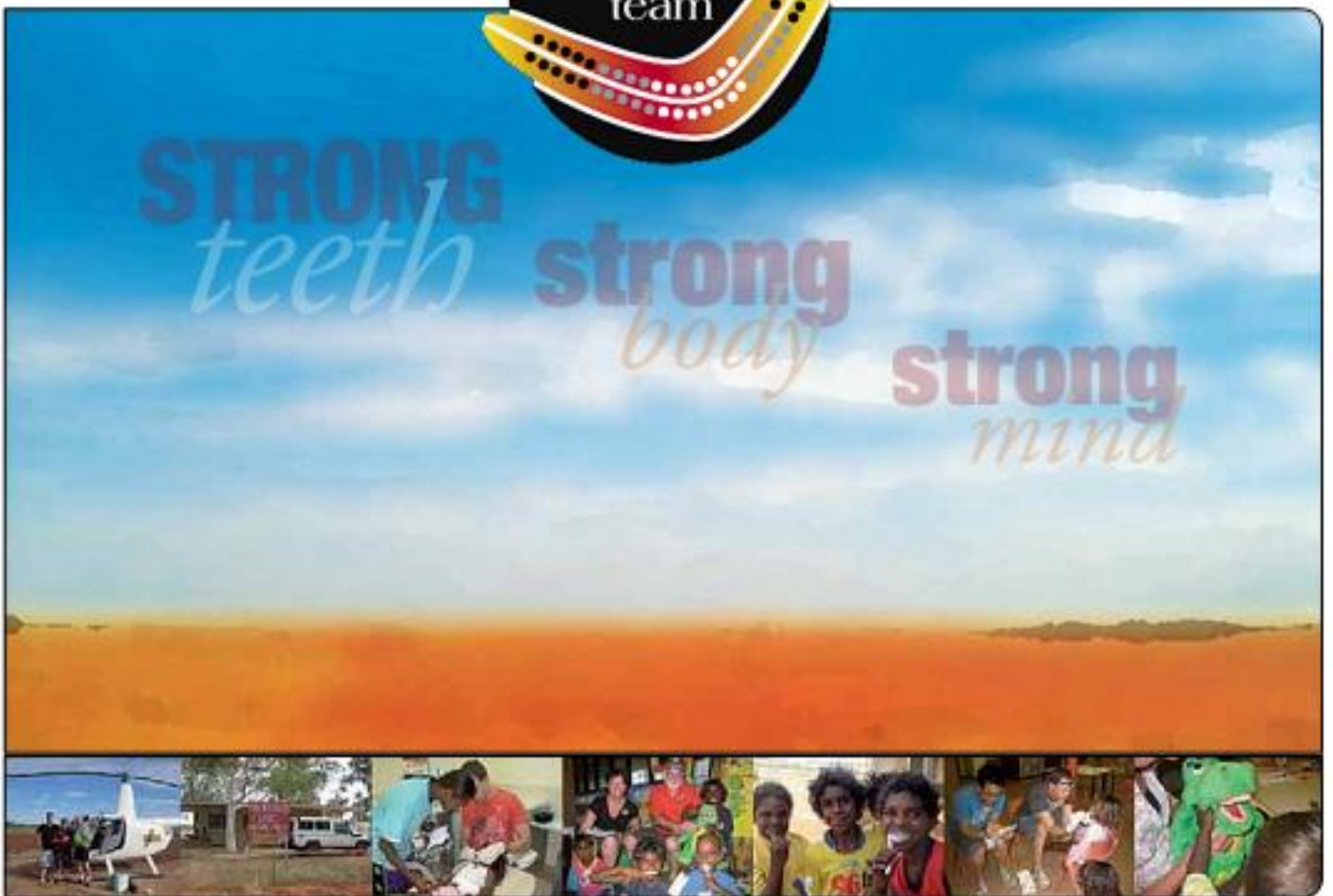


STRATEGIC PLAN

2017-2020



Developed in partnership with
Rotary Clubs of Perth and Heirisson



STRATEGIC PLAN 2017-2020

Introduction

Kimberley Dental Team Ltd (KDT) is a not for profit organisation established by Jan and John Owen in 2009.

We are a team of visiting volunteers from the dental and allied health professions aiming to enhance levels of dental care for:

- Indigenous children and their families in the Kimberley region of Western Australia – our primary focus; and
- People experiencing homelessness and other barriers to dental care in the Perth metropolitan area¹ - through KDT Southern, an adjunct to our Kimberley services.

Key elements of the KDT's pioneering service delivery model are:

- Mobile services providing easy access to family-friendly dental treatment delivered where people are located, without appointment and with parents and children able to attend the service together.
- Practical, positive dental health education.
- Seamless linkage of dental screening, dental health education and dental treatment.
- High quality, evidence-based service delivery through a multi-skilled professional team of volunteers.
- Ongoing relationships with people and communities based on cultural sensitivity, empathy, respect and trust.
- Collaborative and collegiate relationships between the KDT team, government services and community organisations.
- Flexibility to adapt to meet changing needs.

The protocol is always that KDT visits by invitation.

To improve the wellbeing and dental health of Aboriginal children and communities in the Kimberley, and of disadvantaged people in the Perth area, thereby reducing the long-term cost and suffering dental disease inflicts.



Our Mission



¹ Referred to in this Strategic Plan as “disadvantaged people”





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Our Vision

Strong Teeth *Strong Body* Strong Mind

Our vision is that:



- Aboriginal people will have healthy lifestyles with good dental care, and Aboriginal people will deliver accessible and appropriate dental services in Aboriginal communities.
- The KDT model and team approach, with multi-tiered skillsets, will influence the way services are delivered to Aboriginal communities and people experiencing disadvantage throughout Western Australia.
- The KDT approach to dental health education (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.
- Volunteers will continue to play a role in maintaining the passion, energy and fun in Aboriginal dental services, especially in remote areas, with volunteering providing a unique opportunity for dental students and new graduates.

Our Strategic Direction

Over the next four years there will be a transition to Jan and John Owen enabling the governance, equipment, mentoring and advocacy to make it feasible for the next generation of volunteer dentists to carry forward the KDT model.





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Our Values

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

Key Result Areas

This strategic plan will be delivered through four interlinked Key Result Areas:

- Dental Health Education
- Dental Treatment
- Research and Advocacy
- Governance and Resources





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Key Result Area 1

Dental Health Education

Outcomes

To develop sustainable models of dental health education which achieve 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 health workers in Aboriginal communities are confident and competent in delivering dietary and dental health education in a way that is positive, engaging and fun.
- Disadvantaged people in the Perth area have easy access to dental health education which is delivered with sensitivity, respect and empathy.

Key Performance Indicators

- Improvement in DMFT (decayed, missing, filled teeth) in Aboriginal children and adults accessing KDT services.
- Reduction in the number of participating Aboriginal children and adults needing urgent dental treatment.
- Improvement in toothbrushing scores for participating Aboriginal children.
- Number of schools participating in KDT's dental health education program and level of involvement.
- Extent to which sustainable models of dental health education are achieved for Aboriginal communities and disadvantaged people in the Perth area, based on the KDT approach.

Strategies

1.1 Sustainable Models of Dental Health Education

Develop, pilot, evaluate and progressively introduce sustainable models of dental health education for Aboriginal children and communities and disadvantaged people (including supply of toothbrushes and toothpaste), based on the successful KDT approach but not reliant on being managed directly by Jan and John Owen.

1.2 Direct Delivery of KDT Dental Education

Alongside development of sustainable models, maintain KDT's current approach to dental health education in the Kimberley (and beyond), focusing on:

- Engaging with children and families to provide simple, positive and culturally appropriate dental health and dietary message as part of each KDT visit.
- Supporting teaching staff and healthcare workers to deliver dental health education in a positive, engaging and fun way.
- Maintaining the role of the KDT Oral Health Officer in promoting the program and coordinating delivery of toothbrushes, toothpaste and educational resources to schools, playgroups and local health services throughout the Kimberley.
- Evaluating the impact of KDT's dental health education.





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Key Result Area 2

Dental Treatment

Outcomes

To develop sustainable models of dental treatment which achieve the following outcomes:

- Aboriginal people in the Kimberley have access to flexible, family 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's model of dental treatment is available to disadvantaged people who face barriers in accessing dental treatment.

Key Performance Indicators

- The number of individual patients, families and communities accessing the KDT dental treatment model.
- Trend data showing improvements in dental health for patients accessing the KDT dental treatment model.
- Outcomes and economic value of KDT dental treatment compared to a typical metropolitan dental clinic.
- Extent to which sustainable models of dental treatment are implemented, based on the KDT approach.

Strategies

2.1 Sustainable Models of Dental Treatment

Explore and develop sustainable models of dental treatment for Aboriginal communities in the Kimberley and disadvantaged people in the Perth area, based on the KDT model, including:

- Jan and John Owen maintaining the governance, equipment, mentoring and advocacy to make it feasible for the next generation of volunteer dentists to progressively take on the responsibility of leading and delivering the KDT model.
- Assisting other organisations to establish volunteer dental services, independently or in partnership with KDT.
- Ensuring continued capacity to deliver the KDT model in remote Aboriginal communities, including the expertise required to manage and maintain vehicles in remote terrain.

2.2 Direct Delivery of KDT Dental Services

Within available capacity, continue KDT's targeted visits to the Kimberley and the services of KDT Southern, while progressively moving to sustainable models which do not require the direct involvement of Jan and John Owen in leadership and service delivery.





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Key Result Area 3

Research and Advocacy

Outcomes

- The KDT model influences State and Federal government policy, funding and service delivery.
- Promotion of the KDT model and associated evidence-base to the dental profession and academia leading to uptake of the model locally, nationally and internationally.
- Opportunities for dental students and graduates to participate in delivery of the KDT model and understand the outcomes achieved.

Key Performance Indicators

- The extent to which the KDT model influences:
 - Government policy, funding and service delivery.
 - Education of dentists.
- The extent to which the KDT model is replicated by others.
- The extent to which dentists and dental assistants offer their time as volunteers for KDT and like services.

Strategies

3.1 Research and Publication

Support research to provide and promote the evidence base of the KDT model, including:

- Maintaining rigorous collection and analysis of KDTs statistical data.
- Analysing outcomes and benefits.
- Supporting research projects.
- Presenting, promoting and publishing the KDT model and outcomes, including in the professional literature.

3.2 Advocacy

Develop and implement an Advocacy Strategy to influence government funding, policy and service delivery including:

- Building partnerships and relationships with Aboriginal leaders and organisations, the dental sector, community organisations and peak bodies to work together on government advocacy.
- Continuing to play a key role on high profile committees and advisory groups related to dental health.
- Maintaining and further developing relationships with government, including the Chief Dental Officer, Dental Health Service and Oral Health Improvement Unit.
- Working with the Department of Education to develop dental health education as a policy imperative for schools, based on the KDT model.
- Continuing to work with universities in relation to the education of dental students and the opportunity to participate in KDT teams.
- Promoting the education of Aboriginal people as dentists and dental assistants and support for them to work with Aboriginal communities.





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Key Result Area 4

Governance and Resources

Outcome

Governance and resources are in place to ensure the sustainability of the KDT model.

Key Performance Indicator

The extent to which KDT has the leadership, governance, resourcing and expertise to deliver the Strategic Plan.

Strategies

4.1 Rotary Partnership

Continue the partnership with Rotary Clubs of Perth and Heirisson to support the governance and service delivery of KDT and the evolution to new sustainable models not reliant on the direct involvement of Jan and John Owen.

4.2 Governance

Maintain high standards of leadership and governance of KDT, including ensuring succession planning is in place.

4.3 Resources

Develop the resources to deliver the Strategic Plan, focusing on:

- Maintaining existing funding sources and developing new funding streams.
- Maintaining and further developing partnerships which provide volunteers, equipment and supplies to KDT.
- Further developing our team of high quality staff and volunteers committed to the delivery of the KDT model and with the leadership skills to take KDT forward.
- Ensuring the availability of the required infrastructure, vehicles, equipment and supplies to deliver the services of KDT in the Kimberley and KDT Southern and support the introduction of new, sustainable service models.

