



Timor Children's Foundation Dental Project

Project Launch and 2015 Treatment Review



Malcolm Campbell

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Background

Dental examinations only, were conducted in August 2013, on the children at Samaria Children's Home Dili. The aim of this screening was to determine the dental health and treatment needs of the children. No treatment was conducted at this time. Dental packs containing toothbrushes and toothpaste were issued to all children and interviews were conducted with Filomena and other care givers regarding our findings. Oral hygiene instructions were issued, especially in regard to Tooth brushing and the role of diet in impacting dental health.

Results of examinations – 26 Children and three adults were examined.

46 fillings in total were charted in both deciduous and permanent teeth.

No extractions of permanent teeth were deemed as being necessary. 19 deciduous teeth required extraction.

Conventional delivery of dental treatment requires considerable expense and appropriate facilities where conventional surgeries and equipment can be located. An alternative to building fixed clinics is to use relatively inexpensive portable equipment. While there are some limitations with this form of treatment delivery, it provides a quick and relatively inexpensive response to meet dental treatment needs. The equipment can easily be transported from site to site in regular vehicles.

The children examined in 2013 showed no signs of having ever had any dental treatment. The impact of poor oral health on general health particularly in the child is well documented. It was determined that providing dental care to the population examined would be of great benefit now and into their future. The estimated cost to purchase the required equipment and materials and to transport it to Dili was between \$10000 and \$15000.

Aims of 2015 Project

An initiative was started to

1. Raise \$10-\$15,000.
2. Transport the equipment and materials to Dili.
3. Provide dental treatment to the children living at the Samaria Children's Home. Priority of treatment given would be
 - Relief of pain
 - Provide definitive treatment of permanent teeth (either restorations, preventive sealants or extraction.)
 - Removal of badly broken-down deciduous teeth
 - Deciduous teeth restorations.
 - Dental hygiene and preventive treatment.
4. Store equipment and materials in Dili – enabling access by future dental teams for ongoing care in Timor.

Fundraising

The vision for the project was initially launched at the TCF annual luncheon in 2014. Planning commenced in 2014 and a date in September 2015 was set for a return trip to Dili. The aim was to raise at least \$10,000. Local dental practice "Mobile Dentistry Special Care" agreed to loan any equipment needed if funding fell short, this meant that we could confidently commit to the aims of the project knowing that we would have the basic equipment to use.

Fundraising commenced in January 2015 and proceeds from that fundraising was directed to an allocated Class within TCF accounts. It was decided that the Dental project would be an added fundraising goal and that existing and continuing TCF projects funds were not to be used for the dental project.

Fundraising activities included –

- Establishing a dedicated Dental page on the TCF website.
- Establishing a Facebook group “Make the Timor Children Smile”
- Printing of flyers to inform and promote the dental project.
- Promoting the project in the TCF newsletter and TCF functions, including the TCF annual luncheon.
- Promoting the project at the Gap Uniting Church in posters, monthly newsletter, weekly notices and during services.
- Presentations at numerous professional and group meetings. Such groups included Rotary, Lions various church groups within a number of congregations and a number of Dental Study clubs and associations (including Foundation Dental Study Club, Pogonion Dental Study Club and the Queensland Periodontal Society).
- Direct personal appeals were made to a several Dental and Specialist Dental professionals as well as other associated professionals.
- Direct appeals were made to Dental supply companies not only for money but primarily for dental materials and equipment.
- Dinner and Dance function in May. Supported by Sunshine Coast band M7.
- Vocal Ensemble Blackbirds concert at The Gap Uniting Church.
- Fundraising drive marketed to patients of Mary Street Dental Practice.
- Numerous individual efforts including work fundraisers and promotions.

The official cash figure raised was \$15,893.04, however the actual figure would have been higher as a number of donators donated actual materials and equipment, and many suppliers supplied goods at greatly reduced “charity” rates. The estimated total value donated would be close to \$20 000.

Some of our major donators included Foundation Dental (Specialist Periodontics and Oral Medicine Practice) who donated \$1000. Mary Street Dental patients who donated a total of \$1400 and one anonymous donor who donated \$5000.

The final account reconciliation is as follows.

Timor Children's Foundation Limited
Profit & Loss by Class
All Transactions

	<u>Dental Equip.</u>	<u>TOTAL</u>
Income		
4000 · Donations Received	15,893.04	15,893.04
Total Income	15,893.04	15,893.04
Expense		
5410 · Sundry Expenses	384.92	384.92
7000 · Project Costs	12,362.34	12,362.34
Total Expense	12,747.26	12,747.26
Net Income	3,145.78	3,145.78

Materials & Equipment Acquisition

The first purchase of equipment was at the 36th Australian Dental Congress and trade display which was held in Brisbane in late March 2015. It was also an opportunity to approach many manufacturing and supply companies regarding donating to the Project.

The most expensive single item was the “Taskforce Deluxe Self Contained Dental Unit” pictured. This unit weighs only 16 to 17kg and is a fully self-contained portable dental operating unit. The unit has on board water and suction systems. It operates conventional High speed and slow speed dental handpieces. The unit is very reliable and will operate on 240 or 110 voltage networks. It was supplied by Wisbey Dental equipment Supply Company. The Unit usually retails commercially for \$6500 + GST. In the same order some handpieces were ordered. Total cost would normally be \$8000 + GST (\$8800) however Mr Greg Wisbey generously gave us a 15% discount to bring the final figure down to a total of \$7,456.63 saving \$1343.37. (Delivery charges were also donated.)

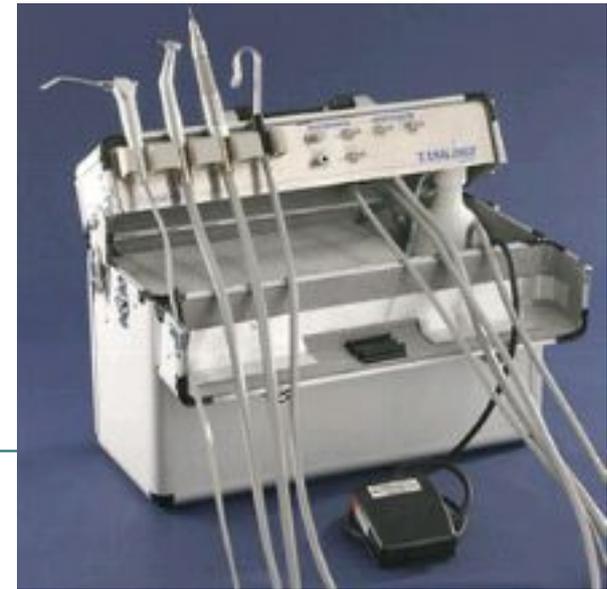
Other generous supply companies included

- Henry Schein/ Halas Company
- Dentsply
- Ampac Dental Pty Ltd
- Colgate

- Oral B

A full spread sheet of all materials taken to Timor is attached as Annex A.

Also donated was a second-hand sterilizer. (It does not meet new Australian sterilizing standards).



Logistics & Transport of Equipment

Part of expected costs were transport costs for the equipment. Initially investigations were made into sending the equipment as part of regular shipments to East Timor made by Rotary. A container of goods is shipped to Dili. Timings for this are irregular and logistics for collection of goods in Dili made this option too difficult.

Secondly commercial rates were sought for shipping to Dili. While the rate was \$330 per cubic metre, logistics for customs clearance and collection posed significant customs fees the equipment needed to be addressed to an East Timor entity. The team looked at partnering with the Relief and Development Unit of Uniting World, which is a partner with their development arm, Fundasaun Sosial Naroman (FUSONA), but this was difficult.



As the dental team was travelling in partnership with the Uniting World initiative there were 14 team members in total travelling. Most members were trekking. It was decided to distribute the equipment among the 14 team members. One person took the Transporter unit as their checked in luggage. The remainder of the equipment was packed into 10 packs of varying weights. Packs included detailed inventories and a letter donating the goods to IPTL so that if questioned by customs an itemized list of goods could be presented and a declaration made that all the goods were being donated and not for commercial purposes. None of the materials or equipment needed to be declared. The Transporter Unit was inspected by customs officials entering East Timor and a receipt was asked for. The item was cleared when it was explained that it was used equipment donated for medical/dental aid to a registered charity in East Timor.

Some baggage was damaged leaving Brisbane and did not make it to Darwin. QANTAS officials were very helpful locating the baggage and ensured that it made it Dili on the next flight.

Treatment Outcomes

45 people received dental examinations over a two day period.

39 of those were children.

A list was provided of the names of the children residing at Samaria. This list initially contained 26 names however when we asked to see some of these children we were advised that some of them weren't residing there now. Three names were added to the list during the first day and these three were subsequently

examined. A number of other children were examined that did not sleep at Samaria. We were informed that they resided in the neighbourhood. Some of these non-residents had been examined in 2013.

Early on the first day of treatment, Wednesday the 30th of September, a child presented who we had been examined in 2013 but did not reside at Samaria. He had pain associated with two lower permanent teeth (lower left and one on the lower right). He informed us he had been unable to sleep because of the pain. Both teeth required extraction. One tooth was extracted on the first day. He re-presented on the second day with facial swelling associated with the remaining tooth. Both teeth were delivered by routine extraction procedures.

27 teeth were restored over the two day treatment period.

2 other teeth were extracted.

8 children received hygiene therapy. Ideally more children could have received hygiene therapy however we were time constrained and our first priority was to definitively treat all permanent teeth. A number of restorations done on some permanent teeth were very deep and if had not been treated would have required extraction in the next 3 to 6 months.

A number of decayed deciduous teeth were left in situ as they were not causing pain and would exfoliate eventually.

One of the neighbourhood children attended with her mother present. One permanent tooth needed extraction, however her mother refused to have the tooth extracted and so no treatment was performed for this child.

Post-treatment

Initially we had planned three days of treatment however the children had a celebration to attend all day on the third day so we were unable to do any treatment. This third day was used to pack, label and make an inventory of materials and equipment stored.

Initially storage of equipment was going to be a problem however there was space in Salvatore's room. We purchased a second-hand cupboard and transported it to Samaria. The cupboard was locked and one key left with Filomena. In the afternoon of the third day the dental team visited nearby Biaro Piete Health clinic. On site is a Dental clinic that is not serviceable because the fixed equipment there is unable to be repaired. The clinic is well stocked with dental instruments – particularly surgical and extraction instruments and has a functioning sterilizer.

On Tuesday the 6th of October the dental team returned to Samaria to meet with Filomena one last time and to issue the Dental packs. Time was spent with Filomena answering questions she had about caring for the children with regard to their dental needs. We spent some time developing oral hygiene regimes to follow. We discussed the habit the children had of sharing one toothbrush in the bathroom area. We advised her that a number of children sharing one toothbrush was very unhygienic and would spread

disease much easier amongst the children. They all have their own dental wet packs now so there should be no need to share the common toothbrush.



Filomena asked that before any future trips could we give her at least one month's notice of our visit so that she could advise more neighbours.

Critical Review of 2015 Project

- Fundraising activities exceeded expectations.
- Transport of goods in the future may be linked in with Rotary containers.
- Because of the large group that went to Dili transport of goods was relatively straight forward.
- Technically the materials and equipment performed as expected with predictable clinical outcomes although on some occasions fluctuations in the electrical supply caused the operating unit to slow down at times. Taking a portable transformer to even out voltage fluctuations may be required for future trips
- It was essential to employ the services of a translator. Our translator David de Carvalho was referred to us by Catharina from DIT. David was paid \$20 USD per day including lunches and accommodation on our Trip to Same. He interacted well with the children and had a very good command of English.
- Behavior of the children during treatment was excellent. The first day at Samaria no treatment was started – instead time was spent building rapport. We gave the children colouring-in activities and played jumping games and showed them how to juggle. The children sang songs for us.

- A good clean supply of water was essential. We paid for extra water to be purchased and we used a “Steri-pen” to sterilize quantities of water.
- We had to pay for extra electricity use at Samaria.
- Luckily the storage problem was resolved but could have compromised future treatments if we had to return to Australia with all the equipment.
- No informed consent for treatment was obtained for the children who did not reside at Samaria except for the one child who attended with her mother.
- It was not possible to obtain reliable medical histories for any child prior to treatment.
- Having two clinicians (Malcolm Campbell – Dentist, Sophie Hamblin – Oral Therapist) and one dental assistant (Tayla Campbell) allowed for a very efficient delivery of treatment compared to just one operator and one assistant.



Future Dental Project Aims and Goals

- Groodles Australia has said that profits raised from our Golden retriever “Winnie” can be earmarked for the dental project.
- While we saw some 10 or more neighbourhood children if the service is to be extended to more local children than some formal process for obtaining consent needs to be developed.
- If the service is to be extended to more people then some form of co-ordination and administration services needs to be undertaken in Dili prior to the Dental team’s arrival.
- For the dental service to expand more volunteer clinicians are needed. Future efforts should be directed at recruiting more clinicians to take part in the program. If more clinicians are to be recruited local logistic support would be needed in Dili.
- Groups of people that could benefit from a limited dental program need to be identified.
- Referral options to local medical services especially in emergency situations need to be identified.
- Discussions with medical centres like Biaro Pite clinic are on-going. Partnering with such a medical centre might meet many of our logistic issues and may benefit their patient base.

The 2015 Timor Children's Foundation dental project successfully met its initial goals and aims. From this initiative a model of dental treatment delivery in Dili has been trialled and there now exists the opportunity to develop the project further for the benefit of more people in East Timor.

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