



AUSTRALIAN DENTAL ASSOCIATION INC.

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AUSTRALIA'S NATIONAL ORAL HEALTH PLAN 2004–2013 PART ONE

The Australian Dental Association Inc. (ADA) is delighted to see that the Australian Health Ministers Advisory Council (AHMAC) has endorsed the National Advisory Committee on Oral Health (NACOH) National Oral Health Plan — *“Healthy Mouths Healthy Lives”*.

Healthy Mouths Healthy Lives builds on the work of the AHMAC Steering Committee for National Planning for Oral Health which, in 2001, released *Oral health of Australians: National planning for oral health improvement: Final report*.

It is heartening to see from the Plan general agreement being expressed concerning strategies to support issues such as workforce measures to be taken, prevention programs and service delivery in this most important health area.

The purpose of the Plan is to identify the areas of dental and oral health needs and to then provide short, medium and long-term solutions. It is timely that this has been published now as Australia is about to undergo its first National Oral Health Survey in over 15 years. This Survey will play a major role in identifying the state of the nation's oral health and, together with the Plan outlined in *Healthy Mouths Healthy Lives*, will be used to provide the blueprint for action in respect of dental and oral health of the country for the next decade.

Four broad themes underpin the Plan:

- recognition that **oral health is an integral part of general health**;
- **a population health approach**, with a strong focus on promoting health and the prevention and early identification of oral disease;
- **access** to appropriate and affordable services health promotion, prevention, early

intervention and treatment – for all Australians; and

- **education** to achieve a sufficient and appropriately skilled workforce, and communities that effectively support and promote oral health.

The ADA proposes to use a series of ADA National Dental Updates to comment on the major contents of the Plan commencing with the recognition that oral health is an integral part of general health.

“Oral health is an integral part of general health.”

“Oral Health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.”

The impact of oral disease on people's every day lives is subtle and pervasive, influencing eating, sleep, work and social roles. The prevalence and recurrences of these impacts constitutes a silent epidemic.

Dental caries is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes (AHMAC 2001). Approximately \$3.7 billion was spent on dental services in the year 2001-2002, representing 5.4 per cent of total health expenditure (AIHW 2003a).”

The recognition that **oral health is an integral part of general health** is a tenet that the ADA has been communicating to Governments for some years when advocating the necessity to invest in oral health in order to create an improvement in the general health of the nation and reduce later

¹ Definition adapted from the UK Department of Health (1994)

Contacts: Dr David Houghton, President Mr Robert Boyd-Boland, Chief Executive Officer



expenditure on general health. The ADA has been advising that money spent on oral health and disease prevention would be a sound investment in the health of the country as money spent there would alleviate the need to expend increased dollars later in oral and general health care.

“Approximately \$3.7 billion were spent on dental services in the year 2001-2002, representing 5.5 per cent of total health expenditure (AIHW 2003b). Much of this is spent on repair and rehabilitation of tissue destroyed by dental caries and periodontal disease — diseases that are amenable to prevention through personal and public health measures of demonstrated safety and effectiveness... Oral disease has been shown to represent one per cent of the Australian total disability adjusted life years (Mathers et al, 1999) — comparable with acute respiratory infection, melanoma, lymphoma, falls, and heroin or poly-drug use.”

Apart from the short-lived Commonwealth Dental Health Program (CDHP), the state of Australians’ oral health has not been of any major concern to Governments at any level. This is a short-sighted view.

The provision of dental care services in the community is primarily the responsibility of the States and Territories, while the Commonwealth provides some assistance in the financing of the delivery of those services. The recognition of a relationship between oral and general health clearly identifies the need for the Commonwealth to undertake a leadership role in

the delivery of dental services as investment in dental care will not only alleviate dental disease but will have the flow-on effect of reducing later general health expenditure. Federal, State and Territory Governments have to improve the co-ordination of their activities and funding to address the issue of delivery of efficient and economic oral and dental care. They must guarantee that funding earmarked to deal with the provision of dental services is expended on delivery of dental care and not diverted to other activities. Greater accountability for the considerable expenditure in the area (at least \$3.7 billion) has to be provided and with a leadership role being played by the Federal Government to ensure the effectiveness of the delivery of the services.

The Federal Health Minister has already commented to the effect that the Federal Government is considering adopting a leadership role. If it were to do this, it would certainly significantly enhance the delivery of oral care to those people in need of public health/dental assistance. The ADA asserts that someone has to assume the role and it is logical that the role be adopted by the Federal Government.

The ADA is proud of the part it has played in the formulation of the Plan and supports Government in its implementation.

Later Updates will go on to deal with other components of the Plan.

Contacts: Dr David Houghton, President Mr Robert Boyd-Boland, Chief Executive Officer