



AUSTRALIAN DENTAL ASSOCIATION INC.

## NATIONAL DENTAL UPDATE OCTOBER 2004

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### AUSTRALIA'S NATIONAL ORAL HEALTH PLAN 2004–2013 Part 2 — A Population Health Approach

In August, the ADA *National Dental Update* reported upon the publication of the National Oral Health Plan, "*Healthy Mouths Healthy Lives*";<sup>1</sup> the final report of the National Advisory Committee on Oral Health (NACOH). As advised in that Update this Plan was endorsed by the Australian Health Ministers Advisory Council (AHMAC) in July 2004.

The Plan has four broad themes underpinning it. They are:

- 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 August Update dealt with the first of these themes. This edition will deal with the second, which is **A Population Health Approach**.

The Plan recommends the adoption of a "population health approach" which aims, systematically, to:

- *promote health and prevent and intervene early in the pathway to disease through strategies that involve individuals, communities and whole societies;*
- *build individual and community capacity and provide enabling cultures and environments;*
- *provide a comprehensive range of high quality, integrated health care services;*
- *reduce disparities in health status through equitable allocation of health resources and access to health services.*

This approach has been a constant theme in ADA submissions to governments. Much dental disease is of a preventable nature and as such it must be an integral part of all dental programs. Without this focus there will be no amount of money nor sufficient dental workforce available to solve the dental problems of Australia. Prevention must underpin any plan.

The recognition provided in the Plan of the effectiveness of the introduction of fluoridation of water supplies is welcomed. (See section 1.2 of the National Oral Health Plan). The Plan advocates the immediate fluoridation of public water supplies to communities of over 1,000 or more. Recognising that there are some sections of the community which are concerned about water fluoridation the ADA prepared a booklet "*Fluoride: Nature Thought of it First*" ([www.ada.org.au](http://www.ada.org.au)) which looks at five aspects of the issue and examines the major attitudes of the most respected and reputable medical and scientific organisations in the world today. This study demonstrates that on a risk-benefit analysis, water fluoridation is safe, effective, efficient, cost-effective and equitable and, as such, represents an ideal public health initiative.<sup>2</sup>

The Australian Health Ministers acknowledged the benefits and safety of water fluoridation when they met in July this year and endorsed the proposed fluoridation of public drinking water supplies.

However, water fluoridation is not the sole answer to improved oral health and is but one component of any prevention program. As the Plan outlines, the ADA emphasises this important measure has to be supplemented by the introduction of other preventive measures such as oral hygiene, dietary

1. See <http://www.health.sa.gov.au/Default.aspx?tabid=59>.

2. Since the 2003 assessment, WHO, the UK government, the US Surgeon General and Australia's National Oral Health Plan 2004-2013 as prepared by the National Advisory Committee on Oral Health have all continued to support fluoridation of water supplies.

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and behavioural modification. (Sections 1.8 and 1.9 of the Plan recognise this necessity.)

In addition to these preventive approaches the Plan advocates six further measures:

1. Development of an oral health promotion database/clearing house to provide a central point for the collection and dissemination of Australian oral health policy, practice, research, resources and evidence.
2. Ensuring State/Territory Dental Acts, Regulations and Codes of Practice do not impose barriers to the full use of the skills of the whole dental team (general and specialist dentists, dental therapists, dental hygienists, oral health therapists, prosthetists and dental assistants) in the provision of high quality, accessible and affordable dental care for the whole community.
3. Explore with the health insurance industry opportunities to structure rebates for dental treatment that support patterns of preventive dental services that have a firm evidence base.
4. Develop oral health and oral health promotion modules for inclusion in the training of health and community service practitioners and teachers.

5. Ensure that oral health is a consideration in health promotion plans at all levels of government (local, State/Territory and Commonwealth), supported by adequate resourcing, local leadership and designated responsibility for implementation.
6. Establish regular local/regional surveys of adults and children to provide information on oral health and disease, and their determinants.<sup>3</sup>

The Plan envisages this population health approach will offer a way to manage the growing demand that is occurring for dental care, utilising both public and private sector resources as effectively as possible, and working across sectors and communities to maximise oral health gains and promote oral health across the community.<sup>4</sup>

The Australian Dental Association agrees that with the limited public dental services available, it will be essential to involve both public and private sector resources to provide oral care to the community. The Association continues to offer its services to governments to advise as to how this can be best achieved.

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3. National Oral Health Plan, Executive Summary, p vii.

4. National Oral Health Plan, p 3.