



AUSTRALIAN DENTAL ASSOCIATION INC.

## NATIONAL DENTAL UPDATE NOVEMBER 2004

[www.ada.org.au](http://www.ada.org.au)

### AUSTRALIA'S NATIONAL ORAL HEALTH PLAN 2004–2013 Part 3 – Health Promotion, Prevention, Early Intervention and Treatment

Earlier editions of the *ADA National Dental Update* (August and October 2004) reported upon the publication of the National Advisory Committee on Oral Health's (NACOH) National Oral Health Plan, "*Healthy Mouths Healthy Lives*".

Those updates dealt with the themes:

- Oral health is an integral part of general health
- A population health approach.

This update will deal with the third theme: "**Access to appropriate and affordable services – health promotion, prevention, early intervention and treatment – for all Australians.**"

The Australian Dental Association Inc. (ADA) endorses the rationale behind this theme. Oral disease will at some time affect the life of all Australians. To date, the attention given by governments to oral health has, in comparison to general health, been cursory only.

The National Oral Health Plan gives focus to the issue. It recognises that the oral health of Australians is to a large extent dependent upon their economic or geographic circumstances.

The plan endorses the long held view of the ADA that **fluoridation of water supplies** is an effective measure to alleviate or reduce the incidence of oral disease.

The ADA agrees that "*Fluoridation of public water supplies is the single most effective public health measure for reducing dental caries across the population, with its most pronounced effects among those who are disadvantaged and most at risk (Acheson 1998, DHS 2000)*".

This endorsement by NACOH came after it evaluated available evidence. Like the ADA, it no doubt saw the overwhelming weight of scientific evidence confirming that fluoridation is:

- safe to be used in the fight against dental infection (decay);
- effective in that it delivers proven decay reduction;
- efficient in that it reaches a high proportion of the population;
- cost-effective in that its benefits far outweigh the costs; and
- equitable in that it transcends socio-economic barriers that prevent similar decay prevention by the use of other fluoride-containing products.

Investment in this area will return significant savings in the future.

The **promotion of oral health** was also seen as essential. Preventive steps will only go some of the way to improving oral health. "*Oral health promotion should be part of health promotion plans at local, State and Territory, and national levels. This requires broad agreement on a consistent suite of evidence-based oral health promotion messages.*"

The advantages obtained through preventive programs have to be consolidated through investment in oral health care education. Realising this, much of the focus in treatment of patients by dentists is educating patients in oral health care.

The ADA itself engages in national oral health campaigns on an annual basis, through its Dental Awareness campaigns. (See [www.ada.org.au](http://www.ada.org.au) for details.) It would be happy to partner governments in conducting similar more extensive campaigns and in advising governments in the development of themes for these campaigns in the future.

The ability of the public to receive regular dental health checks is also essential to maintain the benefits achieved through preventive measures.

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The report saw the need to have dental treatment available to a much broader segment of the population. This is certainly the case as Australia is presently recorded as having the second worst adult oral health of all the OECD countries. In a country of Australia's wealth and knowledge, this position is scandalous.

A number of factors contribute to this abysmal record and it is essential that they be properly identified and dealt with to return Australia to a much improved position on the OECD table. The percentage of adults rating their oral health as average, poor or very poor decreases markedly in households with a pre-tax income of more than \$50,000 when compared to households with a pre-tax income of less than \$20,000.

Lower oral health is clearly associated with social and economic disadvantage. Disadvantage is not confined to economic disadvantage but can arise through a person being in a remote area, being homeless or institutionalised, or someone requiring special needs.

There is a need to increase funding to public oral health services to enable those genuinely in need (concession card holders, for example), to have timely access to preventively focused dental care.

Presently, the provision of dental care to these people is so limited that adults and children are being admitted to hospitals for dental treatment! The expense occasioned is an unnecessary burden on the hospital system and is many times the cost of basic dental care.

Availability of early dental care plus preventive approaches will avoid the need for, and thus reduce the costs associated with this hospitalization.

The ADA agrees that Australia needs a *“primary oral health care system that is able to provide timely and appropriate oral health care for all”*.

This is best provided by private dentists and all levels of government improving coordination of their activities in order to facilitate the efficient delivery of oral health care.

The ADA believes it is logical that the Federal government assume the leadership role. The ADA would be willing to provide its resources and knowledge to assist the Federal government in creating a system to ensure those in our community most in need of dental treatment can access dental care.

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