Position Summary

Everyone including those with special needs should have a chance to have a healthy mouth. Dental services to the community should be provided through a mix of private and public practices, with dentists being the leader of the dental team. Oral health promotion, dental workforce training and research should be well funded by government.

1. Background

1.1. Oral health is a basic expectation of all Australians.

1.2. There is growing evidence of the association between oral and systemic disease. Thus, oral health whilst important in its own right, is an integral part of general health.

Definitions

1.3. BOARD is the Dental Board of Australia.

1.4. A DENTAL TEAM comprises a mix of dentists and appropriate allied dental personnel, and must at all times be headed by a dentist who must be responsible for the diagnosis, treatment planning, delivery of dental procedures and continuing evaluation of the oral health of the patient. The dentist supports, directs and supervises the members of the dental team.

1.5. A DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry.

1.6. DENTISTRY is the science and art of preventing, diagnosing and treating diseases, injuries, and developmental and acquired defects of the teeth, oral cavity and associated structures within the context of general health.

1.7. HEALTH is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO Constitution).

1.8. HEALTH PROMOTION is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health.

1.9 ORAL HEALTH is multi-faceted and includes, but is not limited to, the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and free from pain or discomfort, and disease of the craniofacial complex. [FDI new definition]

1.10 PUBLIC HEALTH DENTISTRY is the science and art of preventing oral disease, promoting oral health and improving the quality of life through the organised efforts of society.

2. Principles

2.1. Health, including oral health, should be available to every individual.

2.2. National Oral Health involves:

- Community oral health promotion, with dentists working with the whole community to identify preventive health issues and implement appropriate policies.

- Delivery of oral health care in a timely manner being made available to all members of the community, with Government assistance if necessary.

- Continuing research into the causes and control of oral disease.

- Appropriate workforce training with programmes of the highest standard, funded by Government through tertiary and vocational training institutions.
3. Position

Community Oral Health Promotion

3.1. The following areas are identified as being essential to improve the oral health of the community.

- Promotion of a healthy diet
- Community and individual use of fluorides
- Maintenance of good oral hygiene
- Discouragement of tobacco and e-cigarette use
- Promote moderation of use of alcohol
- Discouragement of illicit drug use
- Oro-facial trauma prevention and management

Delivery of Oral Health Care

3.2. Dentistry is an essential health service and should be available to every individual.

3.3. The dentist, by providing a full spectrum of care, is the primary provider of dental services to the community. Dentist-based systems of care and delivery must be accorded top priority. Where allied dental personnel are utilised, they must be part of a dental team.

3.4. The provision of dental services to the community should be based on a mixture of private and public practice where patients must be able to choose their provider.

3.5. An essential part of public health dentistry is the identification and targeting of those people with special needs special needs groups. These include children, adolescents, elderly, disabled, those living in regional and remote areas, those with language difficulties and indigenous Australians.

3.6. The administration and planning of any oral health scheme or services at a national, state or local level should include dentists as the core experts.

3.7. A Division of Oral Health is required within the Commonwealth Department of Health to ensure appropriate advice is given to the Federal Government.

3.8. Federal and State funding should be available for oral health care for disadvantaged members of the community.

Research

3.9. It is imperative that the Federal Government conducts regular national oral health surveys.

3.10. There should be continuing research into the causes and control of dental diseases.

3.11. Government funding should support dental research adequately.

3.12. Dental research should receive additional support and funding from the dental profession and the community.

3.13. Where dental research is funded by a commercial body, such funding must be disclosed at all times.

Workforce Training

3.14. Universities that provide education and training for dentists, postgraduate education and training for specialist dentists and continuing professional development activities for graduates should be funded adequately.

3.15. State and Territory Governments have a responsibility to allow dental workforce students to acquire clinical skills in workplaces providing public dental care. This is a fundamental contribution of State and Territory Governments to national oral health.
3.16. Education and training must match the oral health needs of the community.

3.17. Australia must be largely self-sufficient with regard to the education and training of its dental workforce and Federal, State and Territory Governments must ensure adequate funding to achieve this situation.

Policy Statement 2.1

Amended by ADA Federal Council, April 14/15, 2011.
Editorially amended by Constitution & Policy Committee, October 5/6, 2017.
Appendix to Policy Statement 2.1 – National Oral Health

The Australian Dental Association’s Policy Statement 2.1 “National Oral Health” is consistent with the principles for health promotion as outlined in the Ottawa Charter. Five broad actions are proposed therein:

1. Create supportive environments, i.e. ensure that the physical and social environments in which people live maximise the possibility of leading healthy lives.

2. Ensure that governments and the community develop sound health-directed public policies.


4. Help individuals to develop personal skills to achieve healthy outcomes.

5. Redirect health services away from a treatment-based model to a preventive one. [WHO 1986].