

Policy Statement 2.3.1 – Delivery of Oral Health: Special groups: Children

Position Summary

All children should have a dental examination by the time their first tooth appears or by their first birthday and be regularly seen by a dentist from that age onwards. Public funded dental services should prioritise disadvantaged children. Children should be able to access general anaesthesia facilities for dental treatment when required.

1. Background

- 1.1. Many children in Australia enjoy relatively good oral health, largely as the result of oral hygiene practices, a balanced diet and exposure to appropriate levels of fluoride in various forms. However, other children experience a significant problem regarding their oral health with 34% to 46% of children aged 5 to 14 years old experiencing tooth decay, and more than 26,000 potentially preventable hospitalisations due to dental conditions and more than 34,000 hospital separations requiring general anaesthesia for procedures related to dental conditions for children up to 14 years old.
- 1.2. Children from disadvantaged groups within society have an increased risk for oral diseases.
- 1.3. Specific oral health risks for children involve the social determinants of health where factors such as a diet high in sugars and obstacles in engaging with ideal oral hygiene practices contribute synergistically towards poor oral health.
- 1.4. Children's caries experience has increased recently reinforcing the increased need for appropriate prevention and access to high quality dental care for all children.
- 1.5. There are a large number of potentially-preventable hospitalisations of children for dental treatment.

Definition

- 1.6. DISADVANTAGED is a term used to describe individuals or groups of people who have a physical or mental disability, residents of remote and very remote regions, Aboriginal and Torres Strait Islanders, those that are experiencing socio-economic hardship.
- 1.7. A DENTIST is an appropriately qualified dental practitioner registered by the Board to practise all areas of dentistry.

2. Position

- 2.1. All children should begin regular dental examinations by the time of their first tooth erupting or by their first birthday and be assessed regularly by a dentist.
- 2.2. All children from around six years of age should have their oral development periodically assessed by a dentist.
- 2.3. Effective preventive procedures should be provided for all children to achieve and maintain good dental health.
- 2.4. The aim of government's funding of dental services to children should be to improve and maintain their oral health primarily through preventive interventions and, where necessary, the provision of treatment.
- 2.5. Comprehensive dental treatment for children in the public sector should be targeted to those who are disadvantaged.
- 2.6. Effective pathways for treatment that fall outside the range of services available within the local public dental system should be in place.
- 2.7. All programs for the prevention of oral diseases and the maintenance of oral health should be monitored and periodically evaluated by the program provider.

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- 2.8. Health promotion activities should be conducted in co-operation with the appropriate educational and community organisations to enable all children and parents to make knowledgeable decisions about their own oral health.
 - 2.9. Governments, hospitals, public health centres and day procedure centres should ensure dentist access for children to behavioural management modalities including treatment under relative analgesia and general anaesthesia where appropriate.

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