Response ID ANON-WK6N-8H7R-F

Submitted to **Consultation Paper for the National Preventive Health Strategy**
Submitted on **2020-09-28 16:10:38**

Development of the National Preventive Health Strategy

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Vision and Aims of the Strategy

4 Are the vision and aims appropriate for the next 10 years? Why or why not?

Vision and aims :
The vision and aims of the strategy are appropriate but what is not acknowledged in the document is that there are common risk factors which apply across many of the preventable diseases. A concentrated focus for example on diet and healthy eating would address many of the chronic diseases associated with poor diet and nutrition including obesity, cardiovascular disease and tooth decay . The ADA would suggest that this be considered in the specific actions.

Oral diseases (caries and periodontal disease) are two of the most common chronic diseases in Australia and world-wide and they make a significant impact on the non-fatal disease burden.

More than a fifth of adults (23 per cent) have periodontal disease and about a quarter (26 per cent) have untreated tooth decay. Oral health conditions rarely kill people, but they reduce quality of life ('non-fatal burden' of disease). Oral conditions were estimated to be responsible for 4.4 per cent of the non-fatal burden of disease in Australia in 2011. Oral disorders, including tooth decay, periodontal disease and severe tooth loss were the sixth biggest source of the non-fatal burden of disease, ranked above cancer, gastrointestinal problems and injuries.

Oral disease affects Australians disproportionately due to the common socio-economic factors shared with other chronic diseases including low income status, Aboriginal and Torres Strait Islander background, rural and remote dwelling and the elderly.

The majority of the government-funded oral health services in Australia are not set up to provide preventive treatment due to the gross lack of funding. Most of these services can only provide emergency oral care and relief of pain for eligible patients. The Grattan report highlights that about 2 million Australians miss out on the dental care they require each year due to cost (p 11). Since the restrictions on dental services during COVID-19 the waiting lists for treatment in most areas of Australia has risen dramatically. (eg. NSW https://www.health.nsw.gov.au/oralhealth/Pages/waiting.aspx)

These waiting lists for treatment preclude any meaningful attempts at prevention. Further, the Government-funded Schemes (CDBS and even DVA) work on a fee-for-service structure with little or no possibility of preventive approaches. In fact, there is no item within the CDBS that allows for oral health education (the discussion of preventive strategies for children and their parents/carers to follow at home, which make up the basis of a routine oral health regimen).

Without vision and aims that address these fundamental issues there can be no improvements in overall health for Australians. Health begins with Oral Health and there is now universal agreement and acknowledgement of the links between poor oral health and chronic diseases such as diabetes, cardio-vascular disease, dementia and adverse pregnancy outcomes. We note that the National Preventive Health Strategy has not considered oral health in the context of:
• Australians have the best start in life
Currently more than 1 in 3 children aged 5-6 years have experienced decay with this rate increasing to 1 in 2 Aboriginal and Torres Strait Islander children. A large proportion of this decay is untreated (27% of children and 44% of ATSI have untreated decay). This can hardly be seen as giving children the best start in life when this leads to pain, oral swelling, disturbed sleep, inability to eat a nutritious diet and poor self esteem due to the appearance of their teeth. Not to mention loss of productivity for parents needing to take time off work or other duties to care for these children and attend emergency oral health services.
Even before the teeth are present in the mouth – oral disease impacts on a child. It is widely accepted that poor maternal oral health is associated with adverse pregnancy outcomes including premature and pre-term low birth weight babies.
• Australians live as long as possible in good health
The Royal Commission into Aged Care Safety and Quality has heard evidence of the woeful state of oral health in the elderly population – both those living in RACF and the community. Poor awareness of the importance of oral health for good overall health in this population, leads to significant neglect that can impact on the ability to eat a nutritious diet and have an oral cavity that is free of pain and discomfort. The effects of rapidly declining oral health in this population leads to higher rates of aspiration pneumonia and has detrimental effects on diabetes, dementia and cardiovascular diseases.
• Australians with more needs have greater gains
There is currently no way to achieve this strategy for oral health. The current funding of public oral health services for which "those with more needs" access oral

health care is so critically under-funded that the gap between those who can afford to access private dental services and those who cannot is ever widening. COVID-19 will only cause this gap to widen more quickly, with increasing unemployment raising the number of people eligible for public oral health services, but without an increased funding for the provision of services.
• Investment in prevention is increased
Investment in prevention for oral health services is desperately required. Currently, there is almost no investment in public oral health preventive services, advocacy and public education. Even the provision of oral health services by the private sector for eligible patients (via CDBS, OHFFS vouchers and DVA) do not allow for prevention.

Goals of the Strategy

5 Are these the right goals to achieve the vision and aims of the Strategy. Why or why not? Is anything missing?

Goals :
The goals are appropriate as long as oral health is considered as part of overall health. Neglecting oral health in each of these goals leads to serious limitations in the gains that can be achieved overall.
Goal 1 should clearly include both private and government practitioners.

Mobilising a Prevention System

6 Are these the right actions to mobilise a prevention system?

Enablers :
Yes, They are generally sound actions. However, suggest under 'Preparedness' inclusion of a statement that adequate funding for underprivileged Australians must be allocated such that the entirety of that population can receive care within a reasonable time frame, rather than underprivileged demographic's access to care be restricted only to a proportion of those eligible due to inadequate funding.
In addition, it is noted that without sound policy underpinning these actions the efforts may be wasted. A large part of the success of the example of tobacco control (page 8) or even the current COVID-19 pandemic has been the policy decisions that have supported the actions. Without appropriate policy implementation (vastly improved funding for oral health services that are preventively focussed/public education and awareness campaigns on the importance of oral health for overall health/targeted oral health prevention policies for the high-risk groups) these actions will continue to be ineffective. These oral health messages could be incorporated into general health messages where the risk factors are common.

Boosting Action in Focus Areas

7 Where should efforts be prioritised for the focus areas?

Boosting Actions:
Diet feeds into multiple health issues and as such should be a priority, along with tobacco and alcohol/drug related harm. There needs to be a 7th focus area – "Improving oral health"

Continuing Strong Foundations

8 How do we enhance current prevention action?

Continuing Strong Foundations:
This is the only area of the document that mentions oral health (page 20). However, there is no existing strong foundation for prevention in oral health - so this needs to become a focus area before it can be continued or built upon (as above in Q4).

Prevention must be rewarded at both the practitioner and patient level. Funding for preventive procedures and initiatives should be increased. In addition government level consumer education such as health star ratings and sugar taxes could be considered to promote ideal behaviour.

Additional feedback/comments

9 Any additional feedback/comments?

Additional feedback:
It has been very disappointing that a National Preventive Health Strategy has been formulated without oral health being seriously considered as part of overall health. We welcome the opportunity to become further involved in the continued development of this strategy.