Public Health Association of Australia and Australian Dental and Oral Health Therapist Association submission on South Australia’s Oral Health Plan

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

→ A healthy region, a healthy nation, and a healthy people, living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Australian Dental and Oral Health Therapists Association

The ADOHTA as a representative body promotes the internal development of the dental and oral health therapy profession by maintaining its goal "to achieve growth and development in dental and oral health therapy across Australia and the pursuit of excellence."

National Priorities

→ **Key areas and adherence to these key areas ensures commitment and uniformity to internal development of the profession.**

*Developing these key areas enables ongoing, (indirect) development of the professions of dental and oral health therapy.*

These include professionalism and legislations governing service provision to develop and implement a framework for professional governance for dental and oral health therapists in Australia. Advocacy, representation, leadership and collaboration to strengthen the voice and profile of dental and oral health therapy through effective advocacy and lobbying and strong alliances and representation. Practitioner growth and development to secure the long-term future of dental and oral health therapists as key providers in the dental industry. Education, training and research to enhance dental and oral health therapists’ knowledge and skills through continuing education, information and research. Business and resource management to ensure efficient and effective resource management and business administration and ensure structures are in place to enable ADOHTA to meet its commitments and achieve agreed goals and outcomes.

Mission for Australian Dental and Oral Health Therapist Association

Our mission is to be a progressive national representative body for Dental and Oral Health Therapists who provide leadership, collaboration and advocacy to enhance the profession and the oral health outcomes for the community.

Introduction

PHAA and ADOHTA welcome the opportunity to provide input to South Australia’s Oral Health Plan. Oral health is integral to overall health and wellbeing and requires a focus on person centred care and the determinants of health.
PHAA and ADOHTA Response to consultation paper

1. Are there any key oral health issues in South Australia that have not been identified in this consultation paper?

   **General Anaesthetics waiting lists**
   ‘Nationally and in South Australia, children in the 0-9 year age group experience the highest rate of PPHs...general anaesthetic which are resource intensive and involve some risk.’ (P.16)

   In-depth information should be included if available expanding on general anaesthetics in young children in South Australia. Statistics identifying availability and access to general anaesthetic procedures including waiting periods for metropolitan versus rural and remote children.

   **Psychosocial factors and determinants of health**
   “Oral health is essential to general health and well-being and greatly influences quality of life. It is defined as a state of being free from mouth and facial pain, oral diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking and psychosocial well-being.” (p.6)

   Psychosocial factors such as mental health are identified as a critical component of general and oral health. Research indicates psychosocial factors are closely related to attendance, education and behaviour management. Social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them from becoming ill or to treat illness when it occurs. However, psychosocial well-being is not discussed in depth throughout any area within the SA oral health plan.

   Priority population groups were included in the previous SA Oral Health Plan and are in the current National Oral Health Plan 2015-2024. The identification of these groups such as people living in rural and remote areas, people who are socially disadvantaged or on low incomes, people with additional or specialised health care needs, and Aboriginal and Torres Strait Islander people would assist in determining the populations for targeting efforts towards, for example, proportionate universalism.

   **Dental Professional Retention (Dentists, Oral Health Therapists, Therapists, Hygienists)**
   Statistics on workforce spread and consistent delivery of services. This would include consistent available access of dentists, dentist to oral health therapist ratio within metropolitan versus rural and proportion of dental care provided by private dental practices through public dental schemes.

2. What are the highest priority oral health issues that need to be address in the coming 5 years?

   The population subgroups with untreated decay and periodontal problems that need to be addressed include young children (0-4 years), adolescents and pregnant women. Gains made in South Australia in the early years, Aboriginal and Torres Strait Islander people and older people need to be built upon and sustained. The hard to reach under 5 year olds should have priority attention to further reduce general anaesthetics and to build good oral health into the future. The Aboriginal Oral Health Program should be continued so the gains can be built on. Increased access for older people in rural and remote areas both living in the community and in residential care is an area which could be targeted.

   Toothache is another commonly encountered oral health problem by South Australians. Experience of toothache is shown to be associated with having a government health card, having last visited a public dental clinic and not having dental insurance.
Other areas include;

- Transition dental care programs from restorative to preventive dentistry approach
- Integration of general and oral health within the broader community
- Effective provision of oral and general health workforce services (team work approach)
- Affordability and regular access to dental care.

3. Are there any gaps that need to be addressed in the next SAOHP (e.g. programs, partnerships or networks)?

Use of a broader health workforce to tackle oral health concerns

Development and utilisation of broader health workforce, design and implementation of focussed preventative approaches to tackle oral health problems are required. For example, regulations could be changed to allow dental assistants, Aboriginal Health Workers or other health professionals to be able to apply fluoride varnish.

Integrating with other programs and enhancing partnerships is key to addressing oral health problems.

SA Health

Utilisation and collaboration of dental and general health through multidisciplinary action in regards to preventive and awareness management within the community. Provision of a consistent message across SA Health areas could improve community education, patient services and successful implementation of a common risk factor approach. This consistent provision of care can only be facilitated through open discussions with various health professionals, which result in health care providers increased awareness and knowledge regarding disease rates and implications to health care.

University of Adelaide: Graduate Certificate in Oral Health Science (Extended Scope OHT)

Decision making regarding incentives for oral health therapists wishing to undertake the Graduate Certificate in Oral Health Science should be reviewed and remain consistent amongst professionals.

Graduate Oral Health Program

Rural service provisions were offered through the University of Adelaide graduate oral health program. This program was a successful initiative and positions were highly sought after with new graduates, being delivered in 2009-2013. Unfortunately, this program was discontinued due to lack of funding. This program provided an increase opportunity for dental practitioners to transition to rural locations improving practitioner access within rural communities and the mentor system provided offered necessary support to new graduates for suitable provision of care.

Private Dental Clinics

‘84.4% of people who visited a dental practice in the last 12 months visited a private dental practice.’ (p.18)

Statistics on effectiveness, usage or number and location of private dental clinics for SA Dental Schemes e.g. GDS, EDS, PDS. Acknowledgement whether the provision of public services through private clinics does provide improved access for patients, particularly in rural and remote locations.

General Health & Nutrition

‘Children’s Services for pre-school centres and schools and the Rite Bite Strategy for school canteens.’ (p.31)

Access to healthy foods is essential for healthy teeth, and the links between sugar consumption and both dental caries and obesity are increasingly gaining attention.³ Programs that offer potential include accessing rural South Australian sporting clubs including football and netball clubs, as well as schools. The
intake of high-sugar foods and drinks within these facilities is significant and could be addressed through
general and oral health promotion. For example, a school policy of water as the drink of choice.

Working and supporting successful programs who already provide support and access to healthy nutrition
for children, such as Kick Start for Kids.

South Australian Health and Medical Research Centre
Collaboration with researchers from SAHMRI in fields including maternal and child health and nutrition
could increase multidisciplinary communication and offer collaboration opportunities for improved oral and
general health promotion to broader communities.

Dental Associations
Collaborations with ADOHTA, DHAA, ADA could offer opportunities for extended oral health promotion.
ADOHTA regularly engages with dental professionals and University of Adelaide BOH and TAFE students to
discuss oral health promotion opportunities, such as education to schools.

Royal Flying Doctor Service
Tele-dentistry
Programs incorporating tele-dentistry and the RFDS should be considered for improved access to care for
rural and remote patients.

University Students
Expansion of the involvement of University of Adelaide BOH and BDS with RFDS programs should be
considered for improving access to dental care for rural and remote patients. Regular, consistent care could
be incorporated into the curriculums to offer students opportunities for educational purposes. Creating
awareness amongst communities of these programs prior to undertaking any program is essential to allow
for successful initiatives.

Local Government
Using the Public Health Act and working in collaboration with local government may assist with issues such as
fluoridation in Coober Pedy.

4. Are there any changes required in existing strategies to improve oral health in South
Australia?

Common Risk Factor Approach
First, there is a need to understand and recognise the importance of taking a common risk factor approach
when designing programs and policies to tackle oral health problems. There is evidence that risk factors
such as unhealthy lifestyle including poor diet are one of the many common risk factors for both general
and oral health. Second, maintaining and monitoring of electronic health records also needs some
attention. Third, more work is required to establish collaborations between dental professionals and other
health professionals for a better overall health. Last, supporting the oral health research to help generate
and ensure that all practices are evidence based is also needed. Recognition and integration of common
risk factor approaches are required to tackle oral health diseases and other chronic disease including
obesity and diabetes. Is there strategic work towards inter-professional collaboration with non-dental
professionals including general practitioners and other allied health professionals?
**Periodontal Management**

‘Over half of Australians aged 65 years and over having moderate to severe periodontal disease.’ (p.14)

Card holders show the same amount of decay whether they attend private or public clinics. However, public card holders have fewer teeth. This indicates that the management of patients are different within public versus private care. An example may include cardholders in private have their periodontal status more regularly maintained, reducing the provision of tooth extractions. Periodontal management is the foundation for restorative management and can improve placement, retention and longevity of restorative treatment. It also improves patient’s confidence with oral hygiene and provides long term holistic care. However, successful periodontal care requires regular maintenance and further opportunities for periodontal management should be considered when dental schemes are critically assessed.

**Referral Pathways**

*Improved Continuity of Care*

‘Service provision is supplemented by private dentists through a range of schemes.’ (p.19)

Acceptance and opportunity to appropriately provide referral letters improves communication and continuity of care between dental practitioners and patients. Open referral pathways would create effective continuity of care.

‘Specialist postgraduate students are being scheduled to travel to several country areas to improve access to specialist care for country residents.’

Improved access to dental care is clearly a necessity for rural and remote patients and the provision of specialist post graduate students is an opportunity that would be welcomed in many rural areas. Direct referral pathways from city to rural and rural to city locations would allow for improved access to specialist care for patients and utilisation of students through increased patient numbers and treatment opportunities improving education.

**Online Claiming**

‘Significant upgrade of software at the Adelaide Dental Hospital in 2018 the first stage of what is expected to be a three stage approach.’ (p.34)

As businesses expand and technology improves, online claiming of services would provide efficiency in dental management, transparency in dental records and offer opportunities for statistical measures to be completed. Is there progress for digital technologies to support oral health care and delivery of services e.g. electronic health records.

**Practitioner Roles**

Community awareness and understanding of various dental practitioner roles is essential to providing transparent and accountable dental care. Oral health therapists are an important member of the dental team, providing essential preventive care. Limited understanding and awareness is present in the broader community understanding their role of an oral health therapist. Health promotion and procedures involving open communication incorporating the role of an oral health therapist will benefit the community long term and reduce risk of verbal miscommunication or misunderstanding of treatment provisions.
Risk Assessment

Risk assessment criteria should be continuously evaluated, particularly in young children. Research shows that dental caries progresses quicker in deciduous teeth. Research also suggests that whilst not every child will require a 6-monthly examination, as not every child will have decay. There are high risk children who do require early identification and regular management and these can only be identified if every child is equally assessed for their risk at an early age.

Integration of oral health into health broadly

Better integration of oral health into other areas of health could be enhanced through allowing other health practitioners to apply fluoride varnish, building on oral health in aged care the early years, and partnering with pharmacists and the non-government sector.

5. Are there any unidentified barriers to the achievement of good oral health in South Australia?

Lack of prevention

Lack of appropriate focus on prevention in programs and policies is a foremost barrier to achieving good oral health.

Rural population - Willingness to travel

‘People living in regional and remote areas have greater access problems with longer distances to travel and longer waiting periods as a result of fewer practitioners per capital population in these areas.’ (p.8)

It has been identified that access to care is a concern and majority of dental practices are located within major capital cities. Research is required focusing on the rural populations, ‘willingness to travel’. For many busy families and elderly, the time burden, stress and emotional duress responses that are apparent when told they require treatment within a city location (e.g. 3 hours) are significant. Patients often refuse to travel and therefore either do not receive required treatment at all or alternative arrangements must be considered. Awareness and further research of this barrier should be undertaken and acknowledged when assessing access to oral health care.

Consistent access to dentists (rural location)

‘Central to the provision of public dental services and further states it is important for the attraction and retention of high quality clinical staff.’ (p.9)

Recognition of the lack of consistent access to dentists and dental practitioners within rural locations is identified. Oral health therapists and therapists are providing significant and much needed dental care to children and adults through CDBS, community services and the Graduate Certificate in Oral Health Science extended scope. However, under current AHPRA guidelines, oral health therapists are required to work within ‘structured professional relationship with a dentist’. Several oral health therapists working within metropolitan and rural areas are providing care whilst there is an inadequate presence, communication and/or relationship with a dentist/dentists on/off site. Whether this is due to quality of dentists, high turnover of dentists or inadequate retaining-ship of dentists in rural locations - is unknown.

Acknowledgement of these issues and support for the proposed change in scope of practice developed by the Dental Board of Australia would be helpful.
Oral health workforce

‘South Australia compares favourably to the rest of the nation with a relatively higher number of dental practitioners per 100,000 population’ (p.9).

Do we have an appropriate proportion of the oral health workforce focused on preventive oral health care? Currently there is no outcomes based measures for the performance. There is also little health economic research on the effectiveness of service delivery.

Aged care

Development of specific residential aged care schemes could provide initiative for aged care sector to allow improved access from dental practitioners. Specific residential aged care schemes (preventive or ART care) may also allow for higher acceptance and affordability, increasing access for public and private dental practitioners into residential aged care facilities. Support for oral health therapists proposed scope of practice changes by the DBA and Graduate Certificate in Oral Health Science capabilities may provide cost-effective workforce opportunities for public and private dental practitioners in residential aged care facilities.

6. Who are the key organisations or groups that can contribute to the achievement of the next SAOHP?

Australian Dental Oral Health Therapists Association (ADOHTA)
Dental Hygienists Association of Australia (DHAA)
Australia Dental Association (ADA)
Royal Flying Doctor Service
The University of Adelaide (UoA)
South Australian Health and Medical Research Institute (SAHMRI)
Private Dental Clinics
Residential Aged Care Organisations
Australian Research Centre for Population Oral Health (ARCPOH)
Public Health Association of Australia (PHAA)
Australian Healthcare and Hospitals Association (AHHA)

7. How can your organisation or group contribute to the achievement of the next SAOHP?

By disseminating and supporting the oral health research findings across different communities. We can also engage in different ongoing research activities on oral health in South Australia and spread oral health awareness. Further we can help develop and deliver CPD programs for dental practitioners across the state. The ADOHTA believes its biggest contribution to the next SAOHP will be to continue to advocate at a local and national level for Oral Health Professionals (dental therapists, dental hygienists and oral health...
therapist’s) to work as independent members of the primary health care team. With effective utilisation of OHP’s as independent practitioners the SAOHP will benefit from efficiencies in oral health service delivery (as seen in other allied health professions). This has the potential to contribute to the:

- Maintenance and improvement of the quality and safety of oral health services (e.g. reduced wait times, closer to home, more culturally appropriate, clear referral pathways at a local level)
- Maintenance and improvement of the oral health status of the population and at risk groups
- Cost effective delivery of oral health prevention services by the most appropriate workforces, ensuring tax payers have value for money.
- Develop and deliver evidenced based CPD programs for dental practitioners.

The PHAA works with oral health partners to advocate for better funding and strategies for improving oral health.

The ADOHTA and PHAA would like to ensure that the SAOHP continues to incorporate a wide range of views and expertise and welcomes other opportunities for consultation during the SAOHP process.

8. Are there any examples of progress achievements under the inaugural SAOHP that should be included in Attachment 2?

**Evidence Based Research**

*Australian Research Centre for Population Oral Health (ARCPOH) Study of Mothers and Infant Life Events (examinations completed by dentists and oral health therapists)*

The SMILE study conducted by ARCPOH successfully provided triage examinations and effective referrals for mothers and children aged 0-3 years old between 2013 and 2017. A system, such as the one adopted for the SMILE Study (mother and infant child co-examinations) could create a potentially effective pathway for mothers and young children’s dental disease to be identified and early intervention successfully completed. Utilisation of oral health therapists with extended scope could improve compliance of very young children and offer increased attendance opportunities for mothers. Access to these children at an infant age may also enable early recall and risk assessment identification.

9. Any other comments?

The SA Oral Health Plan should reflect the goals, guiding principles and foundation areas within the National Oral Health Care Plan. However, it should also be a representation of the South Australian community and the needs specific to our varied locations, the foundations already instilled in our healthcare system, but also identify opportunities available to our state. Initiatives including successful dental and general health programs can be identified throughout our state, but awareness, selection and application to the broader community is required to determine common success and change for our population overall. As professional bodies, we can act as a collective mind set and address needs through both public and private sectors, advocating a consistent message. This can only be achieved through open communication and collaboration by the general and oral health workforces, of which we wholeheartedly support.
Conclusion

PHAA and ADOHTA support the broad directions South Australia’s Oral Health Plan. However, we are keen to ensure our suggestions are in line with this submission. We are particularly keen that the following points are highlighted:

- Focus on prevention
- Recognition of common risk factor approach
- Increase in oral health workforce

The PHAA and ADOHTA appreciates the opportunity to make this submission and the opportunity to contribute to building South Australia’s Oral Health Plan.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References