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Oral Health Policy in Australia – Where to from here?

Findings from *Looking Back Looking Forward
Oral health in Victoria and Australia 1970 to
2022 and beyondⁱ*

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What should you know?

- Oral diseases cause pain and suffering. They have an adverse impact on overall health and yet, despite the well-meaning policy initiatives of some governments over the last half century, dental care remains out of the reach of many Australians. Poor oral health is usually one of the most obvious indicators of poverty.
- While often taken for granted, good oral health is fundamental to good health. Poor oral health precipitates and perpetuates low self-esteem and adversely affects a person's ability to eat a nutritious diet, find employment, and engage socially without embarrassment.
- Tooth decay has decreased over the last 50 years, but a large unequal burden of preventable disease remains. Decay is still one of the most common health problems with over 80 % of adults affected and over a third of younger childrenⁱⁱ. More than half of all older people have moderate or severe gum diseaseⁱⁱⁱ.
- Inequality has increased. Poor older adults have six more decayed teeth than the general population. Disadvantaged young children have twice the tooth decay of other children^{iv}.
- Australia's public dental system is a tattered safety net failing people on lower incomes, forcing them to face years waiting for general care as highlighted in the recently released Senate Inquiry^v. Except for limited care for some children and eligible adults, dental care remains excluded from Medicare. The mouth has not been treated like the rest of the body.
- Governments have provided less than one fifth of the \$11 billion annual spending on dental services compared to two thirds for other health care costs^{vi}.
- Oral diseases are among the easiest to prevent and yet most funding goes to post-disease treatment^{vii}.
- More people are delaying or avoiding dental treatment because it is too costly^{viii}. The problem is even more acute in rural areas.
- Recent research shows how we have arrived at the current situation but also provides a compass indicating future trends and possible directions.

What can you do?

Improving oral health and reducing inequalities require action particularly by the Australian and state and territory governments. Most require both governments to act. We all can advocate. Those actions which are the **Australian governments prime responsibility are shown in bold.**

There are six key areas for action based on the WHO 2022 Global Oral Health Strategy^{ix} which was supported by Australia at the World Health Assembly in April 2022.

1 Prevention

Advocate to expand successful oral health promotion programs (pages 225 and 226 in *Looking Back Looking Forward*). For example –

- Extend community water fluoridation^x.
- Collaborate with health, education and welfare professionals who interact with young children and their families^{xi}.
- Create oral health promoting environments in pre-school, school, and aged care settings^{xii}.
- Extend preventive value-based dental care by employing minimal intervention^{xiii}.
- Support peer-led oral health promotion programs^{xiv}.
- **Introduce a national sugar beverages levy.**
- **Mandate oral health support in residential care settings such as aged and palliative care and disability facilities^{xv}.**

2 Access to dental care

- **Enhance access to preventive and value-based dental care through significantly higher secure, ongoing national government funding** (page 229).
- **Phase integration of basic dental care into Medicare** (page 230).

3 Governance

- Integrate oral health into all relevant policies and public health programs^{xvi} (page 223).
- **Strengthen the capacity of the national oral health unit^{xvii}** (page 223).

- **Include oral health in the remit of the Australian Centre for Disease Control** (page 226).

4 Workforce

- Enhance partnerships with other health and welfare workers to include oral health promotion as part of their practice (page 228).
- Reduce the pay gap between Victorian public dental staff and their peers in other states (page 228).
- Maximise the use of all members of the dental team (page 229).

5 Oral health information systems (page 231)

- Enhance surveillance and information systems to monitor programs and support evidence-based policy development.
- Further utilise ehealth^{xviii}.
- Conduct oral health surveys regularly^{xix}.

6 Research (page 232)

- Advocate for increased funding for oral health research^{xx}.
- Undertake research in areas eg addressing oral health inequalities^{xxi}, economic evaluation, community-based participatory research, and interdisciplinary research. (page 232).

References

- ⁱ <https://doi.org/10.26188/23721969.v2>
- ⁱⁱ *Looking Back Looking Forward* page 200.
- ⁱⁱⁱ *Looking Back Looking Forward* page 192.
- ^{iv} *Looking Back Looking Forward* page 200.
- ^v https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000078/toc_pdf/AsysteminddecayareviewintodentalservicesinAustralia.pdf
- ^{vi} *Looking Back Looking Forward* page 173.
- ^{vii} *Looking Back Looking Forward* page 133.
- ^{viii} *Looking Back Looking Forward* page 199.
- ^{ix} As aligned with the six strategic objectives of the 2022 WHO Global Strategy - https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf
- ^x In Victoria the current target is to provide 95% of rural and regional Victorians access to fluoridated drinking water by 2030 <https://www2.health.vic.gov.au/public-health/preventive-health/oral-health-promotion/oral-health-planning>
- ^{xi} Eg Maternal Child Health Nurses, midwives, and early childhood professionals. Pages 123 and 124.
- ^{xii} Eg **Further restrict advertising of sugar-rich foods to children** and remove the advertising of unhealthy food from government-owned property.
- ^{xiii} Eg Use fissure sealants, Hall crowns, silver diamine fluoride and community-based fluoride varnish programs.
- ^{xiv} *Looking Back Looking Forward* pages 128 and 129.
- ^{xv} Eg **Conduct oral health assessment on entry; develop oral health care plans and provide oral health support.**
- ^{xvi} Eg Include oral health in local government Public Health and Wellbeing plans and **in the implementation of the *National preventive health strategy 2020-2030*** <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030#:~:text=National%20Preventive%20Health%20Strategy%202021-2030%20-%20Glossary&text=Description%3A,over%20a%2010%2Dyear%20period.>
- ^{xvii} Eg **Appoint a Chief Oral Health Officer supported by a National Oral Health Advisory Committee.**
- ^{xviii} Eg Use teledentistry to help address access to dental care and to extend oral health promotion to isolated groups.
- ^{xix} Every four years at a minimum, alternating between child and adult oral health.
- ^{xx} Less than 1% of National Health and Medical Research Council research funds are provided for oral health (page 232).
- ^{xxi} Tsakos, G., Watt, R.G., & Guarnizo-Herreño, C.C. (2023). Reflections on oral health inequalities: Theories, pathways and next steps for research priorities. *Community Dentistry and Oral Epidemiology*.