



2018 Consultation Paper

South Australia's Oral Health Plan

June 2018



Government
of South Australia

SA Health

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1. Purpose – Have Your Say

Have your say about the future of oral health in South Australia and how this should be reflected in South Australia's Oral Health Plan.

The aim of South Australia's Oral Health Plan (SAOHP) is to improve the oral health of South Australians, in particular those groups most at risk of poor oral health.

[South Australia's inaugural Oral Health Plan](#) outlined the Governments plan for oral health care for the seven year period from 2010-2017.

The next plan is being developed within the framework of the [National Oral Health Plan - Healthy Mouths Healthy Lives 2015-2024](#) (NOHP) and the SA Health Strategic Plan and will identify strategies that support South Australians to have:

- Good oral health as part of their general health and well-being
- Access to private or public oral health care provided by the right provider at the right time in the right place at a cost they can afford.

This Consultation Paper provides an overview of the oral health issues for the South Australian population. Responses to this paper are invited from all stakeholders, including:

- community organisations and the general community
- community and health service providers,
- the private dental sector
- dental academics and researchers
- peak and professional bodies
- government agencies

You are encouraged to participate in the development of the next SAOHP by sharing this consultation paper with relevant stakeholders in your network and providing feedback on the consultation questions using the attached template.



The specific consultation questions you are asked to respond to are:

Consultation Question 1

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

Consultation Question 2

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

Consultation Question 3

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

Consultation Question 4

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

Consultation Question 5

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

Consultation Question 6

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

Consultation Question 7

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

Consultation Question 8

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

Submissions or written feedback should be submitted by post or email to:

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ADELAIDE SA 5001

Email: HEALTHSAOralHealthPlan@sa.gov.au

All submissions must be received by close of business, Friday 27 July 2018

2. Introduction

2.1 What is Oral Health?

The World Health Organisation defines oral health as:

“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.”¹

As described in the NOHP 2015-2024 - Healthy Mouths Healthy Lives²

- the major oral diseases that cause poor oral health are dental caries (dental decay), periodontal (gum) disease and oral cancers
- oral diseases are amongst the most common and costly health problems experienced by Australians
- oral disease is a prevalent and chronic disease

2.2 What Determines Oral Health?

Health, including oral health, is determined by a complex interaction of many factors. Health determinants include social, economic, environmental, political behavioural, biological and cultural factors³.

Access to health care, utilisation of dental services, oral health literacy, knowledge and attitudes towards oral health and disease can impact the quality of an individual’s oral health.

Socio-economic factors have a profound influence on oral health with research showing a strong link between income and the risk of poor oral health. Socio-economic status affects a person’s ability to access dental services and to pay for preventive products. Socio- economic status is also linked with levels of sugar, tobacco and alcohol consumption which in turn impacts oral health as:

- consumption of high levels of sugar increases the risk of tooth decay
- consumption of tobacco increases the risk of gum disease and oral cancer
- increased levels of alcohol consumption increases the risk of oral cancer.⁴

There are shared or common risk factors between oral health and a number of other chronic diseases such as obesity, heart disease, cancer and stroke. It is increasingly being recognised that many chronic diseases share underlying causes and risk factors and that common prevention strategies can be appropriate.⁵

2.3 Funding Arrangements for Oral Health in South Australia

Total expenditure on dental services has increased slightly in recent years with the most recent AIHW Report on Australia’s Health Expenditure showing expenditure has increased by between 3% and 5% each year from \$457m in 2012/13 to \$512m by 2015/16.

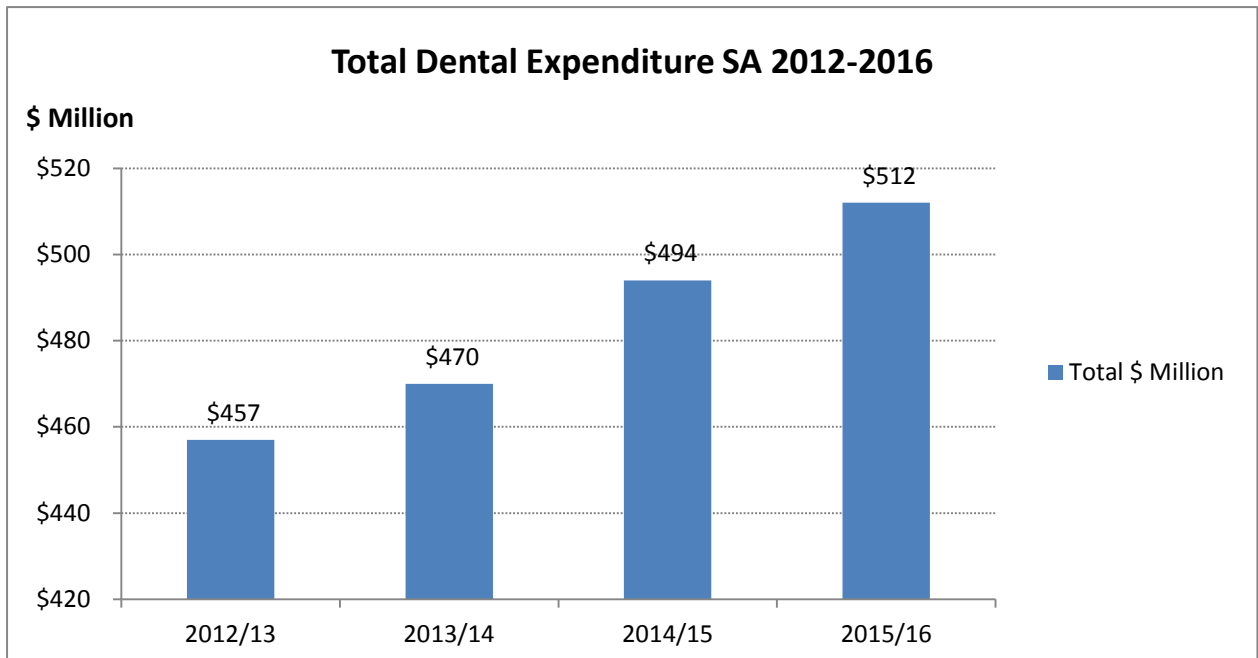
¹ <http://www.euro.who.int/en/health-topics/disease-prevention/oral-health> Accessed 04 May 2018

² National Oral Health Plan 2015-2024 Healthy Mouths, Healthy Lives, Australian Government ISBN 978-0-646-94487-6

³ ibid

⁴ ibid

⁵ ibid

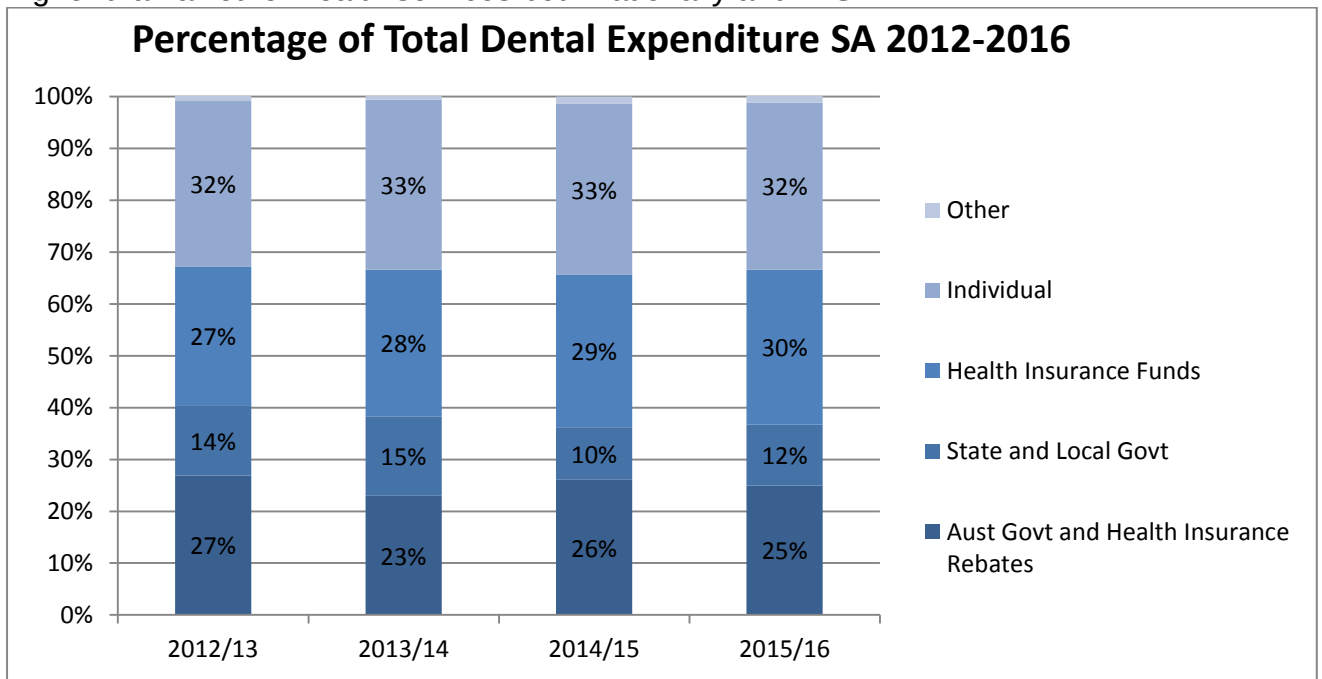


Data Source: Australian Institute of Health and Welfare.⁶

Funding arrangements for oral health in South Australia have remained relatively stable over the past several years:

- Commonwealth Government funding 23% to 27%,
- the State Government funding between 10% and 15%,
- Health Insurance funding 27% to 30%, and
- individuals funding (out of pocket costs) 32%-33%

The proportion of out of pocket costs for individuals for dental care is consistently higher than all other health services both nationally and in SA.



Data Source: Australian Institute of Health and Welfare 2014-15.

⁶ Australian Institute of Health and Welfare 2017. Health Expenditure Australia 2015-16. Health and welfare expenditure series no. 58., and Australian Institute of Health and Welfare 2016. Health Expenditure Australia 2014-15. Health and welfare expenditure series no. 57

2.4 The Oral Health Workforce in South Australia

The oral health workforce comprises registered dental practitioners (dental hygienists, dental prosthetists, dental specialists, dental therapists, dentists, and oral health therapists) and non-registered dental assistants and dental technicians.⁷

These staff are supported by a range of other members of the dental team including reception and sterilisation staff. More broadly the oral health workforce interacts with a wide range of other health and health related disciplines including for example radiology, pathology, nursing and medical.

Prior to 2004, there was a projected shortage of oral health workforce in Australia. Since 2004, policy and program changes have resulted in a considerable increase in undergraduate training and the number of dental practitioners.⁸ Nationally, dental practitioner numbers increased from approximately 14,000 in 2003 to nearly 21,000 in 2014.⁹

There is limited data available on non-registered members of the oral health workforce. It is recognised that an appropriate supply of dental assistants and dental technicians is critical to the delivery of safe and efficient dental services.¹⁰

South Australia compares favourably to the rest of the nation with a relatively higher number of dental practitioners per 100,000 population.



Whilst the growth in practitioner numbers has increased over the past decade there is an inequitable geographic distribution of the workforce with lower levels of registered clinically active practitioners per 100,000 population.

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 areas¹¹.

The picture in South Australia is very similar with substantially lower levels of dental workforce in remote and very remote areas of the State compared with the major cities.

⁷ National Oral Health Plan 2015-2024 Healthy Mouths, Healthy Lives, Australian Government ISBN 978-0-646-94487-

⁸ ibid

⁹ ibid

¹⁰ ibid

¹¹ COAG Health Council Performance Monitoring Report– Baseline Report 2017.



Source: Australian Government Department of Health – Health workforce data

2.5 Public Dental Service Infrastructure

The inaugural SAOHP identifies a network of high quality public dental clinics as being central to the provision of public dental services and further states it is important for the attraction and retention of high quality clinical staff.

Significant progress has been made over the past 10 years with new clinics and/or substantial upgrades of existing clinics including:

Parks,	Port Lincoln,
Whyalla,	Port Pirie West,
Wallaroo,	the Riverland,
Mt Gambier,	Murray Bridge,
Elizabeth,	Marion,
Modbury,	Noarlunga,
Marleston,	Prospect,
Mitcham,	Fulham Gardens,
Magill,	Gilles Plains (TAFESA),
Linden Park,	Ceduna and
the Adelaide Dental Hospital.	

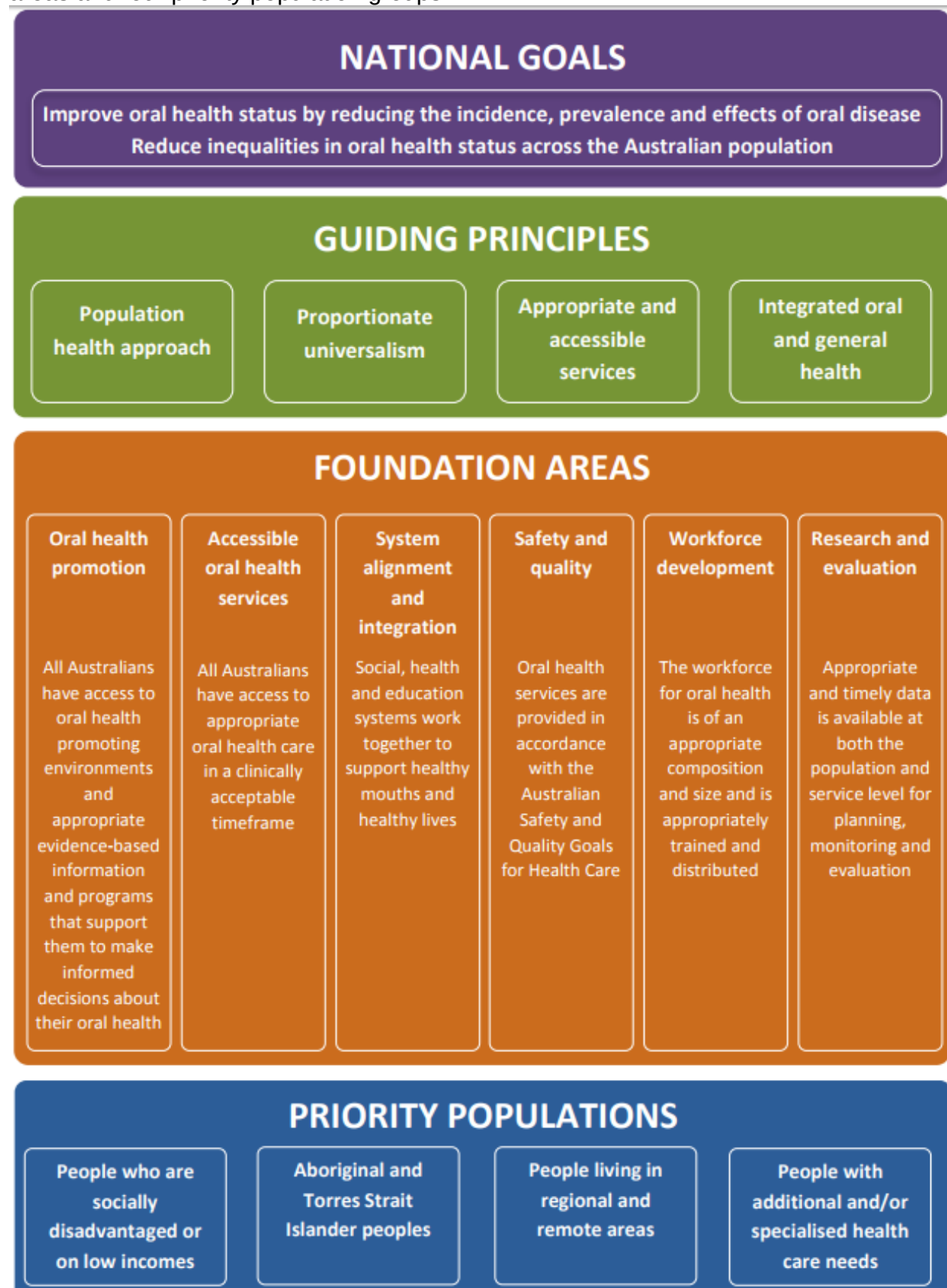
Many of the new clinics are located within community based health care centres, hospitals or wider health precincts.

A number of clinics across the State have not been upgraded since they were established in the 1970's. SA Dental Service will be developing a 10 year capital works plan for consideration to address metropolitan and country areas of the State with outdated infrastructure.

3. Framework for the South Australian Oral Health Plan

3.1 The Current National Oral Health Plan

The NOHP is based on two national goals, four guiding principles, six foundation areas and four priority population groups.



The NOHP is based on four Guiding Principles reflecting best practise approaches.

Population health	A population health approach aims to improve the oral health of the whole population and reduce oral health inequalities across population groups through evidence-based strategies and actions. It acknowledges a wide range of systemic factors – social, economic and environmental – that influence the development and progression of oral disease.
Proportionate universalism	This approach recommends actions that are universal, but with a scale and intensity that is proportionate to the level of disadvantage. Applying the concept of proportionate universalism to oral health improvement means that a combination of universal and targeted activities is needed.⁵² Everyone should receive some support through universal interventions, while groups that are particularly vulnerable should receive additional interventions and support. The National Oral Health Plan therefore has Foundation Areas that are universal in nature and targeted strategies for Priority Populations that experience oral disease at disproportionately higher rates.
Accessible and appropriate services	Services, including prevention and health promotion, should be accessible to all who need them, across cultures, language groups, communities of place and interest, abilities and socio-economic groups, with recognition and respect for individual needs and views.
Integrated oral and general health	Oral health and general health are closely related and have common risks and causes. The common risk factor approach addresses risk factors common to many chronic conditions within the wider socio-environmental context.

It is envisaged the Goals and Principles of the National Oral Health Plan will be adopted in the new SAOHP.

3.1.1 National Oral Health Plan Baseline Report

The first Performance Monitoring Report of the NOHP 2015-2024 was provided to the Community Care and Population Health Principal Committee, a sub-committee of the Australian Health Ministers' Advisory Council in 2017.

The Report is a baseline report of 26 National Key Performance Indicators. Progress is expected to be reported every two years. The Executive Summary of the Baseline Report 2017 is provided at Attachment 1 for reference.

3.2 Links with Wider SA Health Plans

3.2.1 SA Health Strategic Plan

It is expected the new SAOHP will align with and reflect SA Health Strategic Plan 2017-2020, recognising the wider health systems strategic directions and context. The Vision of the Government for SA Health and the three roles of SA Health are defined in the plan as shown below.



Our Vision

Our people and our partners are actively engaged in improving the health and well-being of all South Australians.

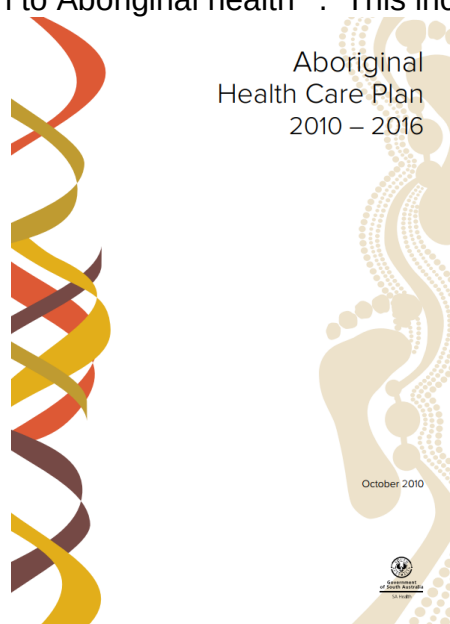
Consumers and communities are at the centre of our decisions and inform the design and provision of health and well-being services.

SA Health performs three roles in the health system:



3.2.2 SA Health Policy for Aboriginal Health

Programs and service responses should align with SA Health policy and principles in relation to Aboriginal health¹². This includes but is not limited to:



- Aboriginal Health Care Plan 2010-2016
- SA Health Aboriginal Workforce Framework 2017-2022
- Use of Aboriginal Health Impact Statements
- DHA and LHN Reconciliation Action Plans.

¹² <http://www.sahealth.sa.gov.au/aboriginal+health> Accessed 05 May 2018

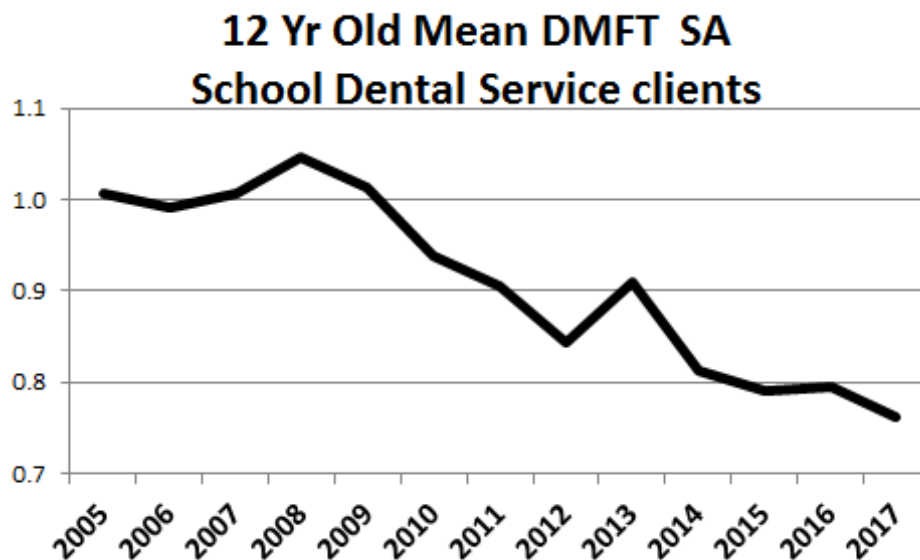
4. Overview of Oral Health Status in South Australia

4.1 Children

DMF(T) index is the total number of Decayed, Missing or Filled Permanent Teeth and is a measure of tooth decay experience; 12 year old DMF(T) rates are recognised as an international measure for child oral health.

Water fluoridation, use of fluoride toothpaste and regular dental care focussed on prevention and early intervention led to major reductions in dental decay among South Australian children from the 1970's through to the 1990's. The 12 year old DMF(T) of South Australian children enrolled in the SDS decreased steadily from 4.5 in 1977 to 0.47 by 1996. However, over the next decade 12 yr old DMF(T) rates lost some of the gains made in earlier years and rates doubled to 1.05 by 2008.

Stemming the decline in child oral health was one of the 11 themes of the inaugural SAOHP. As a result of deliberate and sustained activities, good progress has been made and DMF(T) of children enrolled in the SDS has shown substantial improvement in recent years.



Source: SA Dental Service Evaluation Unit: unpublished data (2018)

However the National Child Oral Health Survey 2012-2014 demonstrated that the gains have not been consistent across all age groups, and a high prevalence of dental decay in particular socio-economic, geographic and demographic groups.

South Australia and the ACT, have the lowest prevalence and severity of dental decay in the child population across the States and Territories. Nationally, and in SA there is a higher prevalence and severity of untreated dental decay and total decay experience among children:

- identified as Indigenous,
- from families where parents had school –level education,
- in low household income,
- living in remote or very remote areas
- whose last dental visit was for a problem (rather than a check-up).¹³

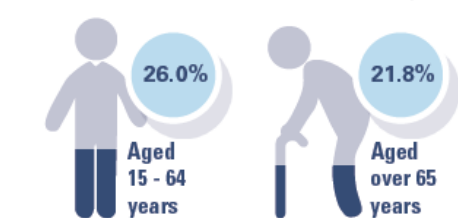
¹³ Chapter 5 Oral Health of Australian Children: the National Child Oral Health Study 2012-2014- Adelaide: University Press

4.2 Adults

For adults and young people aged 15 years and over, the most recent national population wide data is from the National Study of Adult Oral Health (NSAOH) 2004-2006. A new National study commenced in 2017. South Australian population wide data is not available and therefore national data is used.

More than one quarter (26%) of the national population have one or more teeth with untreated decay; over one fifth (22%) of older people aged over 65 years have untreated decay. Only one in ten (10%) of adults have never had dental decay and just under one quarter of adults have moderate to severe periodontal disease with the prevalence increasing with age, with over half of Australians aged 65 years and over having moderate to severe periodontal disease.

Fig 1.6 - Proportion of dentate adolescents and adults (15-64 years) and older dentate adults (65+ years) with one or more teeth with untreated decay



Source: National Survey of Adult Oral Health 2004-2006

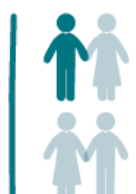
Fig 1.7 - Proportion of dentate young people and adults (15+ years) with moderate or severe periodontal (gum) disease



Source: National Survey of Adult Oral Health 2004-2006

The NSAOH 2004-2006 indicates:

Only one in ten (10%) dentate (having at least one natural tooth) adults aged 15 years and over had never experienced dental caries (no untreated decay, no fillings and no teeth missing due to oral disease).



About one in four (25%) dentate adults 15 years and over had untreated decayed teeth.

Just under one quarter (23%) of adults had moderate or severe periodontal disease. The prevalence increased with age, with over half (53%) of older Australians aged 65 years and over having moderate or severe periodontal disease.

Source: NOHMG Report (COAG Health Council)

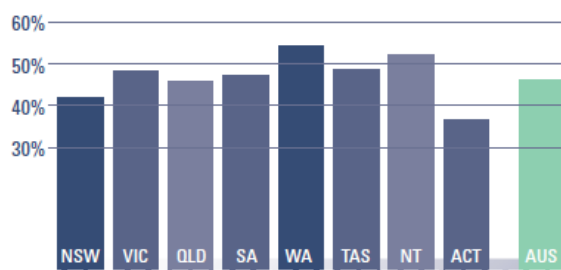
As described in the NOHP, evidence shows that adults who are socially disadvantaged or on a low income have more than double the rate of poor oral health than those on higher incomes, including higher rates of untreated dental decay and higher rates of tooth loss. People on low incomes continue to have less favourable patterns of dental visiting patterns than higher income households. The cost of dental care is frequently reported to be a barrier to accessing care; concession card holders significantly more likely to have avoided or delayed care due to cost and report cost as an issue preventing recommend treatment.¹⁴

While public dental services would ideally provide a comprehensive safety net for access to dental care, the reality is that only a small proportion of adults access the public system and waiting times can be long.¹⁵ For example in a two year timeframe the South Australian Dental Service treated approximately 23% of the total eligible adult population, which is close to the national average of approximately 21%.

¹⁴ National Oral Health Plan 2015-2024 Healthy Mouths, Healthy Lives, Australian Government ISBN 978-0-646-94487

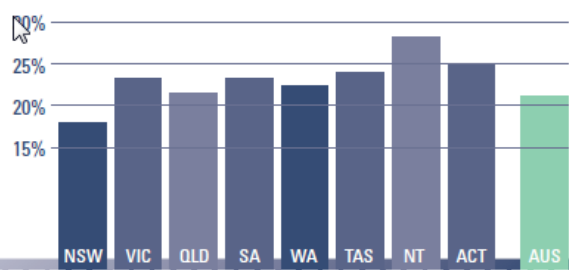
¹⁵ ibid

Fig 5.3 – Proportion of children (2-17 years) accessing oral health care through a Government funded oral health program (Jul 2014 – Jun 2016)



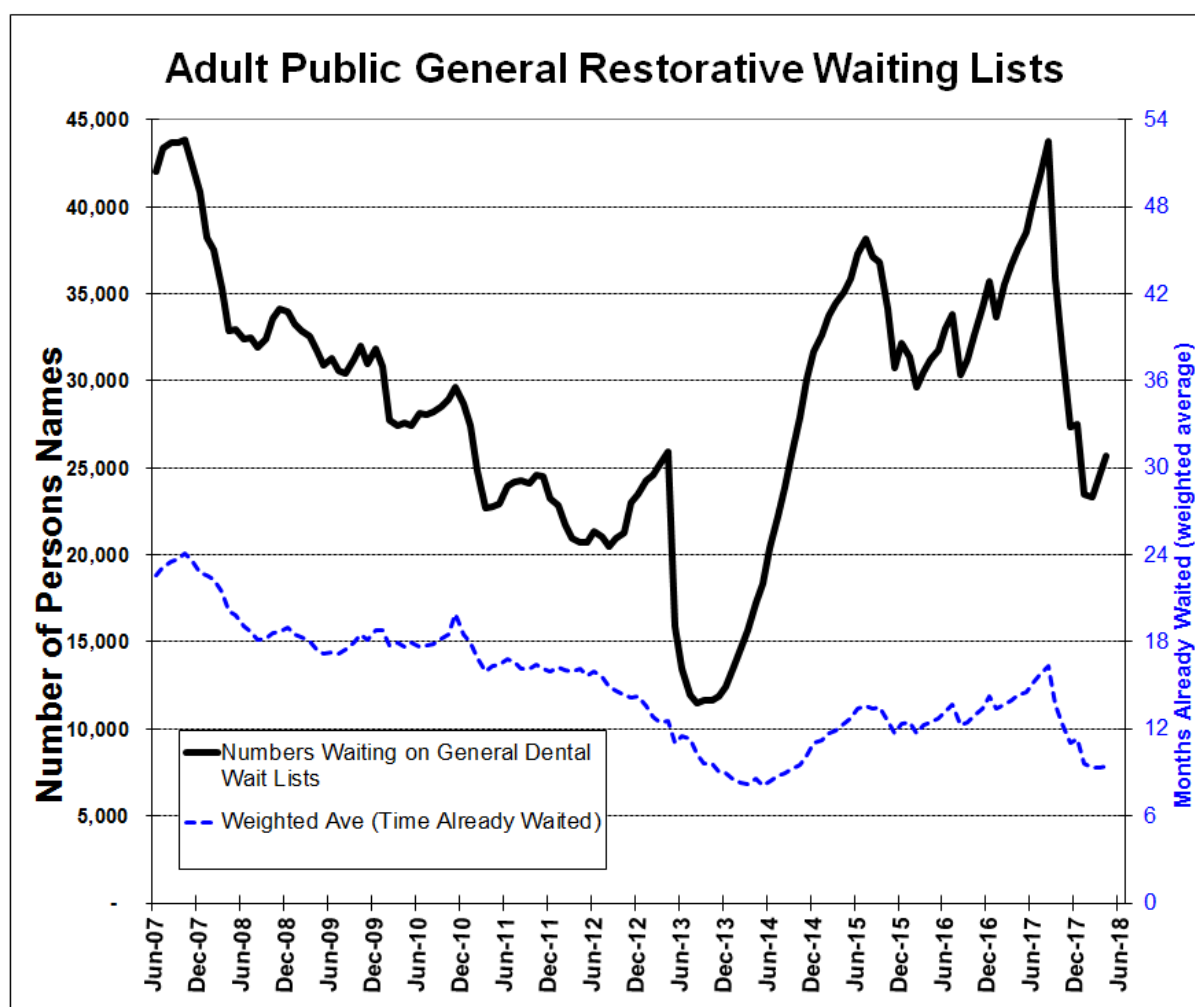
Sources: State/territory public dental service data
Australian Government Department of Human Services

Fig 5.4 – Proportion of adults (18+ years) eligible for state/territory provided public dental services who access care (Jul 2014 – Jun 2016)



Source: State/territory public dental service data

In South Australia, public general adult restorative waiting lists have improved in the past decade with less people waiting less time for general restorative care.



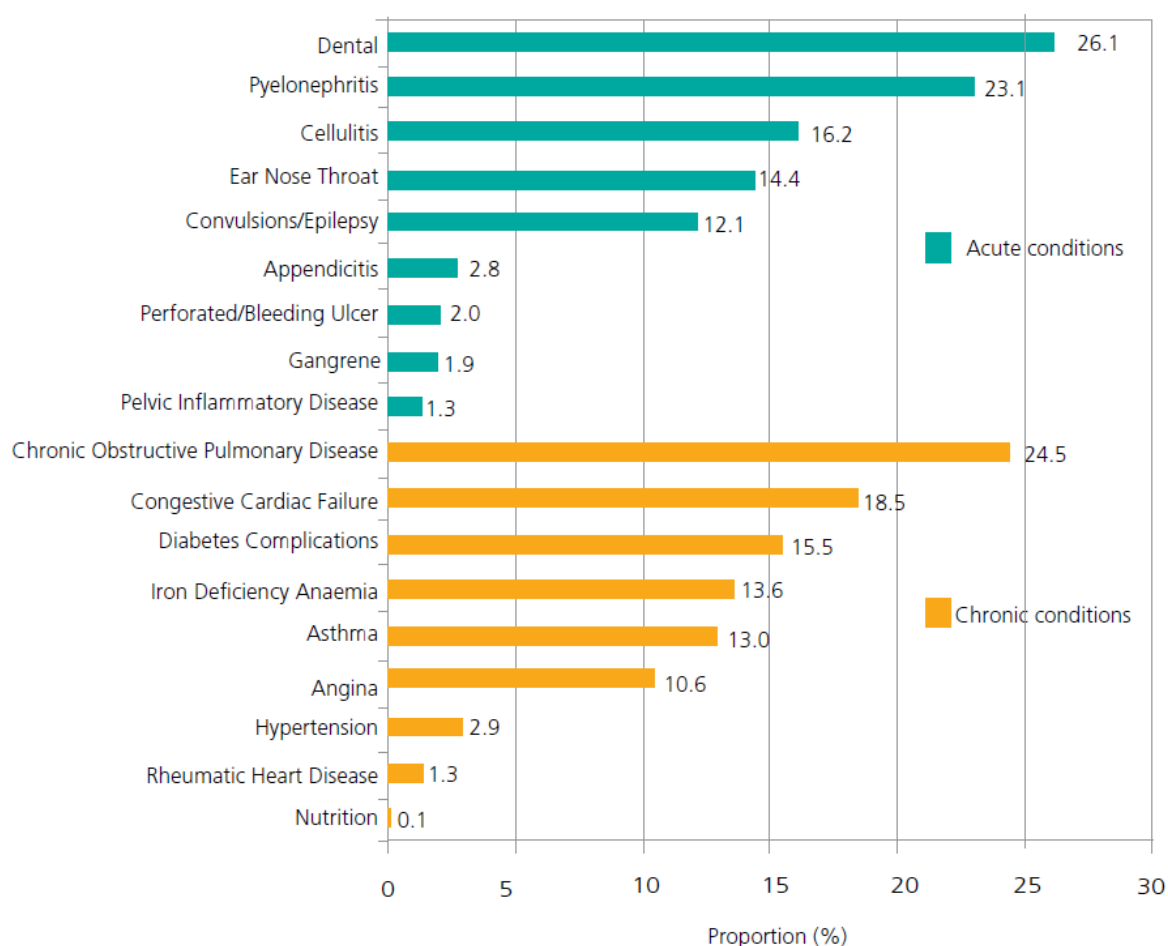
Source: SA Dental Service Evaluation Unit: unpublished data (2018)

The NOHP incorporates people who are socially disadvantaged or on low incomes as one of the four priority population groups and includes three key strategies for this population group. It is expected these strategies will form part of the SAOHP.

4.3 Potentially Preventable Hospitalisations

Potentially preventable Hospitalisations (PPHs) represent preventable conditions where hospitalisation could be avoided if timely and adequate non-hospital care had been provided.

Nationally, dental decay is the third highest cause of potentially preventable hospitalisations¹⁶. In South Australia dental problems are the most common potentially preventable condition in South Australia as seen in the below graph.¹⁷



Source: Protect, Prevent, Improve - The Chief Public Health Officer's Report 2012-2014

Nationally and in South Australia, children in the 0-9 year age group experience the highest rate of PPHs. Dental decay is the main oral health problem that results in the PPH in this age group and most of the treatment for dental caries in young children involves a general anaesthetic which are resource intensive and involve some risk.¹⁸

¹⁶ National Oral Health Plan 2015-2024 Healthy Mouths, Healthy Lives, Australian Government ISBN 978-0-646-94487

¹⁷ Protect, Prevent, Improve - The Chief Public Health Officer's Report 2012-2014

¹⁸ National Oral Health Plan 2015-2024 Healthy Mouths, Healthy Lives, Australian Government ISBN 978-0-646-94487

4.4 Oral cancers

Oral cancer may affect lips, tongue, salivary glands, gums, mouth or throat and is the eighth most common cancer in Australia.¹⁹ Oral cancer is more common among older age groups, men (two thirds higher than women) and Aboriginal and Torres Strait Islander people (three times higher than the rest of the Australian population). The risk of oral cancer is associated with lifestyle choices such as tobacco, alcohol consumption and human papillomavirus infection.²⁰

In 2013, of the 124,000 new cases of cancer diagnosed across Australia, just over 3,000 were oral cancers.²¹ Early detection of oral cancer markedly improves the five-year survival rate but many oral cancers are not diagnosed until they are in the advanced stages with significantly higher mortality rates.²²

The NOHP identifies dental practitioners as having an important role to play in early screening and detection of oral cancers.

4.5 Other Groups

The NOHP identifies four priority populations. These groups experience poor oral health at higher rates than other sectors of the population. The NOHP includes the following table which summarises a few elements with respect to the priority populations.

Priority Population 1 – People who are socially disadvantaged or on low incomes See page 50	- Children from low socio-economic areas are 70% more likely to have poor oral health than children in higher socio-economic areas³⁰ - Adults who are socially disadvantaged or on low incomes have more than double the rate of poor oral health than those on higher incomes³¹
Priority Population 2 – Aboriginal and Torres Strait Islander people See page 55	- Aboriginal and Torres Strait Islander people experience poor oral health earlier in their lifespan and in greater severity and prevalence than the rest of the population⁵ - Aboriginal and Torres Strait Islander people are also less likely to receive treatment to prevent or address poor oral health, resulting in oral health care which often takes place in the form of emergency treatment⁵
Priority Population 3 – People living in regional and remote areas See page 59	- Even after adjusting for socio-economic factors, children living in regional and remote areas have more tooth decay than children in metropolitan areas^{28,36} - Adults living in regional or remote areas have higher levels of tooth loss and more untreated tooth decay¹⁷
Priority Population 4 – People with additional or specialised health care needs See page 63	- People living with severe mental illness are more than three times more likely to have lost all their teeth³⁷ - The incidence of gum disease for frail older people is two to three times higher than the general population⁵

Table 1: Oral health of Priority Populations

The NOHP calls for 16 key strategies for the 4 priority populations. It is expected these strategies will form part of the SAOHP.

¹⁹ National Oral Health Plan 2015-2024 Healthy Mouths, Healthy Lives, Australian Government ISBN 978-0-646-94487

²⁰ *ibid*

²¹ *ibid*

²² Australian Institute of Health and Welfare 2016. Australian Cancer Incidence and Mortality (ACIM) books: head and neck including lip cancer. Canberra: AIHW.

5. Programs Supporting Oral Health in South Australia

5.1 Private Dental Sector

The private dental sector offers oral health care to adults and children and is the only place non-concession card holder adults can access dental care. A comprehensive range of services is provided in the private sector, including emergency and general dental care as well as more complex and costly treatments such as orthodontic and endodontic services.²³

Both nationally and in South Australia the private dental sector is the largest provider of oral health care.. For example nationally 84.4% of people who visited a dental practice in the last 12 months visited a private dental practice and 13.7% visited a public dental clinic with 1.9% visiting other dental providers.²⁴ South Australia has a slightly higher rate of public sector attendance (14.3%). People with higher household incomes and private health insurance are more likely to report visiting a private dental practice than those with lower household incomes or those without insurance.²⁵ However, concession card holders also tend to access private dental care, with approximately two thirds of card holders visiting private dentists.²⁶

In 2015/16 in South Australia the vast majority of dollars invested by the Commonwealth Government (\$128m), private health insurance companies (\$153m), and individual out of pocket costs (\$165m) occurred in the private dental sector with \$60m invested by the State Government on public dental care.

5.2 Public Dental Sector – SA Dental Service

SA Dental Service operates the majority of public dental services in South Australia as part of SA Health, under the Central Adelaide Local Health Network.

SA Dental Service provides a range of dental services for children under 18 years and eligible adults at clinics throughout South Australia. SA Dental Service works in partnership with the University of Adelaide to educate and train many of the state's dental professionals, including dentists and oral health therapists.

5.2.1 Services for Children - School Dental Service

The School Dental Service offers universal access to public dental services for all SA children under 18 years who live or go to school in South Australia. As at March 2018, 139,900 children are enrolled in the School Dental Service.

The School Dental Service provides comprehensive general oral health care in line with public oral health principles, with a focus on prevention and early intervention. Oral health risk assessment is undertaken for all enrolled children. Enrolled children are offered recall examinations at a period commensurate with their level of risk for oral disease. Individuals and child population groups at higher risk of oral diseases are identified and receive targeted care packages.

²³ Report of the National Advisory Council on Dental Health. 2012.

²⁴ AIHW: Chrisopoulos S, Harford JE & Ellershaw A 2016. Oral health and dental care in Australia: key facts and figures 2015. Cat. No. DEN 229. Canberra. AIHW.

²⁵ *ibid*

²⁶ Report of the National Advisory Council on Dental Health. 2012.

Dental care is free for all babies, all children not yet at school and most children and young people under 18 years.

General Anaesthetics are required for some children with extensive oral health care needs and these are provided both at local hospitals by SA Dental Service dentists and under contractual arrangements with the Department of Paediatric Dentistry of the Women's and Children's Hospital.

The Children's Population Oral Health Program aims to improve the oral health of children aged 0-5, in particular those with risk factors that increase their chance of developing Early Childhood Caries, through "Lift the Lip" screening and referral to dental services. This has contributed to more than 14,000 children under 5 years old, being seen per year since 2012.

Dental services are provided by teams of dentists, dental therapists and dental assistants together with dental students and a range of clinical support staff at clinics throughout South Australia. In some remote areas of the State, SA Dental Service utilises private sector dental providers to provide School Dental Service care under a capitation funding model. SA Dental Service staff also provide services in some remote areas not covered by private dentists.

5.2.2 General and Emergency Services for Adults - the Community Dental Service and Adelaide Dental Hospital

The Community Dental Service (CDS) and the Adelaide Dental Hospital (ADH) provide oral health care to low-income earning adults with eligibility for care limited to current holders (and adult dependents) of Centrelink Concession Cards and Department of Veterans Affairs or Pensioner Concession Cards. As at December 2017, 469,550 adults were eligible to attend the CDS and ADH²⁷.

Emergency (or urgent) and routine dental services are provided to eligible adults. Urgent needs are assessed and clients are offered care within a clinically acceptable timeframe while routine care is provided after recourse to a waiting list. Modest client fees apply for most services with certain preventive items provided at no cost.

Dental services are provided by teams of dentists, dental therapists and dental assistants together with dental students and a range of clinical support staff at clinics throughout South Australia. Service provision is supplemented by private dentists through a range of schemes such as the Emergency Dental Scheme, General Dental Scheme, Pensioner Denture Scheme, Prisoner Dental Scheme and the Aboriginal Dental Scheme.

A range of high risk adult population groups receive targeted priority care. These groups include Aboriginal people (see section 6.4), people with significant medical conditions where their oral health impacts on their general health, people living in Supported Residential Facilities and people experiencing homelessness. Small programs also exist in some metropolitan areas for frail community living older people and some residential aged care facilities.

²⁷ <https://data.gov.au/dataset/dss-payment-demographic-data> Accessed 04 May 2018

Services are also provided to prisoners by SA Dental Service teams working with Prison Health Services. SA Dental Service staff also provide services in some remote areas of the State not covered by private dentists.

5.2.3 Specialist Care - The Adelaide Dental Hospital

Specialist services are provided in the Adelaide Dental Hospital (ADH) by a combination of salaried specialist staff, teams of dentists, dental hygienists and dental assistants together with visiting specialists, academic staff of the University and postgraduate students in specialty training programs. A small number of specialist services are outsourced to private specialist providers. Specialist dental services are more complex with services mostly provided on referral from general dental providers.

The range of specialty services provided at the ADH include: Oral and Maxillofacial Surgery; Orthodontics (braces); Endodontics (root canal); Periodontics (gum conditions); Fixed and Removable Prosthodontics (dentures, crowns, bridges) and Special Needs Dentistry for people with a range of complex medical, physical or intellectual disabilities. SA Dental Service provides a limited range and number of these complex specialist dental services. A small number of specialist services are provided in community dental clinics.

5.3 Public Hospitals

Flinders Medical Centre operates a small dental clinic that provides dental care for inpatients.

The Women's and Children's Hospital operates a tertiary specialist paediatric dental unit. The Unit works cooperatively with SA Dental Service and the University of Adelaide in the provision of public specialist dental services for children and education and training of paediatric dental specialists. The Women's and Children's Hospital incorporates the Australian Cranio Facial Unit, a national centre of excellence in its field. This Unit treats people with a wide range of rare and/or complex anomalies which affect the head and face.

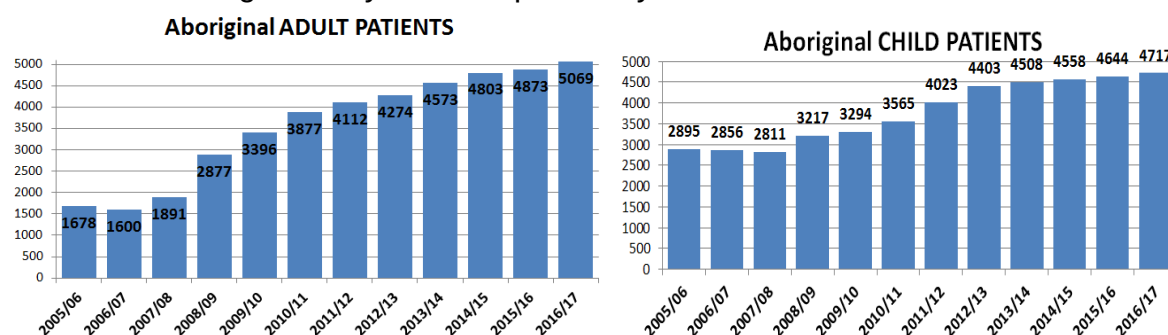
The Royal Adelaide Hospital and SA Dental Service operate a joint specialist Oral and Maxillofacial Surgery Unit in partnership with the University of Adelaide which includes education and training of Oral and Maxillofacial surgeons.

5.4 Targeted Programs for Aboriginal and Torres Strait Islander People

Since the mid 2000's SA Dental Service has developed a number of strategies to increase the number of Aboriginal people accessing publicly funded dental care in South Australia.

The Aboriginal Oral Health Program uses multiple strategies to address a broad range of issues that might prevent Aboriginal people from accessing dental care and achieving good oral health (e.g. cost, health literacy, cultural appropriateness). Closing the Gap funding is used to employ Aboriginal project staff to raise awareness of oral health and community engagement and access to dental services.

As a result the number of Aboriginal adults and children seen by SA Dental Service has increased significantly over the past ten years.



Source: SA Dental Service Evaluation Unit: unpublished data (2018)

The Aboriginal Health Council provides funding to SA Dental Service that contributes to clinical care for Aboriginal people in rural and remote areas.

SA Dental Service works in partnership with the following organisations, providing funding for dental programs operated by:

- Tullawon Health Service based in the Yalata community
- Nganampa Health Service in the APY lands
- Nunkuwarrin Yunti in Adelaide.

5.5 Academic, Education and Research Sectors

5.5.1 University of Adelaide

The University of Adelaide provides undergraduate training for dentists and oral health therapists as well as a range of post graduate specialist clinical discipline training and other post graduate courses. Student oral health practitioners gain most of the clinical experience in South Australian Dental Service clinics.

In 2015 the South Australian Government and the University of Adelaide entered into a 30 year partnership agreement. The primary objectives for the Partnership are:

- to deliver an innovative and integrated model of high quality education and Public Oral Health Care
- to optimise Public Oral Health Care outcomes, clinical placement educational opportunities and the use of public dental infrastructure;
- to provide a sustainable oral health workforce for South Australia;
- to align the delivery of Public Oral Health Care with the State Health Plan in particular the strategic direction of Strengthening Primary Health Care; and
- to provide suitable clinical placements to Dental Students (as part of the Partnership, without additional charge) to enable the completion of their program of study.

In 2013, undergraduate and post graduate students of the University of Adelaide contributed 155,340, or around 11%-12% of the total clinical items of care provided by SA Dental Service. Under the partnership agreement this volume clinical of care is to be maintained.

The University of Adelaide via its Community Outreach Dental Program provides dental and other health services for people experiencing homelessness or have difficulty accessing conventional care at the Common Ground complex in Light

Square. Services are provided by University of Adelaide staff, students, private dentists and allied health professional who volunteer their time.

5.5.2 Australian Research Centre for Population Oral Health

The Australian Research Centre for Population Oral Health (ARCPOH) is Australia's pre-eminent population oral health research body undertaken dental research and provides a broad range of dental and oral health statistics.²⁸ ARCPOH was established at The University of Adelaide in 2001 to undertake research and research training in population oral health that is internationally recognised to be of the highest quality.

ARCPOH's stakeholders, in addition to the University, include government agencies, dental organisations and private corporations. ARCPOH incorporates the Dental Statistics and Research Unit, the Health Services Research Unit, the Dental Practice Education Research Unit, the Indigenous Oral Health Unit and the Oral Health Promotion Clearing House.

ARCPOH in partnership with the Commonwealth Department of Health and State/Territory Health Departments is currently conducting the National Study of Adult Oral Health 2017-2018. Previous national child and adult studies have also been led by ARCPOH.

5.5.3 TAFE

TAFE SA provides training for dental hygienists, dental technicians and dental assistants. Courses in radiography and practice management are also offered by TAFE SA. TAFE SA and SA Dental Service work collaboratively to optimise training outcomes and opportunities.

5.6 Water Fluoridation

The National Health and Medical Research Council have confirmed that Australian community water fluoridation programs are a safe, effective and ethical way of reducing tooth decay across the population.²⁹

Fluoridated water is the primary source of all fluoride exposure and helps reduce tooth decay for all, at all stages of life. Fluoridation of drinking water particularly benefits children, and those on lower incomes who tend to have higher rates of dental decay and less access to dental treatment and other forms of fluoride.³⁰

In South Australia, 92% of people have access to optimally fluoridated water.³¹ This is slightly higher than the national average of 89%, similar to other jurisdictions aside from Queensland and Northern Territory where the rates are less than 80%

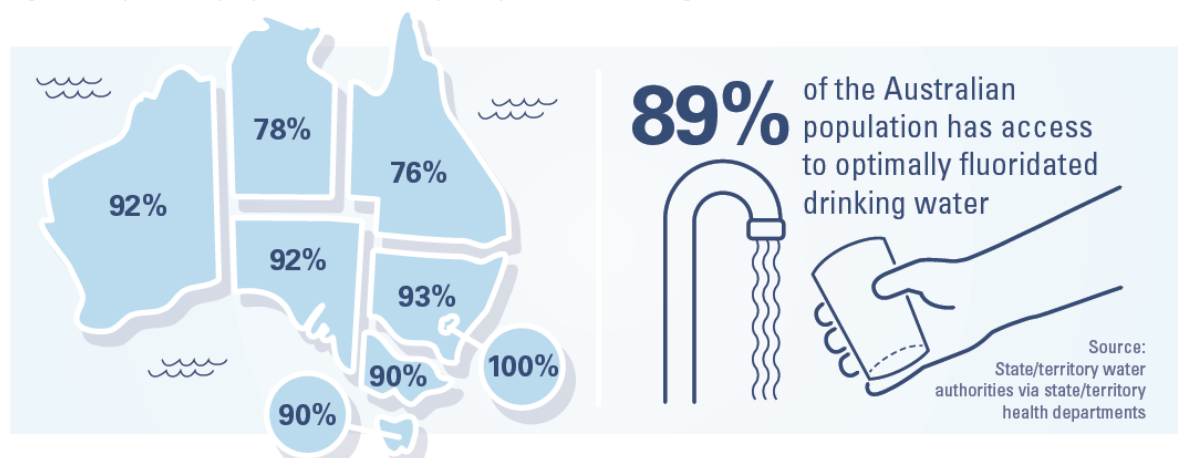
²⁸ ARCPOH Website sourced 7 May 2018.

²⁹ National Health and Medical Research Council Public Statement 2017. Water Fluoridation and Human Health in Australia

³⁰ *ibid*

³¹ COAG Health Council Performance Monitoring Report– Baseline Report 2017

Fig 4.2 – Proportion of people with access to optimally fluoridated drinking water, 2017



5.7 Health and Oral Health Promotion

Oral Health Promotion is a feature across the dental sector with the private, public and education sectors as well as professional bodies all undertaking aspects of health promotion. While there are examples of collaboration across the health sector with regards to common risk factor approach, the integration of oral health and general health remains an important priority.

Oral Health Promotion is included as one of the six foundation areas of the NOHP. The National Plan calls for five key health promotion strategies:

- extending access to water fluoridation
- broader use of evidence based health promotion programs
- strengthening of nutritional and oral health messages in key settings
- developing capacity of health community service and education workers to work with clients to improve their oral health
- strengthening the focus of oral health as an integral component of general health, education and plans.

It is expected these strategies will form part of the SAOHP.

5.7.1 Tooth-brushing

It is widely accepted and recommended that individuals brush their teeth twice daily with fluoridated toothpaste as an important preventive oral health factor.

Evidence from a number of population based surveys including the National Child Oral Health Study 2012-2014, The National Survey of Adult Oral Health 2004-2006 and more recently the Australian Dental Association Oral Health Tracker Technical Paper, indicate that the rate of twice daily brushing nationally for both children and adults is less than it should be. This suggests there is potential to improve oral health by promoting effective daily self-management programs.

6. South Australia's Oral Health Plan 2010-2017 Achievements

The inaugural SAOHP includes 27 Strategies under 11 themes for action in the period 2010 to 2017. Examples of progress under each of these areas are included at Attachment 2. Stakeholders can include information about any areas not covered in this summary in their feedback.

Some strategies have been achieved, some may remain relevant and some may not be relevant for the next Plan.

7. Attachments

Attachment 1	Executive Summary: Baseline report of 26 National Key Performance Indicators, Healthy Mouths Health Lives – Australia’s National Oral Health Plan 2015-2024.
Attachment 2	Overview of What Has Been Achieved Under South Australia’s Oral Health Plan 2010-2017

Baseline report of 26 National Key Performance Indicators, Healthy Mouths Health Lives – Australia's National Oral Health Plan 2015-2024.

Executive Summary

This report summarises the state of Australia's oral health providing the baseline data for Key Performance Indicators that will be used to monitor performance of the strategies identified in Australia's National Oral Health Plan 2015-2024.

•Our Oral Health•

Oral diseases are amongst the most common and costly health problems experienced by Australians.

•Children•

Although rates of tooth decay (dental caries) have reduced significantly since the mid-1970s, there is still a high prevalence of dental caries in children.



Dental caries is the main oral disease behind Potentially Preventable Hospitalisations (PPHs) in children.



6.9

Potentially Preventable Hospitalisations per 1,000 children under 10 years of age

2013 / 14



•Adults•

A new National Study of Adult Oral Health has just commenced. Data from the previous study in 2004-2006 indicated:

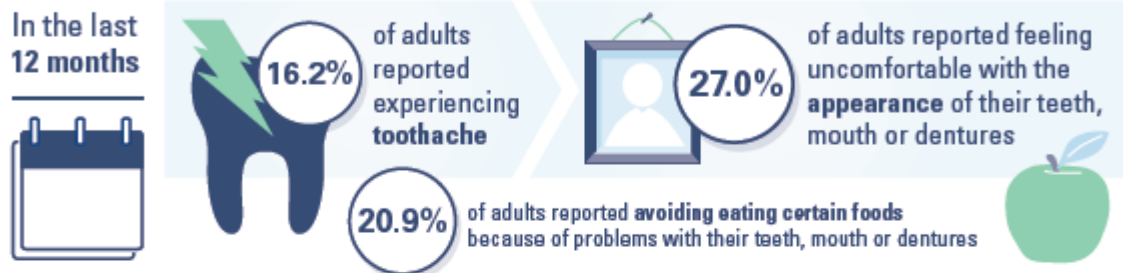


Dental caries and periodontal disease are the most common of the oral diseases and the main causes of tooth loss.



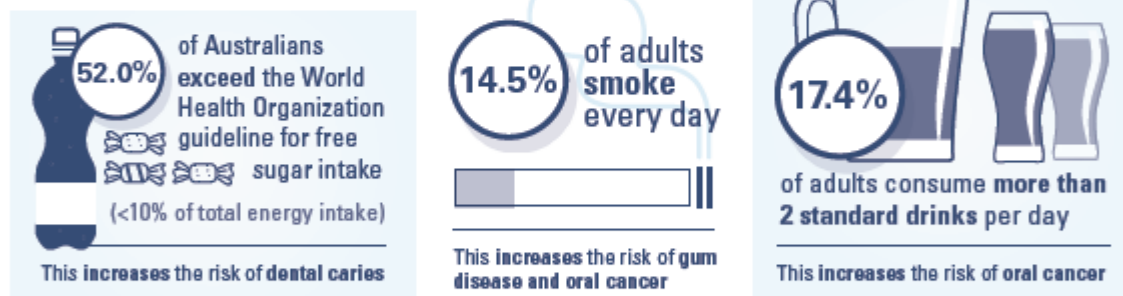
How Oral Disease Impacts Our Wellbeing

The National Dental Telephone Interview Survey shows oral disease has an impact on quality of life for a significant proportion of Australians.



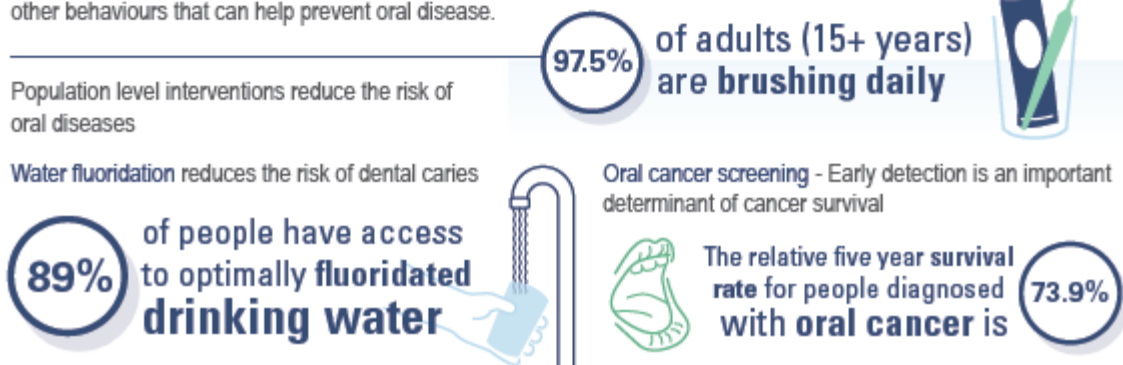
Behaviours that Increase the Risk of Oral Disease

Behavioural risk factors that impact oral health share common risk factors with a number of other chronic diseases.



Preventive Strategies to Reduce the Risk of Oral Disease

Whilst there are behaviours that can increase the risk of oral disease, there are other behaviours that can help prevent oral disease.



• Access to Oral Health Services •

Fundamental to good oral health and minimising the impact of oral disease, is the ability to access oral health services.



The 2013 National Dental Telephone Interview Survey found less than half (44%) of dentate adults had a regular dental provider whom they visit for an annual check-up. Whilst irregular dental visiting patterns could reflect a lack of perceived need, they could also reflect barriers to dental care.



Governments have funded a range of public dental programs recognising the issue of affordability of oral health care.



• Workforce •

Fundamental to oral health service access is a workforce that has the capacity to meet community's oral health needs.



To address the inequitable geographic distribution of dental practitioners, enrolment of students from a rural background into dental and oral health courses has been promoted through the establishment of rural dental schools.



• Safety & Quality of Oral Health Services •

For those accessing oral health services, receiving quality care is of utmost importance. Consumer experience is a valuable indication of service quality and whether services are meeting their needs. Of the respondents to the 2014/15 ABS Patient Experience Survey who had visited a dental professional in the previous 12 months:



Attachment 2

What Has Been Achieved Under South Australia's Oral Health Plan 2010-2017

Theme and Strategy Number	Strategies To Improve Oral Health	Progress/Achievements	Progress Assessment Limited Some Substantial
Water Fluoridation			
1	We will explore the potential to fluoridate the water supplies of the few remaining smaller centres without access to this important public health measure	- All SA Water managed reticulated water supplies are fluoridated. - Roxby Downs and Coober Pedy remain un-fluoridated.	Limited
Oral Health Messages for the Whole Population			
2	We will work with the Australian Government, other state/territory governments, dental professions and the tertiary and vocational sectors to ensure a nationally consistent set of oral health messages is developed and promoted	11 Key Oral Health National messages agreed and developed. - Further promotion required as part of wider health promotion strategies.	Substantial
Making Timely Dental Care more Affordable and Accessible			
3	We will continue to explore more flexible service delivery opportunities for all oral health providers aimed at enhancing oral health outcomes for all population groups.	- Strong South Australian contribution into the National Advisory Council Report 2012. - Nationally the Dental Board of Australia now well established. - Oral health inequities still evident in the community. - Out of pocket expenses remain a barrier to people accessing dental care.	Some
4	We will work with the Australian Government to ensure that low income earners are able to receive regular dental check-ups and timely treatment		
5	We will progressively extend the visiting public dental specialist program to all major country centres across the state in line with the Country Health Plan		

		• Met the requirements of two Commonwealth funded National Partnership Agreements relating to public dental care. Implemented a third NPA in 2017 that runs to March 2019. These NPA's have contributed to shorter waiting times and increased the volume of people treated substantially. • Waiting Times for routine general dental care have improved slightly from around 28,000 people waiting 18 months in June 2010 to 25,500 people waiting 9 months as at 31 March 2018. • Specialist visiting country areas – use of tele-dentistry currently being implemented on a trial basis in several country areas. • Specialist postgraduate students are being scheduled to travel to several country areas to improve access to specialist care for country residents. • Introduction of some publicly funded specialist private dental schemes, particularly in country areas to improve access to specialist care. • Establishment of a public sector Special Needs Network to upskill community based public dentists to that some clients can be treated in their local community. • Established a referral pathway between the Migrant Health Service and SA Dental Service for newly arrived migrants with a refugee background. • The Homelessness and Oral Health Program introduced in 2011 to improve access to dental care for people who are homeless or at risk of homelessness and incorporates a mix of private and public dental providers. • Establishment of the University of Adelaide	
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		Outreach Dental Program which provides dental and other health services for people experiencing homelessness. • The SRF program provides support for SRF residents to access dental treatment which is provided in a timely manner and free of charge. • Innovation in Mental Health and Oral Health project implemented in 2015-2017, focused on building the capacity of mental health service providers and community pharmacists to improve oral health of people living with a mental health illness.	
Meeting the needs of older people			
6	We will work with general practitioners and the range of health professionals who interact with older people in their homes, to include a simple oral health screening tool in their assessment of their clients' needs. This assessment will provide assistance to maintain oral hygiene and act as a referral pathway for dental treatment where needed. When these clients are eligible for public dental care, this treatment will be provided on a priority basis in collaboration with the private dental sector	• Completed two Federal funded projects developing models of care and resources for wider application in the residential and community aged care sectors. • South Australian developed resources used in the national implementation of the Nursing Home Oral and Dental Health Plan. • Existing small SA Dental Service collaborative community and residential aged care programs have been sustained but not expanded. • No substantial traction from the aged care sector to implement oral health assessment, care planning and support for daily care.	Limited
7	We will work with the Australian Government in the implementation of the Nursing Home Oral and Dental Health Plan to ensure people in residential aged care: • Have an oral health assessment as part of their health check and care plan • Receive the support they need to maintain oral hygiene • Receive the dental treatment they need in a timely manner.		

Stemming the increase in dental decay among children			
8	We will support the implementation of the healthy eating guidelines created by the Department of Education and Children's Services for pre-school centres and schools and the Rite Bite Strategy for school canteens, Crunch and Sip and Opal to increase the use of tap water as the drink of choice and to encourage the consumption of nutritious foods.	• Universal School Dental Service retained. Around 140,000 children enrolled for care in 2018, slightly higher than the 134,000 enrolled in 2010/11. • South Australian public and private sectors participated in the Child Dental Benefits Schedule and its predecessor the Teen Dental Plan Program. • Department of Education and Child Development preschools and schools encouraged to follow the Right Bite Healthy Food and Drink Guidelines which include guidelines for School Canteens. • SA Dental Service led the SA Crunch and Sip Program from 2009-2014. • The Crunch and Sip Program promoted Tap Water in schools and healthy snacks. • Lift the Lip Program implemented across the state focussing on prevention, and referral and promotion of early dental visits. • Child and Family Health Service nurses are trained to screen children for tooth decay and refer as required at scheduled Health Checks. • Child Care Centre workers trained to screen and refer children for tooth decay. • Dedicated team of SA Dental Service staff attend Child Care Centres and kindergartens to screen children for tooth decay and refer as required. • SA Dental Service staff attend the annual Pregnancy Babies and Children's Expo, promote good oral health during pregnancy, dental visits for pre-schoolers and to encourage parents to follow good dental health habits.	Some
9	We will work with the range of health professionals who interact with pregnant women and parents of young children to ensure that they have the information they need at key stages in their child's development to maintain their oral health.		
10	We will encourage the Australian Government to support medical practitioners and other health professionals to undertake a simple oral health assessment for young children from 12 months of age as part of Medicare, including referral for dental treatment by an oral health professional		
11	We will maintain universal access to the School Dental Service for all South Australians until their 18 th birthday. This will be supported by the new Australian Government's Medicare Teen Dental Program that will fund and annual check-up and preventive care.		

		- SA Dental Service staff attend Aboriginal specific preschools to screen children for tooth decay as a priority. All Aboriginal children are offered a referral. - Oral health training for midwives at metropolitan and regional hospitals have received oral health training in pregnancy.	
Improving oral health for Aboriginal People			
12	We will work with rural Aboriginal communities to ensure that healthy foods, cold tap water with adequate fluoride levels where feasible and toothbrushes and toothpaste are available at an affordable price. We will also include oral health messages in wider health promotion programs for Aboriginal people.	- The Aboriginal Oral Health Program (AOHP) provides state-wide priority, free dental care for all eligible Aboriginal and Torres Strait Islander clients. This priority free care is embedded within SADS routine clinical care. Since 2005, over 20,000 Aboriginal adult clients have accessed services. - Engage the Aboriginal and Torres Strait Islander community in raising oral health awareness and providing information for accessing timely dental services through SA Dental Service clinics. - Integrate oral health into general health across Aboriginal Health services in South Australia. - Provide Oral Health information and support for rural and remote clients requiring dental care. - Provide services through the Aboriginal Dental Scheme for rural and remote clients - Provide Oral Health education and training for non-dental professionals who refer Aboriginal and Torres Strait Islander clients to the SA Dental Service. - Training and support for non-dental professionals	Substantial
13	We will progressively extend the Aboriginal Liaison Dental Program to the whole of South Australia in collaboration with Aboriginal communities.		
14	To achieve sustainable ongoing dental services for small rural and remote communities, we will develop targeted programs that take into account the unique circumstances of the individual communities with a focus on meeting the oral health needs of Aboriginal people. The Aboriginal Cultural Respect Framework for SA Health will be a foundation for these programs and will be developed and managed in close collaboration with the Aboriginal Community Controlled health sector.		
15	We will work with the Australian Government to progressively expand dental programs to other small remote Aboriginal health service centres across South Australia based on the experiences of the Coober Pedy model.		

16	We will increase the number of Aboriginal people working in all areas of the oral health workforce in collaboration with the tertiary and vocational education sectors.	who screen and refer Aboriginal and Torres Strait Islander children with early childhood caries to SA Dental service. • Support Aboriginal Client Liaison Officers working in the SA Dental Service clinics. • Provide tailored Cultural Competency training for SADS staff in partnership with Power Community Ltd.	
Ensuring a sustainable oral health workforce			
17	We will collaborate with the tertiary and vocational education sectors to support the clinical education of the increased number of dental and oral health students through the full range of public dental programs, including make patients, clinical space and staff available. Where necessary for their educational program, students will be able to treat fee paying patients in public and private dental facilities.	• 30 Year Agreement with the University of Adelaide in place formalising arrangements for student clinical placement, support models, use of infrastructure and establishing 2 scholarships annually to support rural workforce attraction and retention. • Increased number of dental providers over the past decade, however, there is a maldistribution of the workforce with the Adelaide metropolitan area relatively well serviced and rural and remote areas relatively poorly serviced in terms of access to dental providers. • Oral health units of competency developed by the then Health Industry Skills Council, in collaboration with the dental sector, for inclusion in community services training packages. The uptake of these units of competency into training programs is not known, but is not thought to be widespread. • Evaluated Building Better Oral Health Communities learning and teaching package for nurses. Available for nurse educators to incorporate into training material. • CALHN Oral Care Organisation Wide Instruction	Some
18	We will work with the Australian Government and the dental education sector to develop and implement a range of measures to attract and retain dentists and other professions within the oral health workforce to country South Australia. These measures will include expanded rural scholarships and placements for students.		
18	We will undertake workforce planning for all areas of dental specialisation to ensure that high quality and sustainable training programs are in place in South Australia.		
20	We will work with the tertiary education, vocational sector and the Community Services and Health Industry Skills Council to ensure that an oral health component is included in curricula of education programs for all health and community professionals		

		reviewed and updated for in patients • Training conducted by SA Dental Service staff for Child Care Centre undergraduate students attending TAFE.	
Establishing modern public dental infrastructure			
21	We will include dental surgeries for both the School Dental Service and the Community Dental Service (for eligible adults) in the Elizabeth, Marion, Noarlunga and Modbury GP Plus/GP Super-clinics and in the planning for major GP Plus Health Care Centres across the state.	• New public clinics and/or significant upgrades of 21 clinics across the State since 2007. • SDS and CDS included in Elizabeth, Marion, Noarlunga and Modbury GP Plus/GP Super-clinics. • New Adelaide Dental Hospital in partnership with the University of Adelaide. • However, a number of public clinics across the State have not been upgraded since they were established in the 1970's and struggle to comply with contemporary community expectations about the standards of care.	Substantial
22	Over the next seven years we will progressively upgrade the remaining School Dental Service clinics to bring them to the standard needed for modern high quality dental care.		
23	In partnership with The University of Adelaide, we will develop a program to progressively upgrade clinical facilities at the Adelaide Dental Hospital to better meet the dental service and dental educations needs of the state.		
Improving Information and Technology			
25	We will investigate the development of public dental ICT and electronic patient record systems to enhance patient access, improve connectivity between public and private clinical business systems in line with the current e-health environment.	• Significant upgrade of software at the Adelaide Dental Hospital in 2018 the first stage of what is expected to be a three stage approach. • Planning for subsequent stages to occur in 2018/19.	Some