

# Importance of Oral Health

- **Mouth**
- **Eating, Communication, Social Contact**
- **Sensory & Emotional Organ**
- **Disease –**  
**Physical and Emotional Stress**
- **Systemic Effects**

# Achievements

## *National*

- *Reduced caries over generations*
- *Less edentulism*
- *Expanded scope and quality*

## *NSW*

- *Two dental hospitals*
- *Oral medicine & Oral pathology*

# Challenges Eroding Oral Health

- *At National Level*

- Increasing disease

- Reducing workforce

- **Caries**
  - 2.4 Fold Increase for 35-40 Year Olds (1973-1995)
  - 3 Fold Increase for 18-24 Year Olds in 6 Years (1995-2001)
  - 2 Fold Increase for most other age groups
  - 4 Fold Increase with adolescence
- **Rural**
  - Sydney 58 Dent/100,000, Rural 28 Dent/100,000
  - 2 x Preventable Hospitalizations
  - 60% more caries in children
  - 50% more likely to have extraction as treatment
- **Increased Demand From 2000 - 2010**
  - Public 29%
  - Private 21%
- **Projected Dental Workforce Shortage**
  - 1,500 clinical personnel by 2010

- ***Cost is a barrier to access***
  - ***Lack of funding and insurance mechanisms***
    - ***Private***
    - ***Public***
- ***Inequitable access and availability***
- ***Late presentation of disease***
- ***Lack of integrated care***

- ***Inadequate or Limited Educational / training infrastructure***  
***Clinical training time in undergraduate curricula***  
***Integration of education with within and across health areas***
- ***The absence of mandatory continuing education***

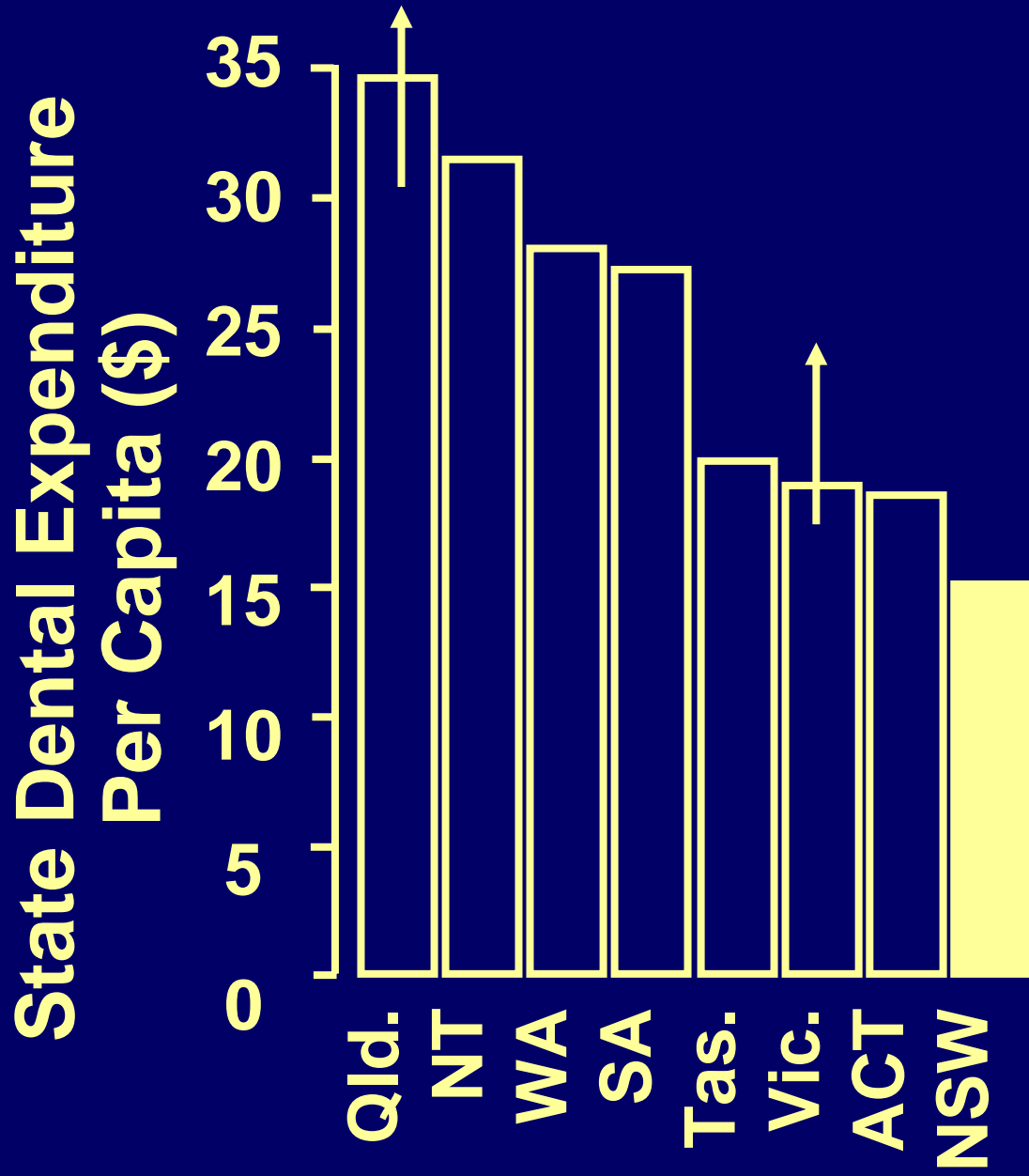
# **Insufficient Political Interest**

- ***Inaccurate perception of dentistry***
- ***Lack of oral health information services***
- ***Lack of public policy***

# Challenges in NSW

- **A small dental faculty divided across teaching sites**
  - **Sydney Dental Hospital**
  - **Westmead Centre for Oral Health**
  - **Main University of Sydney Campus**
  - **Lidcombe Campus**

# NSW - Lowest Public Funding



# APOH - Integrated View

- **Independent think tank**
  - Membership from across multiple stake-holders
  - Public / Private / Professions / Institutions
  - Consensus position
- **Advocacy group**

# Multiple Interrelated Causes

- - (a) An undersupply of clinicians
- - (b) Under-funded / unattractive public sys.
- - (c) Rural / remote areas unattractive
- - (d) Under-funded / unattractive academia
- - (e) Inadequate health surveillance
- - (f) Degraded specialist training programs
- - (g) Ageing population
- - (h) increased tooth retention
- - (i) Inadequate fluoridation / Health promot.

# **Interrelated Causalities - Require Integrated Strategy**

- Not Too Hard - Can Do**
- Health Ministers Agree**
  - National Oral Health Plan**
- APOH Strategy for  
Implementation**

# **THE NATIONAL ORAL HEALTH PLAN**

- **National Advisory Committee  
on Oral Health**
- **Established by the Australian  
Health Minister's Conference**

# **NOHP Identified Action Areas**

- 1: Promoting oral health across the population**
- 2: Children and adolescents**
- 3: Older people**
- 4: Low income and social disadvantage**
- 5: People with special needs**
- 6: Aboriginal and Torres strait islander peoples**
- 7: Workforce development**

# **NOHP Recommendations**

- **1) Increased integration and utilization of dental, paradental and other health professionals, services and interest groups**
- **2) Expansion of health promotion and prevention activities**

- **3) Improved surveillance and analysis of community oral health needs**
- **4) Improved private insurance funding mechanisms for oral health services**
- **5) Increased support for and mechanisms for delivery of services to groups in need**

- **6) Improved mechanisms for recruitment and retention of the public and private oral health workforce, particularly in rural areas**
- **7) Improved support for training, academia and research to expand and up-skill the workforce to sustainable levels**

# **APOH Recommendations**

## **- *Strategy for NOHP***

- **Correct public & political perception**
- **Reduce community disease load**
  - Improved prevention / fluoridation
  - Improved oral health promotion
  - Integration with general health initiatives

# Oral Health Information Services

- **Oral Health Surveillance system**
  - Determine ongoing community needs
  - Plan workforce and service needs
  - Monitor effectiveness of preventive and treatment strategies
- **Federal Oral Health Dept./Unit**
  - Improve national coordination
  - Improve integration with other health areas
  - Improve quality of advice

# **Increasing Workforce & Access**

- **Expand treatment infrastructure**
- **Integrate oral health with broader services**
- **Train increased numbers of clinical personnel**
- **Expand number of public clinicians**
  - **Improved wages / conditions / career pathways / rural incentives**

# Introduce Dental Team Model

- **Para-dental professionals led by dentists in teams**
  - Dentists - Initial Assessment & Complex Treatment
  - Para-Dental Professionals - Prescription and Maintenance therapy
- **Teams working in context of wider health teams**
- **Significant reduction in costs**
  - Increase Access

# Improved payment / insurance / taxation

- **Replace “Piece-work” payment**
  - Both Public & Private
- **Improved insurance mechanisms**
  - Both Public & Private
- **Taxation improving practice viability**
  - Rural areas
  - Continuing education
- **Improved public funding to support these initiatives & retain public clinicians**

# Improved Training

- Incorporate oral disease in medical / para-medical studies / cont. ed.
- Uniform mandatory education
  - Aged / med comp / cancer
- An integrated educational model for dental and para-dental professionals

# **Internship / Vocational Training**

- **New graduates work in the public system**
  - **Expand number of public clinicians**
  - **Senior interns available for rural rotations**
  - **Increase attractiveness of public system & rural practice**
  - **Improve undergraduate training**
  - **Improve graduate skills**

# **Conjoint & Registrar Positions**

- **Strengthen specialist services in public system**
- **Improve undergraduate training**
- **Increase private specialist numbers**
- **Provide rural specialist services**
- **Improve attractiveness of rural practice**

# **Integrate Dental / Para-dental / Medical / Para-medical Training**

- Establish dental teams**
- Establish dental / medical team structures**
- Both public and private teams are possible**
- Significantly increased service with reduced costs**

# **Academic Hubs for Teams**

- **Hubs integrated into:**
  - **Dental Hospital**
  - **Integrated with Medical Teaching Hospital**
- **Facilitate wider integration**
- **Facilitate research**
- **In NSW - consolidate fragmented faculty**

# **This Strategy**

- **APOH consensus position**
- **Addresses oral health as a whole**
- **Integrated approach for integrated issues**
- **Believe is reasonable and cost effective approach**
- **Unacceptable to do nothing**
- **Implementation is possible**