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oral health for better health

DHSV Statewide Oral Health Promotion Strategic Plan 2008-2012



Dental Health Services Victoria is the state's leading public oral health agency, promoting oral health, purchasing services and providing care for Victorians.

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Abbreviations

AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
DHS	Department of Human Services
DHSV	Dental Health Services Victoria
HP	Health Promotion
NACOH	National Advisory Committee for Oral Health
PCP	Primary Care Partnership
S4M	Smiles 4 Miles
SRS	Supported Residential Services
WFAG	Water Fluoridation Advisory Group
WHO	World Health Organization

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Executive Summary

Around \$1 in every \$18 spent on health conditions is for oral disease.

As nearly all Australians will be affected by oral disease at some time in their lives it is evident many people do not know how to achieve good oral health.

Poor oral health causes pain and suffering and affects quality of life and wellbeing. The underlying causes of oral disease are many and include nutrition, lifestyle, risk behaviours, hygiene, education, attitudes and health knowledge as well as access to oral health services.⁽⁵⁻⁷⁾ It is the poor that carry the greatest burden as oral disease is most closely linked with socio-economic status.⁽⁵⁾

Oral health is closely linked to general health and shares common risk factors with chronic conditions such as heart disease and diabetes.⁽⁴⁾ Despite this, there is little awareness in the community of how to prevent oral disease.⁽²⁾

Management of oral disease has typically focused on the treatment of symptoms and not on addressing the underlying causes. As clinical workforce shortages are predicted to persist and service demand is expected to increase, this situation is clearly unsustainable.

A new approach is required to address this situation and every stakeholder in the public oral health sector has a role to play. Dental Health Services Victoria has developed a 10-point plan as part of its Statewide Oral Health Promotion Strategy 2008-12.

DHSV's 10-point Oral Health Promotion Plan

1. Develop and disseminate best-practice approaches, tools and resources.
2. Evaluate existing and pursue new, evidence-based health promoting approaches.
3. Enhance oral health awareness and literacy in the community.
4. Improve the capacity of individuals and populations to manage their oral health.
5. Develop Regional Leaders and oral health champions to drive local health promotion.
6. Target interventions at high risk groups.
7. Develop multi-sectoral partnerships to address underlying risk factors of oral disease.
8. Adopt a population health approach to underpin multiple integrated strategies.
9. Develop systems to monitor population oral health status.
10. Consider other settings, environments and approaches to address the underlying determinants of oral health.

The fundamental aim of this Strategy is to improve the oral health of Victorians, particularly the disadvantaged and those most in need. This Strategy sets out those actions that reflect DHSV's long-term commitment to promoting oral health.

The initial priorities for the first year of the Strategy are encapsulated in the 2008-2009 Work Plan on the pages immediately following.

Statewide Oral Health Promotion Work Plan 2008-2009

The immediate goal of the Statewide Oral Health Promotion Strategy 2008-12 is to establish the foundations that will support a sustained focus and investment in oral health promotion in order to improve the oral health of Victorians. The supporting initiatives prioritised for implementation in the first year of this Strategy are set out in the table below and from which a number of themes are evident. These include:

- Identifying Regional Leaders and establishing a development plan to build oral health promotion capacity
- Evaluation of current interventions and the development of appropriate oral health promotion performance indicators
- Creation and dissemination of new oral health promotion tools and resources
- Development of new interventions with a focus on self-management approaches and building oral health literacy
- Strengthening and further developing relationships with key organizations to integrate oral health promotion messages in campaigns addressing common risk factors.

Strategy	Initiatives	Who	Indicators	When	
Influencing Healthy Public Policy					
Undertake research to address practice gaps and to inform and influence planning and policy development	1	Publish all new resources on DHSV websites and the National Oral Health Promotion Clearing House	DHSV Health Promotion Unit	100% of new resources published within 3 months completion	End Dec, Mar and June Quarters 2008/09
	2	Develop collaborative research programs with a strong emphasis on building oral health literacy, oral health promotion capacity and address oral health promotion practice gaps for high priority populations and settings	Director Clinical Leadership	No. projects initiated and publications	June 09
	3	Develop new oral health promotion tools based on need as identified in conjunction with at-risk groups (e.g. ATSI, pregnant women)	DHSV Health Promotion Unit	No. tools (resources) developed and disseminated to target groups	June 09
Monitor and evaluate the impact of new and existing health promotion interventions on oral health	4	Undertake a comprehensive evaluation of Smiles 4 Miles	DHS, DHSV HP Unit, S4M sites	Evaluation report and recommendations available	June 09
	5	Evaluate the effectiveness of DHS oral health promotion initiatives targeting pension-level SRS residents	DHS & DHSV Health Promotion Unit	All involved SRS sites participate in evaluation as carried out by DHS	June 09
	6	Evaluate DHSV train the trainer package in delivering oral health promotion training to key staff within disability accommodation services in Plenty Valley	DHS Disability Services & DHSV Health Promotion Unit	100% participants of training session complete a pre and post training questionnaire results	December 08
Develop and advocate for initiatives that address the underlying risk factors of oral disease	7	Continue to support and promote initiatives that increase access to water fluoridation	DHSV Chief Executive	DHSV presence at all Water Fluoridation Advisory Group (WFAG) meetings	June 09

Strategy	Initiatives	Who	Indicators	When
Creating Supportive Environments				
Use the Integrated Health Promotion Framework to support development of models and approaches that can be applied in a range of diverse sectors and settings	8 Coordinate the development of an inventory of regional, local and PCP oral health promotion initiatives and related campaigns addressing the determinants of oral health	DHSV Health Promotion Unit	A report produced outlining community oral health promotion initiatives and campaigns across Victoria, including recommendations of future model development	March 09
Further develop patient information systems to capture data about individual and population risk factors and disease determinants	9 Develop health promotion performance indicators appropriate for the public oral health sector and consistent with State and National health promotion monitoring frameworks	DHSV & DHS	Performance indicators developed and incorporated into all future program evaluation planning	June 09
	10 Optimise use of the dental electronic patient management system (Titanium) to expand the oral health status data available for public dental patients	DHSV Clinical Analysis and Evaluation Unit	New oral health status data and reports	June 09
Strengthening Community Action				
Devise, demonstrate and evaluate best practice models and approaches to oral health promotion for targeted application with local population groups	11 Establish a Resource Development Schedule based on highest priorities identified in conjunction with Regional Leaders/Lead Agencies	DHSV Health Promotion Unit, Community Health Services & PCPs	A Resource Development Schedule indicating areas of highest priority developed	June 09
Develop stronger and more effective community and intra- and inter-sectoral partnerships that support a health promotion agenda	12 Develop high level oral health promotion strategies with GP Divisions, PCPs Education Department, Heart Foundation, Diabetes Australia to assist in integrating oral health with these and related campaigns addressing oral health risk factors	DHSV Executive	No. campaigns incorporating oral health messages	June 09
Develop and implement targeted strategies that build the capacity of individuals to achieve oral health	13 Expand Smiles 4 Miles in Gippsland, Grampians, Barwon, Loddon Mallee and Hume Regions	DHSV Health Promotion Unit	Six new sites contracted to deliver Smiles 4 Miles program	August 08
	14 Develop and pilot a peer to peer education/support program to improve oral health literacy in high risk groups	DHSV Community Participation Coordinator	A pilot peer support program run with community of interest and evaluation published	June 09

Strategy	Initiatives	Who	Indicators	When	
Developing Personal Skills- Informed activated patient					
Draw on the evidence base to develop and apply strategies aimed at enhancing oral health awareness and literacy across the Victorian population	15	Pilot and evaluate a self-management program targeting high risk waitlist patients	DHSV Health Promotion Unit and Regional Leader	% of high risk waitlist patients exposed to a self-management program	June 09
	16	Develop and implement a social marketing campaign to augment and support oral health promotion interventions and advocacy in key areas	DHSV Health Promotion and Communications	Links with key organizations running related campaigns (e.g. diabetes, heart) No. positive media stories	June 09
	17	Re-establish an electronic newsletter for the public oral health and health promotion sector	DHSV Health Promotion and Communications	A quarterly newsletter distributed to key stakeholders	March 09
Developing Personal Skills - Prepared proactive practice team					
Actively develop and support local oral health champions by providing tools, resources and models to encourage uptake and application of specific strategies and principles	18	Establish an oral health promotion development plan for identified "Regional Leaders" who will drive the local oral health promotion agenda	DHSV & DHS Regional Offices	Leader identified in every Region	June 09
	19	Establish an oral health promotion orientation program, and Oral Health Promotion Toolkit, for regional representatives	DHSV Health Promotion Unit	All identified Regional Leaders undergone DHSV developed training and provided with OHP Toolkit	June 09
Influence the re-design of the oral health workforce to ensure capacity is developed for active participation in and leadership of, health promoting approaches to service delivery	20	Assess the capacity of Regional Leaders for oral health promotion	DHSV Health Promotion Unit	All identified Regional Leaders undergone DHSV developed training and provided with OHP Toolkit	June 09
	21	Leadership roles to attend health promotion short course	DHSV Executive Management Group	100% of DHSV Executive Management Group attend	June 09
	22	Incorporate health promotion in the orientation program for all new staff	DHSV Health Promotion Unit/Employee Services	100% new staff exposed to health promotion principles 100% new managers inducted in Health Promotion Unit	June 09
Reorienting Health Services					
Support adoption and development of an evidence-based population health planning approach	23	Publish summaries of all project evaluation reports as web page downloads on the DHSV extranet	DHSV Health Promotion and Communications	100% of evaluation reports published within 3mths completion	Updated quarterly: Dec, Mar & Jun 08/09
	24	In consultation with key stakeholders, develop the three-year work plan to support implementation of the Statewide Oral Health Promotion Strategy	DHSV Health Promotion / the Health Promotion Strategy Reference Group	Oral Health Promotion Work Plan 2009-2012	December 08

1. Introduction

Oral health is important.

A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. ⁽¹⁾ Oral health is more than just having good teeth and healthy gums, as it affects people physically and psychologically by influencing how they grow, enjoy life, look, speak, chew, taste food and socialise, as well as their feelings of social well being. Poor oral health causes pain and suffering and affects the quality of life and wellbeing of those affected. ⁽²⁾

In Victoria there are over 100,000 people waiting for care in the public oral health system.

Oral disease affects almost all Australians at some time in their lives. Oral diseases affecting the teeth and gums are among the most common health concerns experienced by Australians. Dental decay (caries) is the second most costly diet-related disease in Australia. Approximately \$5.1 billion was spent on dental services in 2004-05, representing 5.8 percent of total health expenditure ⁽³⁾. The economic impact is comparable with that of recognised common chronic diseases including heart disease and diabetes ⁽⁴⁾.

Oral health is integrally linked to general health and shares common risk factors such as lifestyle behaviours with a range of chronic conditions such as diabetes, cancer and cardiovascular disease. Despite this, and partly due to perceptions that oral health is of lesser importance, there is generally less public awareness or understanding of how to achieve good oral health.

The determinants of oral health encompass the interactions of a broad range of influences including nutrition, lifestyle, social connectedness, risk behaviours, personal health practices and coping strategies, hygiene, socio-economic status, education, cultural beliefs, attitudes and health knowledge as well as access to oral health services and interventions. ⁽⁵⁻⁷⁾

Oral disease is strongly associated with socioeconomic status ⁽⁵⁾. The people who have the worst oral health are the most disadvantaged in the community as system-wide barriers, such as the cost of services and lack of education and awareness, generally preclude those with the greatest need from services ⁽⁸⁾.

While health literacy is also acknowledged as having a significant influence on health and wellbeing, individuals and communities often lack the complete range of tools and information that can have a positive effect on health outcomes.

In a rapidly developing technological and media-saturated society the range of competing, and sometimes indecipherable and conflicting, messages creates additional challenges for the individual and communities as they try to navigate their way to the 'best choices' and the 'healthy options' in their efforts to strive towards 'better' health.

Greater investment in oral disease prevention strategies is required to respond effectively to:

- Significant inequalities in oral health status – the difference between the rich and the poor;
- Inequitable access to timely and appropriate services;
- Increasing costs of health care driven by medical and dental advances;
- Community expectations – informed and otherwise;
- The ageing population and related dependence on health care services, and
- The increasing prevalence of lifestyle-related diseases such as diabetes, heart disease and obesity.

It is clear that to create profound and sustainable change to health status a new approach is needed.

It is also imperative that investment in this field is well informed and strategic within the context of the broader health sector. Health promotion principles need to underpin oral health planning and service development initiatives; they should be considered within the context of community engagement and participation; have a role to play in developing the capacity of the existing and potential workforce to address oral health; and should be embedded in all levels and professional fields of the work led by DHSV.

Additionally, the health sector is challenged by a workforce under-equipped to address the changing needs of at-risk populations. Clinical practice is more often based on a traditional medical model that reinforces treatment of presenting symptoms, rather than the more holistic health promoting approach. This model has limited impact on overall and long-term health, showing repeated investment for limited population health return.

The workforce required to facilitate this lasting and effective change must therefore take on a radically new form. The extent and complexity of chronic oral disease demands a multi-sectoral and multiple-strategy approach that encourages shared ownership of objectives and outcomes.

2. The Strategic Goals

'Improving Victoria's Oral Health' ⁽⁹⁾ gives emphasis to a planning framework based on a population health approach and highlights DHSV's leadership role in a number of key areas including health promotion. Consequently there is a renewed focus on health promotion, prevention, and early intervention in supporting an improvement in the oral health for all Victorians.

These themes are further developed in DHSV's Strategic Plan 2007-2010 ⁽¹⁰⁾ which emphasises DHSV's role and goals in advocacy, leadership in evidence-based practice, and in improving the oral health of the community. Achievement in each of these areas is seen as being enabled by the development of workforce capacity together with robust finance and business systems.

The Statewide Oral Health Promotion Strategy directly supports the realisation of these goals and State government priorities. It is firmly grounded upon a population health approach incorporating a range of strategies aimed at improving the oral health status of Victorians. A particular focus on targeting those with the greatest need in order to decrease oral health inequalities is evident. It is underpinned by a strong commitment to engage with consumers and other stakeholders.

The long-term goal of this Strategy is to improve the oral health of Victorians.

The more immediate goal of this Strategy is to develop the foundations that will support a sustained focus and investment in oral health promotion.

Oral disease is considered a largely preventable chronic condition. Table 1 presents the strategies in a framework that applies the fundamental health promotion principles ⁽¹¹⁾ to the chronic disease model of care ⁽¹²⁾.

The chronic care model ⁽¹²⁾ considers how the interactions between the main elements of the health system (self-management support, decision support, health information systems and delivery systems design) lead to improved health outcomes by developing the skills of individuals (informed patients) and building workforce capacity (prepared proactive practice teams).

Integrating the chronic care model with health promotion principles extends the thinking beyond the health system to consider other settings and environments and approaches that address the underlying determinants of oral health.

The four key 'tools' employed in the development and delivery of targeted oral health promotion programs and interventions are relationships; research; data; and practice models. These are relevant to each of the elements in the integrated approach.

Self-management support is enabled by effective relationships so there is a strong focus on nurturing and developing relationships with local and statewide partners and stakeholders. **Decision support** is about evidence-informed practice and policy. Effective **health information systems** are required to support the collection and analysis of population health data to enable development of informed and targeted interventions that improve the health of populations. Oral health promotion practice models have the capacity to influence **delivery systems design** through an emphasis on timely access and referral, early identification of risk and need and supported access for those in greatest need.

Implementation of a population health approach requires a comprehensive mix of interventions and strategies that are interconnected and complementary. ⁽¹³⁾ Rather than any of these elements being seen as a stand-alone or 'add-on', they are all integral to a comprehensive population health agenda and are necessarily coordinated and integrated, sharing accountability and linkages and are underpinned by a robust evidence base.

This Strategy describes the roles and expectations of Dental Health Services Victoria, and its local and state-wide partners and stakeholders, in leading oral health promotion action and innovation in Victoria.

The initiatives that support implementation of this Oral Health Promotion Strategy will be set out in Part 2. This three-year Work Plan will be developed in consultation with key stakeholders and will clearly identify the actions, accountabilities and the associated performance indicators that will be used to assess progress. In the meantime, the immediate priorities and actions are set out in the Statewide Oral Health Promotion Work Plan 2008/09 which accompanies this Strategy.

Table 1: Oral Health Promotion Strategic Priorities

Action Areas		Chronic disease model elements			
		Self-management support	Decision support	Health information systems	Delivery System Design
1.	Building Healthy Public Policy	Advocate for policies that make it easier for people to make healthy choices	Undertake research to address practice gaps and to inform planning and policy development	Monitor and evaluate the impact of new and existing oral health and health promotion interventions	Lead the agenda for oral health within the broader context of population health planning and national and statewide health promotion policy and frameworks
2. 3.	Creating Supportive Environments	Develop and advocate for initiatives that address the underlying risk factors of oral disease	Use the Integrated Health Promotion Framework to support development of models and approaches that can be applied in a range of diverse sectors and settings	Further develop patient information systems to capture data about individual and population risk factors and disease determinants	Embed oral health promotion activity and planning with existing processes and networks in local, regional and statewide catchments
4.	Strengthening Community Action	Cultivate partnerships in relevant settings and sectors to promote and integrate oral health with strategies that focus on the determinants of oral health	Devise, demonstrate and evaluate best practice models and approaches to oral health promotion for targeted application with local population groups	Disseminate evidence articulating the impact of oral disease on general health and links with chronic disease	Develop stronger and more effective community participation and intra- and inter-sectoral partnerships that support a health promotion agenda
5.	Developing Personal Skills	Develop and implement targeted strategies that build oral health literacy and the capacity of individuals to achieve oral health	Draw on the evidence base to develop and apply strategies aimed at enhancing oral health awareness and literacy across the Victorian population	Use a variety of media and methods to disseminate the latest evidence based oral health messages and interventions	Support services in the design of oral health care models and programs that facilitate access to appropriate services and programs
	1) informed activated patient				
	2) prepared proactive practice team	Promote understanding and awareness of oral health issues and resources, services and programs available to the community and how these can be accessed	Actively develop and support local oral health promotion champions by providing tools, resources and models to encourage uptake and application of specific strategies and principles	Develop targeted and effective information systems and resources to support health promotion activities throughout the continuum of care	Influence the re-design of the oral health workforce to ensure capacity is developed for active participation in and leadership of, health promoting approaches to service delivery
	Reorienting health services	Assist health services to develop innovative ways to target and engage those most in need in early intervention, prevention and health promotion activities	Support adoption and development of an evidence-based population health planning approach	Advise service providers in approaches to monitor and evaluate health promotion and population oral health outcomes	Influence the design and delivery of health promoting treatment services

3. DHSV's Role in the State-wide Oral Health Promotion Agenda

3.1 Roles and Responsibilities

Leading an agenda of innovation, development and strategic investment in oral health promotion necessitates a long-term view and commitment as well as a network of active and committed partnerships through which local strategy can be agreed and implemented.

Consequently, the role of DHSV in leading such an agenda is:

- To devise, demonstrate, evaluate and disseminate best practice approaches to oral health promotion
- To develop capacity for oral health promotion within the primary health sector
- To advocate on behalf of the public oral health sector and the community for the development of healthy public policy and environments that support oral health
- To build strategic partnerships with people and organisations across the health, education, industry, community and government sectors to address the underlying risk factors of oral disease

Primary Care Partnerships and Community Health Services in particular have been identified as being essential to the success of the strategic plan through their adoption of an active 'Regional Lead' role in the oral health promotion agenda. These agencies understand the needs of their communities and have a practical understanding of the capacity of local stakeholders to engage in oral health promotion. Therefore they are perfectly positioned to advocate for improved oral health as a local planning priority and have an important role in supporting strategies designed to deliver high quality, targeted and appropriate services and programs that improve oral health for all Victorians.

The 'Regional Leader' can play a key role building local capacity for oral health promotion. DHSV can provide encouragement, strategic guidance, practical support and advice. Local agencies can own and drive oral health promotion with the specific needs of local population groups in mind. DHSV will work closely with DHS in identifying and developing Regional Leaders.

3.2 Developing Capacity to Participate in the Oral Health Agenda

Priorities for capacity building within the primary health sector include reducing the structural barriers that are supported by attitudes, practices and work environments as well as improving the education and capacity of the workforce to participate in and support the delivery of an integrated and comprehensive oral health agenda. Consequently there is a strong role for the tertiary education sector in this agenda.

Some agencies are already driving a well developed local oral health promotion agenda addressing identified priorities. Some will not have identified oral health as a priority. Experience shows that the 'readiness' of local stakeholders is a key factor in indicating the likelihood of oral health promotion to be recognised as important, and to be addressed effectively, within a given population group.

The focus for workforce capacity development activities will be determined by population oral health risk and agency 'readiness' to participate in the oral health promotion agenda. Table 2 encapsulates these in the framework through which DHSV and potential and/or existing partners will establish a starting point for collaboration and defining the relationship dynamics and opportunities.

Table 2: Readiness to participate in the oral health promotion agenda

Continuum Stage / 'Typical' characteristics	promote examples of best practice oral health promotion, tools and resources	DHSV role	Regional Leader	Local Agency role
<p>'Implementing'</p> <p>OHP programs operating. Oral health integrated with general health through service and health promotion planning and delivery</p>		<p>DHSV as Collaborator and Supporter Collaborate/encourage development, evaluation and refinement of programs, strategies and tools. Create opportunities for linkages with similar networks across Victoria</p>	<p>Working in Partnership Strengthen, inspire and maintain local networks Monitor, evaluate and report program outcomes Continue to build new partnerships</p>	<p>Sustainable Oral Health Promotion: Develop and implement local solutions to embed oral health promotion within broader framework Plan for sustainability and expansion</p>
<p>'Ready'</p> <p>Oral health promotion identified as a priority</p>		<p>Working in Partnership Advise, support and participate in local OHP program planning and stakeholders networks. Enable/encourage local activity</p>	<p>Mentor Partner with local agencies in developing oral health promotion plans and tailored strategies</p>	<p>Health Promotion and Oral Health Promotion Linked Use local data to adapt and tailor oral health promotion activity to address identified needs Link oral health with existing programs and initiatives</p>
<p>'Preparing'</p> <p>Although dental health may be noted as a priority due to local disease rates and access issues and there may be high level interest in oral health promotion, it is not yet a stated health promotion priority</p>		<p>DHSV as Mentor Facilitate development of local stakeholder network. Partner with lead agency in developing plans and tailored strategies</p>	<p>Teacher and Advocate Identify and build local partnerships and stakeholder networks Advocate for oral health promotion Support local oral health promotion capacity building as well as student placement</p>	<p>Local Ownership Analyse local health data and identify target population groups Determine local service capacity and needs Local champions assuming control and accountability</p>
<p>'Contemplating'</p> <p>Nutrition is a stated health promotion priority. Dental health is a priority on the basis of limited access to services</p>		<p>DHSV as Teacher and Advocate Build active links between Oral Health Services program and local health promotion stakeholders Build capacity of the Lead Agency for oral health promotion</p>	<p>Leader and Negotiator Identify local oral health champion/s Engage and work with local oral health service providers to identify starting point for oral health promotion Develop appropriate strategies for community involvement in planning</p>	<p>Local Issues Defined Collect and provide relevant local and trend-based data Consider oral health issues specific to local population groups Consult the local community</p>
<p>'Not yet considering'</p> <p>Nutrition may be noted as a priority. Oral/dental health absent from priority lists and health plans</p>		<p>DHSV as Leader and Negotiator Link with DHS regional office and seek advice re local networks and capacity and identify lead agency Initiate local stakeholder network</p>	<p>Organiser Engage in discussions with DHSV re oral health service and program development Support and participate in establishing a local stakeholder network</p>	<p>Developing Skills and Knowledge Recognise and take up opportunities for training, discussion and education regarding the importance of oral health promotion</p>

4. Oral health is important

Oral health has been defined as 'the ability to eat, speak and socialise without discomfort or embarrassment, and without active disease in the mouth that affects overall health and wellbeing'.⁽¹⁾ Despite oral disease being a largely preventable condition, it will affect almost all Victorians at some time in their lives.

4.1 Oral Health Status

The *State of Victoria's Children Report 2006: every child every chance*⁽¹⁴⁾ reported that for the child population as a whole:

- 18.2% of parents never actively assist young children with tooth brushing
- 30.2% of children under 12 years have never seen a dentist
- Indigenous children were more likely to have never seen a dentist
- 77.1% of children have good oral health (as reported by parents)
- There were significantly higher rates of hospital admissions for young children with dental conditions in areas with lower access to fluoridated water and where the proportion of households in poverty was higher

DHSV data for children attending a School Dental Service (DHSV 2006) indicate that:

- 57% of children entering primary school have experienced dental decay in their baby teeth 82% of which had previously been untreated.
- By 12 years of age just on 50% of children will have already experienced decay in their permanent teeth.

Approximately 5,000 of the 14,000 people interviewed for the National Survey of Adult Oral Health 2004-06⁽¹⁵⁾ underwent a dental examination. The survey revealed that:

- 15.1% had experienced toothache in the preceding 12 months
- 17.4% had avoided some foods due to problems with their mouth, teeth or dentures
- More than one quarter had evidence of untreated decay
- 20.6% said cost prevented them from having the treatment recommended
- 6.4% had lost all their natural teeth and 11.4% had an inadequate dentition (compared to 14.4% in the 1987-88 survey)
- 20.5% had evidence of moderate gum disease and another 19.7% had signs of gum inflammation, which is a precursor to gum disease

These conditions were significantly more common among those people eligible for public oral health care, those living in rural regions and those of Aboriginal and Torres Strait islander origin (ATSI). *The State of Victoria's Children Report*⁽¹⁴⁾ found similar associations between poorer oral health and socio-demographic status, indigeneity and rurality.

The clear inference from these findings is that the health needs of the population eligible for public oral health services are higher than for the rest of the population.

4.2 Relationship between oral health and general health

Oral diseases are chronic conditions with multifactorial aetiologies. Periodontal disease (gum disease) and dental caries (tooth decay) are the most common conditions and are largely preventable and reversible if identified and treated early but can lead to tooth loss if left untreated. Other less frequently occurring oral diseases and disorders such as malocclusion, diseases of the oral mucosa, dental impactions, trauma and oral cancer⁽⁴⁾ have considerable impact on the length and/or quality of life of those affected.

The determinants of oral health include diet and hygiene, smoking, alcohol, risk behaviours causing injuries and stress which are shared with a number of other chronic diseases such as obesity, diabetes, heart disease, cancer, and stroke.⁽⁴⁻⁸⁾ Many researchers have demonstrated that oral health is also associated with age, gender, urbanization, socio-economic level, social network and lifestyle.

Not only is oral health fundamental to overall health, wellbeing and quality of life, it is inextricably linked to general health and *should be seen as an integral aspect of general health, and oral health services as a component of overall health care*.⁽²⁾

According to the scientific literature links between oral health and a number of common diseases are recognised.^(4, 16-21)

The relationship between oral health and general health may be viewed in a number of ways. Poor oral health directly impacts the quality of life and wellbeing of the individual.

- Oral health status is 'intimately linked to food selection and preparation' and thus, the intake of an adequate diet and nutritional status. Poor diet may result in dietary deficiencies and increase the risk of disease and a possible link with the development of some cancers has been postulated.
- There is a possible association between infection arising from periodontal disease and increased rates of pre-term births.
- There is consistent statistical evidence associating caries and periodontal disease with an increased risk for cardiovascular disease.
- Oral disease may be a contributing factor to the thickening of arteries (atherosclerosis) as studies have found bacteria associated with periodontal disease and dental caries in the atherosclerotic walls of arteries.
- Studies suggest an association between dental plaque, poor oral health and lung disease – mainly in hospitalised or the institutionalised elderly and patients with chronic obstructive pulmonary disease. Leading the World Health Organization (WHO) to recommend an increase in efforts to treat and prevent periodontal diseases in critically ill and hospitalized patients.
- Diabetics have been shown to have twice the risk of developing periodontal disease which then further complicates the management of their diabetes.
- Periodontal disease is increased both in prevalence and severity in smokers.
- The risk of oral cancer and pre-cancer is increased by smoking and alcohol intake.
- Osteoporosis may be a risk factor in periodontal disease progression, especially among postmenopausal women.

More research is needed to determine the nature of many of these associations, as it is not currently possible to distinguish whether poor oral health directly causes, exacerbates, or contributes to a number of these health conditions. Nevertheless, evidence of close associations is accumulating and the impact of poor oral health in itself has a detrimental affect on quality of life and wellbeing. In addition, the management of a number of these and other conditions can increase the risk of or severity of oral disease. Consequently the impact on the overall health of the individual is such that oral health must be seen, and managed, as integral to overall general health.

5. Oral Health Challenges and Priorities

The past 20-30 years have seen significant oral health improvements particularly amongst children much of which has been attributed to the benefits of fluoridated drinking water supplies. However, high rates of oral disease still persist with the most disadvantaged members of the community bearing the greatest burden and impact.

As the gap between rich and poor widens ^(6, 22) so do the health inequities.

Social isolation and exclusion, cultural difference and discrimination can also contribute to poor health outcomes, and therefore, to increased rates of oral disease experience. Aboriginal and Torres Strait Islander peoples, people living in rural and remote communities and some non-English speaking immigrant groups have all been identified as being at greater risk of oral disease.

The effects of poverty, poor health literacy, financial and social disadvantage, limited access to services and chronic and complex conditions all contribute to increased health inequity across the population. ^(4, 6, 8)

Recent trends showing an increase in the incidence of chronic lifestyle-related disease such as those related to obesity are predicted to continue. Greater access to low-cost, high sugar food and drink products and reduced levels of physical activity as a result of technological advances, are contributing to ill health amongst the general population. Furthermore, the public perception of oral health needs to shift, through improved health literacy, allowing individuals and communities to link oral health with general health as being of equal importance.

These many challenges need to be addressed in order to develop appropriately targeted, effective and sustainable oral health services and programs and preventive strategies. It is especially important if the oral health of those most at risk in our communities is to be improved.

Consequently an approach to specific population groups is required.

6. Improving oral health through a population health approach

As in the broader health sector, there is now a greater focus on exploring and understanding the underlying causes of oral disease and its impact within a broader context.

Population health is the new thinking in the public oral health sector.

The population health approach has been developed in response to increasing awareness and understanding of the range of factors that affect health outcomes for individuals and population groups.

A population health approach aims to systematically ^(4, 13):

- Promote health and prevent and intervene early in the pathway to disease through strategies that involve individuals, communities and whole societies;
- Build individual and community capacity and provide enabling cultures and environments;
- Provide a comprehensive range of high quality, integrated health care services;
- Reduce disparities in health status through equitable allocation of health resources and access to health services.

The importance of strategic and multi-faceted upstream investment, which includes health promotion, prevention and early intervention, is emphasised as a key element in a total approach. It also involves re-orientation of the oral health system and services towards a model that emphasises minimal intervention and the delivery of efficient and effective services that acknowledge and respect the social determinants of health rather than addressing oral disease in isolation.

So far this approach has effectively been limited to the introduction of water fluoridation.

A context for local planning and activity is provided at a number of levels. The *World Oral Health Report* ⁽⁶⁾ outlines a population health approach to addressing oral health issues and targets the specific needs of a range of at risk groups and identifies areas for oral health investment which includes oral health and fluorides, diet and nutrition, oral health information systems and evidence and research.

National and Victorian oral health policies also provide guidance regarding the highest risk populations and priorities within a planning framework underpinned by a population health approach. Priorities include indigenous people, young children, the elderly, people with special needs and the disadvantaged. Workforce development and promoting oral health across the population are seen as underpinning improvements in oral health in each of these areas. The State primary health policy envisages a health care system that is integrated and coordinated around the needs of people, rather than around service types, professional boundaries, organisational structure or funding and reporting requirements. ⁽²⁴⁾

Consequently, a prevention and health promotion strategy needs to address oral health at both individual and population levels, based on the identified needs of communities ^(4-6, 9-10, 24) and will depend upon development of inter-sectoral collaboration and partnership approaches to addressing the causes of ill-health, rather than continuing to address the symptoms in isolation and on a multi-faceted approach that is focused on creating long term sustainable outcomes.

7. Health promotion: Principles to practice

Health promotion is defined as the process of enabling people to increase control over, and to improve, their health.

The first International Conference on Health Promotion resulted in the Ottawa Charter ⁽¹¹⁾ for Health Promotion which articulates five fundamental principles that continue to guide health promotion planning and action. They are; create supportive environments; build healthy public policy; strengthen community action; develop personal skills; and reorient health services.

These concepts underpin the Integrated Health Promotion Framework ⁽²³⁾ developed by the Victorian Government. Intended as a resource to guide planning, implementation and evaluation of integrated health promotion programs and interventions, the Framework also recognises the importance of prevention and early intervention, and emphasises the broader social determinants of health on the wellbeing of Victorians.

The key elements of this approach are:

1. Address the broader determinants of health
2. Base activities on the best available data and evidence
3. Act to reduce social inequities and injustice
4. Emphasise active consumer and community participation
5. Empower individuals and communities
6. Explicitly consider difference in gender and culture
7. Work in collaboration

The Population Health Template developed by Health Canada ⁽¹³⁾ also provides a useful framework for considering the actions required to mobilize theory into action. It builds on the principles outlined thus far and emphasises the following additional points:

- Focus on the health of populations
- Increase upstream investments
- Apply multiple strategies
- Demonstrate accountability for health outcomes

Health promotion is part of the continuum of care. As such it must be considered as an integral component of oral health service planning and delivery and not simply as an add-on. It must also interact and collaborate with other health disciplines in order to collectively impact the health of the community. It is through a comprehensive and multi-factorial and targeted strategy that progress will be made. Therefore, it is critical that the broader health sector is engaged in the campaign to improve oral health.

8. Conclusion

The Statewide Oral Health Promotion Strategy, in its entirety, outlines an approach for strategic investment in oral health promotion that consolidates and enhances valuable health promotion infrastructure and resources thus reducing duplication and fragmentation of effort. By early intervention and prevention (upstream investment) it will be possible to more effectively reduce treatment needs and improve oral health outcomes, and in the long-term, impact demand for scarce clinical resources.

Throughout the Strategy there is a strong emphasis on:

- The role of health promotion in a population health approach
- Illustrating and influencing the importance of oral health within a broader health context
- Prioritising actions and populations according to health need and risk as indicated by the social determinants of health
- The use of conceptual frameworks such as the Integrated Health Promotion Framework to guide action plan development
- Leading an agenda of innovation, development and evidence based health promotion practise statewide
- Guiding development of targeted oral health promotion capacity building strategies
- Development and implementation of inter-sectoral workforce approaches that embed the principles of health promotion and enhance total capacity for delivering population oral health programs
- Working in partnership with agencies and related sectors to support development of locally owned and sustainable interventions

DHSV will lead this agenda.

References

1. UK Department of Health. **1994**. An oral health strategy for England. London: Dept of Health
2. Sheiham, A. **2005**. Editorial: Oral health, general health and quality of life. Bulletin of the World Health Organization. 83:9.
3. Australian Institute of Health and Welfare (AIHW) **2006**. Health expenditure Australia 2004-05, Health and Welfare Expenditure Series no. 28. AIHW cat. No. HWE35, AIHW, Canberra.
4. National Advisory Committee on Oral Health (NACOH). **2004**. Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013.
5. Sheiham, A. and Watt, R.G. **2000**. The Common Risk Factor Approach: a rational basis for promoting oral health. Community Dent. Oral Epidemiol 28:399-406.
6. Petersen, P.E. **2003**. The World Oral Health Report 2003: continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme. Community Dent Oral Epidemiol 31(suppl. 1):3-24.
7. Wilson, A. **2003**. Senate Select Committee on Medicare.
8. Health Issues Centre. **2008**. Victoria draft report of the study on the costs of waiting for public oral health services
9. Department of Human Services (DHS). **2007**. Improving Victoria's oral health.
10. Dental Health Services Victoria (DHSV). **2007**. DHSV Strategic Plan 2008-2011.
11. World Health Organisation. **1986**. Ottawa Charter for Health Promotion. Geneva; World Health Organisation.
12. Wagner EH. **1998**. Chronic disease management: What will it take to improve care for chronic illness? Effective Clinical Practice. 1(1):2-4.
13. Chomick, T.A. **2001**. The Population Health Template: Key Elements and Actions that Define a Population Health Approach. Health Canada
14. Department of Human Services. **2006**. The State of Victoria's Children Report: every child every chance
15. Australian Institute of Health and Welfare. **2007**. Australia's dental generations: The National Survey of Adult Oral Health 2004-06. AHW cat. No. DEN 165. Edited by, Slade, G. D., Spencer, A. J. and Roberts-Thomson, K. (Dental statistics and research series No. 34).
16. Irwin, C., Mullaly, B., Ziada, H., Byrne, P.J. and Allen, E. **2008**. Periodontics: 9. Periodontitis and Systemic Conditions – Is there a link?
17. Johnson, N.W., Glick, M. and Mbuguye, T.N.L. **2006**. (A2) Oral Health and General Health. Adv Debt Res 19:118-121.
18. Sheiham, A., and Steele, J. **2001**. Does the condition of the mouth and teeth affect the ability to eat certain foods, nutrient and dietary intake and nutritional status amongst older people? Public Health Nutrition. 4(3):797-803.
19. WHO Oral Health Country/Area Profile Programme. Oral Health & Systemic Health <http://www.whocollab.od.mah.se/expl/systemic.html>
20. World Health Organisation. **2007**. Oral Health. Fact Sheet No. 318. Geneva; World Health Organisation
21. Norlén, P., Östberg, H. and Björn, A. L. **1991**. Relationship between general health, social factors and oral health in women at the age of retirement. Community Dental Oral Epidemiology, **19**:296-301.
22. Dropping off the Edge (Australian Council of Social Services, ACOSS 2006).
23. Department of Human Services. **2003**. Integrated Health Promotion Framework. http://www.health.vic.gov.au/healthpromotion/what_is/index.htm
24. Department of Human Services (DHS). **2006**. Care in your community: A planning framework for integrated ambulatory health care.

