



Australian Healthcare and Hospitals Association

Submission to the House of Representative Standing Committee on Health and Ageing Inquiry into Adult Dental Services in Australia

2 May 2013

Introduction

The Australian Healthcare & Hospitals Association (AHHA) welcomes the opportunity to provide additional information to House of Representative Standing Committee on Health and Ageing inquiry into Adult Dental Services in Australia..

The Australian Healthcare & Hospitals Association is Australia’s largest group of health care providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Medicare Locals and primary healthcare providers, universities, and individual health professionals and academics. We are uniquely placed to be an independent, national voice for universal high quality healthcare to benefit the whole community.

Water Fluoridation - Queensland:

As stated to the Committee previously, the AHHA is concerned that the Australian Government is committing additional funds to dental service provision at a time when the Queensland Government has reversed its policy position in support of mandatory water fluoridation and is allowing local councils to cease water fluoridation.

Information obtained by the AHHA suggests that since this decision was announced the following 11 local councils have opted out of water fluoridation:

- Tablelands
- Burdekin
- Cairns
- Doomadgee
- Charters Towers
- Bundaberg
- North Burnett
- Whitsunday
- Fraser Coast
- South Burnett
- Hinchinbrook

Some councils have indicated their intention to continue water fluoridation:

- Brisbane
- Townsville
- Scenic Rim
- Ipswich
- Central Highlands
- Somerset
- Toowoomba
- Aurukun
- Mackay

The remaining councils are yet to make their intentions known.



Chief Dental Officer:

After many years of minimal involvement in the funding of dental programs by the Australian Government there are now a myriad of programs being administered by a range of Departments and Agencies. There is a significant risk of inefficiency, duplication and waste as a result of an uncoordinated approach to the planning and implementation of new initiatives and integration with existing programs.

The Department of Health and Ageing representatives at the Committee hearing indicated they access expert advice via the Department of Veteran's Affairs. The AHHA has concerns that this approach is limited and the experience of those involved with the DVA program does not reflect the requirements and issues facing public sector dental services. The DVA program is a fee-for-service program operating in the private sector for a targeted client group. The public sector services operate under vastly different models and service a far broader client mix.

The establishment of an expert advisory panel and the appointment of a Chief Dental Officer are essential steps to support the effective management and governance of the Australian Government's investment in oral health services.

Australia is the only country in the region that does not have a Chief Dental Officer or equivalent advisory body with a Chair. Action in oral and dental health requires national leadership and coordination. The Canadian [Office of the Chief Dental Officer](#) (COCDO) provides a suitable model for Australia. The COCDO is responsible for:

- Provision of evidence-based oral health perspectives on a wide range of health policy and program development issues
- Provision of expert oral health advice, consultation and information
- Integration of oral health promotion with general health (wellness) initiatives
- Assisting in gathering epidemiological information for program planning on federal/provincial/community levels and establish priorities for research
- Developing integrated collaborative approaches to preventing and controlling oral and associated diseases
- Providing a point of contact/liaison with professional associations, jurisdictions, academic institutions, and other non-government organisations on oral health issues.

The responsibilities of an Australian Chief Dental Officer would include:

- Chairing a high-level advisory committee
- Coordinating and informing cross-agency policy and program development and implementation
- Oversee national planning and performance evaluation and management.



Oral health education in schools:

The development of the National health and Physical Education Curriculum has provided the opportunity to embed oral health education into primary and secondary teaching programs. The National Oral Health Promotion Steering Group, formed in 2006 and including representatives from all states and territories, tertiary education and research sectors and industry, is coordinating effort in this area with the Northern Territory Department of Education including the Group's recommendation in their submission to the Australian Curriculum, Assessment and Reporting Authority.

Contact:

Alana Booth
Chair, National Oral Health Promotion Steering Group
08 8922 6406/ 0409145174
alana.booth@nt.gov.au

Preventive programs:

The engagement of non-oral health professionals in the identification and referral of patients and the provision of advice and education is critical to improving the oral health of the population, particularly in rural and remote areas with limited access to dental services. While primarily focused on children, the Northern Territories 'Healthy Smiles' program is a good example of engaging primary care staff in oral health promotion programs. The program has been designed to provide non-oral health professionals with oral health background information, knowledge about early childhood caries as well as prevention and management of oral disease. The manual also outlines information and procedures for registered nurses and registered Aboriginal Health Workers to apply fluoride varnish in primary health care settings of the Northern Territory.

[http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/72/53.pdf&siteID=1&str_title=Healthy Smiles Fact Sheet.pdf](http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/72/53.pdf&siteID=1&str_title=Healthy%20Smiles%20Fact%20Sheet.pdf)

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Contact:

Andrew McAuliffe
Senior Director
Australian Healthcare & Hospitals Association
T: 02 6162 0780 | F: 02 6162 0779 | M: 0417 419 857
Post: PO Box 78, Deakin West, ACT 2600
Location: Unit 2, Ground Floor, 1 Napier Close, Deakin, ACT
E: amcauliffe@ahha.asn.au
W: www.ahha.asn.au

