Policy Statement 2.1 – National Oral Health

Position Summary

Everyone should have the chance to have a healthy mouth as part of their overall health. Dental services to the community should be provided through a mix of private and public practices, with dentists being the leader of the dental team. Oral health promotion, dental workforce training and research should be well funded by government.

1. Background

1.1. Good oral health is a basic human right.

1.2. Dental services to the community are provided through a mix of private and public practices. Dentists in public services are referred to as dental officers, similarly to medical doctors who are referred to as medical officers.

1.3. There is growing evidence of the association between oral and systemic disease. Thus, oral health whilst important in its own right, is an integral part of general health.

1.4. Social determinants of health have an impact on national oral health outcomes.

1.5. National Oral Health involves:

- community oral health promotion;
- delivery of oral health care in a timely manner;
- continuing research into the causes and control of oral disease; and
- appropriate workforce training with programs of the highest standard.

Definitions

1.6. BOARD is the Dental Board of Australia.

1.7. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.

1.8. A DENTAL TEAM comprises a mix of dentists and other registered dental practitioners and support staff and must at all times be headed by a dentist who is responsible for the diagnosis, treatment planning, delivery of dental procedures and continuing evaluation of the oral health of the patient. The dentist supports and directs the other members of the dental team working directly with them.

1.9. A DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry.

1.10. DENTISTRY is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical, or reversible and irreversible procedures) of diseases, disorders, irregularities or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body.

1.11. HEALTH is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO Constitution).

1.12. HEALTH PROMOTION is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health.

[1] *This Policy Statement is linked to Policy Statement 2.10 Oral Health & the Social Determinants of Health*

Document Version: ADA_Policies_2.1_November 17 2023_approved

1.13. ORAL HEALTH is multi-faceted and includes, but is not limited to, the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and free from pain or discomfort, and disease of the craniofacial complex. [FDI new definition]

1.14. PUBLIC HEALTH DENTISTRY is the science and art of preventing oral disease, promoting oral health and improving the quality of life through the organised efforts of society.

1.15. SOCIAL DETERMINANTS OF HEALTH are the conditions in which people are born, grow, live, work and age and are shaped by the distribution of money, power and resources at global, national and local levels.

2. Position

Community Oral Health Promotion

2.1. The following areas are identified as being essential to improve the oral health of the community.

- Maintenance of good oral hygiene
- Promotion of and access to healthy diet choices
- Community and individual use of fluorides
- Discouragement of tobacco and e-cigarette use
- Discouragement of the use of alcohol
- Discouragement of illicit drug use
- Oro-facial trauma prevention and management

2.2. Governments should address the social determinants of health.

Delivery of Oral Health Care

2.3. Dentistry is an essential health service, and every individual should have access.

2.4. The dentist, by providing a full spectrum of care, is the primary provider of dental services to the community. Dentist-based systems of care and delivery must be accorded top priority.

2.5. The provision of dental services to the community should be based on a mixture of private and public practice where patients should be able to choose their provider.

2.6. Public health dentistry should identify and target at risk groups such as children, adolescents, older people, disabled people, those living in regional and remote areas, those, from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander peoples for the prevention of oral disease.

2.7. Federal and State funding should be available for oral health care for disadvantaged members of the community.

2.8. The administration and planning of any oral health scheme or services at a national, state or local level should include dentists as the core experts.

2.9. A team dedicated to oral health is required within the Commonwealth Department of Health to ensure appropriate advice is given to the Federal Government. This team should be led by a dentist.

[1] *This Policy Statement is linked to Policy Statement 2.10 Oral Health & the Social Determinants of Health*

Research

2.10. It is imperative that the Federal Government conducts regular national oral health surveys.

2.11. There should be continuing research into the causes and control of dental diseases.

2.12. Government funding should support dental research adequately.

2.13. Dental research should receive additional support and funding from the dental profession and the community.

2.14. Where dental research is funded by a commercial body, such funding must be disclosed at all times.

Workforce Training

2.15. Universities that provide dental education and training and continuing professional development activities for graduates should be funded adequately.

2.16. State and Territory Governments have a responsibility to allow dental workforce students to acquire clinical skills in workplaces providing public dental care. This is a fundamental contribution of State and Territory Governments to national oral health.

2.17. Education and training must match the oral health needs of the community.

2.18. Australia must be largely self-sufficient with regard to the education and training of its dental workforce and Federal, State and Territory Governments must ensure adequate funding to achieve this situation.

Policy Statement 2.1

Adopted by ADA Federal Council, November 15/16, 2001.
Amended by ADA Federal Council, November 21/22, 2002.
Amended by ADA Federal Council, April 22/23, 2004.
Amended by ADA Federal Council, April 12/13, 2007.
Amended by ADA Federal Council, April 14/15, 2011.
Amended by ADA Federal Council, April 10/11, 2014.
Amended by ADA Federal Council, April 6/7, 2017.
Editorially amended by Constitution & Policy Committee, October 5/6, 2017.
Amended by ADA Federal Council, August 21,2020
Amended by ADA Federal Council, November 20,2020
Amended by ADA Federal Council, August 19, 2021
Amended by ADA Federal Council, August 18, 2023
Amended by ADA Federal Council, November 17, 2023

[1] *This Policy Statement is linked to Policy Statement 2.10 Oral Health & the Social Determinants of Health*

Appendix to Policy Statement 2.1 – National Oral Health

The Australian Dental Association's Policy Statement 2.1 "National Oral Health" is consistent with the principles for health promotion as outlined in the Ottawa Charter. Five broad actions are proposed therein:

1. Create supportive environments, i.e. ensure that the physical and social environments in which people live maximise the possibility of leading healthy lives.

2. Ensure that governments and the community develop sound health-directed public policies.

3. Strengthen community action.

4. Help individuals to develop personal skills to achieve healthy outcomes.

5. Redirect health services away from a treatment-based model to a preventive one. [WHO 1986].

[1] *This Policy Statement is linked to Policy Statement 2.10 Oral Health & the Social Determinants of Health*