

## **Australian Dental Association Tasmanian Branch**

**and the**

## **APHCRI Centre for Research Excellence in Primary Oral Health Care (Tasmania)**



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## **Submission on the Consultation Draft Healthy Tasmania - Five Year Strategic Plan**

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**3 February 2016**

## **ABOUT THE AUSTRALIAN DENTAL ASSOCIATION TASMANIAN BRANCH**

The Australian Dental Association Tasmanian Branch, is a professional association of dentists in Tasmania. The objectives of the Branch are to promote the improvement of the dental health of the public, the art and science of dentistry, and the highest standards of professional dental care. It represents the vast majority of practising private and public sector dentists in Tasmania.

## **ABOUT THE RESEARCH CENTRE OF EXCELLENCE IN PRIMARY ORAL HEALTH CARE**

The Research Centre of Excellence in Primary Oral Health Care at the Centre for Rural Health of the University of Tasmania is a collaboration with the Universities of Adelaide and Western Australia and is funded by the Australian Primary Health Care Research Institute.

Some of the research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health. The information and opinions contained in it do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Australian Government Department of Health.

## **OVERVIEW**

The Australian Dental Association Tasmanian Branch and the Research Centre of Excellence in Primary Oral Health Care in Tasmania support the Common Risk Factor Approach suggested in a "Healthy Tasmania", though it believes the Tobacco Free Generation proposal has a much greater chance of reducing the prevalence of smoking than raising the legal smoking age.

Oral health is poor in Tasmania. Yet oral health was not mentioned in the draft "Healthy Tasmania" plan, possibly not surprisingly, as there were not any oral health experts on the "Healthy Tasmania" Committee.

"Healthy Tasmania" misses some areas specific to oral health.

These include:

- ensuring all Tasmania's water supplies of communities down to 500 people are fluoridated to improve oral health in rural areas (primary prevention),
- encouraging Oral Health Services Tasmania and the Research Centre of Excellence in Primary Oral Health Care to progress with its trial of once-only treatment of silver diamine fluoride covered by a glass ionomer fissure sealant project to arrest tooth decay thereby giving an alternative to traditional surgical restorative approach which is both expensive and causes trepidation in some people (secondary prevention).
- supporting the "Improving Oral Health Services for Older Tasmanians" plan (primary and secondary prevention).
- continuing to support the Move Well Eat Well and TasCanteen programs (primary prevention).

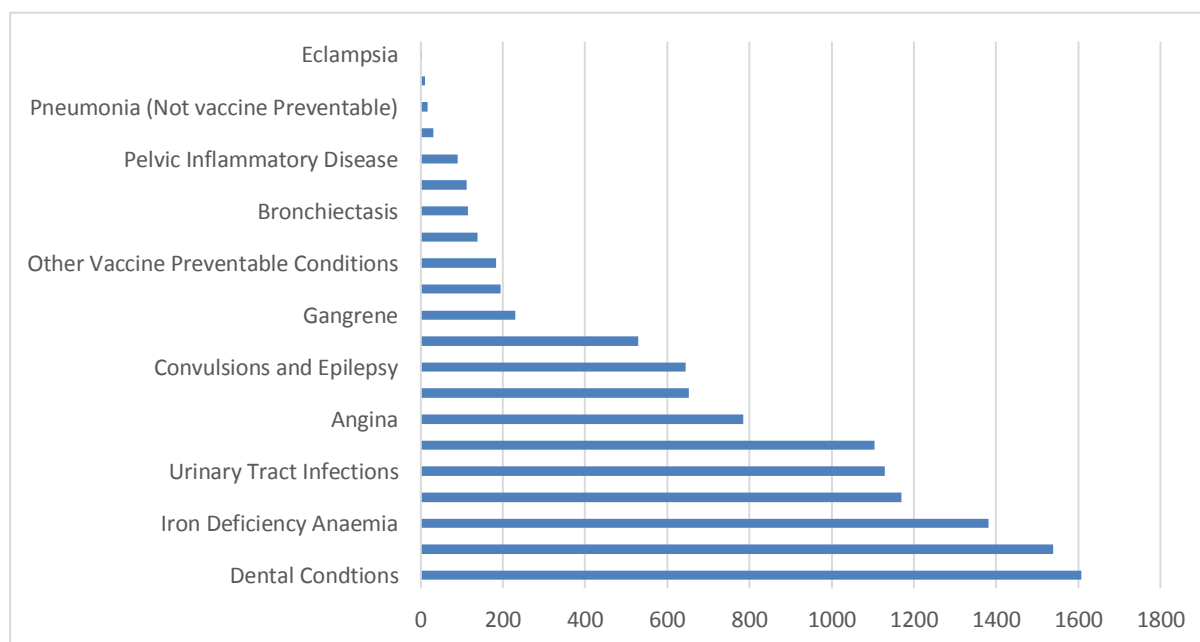
We thank you for the opportunity to submit on the "Healthy Tasmania Five Year Strategic Plan" and would be happy to present verbal evidence at any time convenient to the "Healthy Tasmania" Committee.

## ORAL HEALTH IN TASMANIA

Tasmania has the poorest adult oral health in Australia. For example, Tasmanians are more likely to have an inadequate dentition, (fewer than 21 teeth) than their mainland counterparts. Tasmania is more decentralized, has an older population, lower socioeconomic status, and a higher proportion of people eligible for public dental care than mainland Australia.

The prevalence and recurrences of these impacts constitutes a silent epidemic. Dental caries is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes. Expenditure on dentistry in Australia was \$8.7 billion in 2013-14; over 7% of total health funding. Oral disease is one of the four most expensive Australian preventable chronic diseases. The Tasmania Government cannot afford to provide comprehensive dental care to people who hold health care cards. In Tasmania, dental conditions are the highest reason for acute preventable hospital admissions (See the table below).

### Separations for selected preventable hospitalisations in Tasmania 2013-14



Australian Hospital Statistics 2013-14 (Table 4.22)

Oral Health is fundamental to overall health and quality of life. Poor oral health can disrupt speech, sleep and productivity, erode self-esteem, psychological and social wellbeing, and impact relationships and general quality of life.

More and more links are being found between oral and general health. Examples include diabetes mellitus, coronary heart risk, rheumatoid arthritis, low birth weights, premature births, and most recently with breast cancer.

Hence, a prevention approach to ensure oral health is necessary.

## COMMON RISK FACTOR APPROACH

The lifestyle causes of poor oral health are poor hygiene, poor diet, lack of access of health care, smoking, excessive alcohol intake and low fluoride exposure. What should strike you about this list, is that other than low fluoride exposure, the potential lifestyle causes of poor oral health are the same as the lifestyle causes of poor general health. The oral disease risk factors are also risk factors for obesity, diabetes, cancers, heart disease and respiratory diseases.

Poor oral health is common in the same groups who suffer from poor general health in Tasmania. This includes frail and older Tasmanians, rural Tasmanians, Indigenous Tasmanians, Tasmanians with physical and intellectual disabilities, and Tasmanians of low socio-economic status.

These facts suggest that oral health should be handled as a component of general overall health, and not as a separate entity. This common risk factor approach matches the recommendations suggested in a "Healthy Tasmania". Incorporating oral health promotion into general health promotion by taking a 'common risk factor' approach is likely to be more efficient and effective than programs targeting a single disease or condition.

Hence, **the Australian Dental Association Tasmanian Branch and the Research Centre of Excellence in Primary Oral Health Care support the common risk factor approach suggested in a "Healthy Tasmania"**.

However, we believe that the tobacco free generation proposal has a much greater likelihood of producing a generational reduction in the prevalence of smoking than the "Healthy Tasmania" suggestion of increasing the legal age of smoking to 21 or 25. The tobacco free generation proposal penalises tobacco retailers who sell to underage people while the raising the legal age targets the smokers. The proposal to raise the legal smoking age would send a confusing message about the safety of smoking which is not safe at any age. Both proposals would require funding for media, cessation and research support to reduce smoking. We also suggest that it misses some areas specific to oral health:

## FLUORIDATION EXPOSURE

Oral health in Tasmania has improved over the generations. For those who lived through World Wars I and II, dentistry frequently involved extracting teeth and making dentures. For the next generation (the baby boomers), dentistry involved restoring teeth, leading to "the repeat restoration cycle" of filling and then later refilling the same teeth as restorations collapsed or more teeth decayed. The latest generations have not suffered from poor oral health to the extent of previous generations. The main reason for the improvement in oral health in Tasmania has been increased fluoride exposure either by water fluoridation, fluoride in toothpastes, and clinically applied fluoride.

International bodies such as the US-based Centers for Disease Control and Prevention (CDC), the World Health Organisation and the US Surgeon General actively promote water fluoridation. The CDC placed water fluoridation in the top ten public health achievements of the 20th Century. Tasmania is the first and only State or Territory which has ensured that all towns down to a population of 1,000 have fluoridated water supplies. Tasmanians should be proud of this, but we cannot afford to "rest on our laurels" with oral health being poor in rural areas. Cost-effective water fluoridation options are now available for smaller communities.

**As a primary prevention intervention, we need to ensure all Tasmania's water supplies of communities down to 500 people are fluoridated.**

## **IMPROVING ACCESS TO PREVENTIVE DENTAL CARE**

An evidence-based preventive health care strategy both within and outside the dental surgery is needed to improve Tasmanian oral health in a cost-effective manner. As well as oral health education, Oral Health Services Tasmania and private sector dental practices undertake preventive dental procedures such as sodium fluoride varnish applications and the use of fissure sealants.

The Research Centre of Excellence in Primary Oral Health Care, in partnership with Oral Health Services Tasmania and SDI Limited, and with the support of the Australian Dental Association Tasmanian Branch, is investigating whether the use of once-only treatment of silver diamine fluoride covered by a glass ionomer fissure sealant will effectively turn the dental caries into a caries resistant restoration as opposed to the use of three-monthly applications of fluoride varnish, or the traditional surgical restorative approach of drilling, filling and extracting teeth, which is both expensive and causes trepidation in some people.

This project has the potential to change the philosophy of dentistry from one of an expensive surgical tooth restorative and extraction approach to one that involves treating the dental caries disease by either preventing it or arresting its progress, and will allow increased access to preventive dental care for those groups of Tasmanians who are currently missing out on dental treatment.

**As a secondary prevention intervention, Oral Health Services Tasmania and the Research Centre of Excellence in Primary Oral Health Care should be encouraged to progress the silver diamine fluoride covered by a glass ionomer fissure sealant project.**

## **AGED CARE ORAL HEALTH**

Aged care oral health is a worsening crisis, and it is worsening the fastest in Tasmania where we have the oldest population and worst adult oral health of any State or Territory in Australia.

Unlike their parents, "baby boomers" will enter Residential Aged Care Facilities with their natural teeth, many of which have been saved with some heroic dental procedures. When the "baby boomers" enter Residential Aged Care Facilities, they will be classified as High Care and will have multiple diseases and take multiple medications. Their diets will include "comfort foods" often with a high sugar content and obtaining adequate oral hygiene will often be difficult. Such conditions are ideal for tooth decay and gum disease. Any subsequent dental infections will be both life threatening and decrease quality of life. We know that poor oral health and poor oral hygiene are strongly linked to aspiration pneumonia.

An Aged Services Oral Health Alliance consisting of Aged and Community Services Tasmania, Oral Health Services Tasmania, the Centre for Research Excellence in Primary Oral Health Care, the Centre for Rural Health at the University of Tasmania, the Australian Dental Association Tasmanian Branch and the Wicking Dementia Research and Education Centre, has developed a cost-effective plan to improve the oral health of older Tasmanians. It is called "Improving Oral Health Services for Older Tasmanians".

The first stage of the plan is to improve access to dental hygiene and to palliative and minimally invasive dental care for Tasmanians in Residential Aged Care Facilities. Dental screening by residential aged care facility staff will be based on a small modification of the questions in the National Screening and Assessment Form and those people who answer "yes" to any of six simple questions will be referred for palliative and minimally invasive dental care, which whenever possible will be undertaken in the Residential Aged Care Facilities. There will also be regular visits by an oral health therapists to motivate and train residential aged care facility staff in twice daily oral hygiene, and to scale and clean teeth.

The second stage of the plan will include providing assistance to people in Basic Support/ Home Care, Assisted and Independent Living, or in Respite Care. We believe an evaluation of such a project by the Centre for Research Excellence in Primary Oral Health Care would support the evidence already provided in terms of savings to the overall system.

**As primary and secondary prevention interventions, the "Improving Oral Health Services for Older Tasmanians" plan should be supported.**

### **EXISTING TASMANIAN COMMON RISK APPROACH ORAL DISEASE PREVENTION STRATEGIES**

The following existing projects should be further encouraged.

An initiative of the Tasmanian Department of Health and Human Service, the Move Well Eat Well program works with whole early childhood services or primary school communities, creating and reinforcing an environment where healthy choices are made easier for children. The aim is to help children aged 0-12 years develop healthy habits for life and provide opportunities for optimal learning and development. Move Well Eat Well has been adapted for Tasmanian early childhood education and care services, in particular long day care, family day care and kindergartens.

TasCanteen is funded by the Australian and Tasmanian Governments, as a joint initiative under the National Partnership Agreement on Preventive Health. This program offers ongoing support and education to school communities of government and non-government schools in the areas of canteen foods, policy, links to the curriculum, marketing and promotion, financial management and food safety and hygiene. Mandatory school canteen accreditation would be a big boost to ensuring that children are surrounded by healthy foods and messages.

**As primary interventions, the Move Well Eat Well and TasCanteen programs should be supported.**

We thank you for the opportunity to submit on the "Healthy Tasmania Five Year Strategic Plan" and would be happy to present verbal evidence at any time convenient to the Healthy Tasmania Committee.



**Dr Jim Rushton**  
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**Australian Dental Association  
Tasmanian Branch**

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