



Tackling the big issues in oral health policy

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‘Researchers are from Venus and policy-makers are from Mars’



Two communities theory:
Birnbaum 2000; Bell 2010



- Research evidence and policy gaps
- CRE research program
- Research capacity building and knowledge exchange



Research Evidence

- Oral disease has a large effect on people's quality of life, is common, and treating it is big business
- Some people are missing out on dental care
- The oral health of Australian adults and children has improved greatly and dentistry has changed to reflect that fact.
- The causes of poor oral health are not necessarily what you think



Research Evidence

- Avoidance of food due to dental problems (AIHW 2008), restricted activity and days of work lost (Reisine 1984; Sternbach 1986; Spencer & Lewis 1988; Gift & Redford 1992)
- Periodontal (gum) disease (19%), 1+ tooth, untreated decay (25.5%), 1+ tooth extracted due to decay (61.0%) (AIHW 2008)
- Expenditure on dentistry in Australia was 7.7b in 2009-10 (AIHW 2012)



Research Evidence



“The repeat restoration cycle” (Elderton, 1987)



Research Evidence

- Mix of services per year by dentists is shifting:
 - more diagnostic, preventive, root fillings and crown & bridge
 - less denture and extraction services



Brennan 2000,
HWA citing from ARCPOH NDTIS 2013



Research Evidence



Poor oral health:

- frail and older people (Chalmers 2002)
- rural residents (Crocombe et al. 2010)
- Indigenous Australians (Slack-Smith 2011)
- Australians with physical and intellectual disabilities (Pradhan et al. 2009)
- People of low socio-economic status (Sanders et al. 2006)



Research Evidence

Lifestyle causes of poor oral health

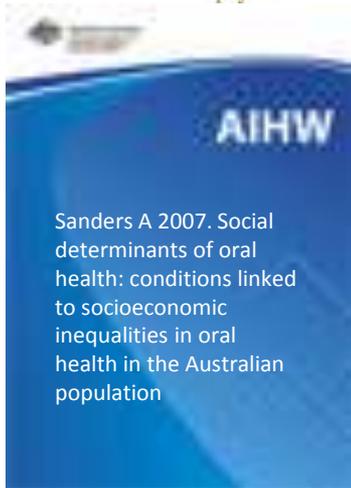
- **Poor hygiene** (Davies et al. 2003; Hujoel et al. 2006)
- **Poor diet** (Rugg-Gunn, 1993)
- **Lack of access to dental care**

(National Oral Health Plan 2004-2013)

- **Smoking** (Do et al. 2008)
- **Low fluoride exposure** (Slade et al. 2013)



Research Evidence



Sanders A , 2007. Social determinants of oral health: conditions linked to socioeconomic inequalities in oral health in the Australian population. Cat. no. POH 7. Canberra: AIHW



Watt RG, 2007 From victim blaming to upstream action: tackling the social determinants of oral health inequalities. Community Dentistry & Oral Epidemiology 35: 1-11.



Policy Approaches

- An increasing focus on oral health
- Improving access to dental care
- Oral Health Promotion



Policy Approaches

The 2012 Federal Budget:

- \$515.3 million, over four years, for dental health.
- \$10.5 million for oral health promotion and to develop a National Oral Health Promotion Plan
- \$35.7 million for an expansion of the Voluntary Dental Graduate Year Program
- \$45.2 million for a Graduate Year Program for Oral Health Therapists
- \$77.7 million for a Rural and Remote Infrastructure and Relocation Grants for Dentists
- \$450,000 to a NGO to coordinate further pro-bono work by dentists.



Policy Approaches

August 2012 :

- \$2.7 billion for *Grow Up Smiling*, a children's dental scheme;
- \$1.3 billion for states and territories from 1 July 2014 to expand services for adults in the public system; and
- a \$225 million Flexible Grants Program beginning in 2014 to provide dental infrastructure in outer metropolitan, rural and regional areas.



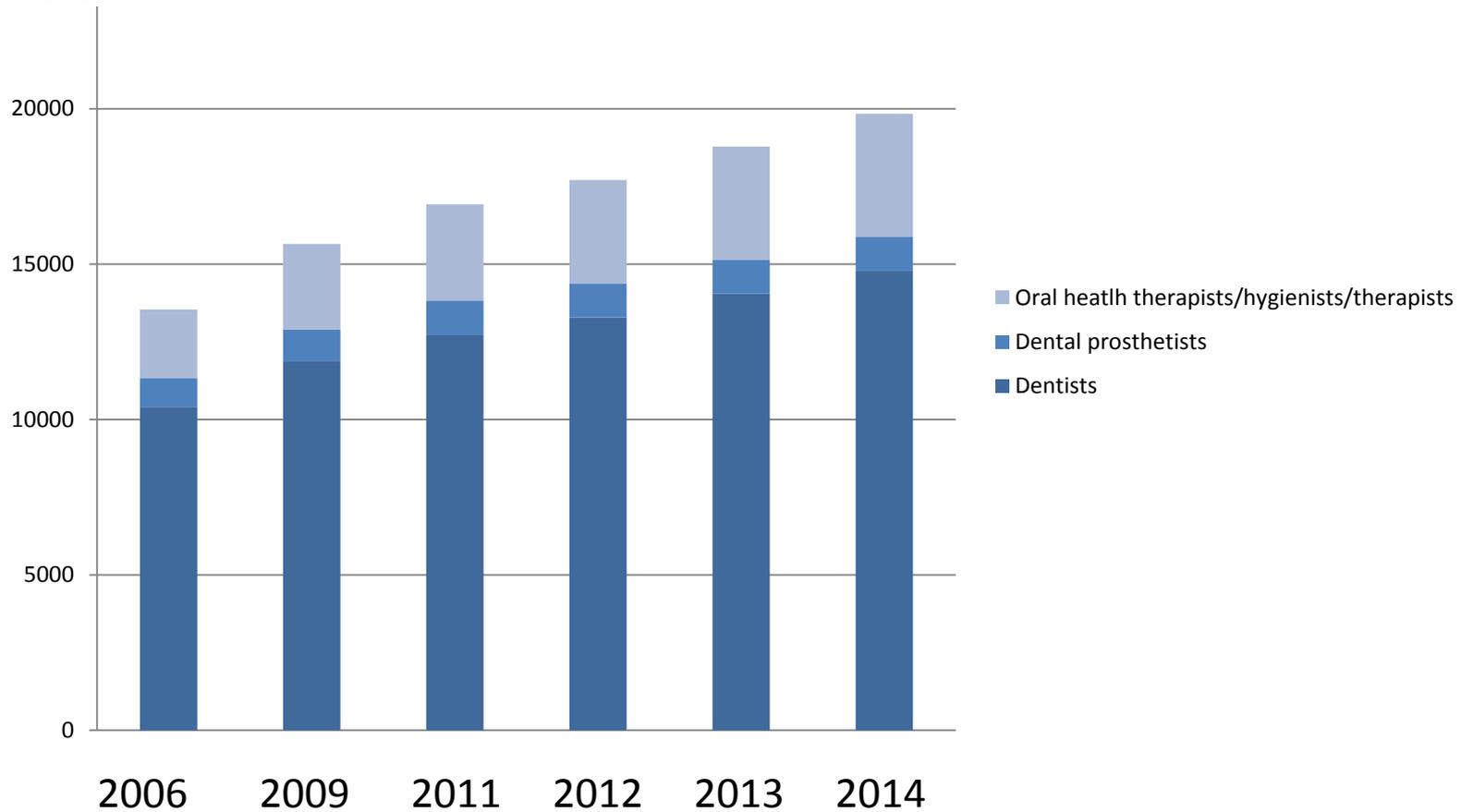
Research and Policy

- Improving access to dental care for those people currently missing out
- The anti-smoking campaign
- Inconsistent policy approach
- Oral health is funded and managed separately from other areas of health
- Some areas are removing fluoride from water supplies
- Lack of focus on social determinants of health





Research Evidence



HWA, 2013



Centre for Research Excellence in Primary Oral Health Care



University Department
of Rural Health

School of Dentistry





Centre for Research Excellence in Primary Oral Health Care

Successful aging and oral health

Rural oral health

Indigenous oral health

The oral health of people with physical &
intellectual disabilities



Outline of research program

Theme 1: Successful aging and oral health

How I laughed at my mother's false teeth,
As they foamed in the waters beneath.
But now comes the reckonin'
It's me they are beckonin'
Oh, I wish I'd looked after me teeth.

(Pam Ayres, 2008)





Outline of research program

Theme 1: Successful aging and oral health

- Community based trial: Medical GP assessment of need for dental care.
- Incorporating dental professionals into aged care facilities.





Outline of research program

Theme 2: Rural oral health

‘I went to the doctor’s and he said, It’s not my problem, Wade.’

He said, ‘You need a dentist.’

Sendziuk, 2007



Maitland, York Peninsula



Outline of research program

Theme 2: Rural oral health

- Dental practitioners: Rural work movements
- Relationship of dental practitioners to rural primary care networks
- International oral health policy implications for Australia

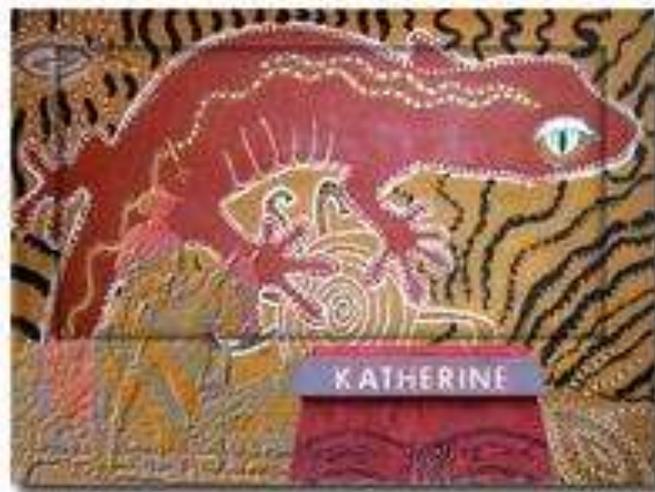


Maitland, York Peninsula



Outline of research program

Theme 3: Indigenous oral health





Outline of research program

Theme 3: Indigenous oral health



- Why Aboriginal adults who are referred for priority dental care do not take up or complete a course of dental care
- Perceptions and beliefs regarding oral health of Aboriginal adults in Perth and key rural centres, Western Australia



Outline of research program

Theme 4: The oral health of people with physical & intellectual disabilities.

- Community-based Trial:
Train carers of people with physical and intellectual disabilities





Research Capacity Building

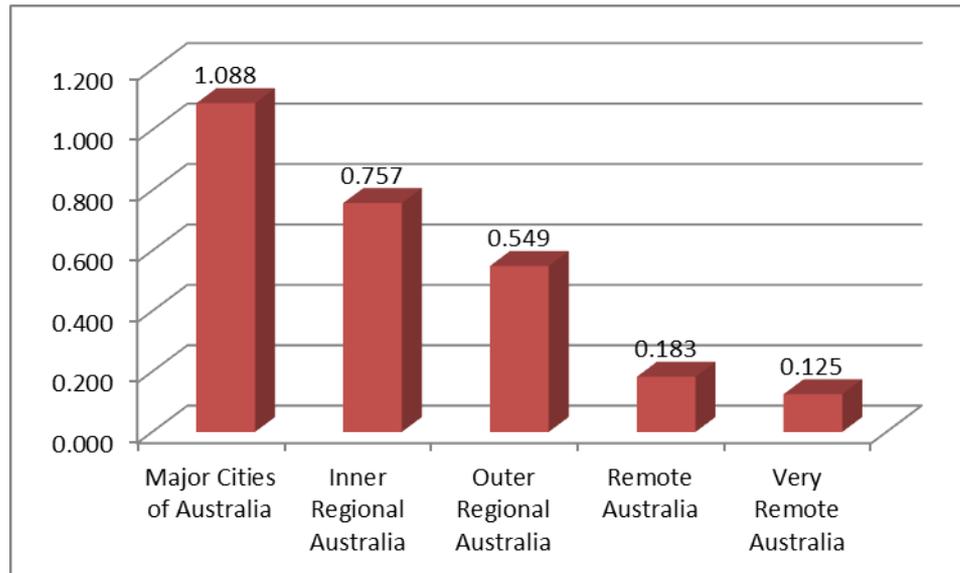
- Postdocs
- PhD students
- Adjunct positions
- Practitioner scholarships



Research Capacity Building

Chronic Disease Dental Scheme

Total number of services per head of population by regional area





Knowledge Translation and Exchange

“Laws are like sausages, it is better not to see them being made.”



Otto von Bismark (1815 – 1898)