Title: Position Statement 5: Oral Health Promotion Date Reviewed: October 2022 Approved by: Board of Directors

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The Australian Dental and Oral Health Therapists' Association (ADOHTA) holds the view that the promotion of oral health should be seen as the aim of every public and oral health organisation. Dental and oral health therapists have both skills and expertise in the field of oral health promotion. The ADOHTA supports an articulated, collaborative and integrated approach to the promotion of oral health and endorses the implementation of the National Oral Health Plan.

Oral health is a fundamental element of a person's general health and is integral to their ability to eat, speak and socialise, and to their quality of life. Oral diseases are mostly preventable and large inequalities exist in oral health in some communities. Many people across Australia continue to suffer from discomfort and pain associated with oral diseases<sup>1</sup>. The ADOHTA acknowledges ill health has multiple causes and is influenced by their social, cultural and economic circumstances, physical and psychological well-being and environment<sup>2,3</sup>.

Employed within communities, organisations, health and education services, oral health promotion is an approach which can complement policy to improve oral health and reduce the need and demand for dental services across the population. Oral health promotion interventions aim to address oral health disparities by targeting common risk factor such as diet and nutrition interventions, health and welfare funding, housing and education<sup>4</sup>. We support common risk factor approaches and the inclusion of oral health in general health promotion. Continued integration of oral health programs are recognised as best practice approaches<sup>4</sup>.

ADOHTA holds the view that oral health promotion should be seen as part of every local, state and territory health agency plan. Dental and oral health therapists have skills and expertise in this field. Oral health agencies should support their role in undertaking oral health promotion on an individual patient and community level to maximise its impact and to meet overarching aims of reducing health inequalities and improving overall health.

In promoting oral health, the Australian Dental and Oral Health Therapists' Association endorses the principles of the Ottawa Charter for health promotion<sup>5</sup> and acknowledges these principles underpin good health promotion practice, while in an ever changing world there are many models of health promotion which may also influence locally designed practice and health outcomes.

The tools available to promote oral health include primary, secondary and tertiary interventions. The focus of dental and oral therapists' work is in primary health care. This approach acknowledges the balance between the needs of the population and the demands of individuals for oral health care, collaborates across health professions and between communities and organisations, build oral health capacity and mediates to create environments which support oral health. It also supports the role of the dental therapist as an advocate for improved oral health for the community.

Oral health promotion programs should have a needs-based focus and seek to form inter-sectoral and health network partnerships to maximise impact and the use of resources and be designed with sustainability in mind. The choice of a population or targeted high-risk approach should be determined only following needs analysis which identifies barriers to improving oral health, understands the target group and its social and environmental influences and draws upon the evidence for effectiveness. Programs should be rigorously evaluated. Evaluation must be based on improved health outcomes and should be published to foster a best practice approach <sup>6</sup>. There are many resources available to support these approaches some of which are listed at the end of this document.

The ADOHTA holds the view that the promotion of oral health should be seen as the aim of every public and oral health organisation and that dental and oral health therapists have both skills and expertise in this field. ADOHTA supports an articulated, collaborative and integrated approach to promoting oral health and endorses the National Oral Health Plan and its implementation.

## **Recommendations:**

- 1. That the importance of oral health promotion be recognised and funded as a strategic approach to improving the oral health of Australia's community
- 2. That the expertise of dental and oral health therapists in oral health promotion be recognised and utilised by the community.
- 3. That dental and oral health therapists be supported by their employing organisations to participate in collaborative approaches to promoting oral health as part of their role.
- 4. That the current National Oral Health Plan be actively and collaboratively implemented across Australia

## References

1. (NACOH) National Committee on Oral Health (2015), Health Mouths Health Lives: Australia's National Oral Health Plan 2015-2024, Prepared by the Oral Health Monitoring Group, a subcommittee of the Community care and Population Health Principal Committee which reports through the Australian Health Ministers' Advisory Council to the COAG Health Council. Available online

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2. Marmot M & Wilkinson R, (2003) the Solid Facts, 2<sup>nd</sup> Edition, World Health Organisation, Denmark

3. Sanders AE (2007) social determinants of oral health: conditions linked to socioeconomic inequalities in oral health in the Australian population. AIHW Cat no POH 7, Canberra, Australian Institute of Health and Welfare (Population Oral Health Series No7)

## 4. Satur J, Gussy M, Morgan, M., Calache H & Wright FAC (Mar 2006) <u>Evidence Based Health Promotion</u> Public Health Division, Department of Human Services

## 5. World Health Organisation, Ottawa Charter for Health Promotion, November 1986

6. Watt RG, Harnett R, Daly B, Fuller SS, Kay E, Morgan A, Munday P, Nowjack-Raymer R, Treasure ET (2006) Evaluating oral health promotion: the need for quality outcome measures, Community Dent and Oral Epi, 2006, 34:7-11.