



AUSTRALIAN HEALTH POLICY REVIEW: SOUTH AUSTRALIA'S ORAL HEALTH PLAN

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Article history:	Abstract:
Received: October 6 th 2021 Accepted: November 6 th 2021 Published: December 13 th 2021	Oral health issues could have a detrimental effect on a person's quality of life and are more common in older people. People who maintain good dental hygiene demand reduced health expenses. This trend is anticipated to continue, with over 75% of baby boomers entering long-term care facilities with the majority of their natural teeth in place (Haumschild & Haumschild, 2009). Irrespective of age, a healthy mouth has a tremendous influence on overall health. It might be the difference between children attending school consistently or not. Not only may poor dental health raise the risk of oral cancer, but it can also impair older adults' ability to eat, speak, and socialise (The Scottish Health Council, 2017).
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INTRODUCTION

The mouth is the visible doorway to the rest of the body. It represents what is happening within the body on the outside. Periodontal disease is associated with systemic disease, and systemic disease has been shown to influence oral hygiene. More than a hundred systemic illnesses show oral manifestations, including cardiovascular disease, stroke, respiratory infections, pancreatic cancer, diabetes, and nutritional deficiencies. Cardiovascular disease, stroke, respiratory infections, pancreatic cancer, diabetes, and nutritional deficiencies are just a few instances. Oral health issues could have a detrimental effect on a person's quality of life and are more common in older people. People who maintain good dental hygiene demand reduced health expenses. This trend is anticipated to continue, with over 75% of baby boomers entering long-term care facilities with the majority of their natural teeth in place (Haumschild & Haumschild, 2009). Irrespective of age, a healthy mouth has a tremendous influence on overall health. It might be the difference between children attending school consistently or not. Not only may poor dental health raise the risk of oral cancer, but it can also impair older adults' ability to eat, speak, and socialise (The Scottish Health Council, 2017).

Considering these factors, understanding the role of oral health is indispensable to any community. In particular, this paper shall provide a critical review of the South Australian Oral Health Plan 2019 – 2026. The main concepts embedded in the policy and

how they are linked to Kingdon's Multiple Streams Theory shall be explored. Furthermore, recent evidence and recommendations shall be provided at the end for future policy review and enhancement.

BACKGROUND: DRIVING FORCES / CHALLENGES

An important public health concern in Australia is oral health, which includes oral illness and dysfunction. First, in particular, oral illnesses and disorders tend to manifest themselves in predictable patterns that are easy to understand. This suggests that oral illnesses and disorders are related to people's circumstances and living surroundings rather than just a function of their specific genetic makeup. Second, many oral disorders are theoretically avoidable, both at a group and individual level, which is encouraging. To add to the complexity, oral health issues are intertwined or interdependent with a variety of other public health issues that are significant, including all of Australia's national health priority areas. Australians have a fundamental expectation of good oral health. Oral health and illness are significant in and of themselves, as well as in their relationship to general health and disease, costs, disability, and mortality. It is possible to enhance oral health from a public health viewpoint. Both prevention and early and appropriate intervention would benefit all Australians' oral health. Due to a decrease in childhood tooth decay and adult tooth loss, oral infections and diseases continue to be widespread. They pose a significant burden on the Australian community. In



order to ensure that everyone in the community has access to basic preventative and treatment services, as well as specialty care for population sub-groups with specific requirements, a comprehensive service system must be in place (Australian Health Ministers' Advisory Council, 2001).

The reason a person seeks dental treatment impacts the sort of care they are likely to get as well as the number of untreated issues they may have at any one point in time. It is most probable that those who see a dental expert for a regular check-up will reap the most benefits from early diagnosis and treatment and that they will also obtain preventative treatments. Many variables influence the frequency with which people seek dental care. Australians frequently claim financial constraints as a factor for not seeking regular dental care or for not following through with prescribed treatment. It is significant to mention that financial strain includes both the direct and indirect costs of dental services to the individual, as well as the disposable income of a family and the number of people who depend on that income (Chrisopoulos, et al., 2011).

After a collaborative engagement process with various stakeholders, including the Australian Dental Association South Australian Branch, the South Australian Oral Health Plan (SAOHP) 2019-2026 was announced in October 2019. As a strategic framework by which South Australia's oral health requirements will be addressed for the next five years, it was commissioned by the State Government. It acknowledges the significance of oral health within the broader context of general health and highlights specific needs in important areas. The Plan was not intended to be put on the back burner; rather, it was intended to spur actual action in oral health and overcome the state's problems to achieve the stated purposes and objectives of the Plan at the time of its introduction. The goal from the beginning was to create a Monitoring Group that would continue to serve as a platform for important stakeholders to debate problems related to the Plan's implementation and facilitate monitoring and progress reporting on the Plan's implementation. Unfortunately, due to the events of 2020, the formation of the Monitoring Group was postponed until recently, when the main stakeholders were able to meet after the designation of Jenny Richter as the group's initial chair by the Minister of Foreign Affairs and Trade (Papagergiou, 2021).

DISCUSSION: KEY POLICY ELEMENTS VIS-À-VIS KINGDON'S MULTIPLE STREAM THEORY

While noting the significance of oral health promotion in achieving better oral health, the

National Oral Health Plan declared that widespread agreement on a consistent suite of evidence-based oral health promotion messaging was essential. Consistent messaging is required to minimize public confusion and aid in the argument for oral health promotion to be included in general health promotion (Roberts-Thomson, 2010).

As a result of the larger implications of oral health and the underlying causes of oral illness and disorders, the South Australian Oral Health Plan 2019-2026 must integrate the dentistry industry and the broader health and community sectors, among others. The establishment of new collaborations and the strengthening of current ties are important aspects of the strategy (Wade cited in South Australian Oral Health Plan 2019 – 2026, 2019). In order to provide a more in-depth look at the salient elements of the Plan, Kingdon's Multiple Streams Theory, a significant reference point in the public policy discourse (Béland & Howlett, 2016), will be presented as it is deemed applicable to the corresponding features of the South Australian Oral Health Plan 2019-2026.

Problem Stream – The Ministerial forward indicated that a healthy mouth is crucial to overall well-being and total life satisfaction. It makes it possible for people to eat, speak, and socialize without experiencing pain, discomfort, or shame. Poor oral health can cause detrimental effects on everyday function, human activities, and work productivity. It has been tied with a variety of health disorders and illnesses. While oral health has improved for many South Australians in recent decades, the research reveals that there are still considerable imbalances in our society and that there are still areas of unmet need in our state. The goal of this Plan, which will be in effect for the next seven years, is to guide concerted efforts that will lead to improved oral health

(Wade cited in SA Dental Service et al., 2019). Thus, the indicators mentioned above solidify the need to continuously address the issue of strengthening the oral health of South Australians, specifically those who suffer from or are at greater risk of poor oral health.

Politics Stream – In comparison to persons from higher-income families, low earners had more unfavourable dental visit patterns. Dentists commonly note that the expense of dental treatment is a barrier to receiving care, even more so than the expense of general health care (Chrisopoulos, et al., 2011). While the general dentistry sector provides programs for priority groups, it can only handle around one-fifth of the eligible population every two years, resulting in large public dental waiting lists. The National Partnership Agreement (NPA) on Adult Public Dental Services, which the Commonwealth sponsors, aims to



lower the number of people on public dental waiting lists. Funding cycles and activity objectives, on the other hand, restrict the possibility for long-term labour and infrastructure investment. The vast majority of these government funds are spent via private sector dentistry programs (SA Dental Service et al., 2019). Disparities in service delivery and policy creation reflect a strong need for the national leadership to promote and maintain planning for improved oral health and high-quality dental care.

Policy Stream – Expanding the number of Aboriginal and Torres Strait Islander persons who get publicly funded dental treatment in South Australia has been a goal of the SA Dental Service. Several tactics are used by the Aboriginal Oral Health Program to address a wide variety of obstacles that may hinder Aboriginal and Torres Strait Islander persons from receiving dental treatment and maintaining excellent oral health (SA Dental Service et al., 2019). Utilising a current evidence-based in the marketing and implementation of oral health services is critical. For priority populations, research create and assess models of care, treatments, and programs. Collecting data and accumulating information about the oral health status of the focus population, service gaps, and obstacles that affect them guarantee that personalized programs are successful.

Policy Window – WHO has highlighted important initiatives for promoting oral health, emphasizing low-income and disadvantaged groups, who have the most difficulty accessing oral health care. These include enhancing both cost-effective population-wide preventive and patient-centred primary health care and improving the quality of both (World Health Organization, 2020). Based on the Plan, access to oral health services in South Australia has previously been established as a minimum standard benchmark, and oral health objectives have been set to help achieve this standard. There are several possibilities to overcome the obstacles to improving oral health in South Australia.

Policy Entrepreneurs – The policy states that an oral health workforce with the proper structure, size, and capability to satisfy the community's demands for prevention and treatment of oral health disorders is essential for ensuring equitable access to care (SA Dental Service et al., 2019). This is highly applicable since in 2020, the dental labour force's ability to provide dental visits is estimated to vary between 33.0 and 40.1 million visits, compared to projected demand for dental visits ranging between 33.6 and 44.1 million (Chrisopoulos, et al., 2011). In order to make regional and distant postings appealing and professionally beneficial for dental practitioners, targeted workforce development measures are necessary since this policy

heavily relies on the workforce.

RECOMMENDATIONS

Considering the vast coverage discussed in the Plan, while there is good support for the incorporation of oral health into general health promotion, it will be important to monitor the outcomes in oral health terms. The following recommendations are provided:

- Oral health promotion is a critical component of the Oral Health Plan's strategy to tackle these problems (Satur et al., 2010). In order to effectively plan for oral health promotion in both oral and general health settings, it is necessary to understand the evidence supporting its effectiveness.
- Increase recruitment in distant and rural locations by encouraging practitioners currently in the area to become trainers for new graduates and allow them to recruit ahead of other places in South Australia to help them reach their full potential.
- The recruiting and retention allowance should be revised to ensure sufficient incentives for people to work in remote and rural locations.
- For this policy to work more efficiently and effectively, it is necessary to delegate sufficient power and support to its main implementers and other stakeholders. Additionally, it requires protection from political intrusion, which might undermine its efficiency and effectiveness in the future.

CONCLUSION

The South Australian Oral Health Plan sets forth a realistic vision and goals for oral health in South Australia from 2019 to 2026, as set out by the South Australian Government and the South Australian Dental Association. The Plan acknowledges that the essential areas of activity specified in the initial Plan are still important. They have been complemented by developing trends and new challenges. In the recommendation, it is indicated that there are several places where improvements may be made. Considering its structure and realistic approach, this strategy could serve as a blueprint for other regions and countries that desire to design and enhance their oral health plans.

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