SA Dental Service

Health Promotion Practice Guidelines

2012 -2015
Acknowledgements

We would like to acknowledge and thank staff from across SA Dental Service who contributed to the development of the Health Promotion Practice Guidelines.

Reference to the Evidence-based oral health promotion resource, developed for the Department of Human Services by Dental Health Services Victoria in association with the University of Melbourne Dental School, has been invaluable in the production of this document.

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Prevention has to be a key part of any balanced set of strategies to improve the oral health of the South Australian population. Our public dental service has a long track record of striving to build effective prevention into the way it does business.

In the early 1970s SA Dental Service introduced the ‘Dental Health Education Unit’ with a focus on using evidence to plan the prevention strategies. A decade ago the then Board of Directors endorsed the creation of the Health Promotion Division of SA Dental Service to increase the focus on population health promotion and to lift its profile and influence in the organisation at all levels.

In recent years the Dental Service has put considerable resources into the development of ‘clinical practice guidelines’ to assist clinicians to achieve the largest possible improvements in oral health within the clinical resources available. A few years ago an audit of health promotion in our service showed that staff needed similar support in health promotion. In this way the idea of the ‘Health Promotion Practice Guidelines’ was born.

These comprehensive guidelines, developed after consultation with many clinical staff, provide the evidence for effective health promotion that will reduce oral health inequities and improve oral health outcomes.

Training will be made available to support staff in using these guidelines.

Health Promotion is not easy and it takes time to deliver results, but we have already seen the stemming of the decline of decay rates in children, increased attendance of Aboriginal people and increased smoking cessation to know that it works and is worth the effort.

We already have a world class clinical service that has been recognised for its quality and effectiveness. These Health Promotion Practice Guidelines aim to ensure that clinical staff can complement these clinical services with successful contemporary health promotion.

Dr Martin Dooland
Executive Director
SA Dental Service
Introduction

In 2008 an audit of health promotion strategies confirmed that the SA Dental Service has:

- a commitment to health promotion practice
- health promotion principles incorporated into its key directions
- resources allocated to health promotion
- strong health promotion leadership.

In response to the audit, it was recommended that health promotion practice guidelines be developed to support staff to plan and implement effective health promotion activities in their clinics and local communities.

The development of the guidelines has been made possible through extensive reviewing of the evidence, mapping current practice and procedures and consultation with staff.

The guidelines are designed as a practical summary of clinical and community based promotion strategies that are effective and should be adopted and what strategies are ineffective and should be avoided. The sections clearly outline what is possible in each of the target groups.

The guidelines will provide the structure and support to enable staff to develop a range of local initiatives that are supported by the Dental Service. We believe that they will encourage staff commitment to health promotion, disease prevention and early intervention that will lead to improved oral health outcomes.

Please use the guidelines to plan and prioritise your oral health promotion directions at the local level.

Christine Morris
Director Health Promotion
SA Dental Service
Oral Health in Australia

Australia’s National Oral Health Plan 2004-2013: Healthy Mouths Healthy Lives aims to help all Australians to:

- retain as many of their teeth as possible throughout their lives,
- have good oral health as part of their general good health, and
- have access to affordable and quality oral health services.

Dental problems are very common in the Australian population.

Despite significant improvements in the oral health of Australian children over the last 20-30 years, in recent years some of these gains have been lost and children in all socio-economic groups are now experiencing more decay.

Many preschool children develop extreme and very extensive dental decay frequently requiring hospitalisation for treatment under general anaesthetic.\(^1\)

Dental extractions and restorations are the most common reason for children under the age of 15 years to undergo general anaesthesia in hospital in Australia.\(^2\)

Among Australian adults, there are persistent high levels of oral disease. 26% of adults have untreated dental decay, 23% have moderate to severe gum disease, 15% experience toothache often or very often.\(^3\)

Disadvantaged Australian adults generally suffer poorer oral health outcomes, with higher incidence of tooth loss, dental caries and gum disease.

The oral health of Aboriginal and Torres Strait Islander people is significantly worse than the general Australian population. Aboriginal children experience approximately 70% more dental caries than non-Aboriginal children, whilst Aboriginal adults have a higher prevalence of severe periodontal disease.\(^4\)

A population health approach, that combines both public health and clinical services, and addresses the social determinants of oral health, is the most effective way to maximise oral health outcomes for all Australians, particularly those with poor oral health.
The impact of oral disease is not only on the individual, but also on the community generally through health system and economic costs.\(^5\)

Dental caries is the second most costly diet-related disease in Australia, with an economic impact comparable to that of heart disease and diabetes. Annual expenditure on dental care in Australia was $6.1 billion in 2007-08.\(^6\)

The inter-connected effect of oral disease on individuals, health systems and communities is shown below.
The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. They directly impact a person’s ability to achieve good health outcomes. Disadvantaged groups, who generally have the worst health outcomes, are known to experience these impacts more frequently.

The social determinants of oral health are likely to be similar to those that contribute to poor general health.

### Social Determinants of Oral Health

<table>
<thead>
<tr>
<th>Economic, political and environmental conditions</th>
<th>Social, family and community context</th>
<th>Oral health related literacy and behaviour</th>
<th>Individual factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic status, family income, education, employment and living conditions</td>
<td>Social and family norms regarding oral health knowledge, attitudes, beliefs, values, skills and behaviours</td>
<td>Diet</td>
<td>Age</td>
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<td>Health and social policy</td>
<td>Peer groups</td>
<td>Oral hygiene</td>
<td>Sex</td>
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<tr>
<td>Access to affordable, nutritious foods and drinks</td>
<td>Cultural identity</td>
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<td>Access to transport</td>
<td>Social support</td>
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<tr>
<td>Access to timely, affordable and appropriate oral health care and information</td>
<td>Self-esteem</td>
<td>Injury</td>
<td></td>
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<tr>
<td>Social marketing</td>
<td>Self-efficacy</td>
<td>Oral health literacy</td>
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<tr>
<td>Exposure to fluoride</td>
<td></td>
<td>Use of oral health services</td>
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</tbody>
</table>

Adapted from Watt and Fuller
While most dental treatments repair disease, thereby alleviating symptoms and limiting dysfunction and disability, most dental services do not alter the upstream causes of disease, which instead are influenced more broadly by social determinants. This demonstrates the importance of focusing on primary prevention.

Primary prevention aims to support and promote good health and reduce or eliminate factors that contribute to poor health. It is directed at both whole population or applied to one-on-one clinical settings. Primary prevention interventions have been shown to be effective in improving health and reducing and better managing treatment services in both the short and long term.

Tooth decay is a disease of social deprivation, just as it is a disease of bad diet (indeed, these two factors are frequently found together). The key to eventual control of decay thus lies in improving the broad social environments for affected populations just as much as it does in intervening to improve the oral environment.

Adapted from Burt et al., 2008

Dental disease “is a condition which is probably, of all the conditions in Australia, the most strongly socio-economically related. The people who have the worst oral health are the most disadvantaged in the community….there is a large amount of dental disease in the community, and we need a strategy to deal with it.”

(Senate Select Committee on Medicare, 2003)
SA Dental Service is committed to working with the community to enable South Australians to achieve better oral health and wellbeing through:

- health promotion
- timely dental treatment with a focus on prevention and early intervention
- support for education and research.

The dental service has clinics located across the state for eligible children and adults. Clinical staff are well placed to deliver effective health promotion programs and activities that contribute to improving the oral health of their clients’ and local communities.

In planning health promotion in SA Dental Service we are distinguishing between health promotion activities that are incorporated into local practice and those activities that are strategic or that can be achieved through the Health Promotion Unit.

**Responsibilities of SA Dental Service Health Promotion Unit**

- Facilitate health promotion at the organisational level
- Support clinical staff and managers to achieve health promotion outcomes
- Develop strategic partnerships that increase oral health practice and knowledge
- Lead health promotion activities and programs
- Develop oral health information resources to support oral health promotion activities
- Provide workforce development to increase knowledge of staff about oral health promotion
- Promote oral health as an integral part of general health

**Responsibilities of local dental clinic teams and business units**

- Individual oral health information
- Clinical prevention
- Client consultation
- Implementation of local partnerships
- Community action and support of local policy interventions
Health promotion is a key component of public and population health and is underpinned by an extensive body of theory, evidence and knowledge.

The following principles, adapted from the Ottawa Charter, Jakarta Declaration and Bangkok Charter, are useful when thinking about health promotion in SA Dental Service. They guide the organisation in its policies, strategies and actions in the development and implementation of health promotion.

**Focus on the health of the population**
The aim is to improve the health of the whole population as well as addressing specific sub groups with high needs. This involves working at a population level as well as focussing on individuals.

**Focus on promotion of health, prevention of illness and early intervention**
Investment in prevention, early intervention and a focus on what keeps people healthy is an investment for better long term health outcomes. An excellent example of this is the Population Oral Health Program identifying children at risk of dental disease and referring them for clinical prevention such as fluoride.

**Reduce health inequities**
We recognise that determinants of health are complex and we are working in partnership with others to address the special needs of disadvantaged groups and to reduce differences in health status between groups. In particular no program should increase the health differential between groups.

**Work in partnership**
Working in partnership with a range of government, non-government, general practice, private and community organisations whose activities can impact on or influence oral health is a key strategy already in place. These partnerships can also enhance activities at the local level.

**Use multiple strategies**
It is important to use a comprehensive mix of strategies including clinical prevention, early intervention and health promotion across multiple settings.

**Evidence evaluation and accountability**
Good evidence is used to underpin oral health promotion strategies, with a focus on long and short term health outcomes. Process, impact and outcome evaluation to measure interventions are used to monitor effectiveness. Effectiveness of interventions is then used to identify further priorities and develop strategies.

**Aboriginal Cultural Respect Framework**
We recognise and respect the unique cultural needs and values of Aboriginal and Torres Strait Islander people. This is supported in SA Dental Service through cultural awareness training.

**Cultural Accountability**
We recognise and respect the unique cultural needs and values of our diverse population.

**Sustainability**
It is critical that oral health promotion interventions are planned as sustainable outcomes and put into the operational plan to promote this. We need to recognise that behaviour change is complex, difficult and takes time.

**Workforce development**
It is important to develop a flexible and innovative workforce with skills in contemporary health promotion and public health care. The organisation, teams and individuals need to have the resources, skills, knowledge and support to undertake quality health promotion and prevention work. In addition the clinical workforce will need to be trained so that they can actively participate in more “upstream” activities to improve oral health outcomes.

**Innovation**
One of SA Dental Service’s values is ‘creativity and innovation’. We need to challenge existing practice to improve the way we work. This can involve thinking outside the square and concentrating on solutions not problems, with an emphasis on action on health promoting environments as well as individual strategies.
Clinical Prevention

- Focuses on dental staff providing clinical services to prevent dental caries and control periodontal disease.
- Dental professionals decide on the intervention and work with clients to identify their needs.

Health Education and Information

- Involves delivering consistent oral health information to clients in a clinical or community setting.
- May not influence behaviour change, particularly in cases where clients have competing priorities and complex social situations.
- Information should be targeted to a client’s specific needs.

Health Counselling

- Aim is to encourage individuals to adopt healthy behaviours.
- Incorporates methods of talking to clients, such as brief intervention and motivational interviewing.
- Recognises that influencing human behaviour is difficult and complex.
- Recognises that the client is the driver of the action and may choose to take no action.

Community Participation and Action

- Focuses on ways to integrate oral health into general health.
- Ensures that people from all age groups including children, and people from diverse social, cultural, economic, linguistic, physical and geographical backgrounds have the opportunity to participate.
- Multiple strategies are essential and will vary upon the profile of and the needs of the consumers and community being engaged.

Partnerships

- Involves SA Dental Service staff working in partnership with other organisations to increase the capacity to promote health.
- Recognises that organisations often have common and overlapping health promotion goals.
- Ensures effective communication and information sharing.

Policy

- Recognises the need for a balance between government interventions and personal responsibility approaches.
- Local teams will not usually be responsible for influencing policy change.
- The Health Promotion Unit have a role to play in supporting the development of healthy public policy and organisational practice.
In recent years, SA Dental Service has successfully implemented a number of population oral health promotion programs aimed at changing the focus from treating disease to early intervention and prevention. The programs target particularly vulnerable groups, such as people living in supported residential facilities, older people, Aboriginal people and young children.

Successful oral health promotion programs incorporate multiple strategies and interventions. These include:

- integration of oral health into general health programs
- targeting of high risk populations
- tailored approaches based on active participation and addressing social, cultural and personal norms and values
- development of referral pathways to improve and increase access to dental services
- involvement of non-dental professionals with oral health screening and referrals
- application of fluoride.

The following is a summary of the oral health promotion programs currently running within SA Dental Service.

**Aboriginal Oral Health Program**

The Aboriginal Oral Health Program has a number of key strategies to increase access of Aboriginal people to SA Dental Service, including:

- ensuring Aboriginal adults are referred through the Aboriginal Liaison Program for priority, free dental care
- increasing the number of Aboriginal teenagers accessing dental care using a Teen Dental Voucher
- ensuring Aboriginal children are accessing dental care through a variety of referral pathways from other health professionals
- ensuring Aboriginal preschool children are referred through the Lift the Lip program for dental care
- working with health professionals who see pregnant women regularly to increase their oral health knowledge
- developing a range of oral health resources for Aboriginal people.
Population Oral Health Program (Lift the Lip)
The Children’s Population Oral Health Program aims to reduce the caries experience of children aged 0 -5 years. Program areas are as follows:
- improving the oral health of pregnant women
- improving the oral health and oral health knowledge of new mothers
- developing consistency between oral health and general health messages
- early identification and development of referral pathways for preschool children through CaFHS Nurses, GPs, Practice Nurses and Child Care Centres
- referred children receive priority dental care.

Crunch & Sip®
Crunch and Sip® is an initiative of the Go for 2&5® fruit and vegetable campaign and is based on the program developed in WA. Schools implement a formal break to eat fruit and vegetables and drink water in the classroom.

Smoking Cessation Program
The aim of the Smoking Cessation Program is to contribute to the improvement of client’s oral and general health by providing information to increase awareness of support services available to clients who are interested in managing their tobacco dependence. The program provides a referral pathway for clients to the QUITLINE.

General Anaesthetic (GA) Families Project
The aim of the GA Families Project is to work with families who are currently on the waiting list for general anaesthetic for dental treatment to increase awareness of the factors that lead to poor oral health and build capacity for families to improve oral health outcomes.

Supported Residential Facilities Program
The aim of the Supported Residential Facilities (SRF) Program is to improve the oral health of residents living in SRFs across South Australia. Many SRF residents have some form of disability or impairment and experience social isolation, low incomes, and poor access to health services. The program provides support for SRF residents to access dental treatment which is provided in a timely manner and free of charge.

Better Oral Health in Residential Care Program
The Better Oral Health in Residential Care Program incorporates an evidence-based, oral health best practice model for people in residential aged care homes that utilises a portfolio of resources, including new educational resources and an existing Oral health Assessment Tool Kit for GPs.

Northern and Southern Aged Care Projects
The aim of the Northern and Southern Aged Care Projects is to improve the oral health of community living older people by:
- integrating oral health questions into the Adelaide Aged Care Assessment Team home assessment
- providing support to manage their oral health care at home
- providing priority access to preventive dental care.
The Health Promotion Unit organises oral health promotional displays for a number of health events and expos throughout the year. The effectiveness of SA Dental Service involvement with these events is increased where the core oral health messages can be linked to existing health promotion programs and strategies.

**Pregnancy, Babies and Children’s Expo**
The Pregnancy, Babies and Children’s Expo is a 3 day annual event which provides an opportunity for SA Dental Service to promote the importance of children’s oral health and services available.

**SA Water National Water Week**
SA Water National Water Week is held in the Botanic Gardens annually. SA Dental Service coordinate health promotion activities and provide resources to promote drinking tap water amongst primary school aged children.

**Nunga Lunches and Community Health Events**
As part of the Aboriginal Oral Health Program SA Dental Service participate in a wide range of events to promote oral health amongst the Aboriginal population of SA.

Oral health information is provided and, where possible, referral of attendees to the dental service through the Aboriginal Liaison Program or the Lift the Lip Program.

**School Dental Days**
The aim of School Dental Days is to increase access of high risk primary school aged children to School Dental Service clinics.

In most cases, SA Dental Service work in partnership with Department for Education and Child Development and Community Health, across SA, to organise events that combine health promotion activities with supported visits to the local school dental clinic.

**Aboriginal Power Cup**
The Aboriginal Power Cup was developed in response to key recommendations in Monsignor Cappo’s *To Break the Cycle* report. It is an early intervention strategy to engage young people at risk in sporting activities to encourage them to continue with their education and make positive lifestyle choices. The Aboriginal Oral Health Program team coordinate a dental display with oral health assessments for attending community members.
SA Dental Service have an extensive range of oral health information resources available for dental and non-dental professionals to use when consulting with clients. These can be displayed and handed out to clients at community events and expos also.

Resources can be ordered from the Health Promotion Unit (Phone: 8222 9016).

It is recommended that resources be targeted to each individual client’s concern. Research shows that providing clients with a large amount of information at the one time does not lead to the client changing their behaviour.

SA Dental Service recognises the need to provide clinical staff with adequate tools, knowledge and support to undertake quality health promotion and prevention work in their daily practice.

As part of implementing the Health Promotion Practice Guidelines, all clinical staff will attend ongoing clinical health promotion training. Following this, nominated SA Dental Service staff will be offered the opportunity to participate in more specific training to support the planning and delivery of health promotion initiatives in their local community.
Preschool Children

Good oral health for infants and young children underpins good oral health throughout life. The Lift the Lip Program is an effective way of identifying early childhood caries and referring children aged 0-5 for priority dental care. We support the involvement of our clinical staff with targeted tooth brushing programs in preschool settings, and application of fluoride varnish for high-risk, young children, as a way of reducing tooth decay.

Motivational interviewing of parents can be effective in altering oral health behaviours and reducing dental caries in young children.

Classroom oral health education lessons with preschool children have not been shown to have any significant effect on prevention of dental caries, and are therefore not recommended by SA Dental Service.
### Preschool Children – Chair side (clinical) interventions

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Desired Outcomes</th>
<th>Useful Documents and Links</th>
</tr>
</thead>
</table>
| Recall   | Assign personalised recall based on risk assessment. | • Oral disease prevention  
• Improved oral health outcomes | • Statewide Dental Service Risk Standardisation and Personalised Preventive Packages |
|          | **High risk clients**  
• 12 months  
**Medium risk clients**  
• 18 months  
**Low risk clients**  
• 24 months | | |
| Fluoride | For high risk clients:  
• apply fluoride varnish every 6 months  
• provide children aged 18 months – 2 ½ years and mother/carer with toothbrush and fluoride toothpaste. | • Caries prevention  
• Improved oral health outcomes | • Statewide Dental Service Risk Standardisation and Personalise Preventive Packages  
• Fluoride Varnish Clinical Practice Guidelines |
| Parent Consult  
• Oral hygiene | Consult with parents regarding:  
• toothbrushing  
• fluoride toothpaste  
• Lift the Lip.  
Demonstrate toothbrushing technique.  
Parents, carers to assist with brushing.  
Use motivational interviewing techniques when consulting with parents, carers. | • Oral disease prevention  
• Improved oral health outcomes  
• Behaviour change | Health Promotion Unit resources  
• Give your child’s teeth a healthy start  
• Anticipatory Guidance resources  
• 0-12 months  
• 12-24 months  
• 2-5 years  
• Toothbrushing |
## Preschool Children – Chair side (clinical) interventions

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<tbody>
<tr>
<td>Parent Consult</td>
<td>Consult with parents regarding:</td>
<td>• Oral disease prevention</td>
<td>Health Promotion Unit resources</td>
</tr>
<tr>
<td></td>
<td>• breastfeeding</td>
<td>• Improved oral health outcomes</td>
<td>• Snack ideas</td>
</tr>
<tr>
<td></td>
<td>• bottle feeding</td>
<td>• Behaviour change</td>
<td>• Tap water</td>
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<td></td>
<td>• tap water</td>
<td></td>
<td>• Sugar</td>
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<td></td>
<td>• sugar</td>
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<td>• Lift the Lip magnets</td>
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<td></td>
<td>• dummies</td>
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<td></td>
<td>Use motivational interviewing techniques when consulting with parents/</td>
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<td></td>
<td>carers.</td>
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<td></td>
<td>Refer families for more comprehensive dietary advice.</td>
<td>• Oral disease prevention</td>
<td>Refer to the Hospitals and Health Services pages on the SA Health internet site for local</td>
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<tr>
<td></td>
<td></td>
<td>• Improved oral health outcomes</td>
<td>community health centres and dietetic/nutrition services.</td>
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<td>• Behaviour change</td>
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Parent Consult
• Brief dietary intervention
### Preschool Children – Effective Health Promotion Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Desired Outcomes</th>
<th>Useful Documents and Links</th>
</tr>
</thead>
</table>
| Lift the Lip Program           | • Visit allocated Child Care Centres to Lift the Lip  
• Attend Immunisation Clinics to Lift the Lip. | • Oral disease prevention  
• Improved oral health outcomes | • Guidelines for SA Dental Service staff  
Lifting the Lip in Child Care Centres and Preschools  
• Population Oral Health Program Plan |
| Parent information sessions    | Link with existing health promotion programs (eg Lift the Lip) and provide oral health information to parents of young children. Focus on:  
• pregnant women  
• CALD groups  
• Aboriginal groups. | • Oral disease prevention  
• Improved oral health outcomes | **Health Promotion Unit resources**  
• Give your child’s teeth a healthy start  
• Sugar  
• Dental Care is Free for Toddlers and Preschoolers  
• Anticipatory Guidance resources  
• Series of A4 Lift the Lip posters  
• Lift the Lip magnets |
| Targeted supervised tooth brushing in early childhood settings | Work with Health Promotion staff to implement toothbrushing programs in areas with:  
• high caries risk  
• non-fluoridated water  
• children not brushing routinely at home. | • Oral disease prevention  
• Improved oral health outcomes | **Health Promotion Unit resources**  
• Caring for your child’s smile  
• Sugar  
• Toothbrushing |
## Preschool Children – Effective Health Promotion Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
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<tbody>
<tr>
<td><strong>Targeted provision of fluoride toothpaste and toothbrush</strong></td>
<td>Supply fluoride toothpaste and toothbrush to families in areas with:    • high caries risk  • non-fluoridated water. For example:  • CaFHS home visiting program  • Aboriginal  • CALD  • rural and remote communities.</td>
<td>• Caries prevention  • Improved oral health outcomes</td>
<td>Health Promotion Unit resources  • Toothbrushing  • Fluoride – a guide for parents and clients</td>
</tr>
<tr>
<td><strong>Community health events and days</strong></td>
<td>Seek support and resources from the Health Promotion Unit to attend community health events and days to promote oral health and SA Dental Service. For example:  • Children, Parent’s and Babies Expo  • Nuna health days.</td>
<td>• Increased knowledge  • Profile of oral health increased</td>
<td>Health Promotion Unit resources  • Give your child's teeth a healthy start  • Sugar  • Dental Care is Free for Toddlers and Preschoolers  • Anticipatory Guidance resources</td>
</tr>
<tr>
<td><strong>Fluoride varnish programs</strong></td>
<td>Under direction of Health Promotion Unit implement Fluoride Varnish programs in rural and remote communities.</td>
<td>• Caries prevention  • Improved oral health outcomes</td>
<td>Health Promotion Unit resources  • Fluoride Varnish Clinical Practice Guidelines  • Fluoride Varnish – instructions for clients and parents</td>
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Children aged 6-12 years

Despite significant improvements in dental caries rates over the past generation, many primary school aged children still experience tooth decay. The School Dental Service provides a range of preventive services, such as fluoride application and fissure sealing "at risk" teeth, for this age group.

We support school based oral health interventions that link to existing health promotion programs, such as Crunch and Sip® and Right Bite. Health promotion events held at primary schools, that combine a range of health promoting activities with trips to the local school clinic, are an effective way of improving oral health outcomes for the children attending.

Classroom oral health education lessons with primary school children have not been shown to have any significant effect on prevention of dental caries, and are therefore not recommended by SA Dental Service.
### Children aged 6-12 years – Chair side (clinical) interventions

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<td>Recall</td>
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<td></td>
<td><strong>High risk clients</strong></td>
<td>• Improved oral health outcomes</td>
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<tr>
<td></td>
<td>• 12 months</td>
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<td><strong>Medium risk clients</strong></td>
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<td>• 18 months</td>
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<td><strong>Low risk clients</strong></td>
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<td>• 24 months</td>
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<td>Fluoride</td>
<td>For high risk clients:</td>
<td>• Caries prevention</td>
<td>• Statewide Dental Service Risk Standardisation and Personalised Preventive Packages</td>
</tr>
<tr>
<td></td>
<td>• children under 10 years, apply fluoride varnish every 6 months</td>
<td>• Improved oral health outcomes</td>
<td>• Fluoride Varnish Clinical Practice Guidelines</td>
</tr>
<tr>
<td></td>
<td>• children over 10 years, apply topical fluoride every 6 months.</td>
<td></td>
<td><strong>Health Promotion Unit resources</strong></td>
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<td></td>
<td>• Fluoride – a guide for parents and clients</td>
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<td></td>
<td>• Fluoride Varnish – instructions for clients and parents</td>
</tr>
<tr>
<td>Fissure sealants</td>
<td>Fissure seal “at risk” molars.</td>
<td>• Caries prevention</td>
<td>• Statewide Dental Service Risk Standardisation and Personalised Preventive Packages</td>
</tr>
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<td></td>
<td></td>
<td>• Improved oral health outcomes</td>
<td>• Fissure Sealant Clinical Practice Guidelines</td>
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<tr>
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<td></td>
<td>• Oral disease prevention</td>
<td><strong>Health Promotion Unit resources</strong></td>
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<td></td>
<td></td>
<td>• Improved oral health outcomes</td>
<td>• Fissure Sealant resource</td>
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<td></td>
<td></td>
<td>• Behaviour change</td>
<td></td>
</tr>
</tbody>
</table>
### Strategy | Activity | Desired Outcomes | Useful Documents
--- | --- | --- | ---
**Parent Consult**  
- Oral hygiene
  - Consult with parents regarding:
    - toothbrushing
    - fluoride toothpaste.
  - Demonstrate toothbrushing technique.
  - Use motivational interviewing techniques when consulting with parents/ carers.
  - **Oral disease prevention**
  - **Improved oral health outcomes**
  - **Behaviour change**
  - Health Promotion Unit resources
    - Caring for your child’s smile
    - Toothbrushing

**Parent Consult**  
- Brief dietary intervention
  - Consult with parents regarding:
    - tap water
    - sugar.
  - Use motivational interviewing techniques when consulting with parents/ carers.
  - **Oral disease prevention**
  - **Improved oral health outcomes**
  - **Behaviour change**
  - Health Promotion resources
    - Snack ideas
    - Tap water
    - Sugar

- Refer family for more comprehensive dietary advice.
  - Refer to the Hospitals and Health Services pages on the SA Health internet site for local community health centres and dietetic/nutrition services.
## Children aged 6-12 years – Effective Health Promotion Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Desired Outcomes</th>
<th>Useful Documents</th>
</tr>
</thead>
</table>
| Link with existing school based health promotion programs | Under direction of Health Promotion Unit, work with existing programs in schools (such as Crunch and Sip® and Rite Bite) to deliver oral health information to parents and children. | • Oral disease prevention  
• Improved oral health outcomes  
• Increased knowledge | • Health Promotion: Better Health Better Learning  
• Rite Bite  
| Parent information sessions | Work with local community groups, schools and external organisations to provide oral health information to parents of school aged children. Focus on:  
• CALD groups  
• Aboriginal  
• low socio-economic areas with high caries rates. | • Oral disease prevention  
• Improved oral health outcomes | Health Promotion Unit resources  
• Caring for your child’s smile  
• Tap water  
• Sugar  
• Snack ideas |
| Targeted school based toothbrushing programs | Work with Health Promotion staff to implement toothbrushing programs in areas with:  
• high caries risk  
• non-fluoridated water  
• children not brushing routinely at home. | • Oral disease prevention  
• Improved oral health outcomes  
• Behaviour change | Health Promotion Unit resources  
• Caring for your child’s smile  
• Tap water  
• Sugar  
• Toothbrushing |
| School dental days | Work with Health Promotion staff to co-ordinate oral health information sessions and visits to the local school dental clinic for high risk children including:  
• Aboriginal  
• CALD. | • Oral disease prevention  
• Improved oral health outcomes  
• Increased knowledge | Health Promotion Unit resources  
• Caring for your child’s smile  
• Tap water  
• Sugar  
• Snack ideas |
| Community health events and days | Attend local community health events and days to promote oral health and SA Dental Service  
For example:  
• Nunga health days  
• Water Week. | • Increased knowledge  
• Profile of oral health increased | Health Promotion resources  
• Caring for your child’s smile  
• Tap water  
• Sugar  
• Snack ideas |
Health Promotion Practice Guidelines

**Adolescents**

SA Dental Service is supportive of clinical staff working with adolescents to encourage them to take responsibility for their own oral health. This may be done in a clinical setting, or through involvement with access programs that target high risk teenagers.

We promote use of the Medicare teen dental voucher amongst all eligible families, with a focus on Aboriginal teens through the Aboriginal Oral Health Program.

The Smoking Cessation Program provides a pathway to the QUITLINE for adolescents interested in quitting.

Motivational interviewing of adolescents can be effective in altering oral health behaviours and reducing dental caries.

Classroom oral health education lessons with primary school children have not been shown to have any significant effect on prevention of dental caries, and are therefore not recommended by SA Dental Service.
### Adolescents – Chair side (clinical) interventions

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Desired Outcomes</th>
<th>Useful Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall</td>
<td>Assign personalised recall based on risk assessment.</td>
<td>• Oral disease prevention &lt;br&gt; • Improved oral health outcomes</td>
<td>• Statewide Dental Service Risk Standardisation and Personalised Preventive Packages &lt;br&gt; Health Promotion Unit resources &lt;br&gt; • Continuation of care postcard</td>
</tr>
<tr>
<td></td>
<td><strong>High risk clients</strong>&lt;br&gt;• 12 months</td>
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<td></td>
<td><strong>Medium risk clients</strong>&lt;br&gt;• 18 months</td>
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<td></td>
<td><strong>Low risk clients</strong>&lt;br&gt;• 24 months</td>
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</tr>
<tr>
<td>Fluoride</td>
<td>For high risk clients:&lt;br&gt;• Apply topical fluoride every 6 months.</td>
<td>• Caries prevention&lt;br&gt; • Improved oral health outcomes</td>
<td>• Statewide Dental Service Risk Standardisation and Personalised Preventive Packages &lt;br&gt; Health Promotion Unit resources &lt;br&gt; • Fluoride Varnish Clinical Practice Guidelines</td>
</tr>
<tr>
<td></td>
<td>• Recommend concentrated fluoride products for use at home.</td>
<td></td>
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</tr>
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<td>Fissure sealants</td>
<td>Fissure seal “at risk” molars.</td>
<td>• Caries prevention&lt;br&gt; • Improved oral health outcomes</td>
<td>• Statewide Dental Service Risk Standardisation and Personalised Preventive Packages &lt;br&gt; Health Promotion Unit resources &lt;br&gt; • Fissure Sealant Clinical Practice Guidelines</td>
</tr>
</tbody>
</table>

**Relevant Documents:**
- Statewide Dental Service Risk Standardisation and Personalised Preventive Packages
- Fluoride Varnish Clinical Practice Guidelines
- Fissure Sealant Clinical Practice Guidelines
- Fluoride – a guide for parents and clients
- Fluoride Varnish – instructions for clients and parents
- Continuation of care postcard
- Fissure Sealant resource
### Adolescents – Chair side (clinical) interventions

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent, Teen Consult</strong></td>
<td>Consult with parents, teens regarding:</td>
<td>• Oral disease prevention</td>
<td>Health Promotion Unit resources</td>
</tr>
<tr>
<td></td>
<td>• Oral hygiene</td>
<td>• Improved oral health outcomes</td>
<td>• Toothbrushing</td>
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<td></td>
<td></td>
<td>• Behaviour change</td>
<td>• Gingivitis/ periodontitis brochure</td>
</tr>
<tr>
<td></td>
<td>Demonstrate toothbrushing technique.</td>
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<td></td>
<td>Use motivational interviewing techniques when consulting with adolescents.</td>
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<td><strong>Parent, Teen Consult</strong></td>
<td>Consult with parents, teens regarding:</td>
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<td>Health Promotion Unit resources</td>
</tr>
<tr>
<td></td>
<td>• Brief dietary intervention</td>
<td>• Improved oral health outcomes</td>
<td>• Oral health for young people</td>
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<td></td>
<td>• Behaviour change</td>
<td>• Dental erosion</td>
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<tr>
<td></td>
<td>Consult with parents, teens regarding:</td>
<td></td>
<td>• Snack ideas</td>
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<td></td>
<td>• tap water</td>
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<td>• Tap water</td>
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<td>• sugar</td>
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<td>• Sugar</td>
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<td></td>
<td>• erosion</td>
<td></td>
<td>• Oral piercing and oral health</td>
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<td></td>
<td>• smoking cessation</td>
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<tr>
<td></td>
<td>• oral piercing</td>
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<td></td>
<td>Use motivational interviewing techniques when consulting with adolescents.</td>
<td></td>
<td></td>
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<td></td>
<td>Refer family for more comprehensive dietary advice.</td>
<td>• Oral disease prevention</td>
<td>Refer to the Hospitals and Health Services pages on the SA Health internet site</td>
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<td></td>
<td>• Improved oral health outcomes</td>
<td>for local community health centres and dietetic/nutrition services.</td>
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### Adolescents – Effective Health Promotion Strategies

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<th>Useful Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Teen Dental Voucher</td>
<td>• Encourage families to utilise voucher. &lt;br&gt; • Promote use of vouchers amongst Aboriginal families.</td>
<td>• Oral disease prevention  &lt;br&gt; • Improved oral health outcomes</td>
<td>Medicare Teen Dental Plan 2012</td>
</tr>
<tr>
<td>Smoking Cessation Program</td>
<td>Implement Smoking Cessation Program and record interventions.</td>
<td>• Improved oral health outcomes</td>
<td>Range of QUIT resources available from Health Promotion Unit</td>
</tr>
<tr>
<td>Access programs</td>
<td>Promote and encourage access to dental services amongst high risk adolescent groups including:  &lt;br&gt; • Aboriginal  &lt;br&gt; • high caries risk  &lt;br&gt; • CALD.</td>
<td>• Oral disease prevention  &lt;br&gt; • Improved oral health outcomes</td>
<td>Health Promotion resources  &lt;br&gt; • Sugar  &lt;br&gt; • Tap water  &lt;br&gt; • Snack ideas  &lt;br&gt; • Welcome to School Dental Service  &lt;br&gt; • Erosion  &lt;br&gt; • Oral Piercing</td>
</tr>
</tbody>
</table>
Adults

Over the past decade, SA Dental Service has had a significant impact on the oral health of vulnerable adults living in SA, through a number of targeted health promotion initiatives. These include the following:

- Better Oral Health in Residential Care Program
- Aged Care Program
- Aboriginal Liaison Program
- Supported Residential Facilities Program
- Homelessness Project.

The success of these programs is based on the incorporation of an oral health check into a general health check and subsequent provision of referral pathways for eligible clients.

Providing oral health information to pregnant women, and assisting them to access to dental services, is an effective way of improving their oral health and the oral health of their newborn baby.

The Smoking Cessation Program provides a pathway to the QUITLINE for eligible adults who are interested in quitting.

Motivational interviewing of adults can be effective in altering oral health behaviours that contribute to dental disease.
### Adults – Chair side (clinical) interventions

<table>
<thead>
<tr>
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<th>Activity</th>
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<tbody>
<tr>
<td><strong>Fluoride</strong></td>
<td>For high risk clients:</td>
<td>• Caries prevention</td>
<td>• Statewide Dental Service Risk Standardisation and Personalised Preventive Packages</td>
</tr>
<tr>
<td></td>
<td>• Apply topical fluoride every 6 months</td>
<td>• Improved oral health outcomes</td>
<td>• Fluoride Varnish Clinical Practice Guidelines</td>
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<tr>
<td></td>
<td>• Recommend home care products (gels and foams).</td>
<td></td>
<td>Health Promotion Unit resources</td>
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<td></td>
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<td>• Fluoride – a guide for parents and clients</td>
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<td>• Fluoride Varnish – instructions for clients and parents</td>
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<td><strong>Health Promotion Unit resources</strong></td>
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<td>• Toothbrushing</td>
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<td>• Dental care for adults</td>
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<tr>
<td><strong>Client Consult</strong></td>
<td>Consult with client regarding:</td>
<td>• Caries prevention</td>
<td>• Erosion postcards</td>
</tr>
<tr>
<td>• Oral hygiene</td>
<td>• toothbrushing</td>
<td>• Improved oral health outcomes</td>
<td>• Gingivitis/ periodontitis</td>
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<tr>
<td></td>
<td>• fluoride toothpaste</td>
<td></td>
<td><strong>Health Promotion Unit resources</strong></td>
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<tr>
<td></td>
<td>• erosion</td>
<td></td>
<td>• Toothbrushing</td>
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<td></td>
<td>• gingivitis/ periodontitis</td>
<td></td>
<td>• Dental care for adults</td>
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<td></td>
<td>• Erosion postcards</td>
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<td></td>
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<td></td>
<td>• Gingivitis/ perio brocure</td>
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<tr>
<td></td>
<td>Use motivational interviewing techniques when consulting with clients.</td>
<td></td>
<td><strong>Health Promotion Unit resources</strong></td>
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<td></td>
<td>• Snack ideas</td>
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<td>• Tap water</td>
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<td>• Sugar</td>
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<tr>
<td><strong>Client consult</strong></td>
<td>Consult with clients regarding:</td>
<td>• Caries prevention</td>
<td>Refer to the Hospitals and Health Services pages on the SA Health internet site for local community health centres and dietetic/ nutrition services.</td>
</tr>
<tr>
<td>• Brief dietary intervention</td>
<td>• tap water</td>
<td>• Improved oral health outcomes</td>
<td><strong>Health Promotion Unit resources</strong></td>
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<td>• sugar.</td>
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<td>• Snack ideas</td>
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<td></td>
<td>• Sugar</td>
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<td></td>
<td>Refer client for more comprehensive dietary advice.</td>
<td></td>
<td><strong>Health Promotion Unit resources</strong></td>
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<td></td>
<td>• Snack ideas</td>
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<td>• Sugar</td>
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</table>
## Adults – Effective Health Promotion Strategies

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<tr>
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<th>Useful Documents</th>
</tr>
</thead>
</table>
| Link high risk eligible adults to existing health promotion programs | In collaboration with Project Staff:  
• provide referral pathways for eligible adults to access dental care  
• involve non-dental health professionals with screening and referring clients.  
Implement SA Dental Service Health Promotion Programs:  
• Aboriginal Liaison Program  
• Aged Care Projects  
• SRF Project  
• Chronic Disease Project. | • Improved access to dental care  
• Improved oral health outcomes | Specific program resources.  
Annual reports for all SA Dental Service Health Promotion Programs are available on the SA Dental Service Website. |
| Improve oral health outcomes for eligible Aboriginal and Torres Strait Islander adults | • Train non-dental health professionals to assess and refer clients for priority, free dental care through the Aboriginal Liaison Program.  
• Distribute culturally appropriate oral health information resources. | • Improved access to dental care  
• Improved oral health outcomes | Health Promotion Unit Aboriginal Oral Health Program resources |
| Assist pregnant women to improve their oral health and the oral health of their newborn baby | • Work with antenatal groups to provide oral health information.  
• Focus on the mother’s oral health, the impact on their general health and baby’s oral health.  
• Work with mother’s groups to provide oral health information. Focus on key messages including transfer of bacteria.  
• Attend the Pregnancy, Children and Babies Expo to promote oral health and SA Dental Service. | • Reduce the transmission of oral bacteria to child  
• Increase knowledge of oral health  
• Raise profile of oral health and SA Dental Service | Health Promotion Unit resources  
• Give your child’s teeth a healthy start  
• Sugar  
• Pregnancy postcard  
• Anticipatory Guidance resources  
• Dental Care is Free for Toddlers and Preschoolers  
• Snacks  
• Gingivitis/ periodontitis resource  
• Aboriginal pregnancy resources |
## Adults – Effective Health Promotion Strategies

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</thead>
</table>
| Improve oral health outcomes for frail and older people in the community and in residential care | Work with Project Staff to support eligible clients to access dental care through the:  
• Better Oral Health in Residential Care Program  
• Southern Oral Health for Older People Project  
• Northern Oral Health for Older People Project. | • Improved access to dental care  
• Improved oral health outcomes | • Access Better Oral Health in Residential Care Resource Portfolios  
• Oral Health Training Kits available from SA Dental Service, Service Planning Ph: 8222 9093 |
| Smoking Cessation Program                          | Implement Smoking Cessation Program and record interventions.           | • Improved oral health outcomes  
• Reduction in number of adult clients smoking | Range of QUIT resources available from Health Promotion Unit |
| Community Health Events                            | Attend community health events for specific high risk client groups. For example:  
• Aboriginal  
• Homeless. | • Oral disease prevention  
• Improved oral health outcomes  
• Increased knowledge | Health Promotion Unit resources  
• Oral health care for adults  
• Tap water  
• Sugar  
• Diabetes |

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**Health Promotion Practice Guidelines**

SA Dental Service

35
Guidelines for Effective Health Promotion

People with Special Needs

The oral health of people with special needs is often compromised due to difficulties with maintaining an adequate toothbrushing technique and healthy diet.

SA Dental Service supports oral health promotion interventions that incorporate oral health plans for people in residential care, training and support of health and welfare workers, timely access to dental care and oral health information sessions have been shown to be most effective.
### People with Special Needs – Chair side (clinical) interventions

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Recall</strong></td>
<td>Assign personalised recall based on risk assessment.</td>
<td>• Oral disease prevention</td>
<td>• Statewide Dental Service Risk Standardisation and Personalised Preventive Packages</td>
</tr>
<tr>
<td></td>
<td><strong>High risk clients</strong></td>
<td>• Improved oral health outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 12 months</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Medium risk clients</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• 18 months</td>
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</tr>
<tr>
<td></td>
<td><strong>Low risk clients</strong></td>
<td></td>
<td></td>
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<td></td>
<td>• 24 months</td>
<td></td>
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<td><strong>Fluoride</strong></td>
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<td>• Improved oral health outcomes</td>
<td>• Fissure Sealant Clinical Practice Guidelines</td>
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<td>• Fissure Sealant resource</td>
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<tbody>
<tr>
<td>Parent, Client, Carer Consult • Oral hygiene</td>
<td>Consult with parents, clients, carers regarding: • toothbrushing • fluoride toothpaste. Demonstrate toothbrushing technique. Recommend use of electric toothbrush. Use motivational interviewing techniques and theories of behaviour change when consulting with parents, clients and carers.</td>
<td>• Oral disease prevention • Improved oral health outcomes • Behaviour change</td>
<td>Health Promotion Unit resources • Toothbrushing • Gingivitis/ periodontitis resource</td>
</tr>
<tr>
<td>Parent, Client, Carer Consult • Brief dietary intervention</td>
<td>Consult with parents, clients, carers regarding: • tap water • sugar. Use motivational interviewing techniques when consulting with parents/ clients and carers.</td>
<td>• Oral disease prevention • Improved oral health outcomes • Behaviour change</td>
<td>Health Promotion Unit resources • Snack ideas • Tap water • Sugar</td>
</tr>
<tr>
<td></td>
<td>Refer family for more comprehensive dietary advice.</td>
<td>• Oral disease prevention • Improved oral health outcomes • Behaviour change</td>
<td>Refer to the Hospitals and Health Services pages on the SA Health internet site for local community health centres and dietetic/ nutrition services.</td>
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</tbody>
</table>
## People with Special Needs – Effective Health Promotion Strategies

<table>
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<th>Useful Documents</th>
</tr>
</thead>
</table>
| Train and support health and welfare workers  | Provide oral health education sessions with a focus on:                                                                                                                                            | • Oral disease prevention  
• Improved oral health outcomes  
• Behaviour change  
• Improved access to dental services | Health Promotion Unit resources  
• Sugar  
• Tap water  
• Snack ideas  
• Welcome to SA Dental Service  
• Dental care is free for toddlers and preschoolers |
| Implement oral health programs in residential facilities | Ensure people living in residential care can access:  
• oral health plans,  
• dental health aids, and  
• timely access to dental care via programs such as the Supported Residential Facilities (SRF) Program. | • Oral disease prevention  
• Improved oral health outcomes  
• Improved access to dental services | Health Promotion resources  
• Sugar  
• Tap water  
• Snack ideas  
• Toothbrushing  
• Welcome to SA Dental Service  
SA Dental Service Supported Residential Care Program Plan. |
| Increase oral health literacy of people with special needs and their carers | Deliver oral health literacy sessions to people with special needs and their carers. Focus on:  
• oral hygiene instruction (for clients and carers)  
• use of electric toothbrushes as appropriate  
• causes of dental disease  
• dental services available. | • Oral disease prevention  
• Improved oral health outcomes  
• Increased knowledge  
• Behaviour change | Health Promotion resources  
• Sugar  
• Tap water  
• Snack ideas  
• Toothbrushing  
• Welcome to SA Dental Service |
<table>
<thead>
<tr>
<th>Ineffective Strategy</th>
<th>Activity</th>
<th>Effective Strategy</th>
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</table>
| Classroom lessons                    | One-off lessons with children at Child Care Centres, Preschools, Primary Schools and High Schools. | • School dental days  
• Parent information sessions  
• Targeted toothbrushing programs                                                      |
| Extensive dietary advice             | Diet diaries.  
Lengthy consults including dietary information and recommendations outside of the scope of a dental professional. | • Brief dietary intervention  
• Referral to local dietician or community health service                                  |
| Resource packs “Goodie Bags”         | Providing parents with packages of information resources to take home.  | • Target 1-2 oral health topics to discuss with parent  
• Explain information covered in resources  
• Repeat information at follow up appointments                                             |
| Oral health information sessions     | One-off sessions with community groups                                   | • Link community group sessions to existing Health Promotion programs  
• Ensure referral pathways to dental services are well defined  
• Refer to Health Promotion Unit to send out resources to distribute in lieu of attending sessions. |
The SA Dental Service Health promotion Unit works in partnership with:
- Gilles Plains TAFE, Advanced Diploma of Oral Health
- The University of Adelaide, Bachelor of Oral Health
- The University of Adelaide, Bachelor of Dental Surgery

to ensure undergraduate students develop an understanding of general and oral health promotion.

We annually present information about the theory of health promotion, social determinants of oral health and program planning to students and meet with them to discuss oral health promotion projects they may be considering as part of their studies.
<table>
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<th>Strategy</th>
<th>Suggested Programs and Activities</th>
<th>Outcomes</th>
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</table>
| Implement a health promotion initiative as part of an existing health promotion program | Population Oral Health Program  
• Attend Child Care Centre or Immunisation clinic to Lift the Lip of children aged 0-5.  
• Detection of early signs of tooth decay and referral for dental care  
• Improved oral health outcomes  
• Increased awareness of causes of Early Childhood Caries amongst families |  | Guidelines for SA Dental Service Staff Lifting the Lip in Child Care Centres and Preschools  
SA Dental Service Population Oral Health Program Plan 2012 |
| Aboriginal Oral Health Program  
• Attend Aboriginal specific Child Care Centre to Lift the Lip.  
• Develop and implement an information and training session for Aboriginal Health Workers and their clients, as part of the Aboriginal Liaison Program.  
• Work with Aboriginal families in the primary school setting to organise a “Dental Day”, including a visit to the local school dental clinic.  
• Attend a community health event for Aboriginal families. |  | Improved access to dental care  
Improved oral health outcomes |  
Aboriginal Oral Health Program Plan 2012  
Aboriginal Oral Health Program resources |
| Better Oral Health in Residential Care Program  
• Reinforce national roll out of Better Oral Health in Residential Care training of aged care staff.  
• Provide oral health promotion and oral hygiene techniques consistent with key messages from Better Oral Health in Residential Care Model.  
• Liaise with SA Dental Service Planning to discuss possible residential aged care facilities and links with nursing and visiting dental staff. |  | Active support of the national Nursing Home Oral and Dental Health Plan to improve the oral health outcomes of residents | Access Better Oral Health in Residential Care Resource Portfolios  
Oral Health Training Kits available from SA Dental Service, Service Planning Ph: 8222 9093 |
Useful Documents

When planning health promotion initiatives, reference to the following documents may be useful:

- South Australia’s Oral Health Plan, 2010 - 2017
- The South Australian Primary Prevention Plan, 2011 - 2016
- The Aboriginal Health Care Plan, 2010 – 2016
- Ottawa Charter for Health Promotion
- The Jakarta Declaration
Preschool Children

Chair side (clinical) interventions

Recall


Fluoride


Parent Consult


Effective Health Promotion Strategies

Lift the Lip Program

Summary of Evidence

Parent information sessions

Targeted supervised tooth brushing in early childhood settings

Targeted provision of fluoride toothpaste and toothbrush

Community health events and days

Fluoride varnish programs
Summary of Evidence

Children aged 6-12 years

Chair side (clinical) interventions
Recall
25. Gibson C. & Moosajee A. (2008), Selecting appropriate recall intervals for patients in general dental practice: An audit project to categorise patients according to risk. Dental Update, vol 35, pp 188-194

Fluoride

Fissure sealants

Parent Consult
Summary of Evidence

Effective Health Promotion Strategies

Link with existing school based health promotion programs


Parent information sessions


Targeted school based toothbrushing programs


Community health events and days


Adolescents

Chair side (clinical) interventions

Recall


Fluoride


Fissure sealants


Parent/ Teen Consult

Summary of Evidence

Effective Health Promotion Strategies

Medicare teen dental voucher


Smoking cessation program


Access programs


Adults

Chair side (clinical) interventions

Fluoride


Client Consult


Summary of Evidence

Effective Health Promotion Strategies

Link high risk eligible adults to existing health promotion programs


Assist pregnant women to improve their oral health and the oral health of their newborn baby


Improve oral health outcomes for frail and older people in the community and in residential care


Smoking Cessation Program


Summary of Evidence

Community Health Events


People with Special Needs

Chair side (clinical) interventions

Recall


Fluoride


Fissure sealants


Parent/ Client/ Carer Consult


Effective Health Promotion Strategies

Train and support health and welfare workers


Implement oral health programs in residential facilities

105. Disability Accommodation Services, Dental Health Services Victoria, Plenty Valley Community Health Inc. (2008), Final project report 2008. Melbourne, Disability Accommodation Services Victoria, Dental Health Services Victoria, Plenty Valley Community health Inc.


Increase oral health literacy of people with special needs and their carers


Summary of Evidence

Ineffective health promotion strategies

Classroom lessons

110. Calache H. (1990), The impact of a dental health promotion education program on the knowledge, attitudes and behaviour of primary school children (year 6) and their parents. Melbourne, Dental Health Services, Victoria.


Resource packs “Goodie Bags”

References

1. SA Dental Service data, unpublished
4. South Australia’s Oral Health Plan, 2010 - 2017
5. Evidence based oral health promotion resource, 2011, Prevention and Population Health Branch, Government of Victoria, Department of Health, Melbourne, Victoria