

SA Oral Health Plan Progress Report

Prepared by the SA Oral Health Plan Monitoring Group

July 2023



*Our Health
Our Choice
Our Way*

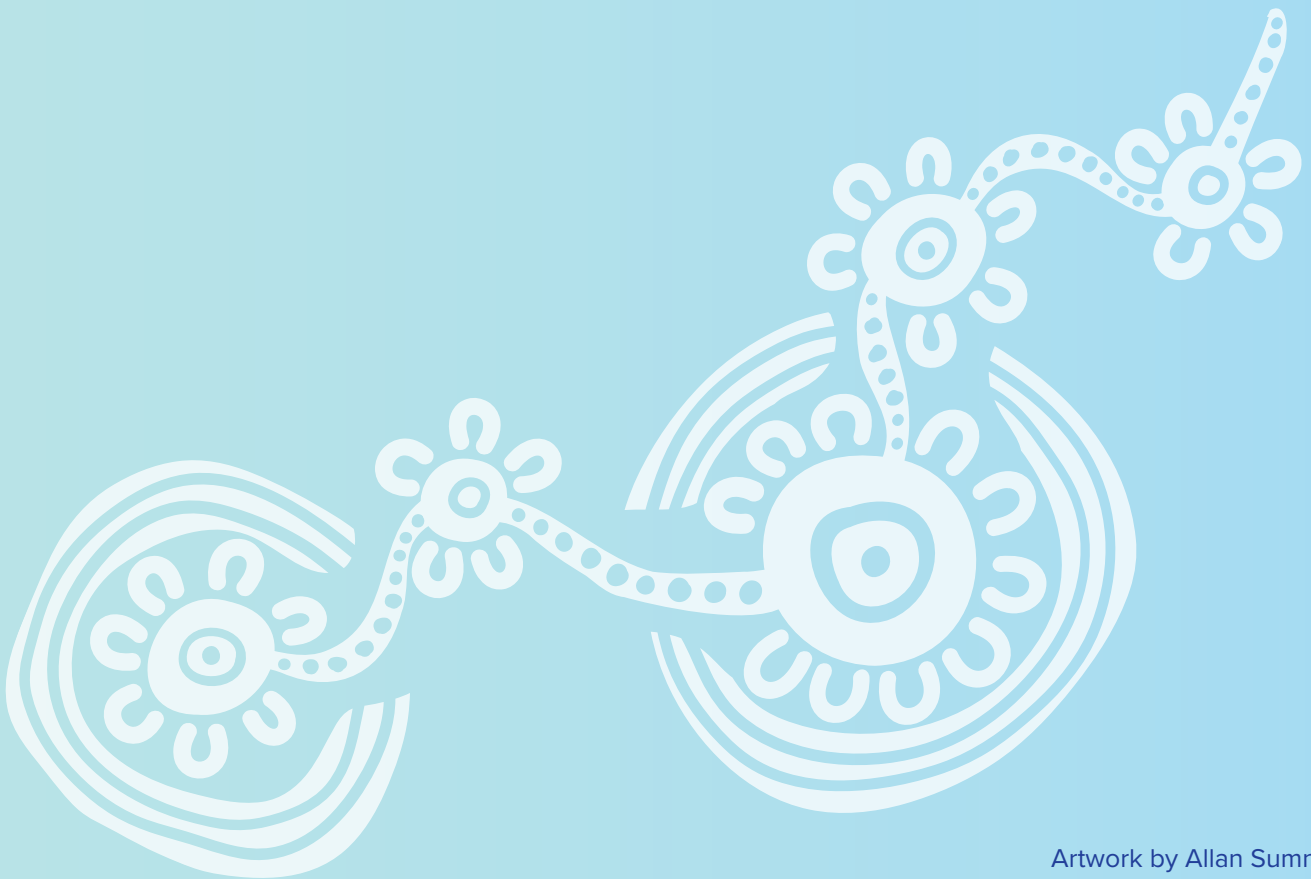


Acknowledgement of Country

We, South Australia's Oral Health Plan Monitoring Group, acknowledge the Traditional Owners and Custodians of Country throughout Australia.

We acknowledge and respect the Traditional Custodians, the Kurna people, and all other Aboriginal people of South Australia on whose ancestral lands we are focused.

We recognise their continuing connection to land, water and culture and pay our respects to Elders today and those who walk in spirit.



Artwork by Allan Sumner
Ngarrindjeri - Kurna - Yankunytjatjara Artist South Australia

31 July 2023

Honourable Chris Picton MP
Minister for Health and Wellbeing
Level 9, 11 Hindmarsh Square
Adelaide, South Australia

Dear Minister,

Re: South Australia's Oral Health Plan 2019-2026 (SAOHP) – Second Progress Report

I write to you in accordance with the terms of reference for the Oral Health Plan Monitoring Group to provide you with the second progress report on South Australia's Oral Health Plan 2019-2026.

We are delighted to provide this report as the halfway mark in the life of the Oral Health Plan.

The main activities of the Group have focused on advocating for 'oral health' and the report demonstrates some good progress in areas associated with rural and remote oral health workforce development, progress with a proposal for a Senior Dental Benefits Scheme and greater awareness of the need to better translate Indigenous oral health research into practice.

Demonstrating actual improvements in the oral health of the community is difficult in the absence of available population level data. However, through workforce development, research and education, and continuing to raise the importance of oral health, the Minister should have some confidence that oral health will remain on the 'agenda'.

I express my thanks to SA Dental which continues to provide secretariat and project support to the Monitoring Group and Expert Working Groups through Dr Lauren Civetta, Director, Service Quality & Performance Improvement and Paulina Lee, Manager, Service Planning.

I also thank the members of the Monitoring Group, the Frail Older Person's Expert Working Group and the Rural and Remote Workforce Working Group for their dedication to improving the oral health of all South Australians and for their commitment to South Australia's Oral Health Plan.

Yours sincerely



Jenny Richter AM

Chair, South Australia's Oral Health Plan Monitoring Group

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1 Executive Summary

A healthy mouth is fundamental to overall health, wellbeing, and quality of life. It enables people to eat, speak and socialise without pain, discomfort, or embarrassment. Poor oral health can interfere with daily function, impacts on social interactions and work productivity, and is associated with a number of health problems and conditions.¹

South Australia's Oral Health Plan 2019 to 2026 (the Plan) was released in November 2019 and was designed to align with the National Oral Health Plan 2015-2024. Following COVID-19 associated delays, a Monitoring Group was established in mid-2021. The Group's first progress report was released in August 2022, covering to June 2022. This progress report provides an update on activities over the last 12 months.

During the past 12 months, the unique collaboration between the members of the Monitoring Group and the Working Groups has continued to flourish, demonstrating the benefits that can arise from work associated with a common cause. Of particular note is the extension of the collaboration to national stakeholder groups and peak professional organisations.

The Older Person's Working Group has made specific advances in the development of a national framework for a Seniors Dental Benefit Scheme through liaison with the National Oral Health Alliance (NOHA), the Australian Dental Association (ADA) and the (public sector) National Dental Directors group. It is hoped in time that this work will achieve a sustainable and person-centred oral health funding model for older adults. This will be supported by research undertaken by the Registry of Older Australians (ROSA) initiated by the Monitoring Group to understand the impact poor oral health in older Australians is having on the health system as a whole.

The Rural and Remote Oral Health Workforce Working Group has also made good progress with the implementation of the year one strategies identified in South Australia's Rural Oral Health Workforce Plan 2021-26. This has included regionally based training in dental emergencies and infection control trial sessions, early career and new graduate support and the rollout of cultural awareness and cultural safety training. Importantly positive and genuine collaboration between the public and private sectors has been a feature of progressing these important matters for the benefit of not only the dental profession but the wider community.

Other activities include expanding oral health services for people experiencing homelessness, recognising the important research in progress with Indigenous oral health and the importance of the University, TAFE and other training institutions in maintaining an oral health focus with vocational, undergraduate and postgraduate students.

The Monitoring Group has been established for almost two years, and the key achievements arising from the Plan to date reflect the collaborative and multidisciplinary nature of the group who collectively and individually bring considerable subject matter expertise which provides a solid foundation to drive coordinated action.

¹ South Australia's Oral Health Plan 2019-2026, page 6

The major challenge remains that of keeping oral health in the minds of the community and on the agenda of Commonwealth and State Governments, educational institutions and service providers.

The Monitoring Group priorities for the next 12 months include:

- > Continuing advocacy work in promoting oral health standards for older Australians
- > Implementing the Year 2 strategies within South Australia’s Rural Oral Health Workforce Plan 2021-26
- > Developing an integrated approach to improving oral health in Aboriginal and Torres Straits Islander communities through linking and promoting research, clinical practice and workforce education
- > Completing the research into variations in the uptake of the Child Dental Benefits Schedule (CDBS) across SA Local Government Associations (LGAs) to better inform targeted promotion of the CDBS
- > Developing an integrated, cross government focus on oral health and the benefits of good oral health for the community.

2 Background

This progress report represents the second report of South Australia’s Oral Health Plan (SAOHP) 2019-2026 (the Plan) which was released in November 2019.

The report has been developed by the Monitoring Group which was established in August 2021 and builds on the first progress report released in August 2022. The Monitoring Group is pleased to provide an update on progress over the past 12 months.

The Plan aligns with Healthy Mouths – Healthy Lives, Australia’s National Oral Health Plan 2015 – 2024. The National Oral Health Plan has two national goals. Firstly, to improve the oral health status of Australians by reducing the incidence, prevalence, and effects of oral disease and secondly to reduce inequalities in oral health status across the Australian population.

South Australia’s plan, in reflecting these national goals expanded them to six foundation areas for action and related goals, and eight priority groups representing the diversity and vulnerabilities of the South Australian community.

The six foundation areas include:

 Oral Health Promotion and Prevention	 Accessible Oral Health Services
 Systems Alignment and Integration	 Safety and Quality
 Workforce Development	 Research and Evaluation

Getting oral health onto the social and political agenda continues to present challenges. Within the frail older population poor oral health remains the ‘silent shame’; in the disability sector it is elusive and inaccessible and in the young, effective oral health requires setting an example; good education and constant reinforcement as well as regular access to oral health care. Progress is hampered by a lack of recognition of the importance of oral health and its influence on general health. Progress is also hampered by the lack of evidence-based population level data to support the significant initiatives aimed at addressing poor oral health and the consequential poor health outcomes. Where there is evidence-based data, translating the evidence into practice is also a challenge.

The Monitoring Group² continues to advocate in this challenging environment, supported by two expert working groups:

- > The Frail Older Person’s Expert Working Group, chaired by Dr Angelo Papageorgiou, established shortly after the Monitoring Group in November 2021. This group has been active across a number of the Plan’s goals.
- > The Rural and Remote Oral Health Workforce Working Group, initially chaired by Assoc Prof Christine Dennis, established in September 2022. Similarly this group has been active in driving the strategies arising from South Australia’s Rural Oral Health Workforce Plan released in December 2021.

As outlined in the first progress report, the Monitoring Group and the Expert Working Groups have continued to drive strong and effective collaboration across all elements of the oral health sector in support of coordinated action.

In the last 12 months, the priorities of the Monitoring Group have included:

- > Greater advocacy at both Commonwealth and State Government levels with reference to oral health care for older people in residential aged care facilities (RACF)
- > Promoting improved integration of oral health into mainstream general health including ongoing work with the Australian Commission for Safety and Quality in Health Care on the development of an Oral Health Resource Tool for the acute adult inpatient
- > Supporting regional workforce development in the oral health and general health sectors to upskill sectors on oral health competencies
- > Driving the development of a coordinated submission to Federal Government to develop a Senior Dental Benefits Scheme (SDBS)
- > Initiating a research project through the Registry of Senior Australians (ROSA) to provide contemporaneous data to support government investment in a SDBS
- > Developing and building relationships with key stakeholders including the National Oral Health Alliance.

The Monitoring Group established four areas of focus for 2022/23 as outlined in Table 1 (page 7) together with a progress report against these areas.

² Refer to Appendix 1 for membership of the Monitoring Group and the Expert Working Groups.

Focus Areas	Progress
<p>Collaborating for a system wide oral health promotion focus, to raise awareness of oral health in the community and drive meaningful individual and system level change, with a particular focus on oral health behaviours and health service utilisation by children.</p>	<p>There has been little progress with this focus area due to the long and difficult process associated with access to meaningful data to assist in understanding equity issues across the SA community regarding access to oral health for children.</p> <p>Recent data access means this will remain a priority for the coming year.</p>
<p>Establishing a Rural and Remote Workforce Working Group to oversee implementation of the Rural Oral Health Workforce Plan Strategies.</p>	<p>Expert Working Group established with significant achievement of the Oral Health Workforce Strategies as outlined in this report.</p>
<p>Continuing to advocate for changes to Aged Care Quality Standards and funding to ensure the oral health needs of residents are embedded into usual care practices.</p>	<p>The Frail Older Person’s Expert Working Group (OPEWG) continued to lobby the Federal Government to respond to the Royal Commission into Aged Care Quality and Safety.</p> <p>The OPEWG has also provided leadership in the development of a proposal for a Senior Dental Benefits Scheme.</p>
<p>Data collection improvements, particularly in Aged Care and funding for routine epidemiological studies.</p>	<p>Registry of Senior Australians (ROSA) is assisting in seminal data analysis in support of the burden of poor oral health on the wellbeing of older people. Wellbeing SA reinstated oral health indicators in its population health survey. The Australian Research Centre for Population Oral Health (ARCPOH) received a National Health and Medical Research Council (NHMRC) grant to conduct a second National Child Oral Health Study.</p>

Table 1: 2022/23 Areas of Focus

In the next 12 months, the Monitoring Group looks forward to:

- > Continuing advocacy work in promoting oral health standards for older Australians
- > Implementing the Year 2 strategies within South Australia’s Rural Oral Health Workforce Plan 2021-2026
- > Developing an integrated approach to improving oral health in Aboriginal and Torres Strait Islander communities through linking research, clinical practice and workforce education
- > Completing research into variations in the uptake of the Child Dental Benefits Scheme (CDBS) across SA LGAs to better inform targeted promotion of the CDBS
- > Developing an integrated, cross government focus on oral health and the benefits of good oral health for the community.

3 Achievements Against the Goals of the SA Oral Health Plan



Oral Health Promotion & Prevention

Partnership with ADA to Produce CDBS Videos

The Australian Dental Association SA Branch and SA Dental have been actively partnering with the aim of increasing awareness of the Child Dental Benefits Schedule and the goal of increasing uptake and visitation patterns among eligible children. This partnership has resulted in the development of a series of advertising materials which will be used to promote awareness and utilisation at a family's provider of choice – public or private. It is anticipated the resources will be launched during Dental Health Week in August 2023.

Health Promotion in Multicultural Communities

As part of oral health promotion and prevention, 21 oral health sessions were hosted by the Multicultural Communities Council of SA and four key oral health resources are now available in multiple languages. SA Dental is also actively working on website translation into frequently requested languages.

Dental Health Week August 2022 and World Oral Health Day March 2023

Dental Health Week and World Oral Health Day (WOHD) continue to be important events that the SAOHP MG members and peak professional organisations use to collaborate to promote the importance of oral health to the public. The Dental Health Week message for 2022 was “Love your teeth” and the WOHD message for 2023 was “Be Proud of Your Mouth”.

Additional activities also included the ADA SA Branch providing oral health resources to Hutt Street Centre and Catherine House, and ADA SA members spreading the message of oral health to their local schools and community, while SA Dental hosted education stalls on WOHD at the Royal Adelaide Hospital and the Women's and Children's Hospital.

Oral Health and Nutrition

Wellbeing SA have been leading a range of activities regarding the promotion of healthy food choices and eating well, including the recent launch of the Healthy Food Environments Hub in schools for online tools. This information has been further supported by the inclusion of preventive dental care information on the Wellbeing SA website. Wellbeing SA have also partnered with the Department for Correctional Services to increase the availability of healthy food choices for prisoners.



Accessible Oral Health Services

Aboriginal and Torres Strait Islander Clients

SA Dental provide universal dental care for all South Australian children and priority free dental care for eligible Aboriginal adults. Prior to COVID-19 service restrictions, on average 4,500 Aboriginal children and 4,500 Aboriginal adults attended SA Dental annually. During the COVID-19 service restrictions, the number of Aboriginal clients accessing dental services decreased.

Since 2022, the numbers of Aboriginal adults accessing care has returned to pre-COVID-19 numbers, however the number of Aboriginal children has reduced to an average of 4,200 children per year. The Aboriginal Oral Health Program team have focussed on engaging with the Aboriginal community to promote oral health awareness and service uptake, including embedding Lift the Lip screening in the Watto Purrinna Under 8yr Health Screenings and engaging with Aboriginal Education Community Officers to integrate oral health into their curriculum.

The Royal Flying Doctor Service (RFDS) provides visiting dental services to up to eight different locations across the Far North of South Australia. In addition, services to remote Aboriginal clients are provided by a network of private and Aboriginal Community Controlled Health Organisations in both visiting and fixed clinics.

Umoona Health Services in Coober Pedy have provided over 1,100 treatment items to over 120 clients in the last financial year, while Nunkawurrin Yunti have provided services to approximately 160 clients in the same time period.

Remote Services

In addition to services provided to remote Aboriginal communities, SA Dental also partner with six private providers across 11 locations providing services to children ineligible for CDBS for whom travel to an SA Dental clinic is inaccessible. Many of these private providers also participate in public dental schemes to ensure clients eligible for public dental services can also access care closer to home.

People Experiencing Homelessness

SA Dental provides a referral pathway for clients experiencing or at risk of homelessness to access priority free dental care. On average SA Dental receive 1,000 referrals per year from approximately 50 homelessness service providers across South Australia. The network of service providers who identify and refer clients for dental care continues to increase. Dental services are provided predominantly through SA Dental clinics, with several private dental providers also participating in the program.

A small network of non-government dental providers also offer care for people experiencing homelessness. This includes University of Adelaide dental students, and dental providers providing pro bono care, as well as a new emerging service provided by Baptist Care SA through its WestCare Centre in the CBD. This service is provided in partnership with the Australian Dental Foundation with a model of care based on the assistance of volunteer dentists. WestCare, through its established multidisciplinary team provide encouragement and support to clients on accessing the service and for any follow-up care required including referrals for more advanced treatment through SA Dental.

As an emerging service this is important, with five clinics comprising 10 days of appointments provided by the Australian Dental Foundation addressing the needs of 59 clients over the past 12 months. In the longer term it is anticipated that the number of clinics will increase to at least eight clinics per year to be delivered by the Australian Dental Foundation. Services provided have ranged from standard oral care treating dental caries (decay) and other routine oral health requirements through to the identification of oral cancers with referrals to the Adelaide Dental Hospital. This is an excellent new initiative which demonstrates the value of effective cross agency partnerships.



Lift the Lip Launch

Lift the Lip is an evidence based, population screening tool aimed at encouraging the identification of children with early childhood dental caries and referring them for oral health care. Lift the lip resources have been available for many years and can be applied by a range of primary health care providers as well as education and care providers. The Child and Adolescent Family Health Service (CaFHS) have successfully integrated screening into their child development check model of care for several years.

In response to a 50% decline in referral rates during and post COVID-19, and to encourage CaFHS nurses to continue to undertake Lift the Lip screenings and refer children, SA Dental undertook a review and subsequently refreshed the education materials, referral forms and processes for this program. This resulted in the relaunch of the Lift the Lip Program in April 2023. This event was supported by further webinar opportunities for CaFHS staff to promote the importance of oral health in young children.

Dental Emergencies and Other Training

As an initiative of the SA Rural Oral Health Workforce Plan, a pilot project involving the provision of training in the management of dental emergencies to junior doctors occurred in the Riverland in October 2022. The training has an emphasis on immediate first aid and the importance of early referral to a dental practitioner. The training was extremely well received by the participants and evaluation indicated the training filled an important gap in the knowledge of junior doctors. SA Dental have committed to providing funding to support the rollout of additional sessions in rural areas in the coming year, with expansion also likely to include opportunities for country General Practitioners to attend.

A range of online training resources and tools, with a particular focus on oral health care for older people and in the acute care setting, have been developed and made available online. The Australian Nursing and Midwifery Education Centre (a service of the SA Branch of the Australian Nursing and Midwifery Federation (ANMF)) have incorporated oral health as a major component of education in the Diploma of Nursing, Certificate 3 in Aged Care and Disability, provided students and staff access to Oral Health Training Modules from SA Dental website and are looking to formalise this as part of CPD offerings. In addition, the ANMF also plans to further embed oral health professionals into guest speaker roles.



Older Person's Expert Working Group (OPEWG) and Aged Care Quality Standards

The oral health needs of older people, in particular those living in a Residential Aged Care Facility (RACF) or receiving Home Care Packages, was identified by the Older Person's Expert Working Group (OPEWG) as a critical area on which to focus attention. The OPEWG provided comprehensive feedback on the draft Aged Care Quality Standards which were released for consultation in September 2022. These draft standards for the first time explicitly included references to oral health, and while a pleasing step forward, the group continues to advocate for implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety to support improved access to oral health services for aged care residents.

The OPEWG has also been active in the development of a proposal to the Commonwealth Government on the development of a Senior Dental Benefits Scheme. This proposal has been shared with several other Dental Peak Associations with the view to presenting a consistent message to the Commonwealth on the importance of effective oral health care in older people.

Oral Health for the Acute Adult Inpatient

In 2021, the Monitoring Group approached the Australian Commission on Safety and Quality in Health Care (ACSQHC) regarding the specific inclusion of an oral health standard within the National Safety and Quality Health Service Standards (NSQHS). As the next version of the Standards will not be available for another few years, the Commission agreed to the development of an oral health resource tool. Under the guidance of Dr Adrienne Lewis, SA Dental, a resource tool which leveraged the learnings of the REDUCE project was developed to promote oral health care for the acute adult inpatient, assisting in infection prevention and control, and quality care (www.safetyandquality.gov.au/publications-and-resources/resource-library/oral-health-care-adult-inpatients-recommendations).

The final resource document was approved in May 2023 and has recently been released by the Commission. This is an excellent initiative that will have a positive impact on the oral health of the acute adult hospital inpatient not just in South Australia but nationally.



Joint CPD Offered to Rural and Remote Workforce

The SA Rural Oral Health Workforce Plan 2021-26 identified the provision of locally delivered Continuing Professional Development (CPD) as vital to providing ongoing opportunities for regional workforce development. The Australian Dental Association SA Branch (ADA SA) committed to hosting a series of pilot workshops for all staff in regional areas to support this initiative. Three workshops were held across Berri, Port Pirie and Mt Gambier between November 2022 and January 2023 with over 100 attendees across the three workshops.

The workshops were supported by SA Dental and ADA SA Branch with Infection Control lead Craig Anderson providing an infection control update. This had a whole of practice focus and was therefore applicable to all members of the regional oral health workforce team. Attendees spanned both public and private practitioners. This first of its kind initiative was extremely well received by the participants, and through the support of an unsolicited grant from Country Health SA Primary Health Network, a further two rounds of CPD sessions will be held in up to four regional areas in the coming 12 months.

Early Career and New Graduate Support

The SA Rural Oral Health Workforce Plan identified that greater professional support was needed for new or recent dental graduates working in country dental clinics. In 2022, SA Dental implemented a Clinicians' Early Development Program (CEDP) to support and nurture five dentists who were in the early stages of their careers and based in country locations. In 2023, SA Dental has continued the program and expanded it to 11 participants including dental therapists, with inclusion of early career practitioners across metropolitan and country locations. The ADA SA Branch has also supported early career dentists working in the private sector by establishing a new graduate leadership program.

The ADA SA Branch has also supported early career dentists through two new programs. The first is the Emerging Leaders Professional Program – run for the first time with two regional dentists supported to attend. In addition, the newly developed Graduate Essentials Program has been developed for all graduates (up to five years post-graduation) in a series of four workshops on:

- > Public Schemes
- > Record Keeping
- > Pharma Advice
- > Infection Control.

These workshops will be held in Adelaide with attendance online for regional members.

All ADA SA Masterclass and lecture style programs have had significant uptake with free regional engagement for Members online. Through the ADA SA Branch, Regional Members are also supported through a new monthly Regional E-News to cover members and their teams with regional specific information.

Cultural Awareness and Cultural Safety

The 2022 revision of the Australian Dental Council Professional Competencies of a newly qualified dental practitioner explicitly included Cultural Safety. In recognition of the need to upskill existing workforce as well as those graduating, significant work has been undertaken in providing training opportunities to the oral health workforce. SA Dental has engaged Bookabee Australia³ to deliver cultural safety training to its staff over the next two years. The first session was held in March 2023 targeting senior leaders and participants of the CEDP within SA Dental and had 35 attendees at the session.

³ Bookabee Australia is an Aboriginal training organisation established in 2005 to provide cultural sensitivity and respect training programs for organisational professional development.

Representatives from the ADA SA Branch also attended, which aligns to the work the ADA have been undertaking to develop a comprehensive cultural awareness program for private practitioners. Ongoing training is also provided to Aboriginal Client Liaison Officers (ACLOs) based in SA Dental clinics. Recently, 2 modules were completed by SA Dental ACLOs with a total of 25 staff trained in clinically relevant cultural competencies.

ADA SA Branch has established a Council Working Group on Aboriginal and Torres Islander Inclusion which has included many Indigenous practitioners and received significant input from experts and the University of Adelaide Dental School. There will be an implementation schedule for the work from this group commencing in the coming financial year.

TAFE SA have partnered with Kanggawodli for a project which aims to provide culturally safe access to oral care through clinical yarning to the clients of Kanggawodli Health Service. Clinical Yarning is a patient-centred approach that marries Aboriginal cultural communication preferences with biomedical understandings of health and disease⁴. Kanggawodli is a SA Health culturally safe accommodation service available to Aboriginal consumers who live more than 100km from Adelaide and are visiting Adelaide for clinical appointments (many of which who are undertaking renal dialysis and awaiting a kidney transplant).

TAFE SA hopes to expand the Clinical Yarning sessions in the future to involve screening and preventive services, individualised dental health education, and oral hygiene instruction and referrals where possible. The inclusion of students in this project will ensure that upcoming oral health professionals are well-equipped to provide culturally safe oral health care to Aboriginal and Torres Strait Islander people and supports a robust appreciation for the need for interdisciplinary collaborative practice in improving oral and health outcomes.

Graduate Certificate in Oral Health

Developed by University of Adelaide with 23 students completing the course in 2022/23. The University of Adelaide is looking to incorporate the adult restorative care component into the undergraduate degree to ensure graduates complete a full child and adult scope of practice comparable to interstate graduates.

Workforce

In South Australia, on a population basis, detailed exploration of the workforce projection data shows that there is a significant maldistribution of oral health practitioners with gaps in regional and remote centres, and in the recruitment to both private and public sector positions.

Furthermore, the national data also suggests that we are currently experiencing slowly decreasing participation levels with increasing numbers of practitioners reducing their overall hours of work due to generational lifestyle choices, family planning and retirement, foreshadowing recruitment challenges could potentially significantly increase as productivity per practitioner decreases in the next decade.

It is vital to take into account that projection data is sensitive to small changes in demand and supply, meaning slight variations in population growth, workforce participation or shifts in dental care needs can significantly impact the adequacy of supply.

⁴ Ivan Lin A C, Charmaine Green A and Dawn Bessarab B; 'Yarn with me': applying clinical yarning to improve clinician–patient communication in Aboriginal health care, Australian Journal of Primary Health 22(5) 377-382, Published September 2016

In addition, registration data used for projection was historical data (2015-2021) and significant impacts to population trends (COVID-19, inflation, generational attitudes to work/life balance) may not have been accurately captured and could affect future workforce and both private and public dental participation trends. Similarly, if any government policies change to increase services, there could be an increased demand that may outstrip supply, leading to longer waiting times and limited access for priority population groups already facing barriers to dental care.

Key recommendations included vigilant monitoring and reassessment of workforce data yearly, implementation of oral health workforce strategies and necessary interventions essential to ensure equitable access to dental services.



Research & Evaluation

ROSA Engagement

The Older Person's Expert Working Group established a collaboration with the Registry of Senior Australians (ROSA), a research group affiliated with the South Australian Health and Medical Research Institute. Funded through the generous financial support of The Hospital Research Foundation, ROSA will undertake a detailed analysis of the oral health care impacts on the health system (specifically oral health related potentially preventable hospitalisations) for RACF residents. This extensive data analysis will provide evidence to determine the burden of poor oral health on health service utilisation, hospitalisations and medical use by residents of RACFs in Australia. It is anticipated this research will provide a unique insight into the economic impacts of the oral health needs of older people on the health system, and support the cost effectiveness of the Royal Commission recommendations and the establishment of a Senior Dental Benefits Scheme (SDBS).

Aboriginal Oral Health Research

Over the past ten years, the Australian Research Centre for Population Oral Health (ARCPOH) based within the University of Adelaide, Faculty of Health and Medical Services, has undertaken a number of important research projects supporting the oral health of Indigenous communities. Under the guidance of Joanne Hedges, senior Aboriginal Research Officer in the Indigenous Oral Health Unit, a number of research projects have been undertaken.

Working with and developing strong relationships with Indigenous key stakeholders, leaders and community members on research projects and other activities helps to build strong governance, oral health prevention, improved indigenous workforce and oral health data surveillance with the aim of improving oral health for our Indigenous community.

Examples of working with Indigenous communities through research projects include:

- > Educational programs for Indigenous mothers on the importance of caring for 'baby teeth'
- > Indigenous human papilloma virus, and the connection between oral health and oesophageal cancer
- > A national project including Cooper Pedy and Ceduna on the effectiveness of applying silver fluoride to reduce dental caries
- > The connection between end stage kidney disease and oral health
- > Making the connection between the good and bad microbiome and chronic disease.

The common theme emerging from these projects and the work of the Indigenous Oral Health Unit is the importance of appropriate ‘yarning’ or discussions between the Indigenous person and the oral health professional. Such appropriate discussions can assist in improving the understanding of good oral health and matters such as the importance of vaccinations and attending oral health appointments.

This reinforces the need for ongoing provision of cultural awareness and cultural safety training for all oral health professionals as outlined in other parts of this report.

National Child Oral Health Study

In December 2022, the Australian Research Centre for Population Oral Health (ARCPOH) was awarded an NHMRC grant to undertake the next iteration of the National Child Oral Health Study (NCOHS) 2023 – 2024. The last national study was undertaken in 2012 – 14, and this research will provide critical insight and updates on the state of child oral health across the nation. This is particularly relevant given the Child Dental Benefits Schedule (CDBS) was introduced after the conclusion of the last study.

The purpose of the second National Child Oral Health Study (NCOHS-2) is to provide robust, national-population level evidence that will guide policy on improving child oral health and dental service delivery that is relevant for all Australian children and their families. The overarching aim is to answer complex questions involving child oral health, social and emotional wellbeing, school performance and economic productivity that will guide policy on improving child oral health that is relevant for all Australian children.

The specific aims are to:

- > Evaluate changes in the prevalence and extent of oral diseases in the Australian child population and socioeconomic sub-groups since the first National Child Oral Health Study in 2012-14 (NCOHS-1).
- > Follow up NCOHS-1 participants who consented to be recontacted in NCOHS-2 to ascertain long-term outcomes, such as school performance and social and emotional wellbeing.
- > Estimate the projected burden of child oral disease from 2012-14 (NCOHS-1) and 2023-25 (NCOHS-2) and its impact on economic productivity over the life course, and to estimate efficacy and cost-effectiveness of targeted programs to high-risk child groups.

SA Population Health Survey and Reinstatement of Oral Health Indicators

Wellbeing SA sponsor the annual child and adult population health surveys. These population-based surveys measure a range of health and wellbeing indicators including diet, physical activity, wellbeing, and health system utilisation; and provide important insights into the behaviours and trends of the South Australian population. With the advent of COVID-19 and the requirement to monitor population responses to the pandemic and presence of respiratory symptoms, measures related to oral health were temporarily ceased.

Through the collaboration of Wellbeing SA and its partnership with the Monitoring Group, these oral health indicators have been reinstated from June 2023.

Rural Oral Health Workforce Working Group

This section provides detailed information on the work of the Rural Oral Health Workforce Working Group which has achieved a range of outcomes in its first 12 months.

There are a total of 28 strategies in the SA Rural Oral Health Workforce Plan 2021-26 (ROHWP) to be completed over a period of five years. In year one of the ROHWP, there were nine strategies that were actioned. The following provides an overview of these strategies grouped into three key themes and implemented in the past year by the working group.

Theme 1 - Building a Skilled Workforce

Strategy 1.5 - Conduct a capacity audit (across private and public) in rural and metro South Australia for undergraduate, postgraduate and vocational training and employment opportunities in an effort to investigate the potential to increase BDS5 and BOH3 placement in regions.

A capacity audit for public sector dental services was conducted in late 2022. SA Dental and the University of Adelaide have an existing partnership agreement for the number of dental chairs available for rural training positions. Challenges for increasing positions include the student to clinical supervisor ratios and subsequent chair requirements, which mean larger clinics and centres are typically required. SA Dental have facilitated temporary additional student placements in the peri-urban areas of Mt Barker and Victor Harbor as chair capacity and internal staffing allow, increasing placement in regions where possible. In the private sector, the capacity for student placement is low due to mostly one chair practices and the barriers involved with private, full fee-paying clients being treated by students. At this stage, in the private sector, only trainee Dental Assistants are placed with private clinics.

In the education sector, TAFE SA is considering placement of dental hygienist students in regional RACFs. The University of Adelaide is investigating the potential to place postgraduate students with the Royal Flying Doctor Service Central Operations (RFDS CO) and with remote providers.

Strategy 1.7 - Review existing training programs and professional development opportunities for the current rural oral health workforce and determine any additional supports that can be provided.

The public sector trialled the Clinicians Early Development Program (CEDP) in 2022 and had five early career regional and rural dentists go through the program. Feedback was extremely positive, and the program is now funded by SA Dental and open to public sector Dental Therapists and Dentists in both metro and rural SA, with rural and regional applicants prioritised. For existing practitioners, an online Continuing Professional Development (CPD) platform has also been set up to allow clinicians from across metro and regional clinics to gain new knowledge and skills.

The ADA SA Branch and SA Dental have also partnered in providing regional face to face CPD trials for all staff in both private and public practice in 2022/23 with more than 100 participants in three events spread across regional SA. Future funding for these face-to-face regional CPDs sessions has been sought from Country SA Primary Health Network and the Working Group is currently waiting for outcomes of the proposal. The ADA SA Branch has developed a new Graduate Essentials Program to support practitioners across SA (online free to regional dentists).

Strategy 1.10 - Develop and establish a rural dental assistant (DA) traineeship program.

TAFE SA has successfully trialled a fully remote DA traineeship program, Poly synchronous classroom, which allows training of more regional and rural DAs while being employed in their local clinics with reduced need to attend the Adelaide based training hub. There have been increased numbers of DA trainees and radiography certificate enrolments from both metropolitan and rural areas in first half of 2023 due to fee free incentives from the SA Government.

Theme 2 - Innovative and Sustainable Workforce Models for Rural Oral Health Care

Strategy 2.3 - Establish and embed referral pathways for non-dental health services to oral health professionals.

Current referral pathways already exist for priority population groups in the public sector – people experiencing homelessness, people with special needs, and people residing in residential aged care facilities requiring emergency treatment. Referral information for oral health care (to public and private providers) also exists in Health Pathways.

Strategy 2.4 - Investigate the use of mobile dentistry where there is no local workforce.

A comprehensive literature review on mobile dentistry was conducted and revealed successful implementation of this approach in various states and countries, particularly for priority populations and in remote or rural regions. In South Australia, RFDS CO and multiple private providers currently service rural and remote areas, providing services with cooperation and collaboration to ensure appropriate coverage for the public. In some areas, even with mobile dentistry, service provision can be difficult with fluctuations of workforce availability.

Strategy 2.6 - Continue to support metropolitan-based clinicians to provide visiting general and specialty services in regional and rural South Australia.

Both in the public and private sectors, barriers to access for visiting general and specialty services have been explored. Multiple barriers were identified, with the key barrier being staffing issues in both private and public sectors, and the lack of specific dental equipment in some regions. In the public sector, the use of telehealth has allowed for better support from metro and rural (where applicable) clinicians, especially for Oral Surgery patients, private providers who go to rural areas, and use of orthodontic schemes. The University of Adelaide is looking at rural placement for post graduate students with RFDS CO and potentially more Special Needs Unit network style upskilling for regional and rural practitioners.

Theme 3 - Developing a Collaborative Coordinated Health System

Strategy 3.1 - Explore opportunities to collaborate on planned strategies with the Rural Support Service.

Rural Support Services (RSS) is based in the SA Department for Health and Wellbeing and is part of the Working Group providing contacts, advice and opportunities on the broader health sector workforce projects. Members of the working group attended an RSS health collaborative in December 2022 and presented on the initiatives which RSS funded including the development of the ROHWP.

Strategy 3.2 - Explore opportunities to provide oral health upskilling and/or professional development for regional intern doctors, nurses and allied health professionals as part of Rural Generalist Pathways.

A Dental Emergencies Training Program was successfully trialled at Riverland Mallee Coorong LHN with potential to expand to other LHNs. As part of improving education to nurses, SA Dental has also developed and converted the Better Oral Health in Aged Care series into an online CPD platform, allowing GPs, nurses, and care workers to access these resources at any time while obtaining 3 hours of CPD, endorsed by the Australian Primary Health Care Nurses Association (APNA).

Frail Older Person's Expert Working Group

This section outlines the activities of the Frail Older Person's Expert Expert Group over the past 12 months. This multidisciplinary, multi organisational Group has been actively meeting regularly over this time and under the leadership of Dr Angelo Papageorgiou has focused on the following:

- > Continued to advocate for the implementation of the recommendations arising from the Royal Commission for Aged Care Quality and Safety
- > Provided a comprehensive response to the call for submissions into the Aged Care Quality Standards with key oral health recommendations accepted and included in the revised Standards
- > Developed a draft proposal for the implementation of a Senior Dental Benefits Scheme based on the structure of the existing Child Dental Benefits Schedule
- > Secured funding from The Hospital Research Foundation to commission the Registry of Senior Australians (ROSA) to undertake a research project to analyse data to identify the cost impact to the health system of poor oral health in the frail older person
- > Established a connection with the National Oral Health Alliance (NOHA) and the Victorian Oral Health Alliance (VOHA) regarding the desire to have a common and unified approach across all agencies on promoting the Senior Dental Benefits Scheme to the Commonwealth
- > Worked with Adelaide University and the aged care sector regarding the placement of undergraduate dental students in residential aged care facilities, with a trial commencing in semester 2, 2023
- > Liaised with TAFE and ANMF regarding competency training for carer workforce.

This work has been supported through the efforts of a number of organisations participating in the Working Group. These members advocate on a national basis through engagement with various Members of Parliament and other key decision makers and through a shared approach to the Aged Care Quality Standards.

4 Status of Action Areas

The following table provides a very high-level indication of progress across the actions identified within the Plan over the past two years.

Action Area	Progress	Action Area	Progress
1.1 Optimise preventive effects of fluoride	√ 90% water fluoridation coverage maintained.	2.2 Provide universal access for children	√ Universal access maintained, more work to be done to increase uptake
1.2 Increase oral health literacy	More work to be done. Increased community awareness. ADA has developed Mob Smiles resources for the Indigenous community.	2.3 Ensure access for priority populations	More work to be done. Priority access for Aboriginal, homelessness, high risk complex medical conditions and Supported Residential Facility (SRF) residents in place.
1.3 Promote oral health and nutrition	More work to be done. Increased community awareness.	3.1 Establish inter-sectoral collaboration	√ Engagement with acute and aged care sectors.
1.4 Build capacity of health, education and community workers	√ Ongoing digitisation of health resources, provision of training to non-dental professionals.	3.2 Utilise integrated models of care	√ Embed principles of screening and referral across more sectors and settings.
1.5 Integrate oral health and general health policy	√ Release of acute adult inpatient resources - more work to be done to support implementation.	3.3 Optimise technology for integration	√ Electronic patient records, cameras and telehealth options for rural clients.
2.1 Reduce transport barriers	More work to be done. Preliminary scoping of transport schemes for dental services commenced.	4.1 Maintain dental service infrastructure	√ Public dental infrastructure plan, although this remains unfunded. Private practice accreditation.

4 Status of Action Areas (continued)

Action Area	Progress	Action Area	Progress
4.2 Facilitate consumer engagement	<p>More work to be done.</p> <p>Additional consumer representatives engaged; SA Dental, ADA and Wellbeing SA public websites launched.</p> <p>Translation of resources occurring – work to increase uptake.</p>	5.3 Optimise oral health workforce utilisation	<p>√ Increased country DAs and Clinician Early Development Program.</p>
4.3 Implement oral health standards across sectors	<p>√ Aged Care Quality Standards inclusion of oral health.</p>	5.4 Provide oral health competency training	<p>More work to be done.</p> <p>Digitisation of resources and promotion amongst nurses and aged care workers, more work to increase uptake.</p>
5.1 Build workforce capacity to meet the needs of priority populations	<p>√ Australian dental competencies revised.</p>	6.1 Contribute to oral health evidence	<p>More work to be done.</p> <p>Engaged the support of ROSA to assist with oral health indicators for older Australians.</p> <p>NCOHS - SA Dental contributing 'in-kind support'.</p>
5.2 Increase cultural competency of the oral health workforce	<p>√ Cultural safety training delivered.</p>	6.2 Utilise population oral health data	<p>More work to be done.</p> <p>Advocate for increased collection of epidemiological data – Wellbeing SA and NCOHS underway.</p>

5 Oral Health Status

Oral health indicators or outcomes have long lead times for demonstrable progress to be identified. As indicated in the first report population wide, epidemiological studies of oral health are typically conducted nationally, and only every 10 years. The next report on Adult Oral Health is not due until 2028, while the second National Child Oral Health Study will commence later this year which limits the ability to provide any direct evidence of progress towards improvements in the general oral health of the community.

Updated data are presented below where available, and in some instances additional or proxy measures are presented as best available indicators.

Child Oral Health

The next iteration of the National Child Oral Health Study (NCOHS) is due to commence in late 2023. Updated data at a national level is therefore not available.

SA Dental publish annually DMFT⁵ rates for 12 year old children attending the School Dental Service (Figure 1). These rates are higher than the NCOHS rates as they reflect only children attending SA Dental where children from lower socio-economic backgrounds are over-represented, whereas NCOHS is population based. The updated SA Dental data is presented below where rates have been relatively consistent over the past few years.

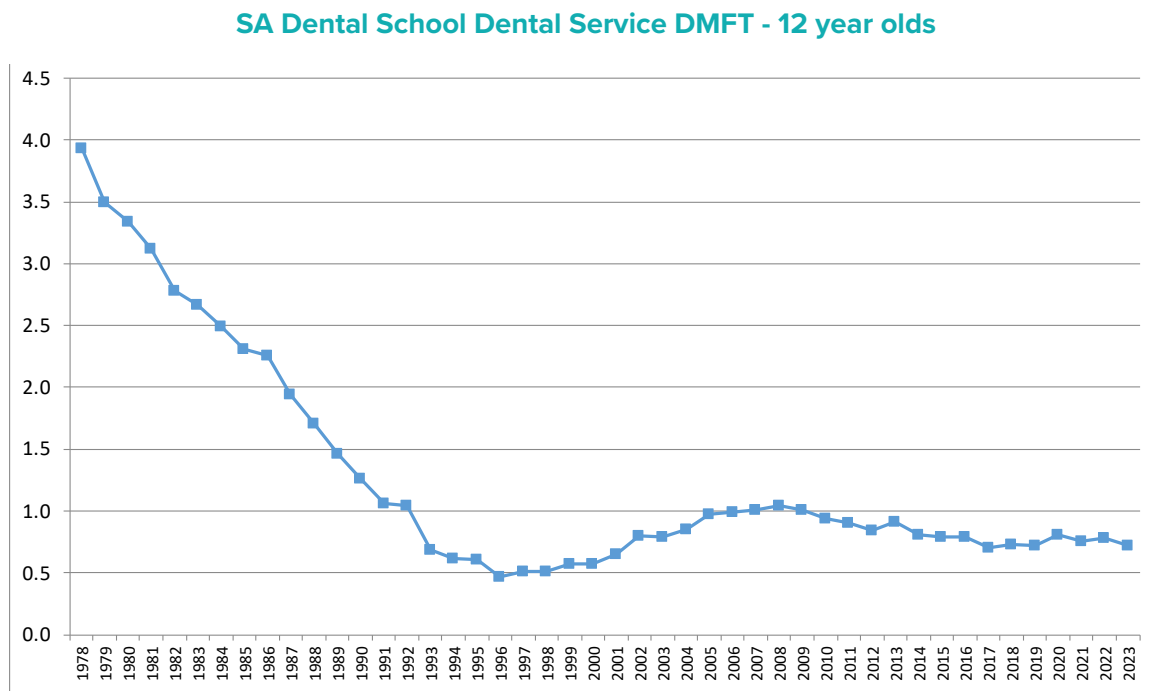


Figure 1: DMFT rates for 12yo children attending the SA Dental School Dental Service.
Source: SA Dental

⁵ DMFT – Decayed, missing or filled due to caries.

Adult Oral Health

The 2nd National Study of Adult Oral Health occurred between 2017 – 2018 and the updated results of this were included in the 2022 annual progress report. There is no additional or more recent national level data available on adult oral health status.

Adult public general restorative waiting lists are frequently used as an indicator of access to public health services by priority populations. Throughout the past 12 months, waiting times in South Australia have remained relatively steady and typically around the six-month mark.

Adult Public General Restorative Waiting Lists (SA Dental)

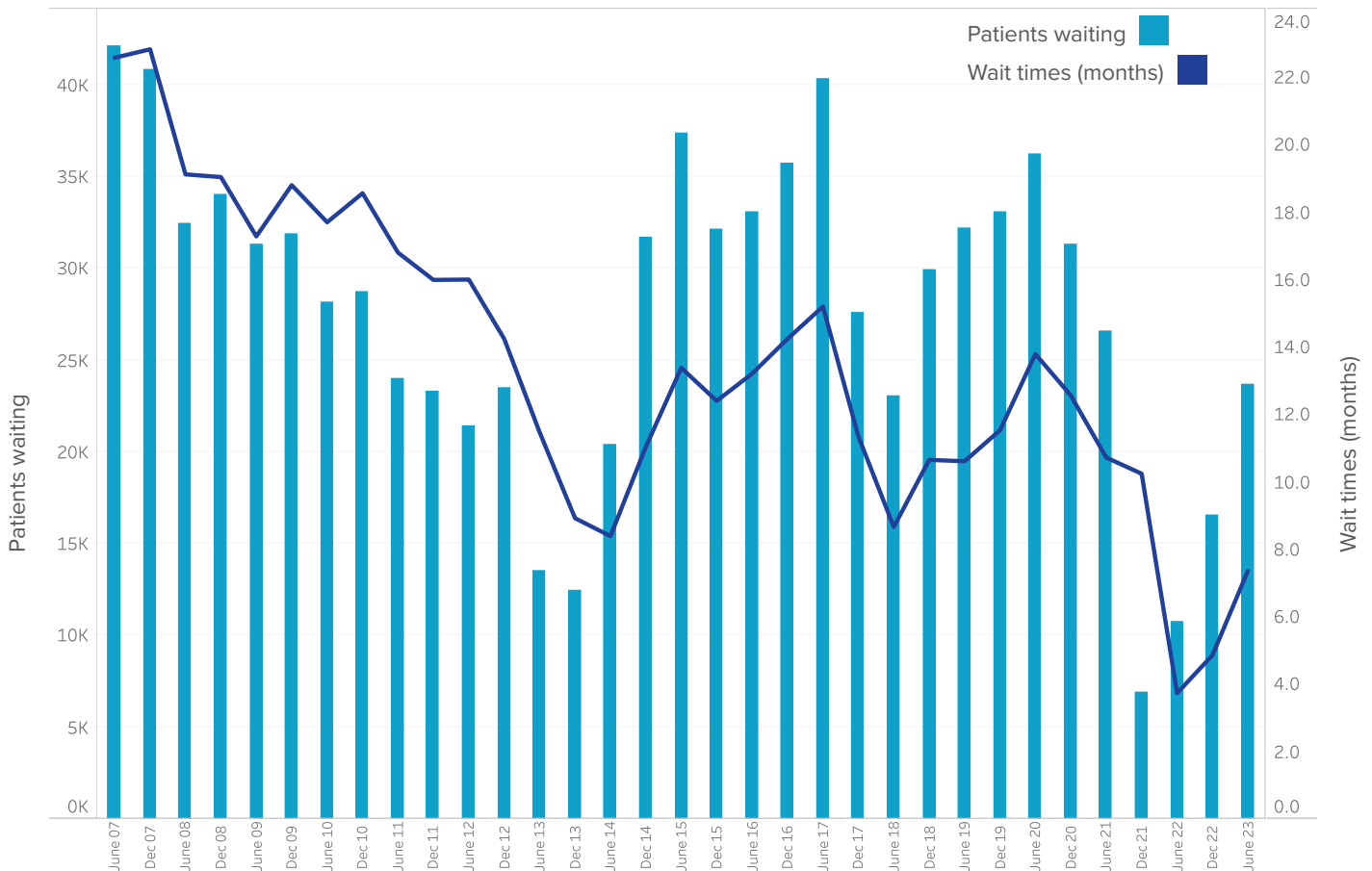


Figure 2: Adult public general restorative waiting lists.
Source: SA Dental

Potentially Preventable Admissions (PPAs)

Nationally, South Australia continues to have the highest rate of separations for potentially preventable dental conditions⁶. Pleasingly, in SA the rate of PPAs for Indigenous populations is somewhat stable and is now below National Indigenous rates, with the gap between Indigenous and non-Indigenous closing. Despite this, the higher rate overall reflects an important area of focus in reducing preventable admissions.

⁶ Productivity Commission (2023), Report on Government Services 2023

These PPAs occur in both the public and private system, with approximately 65% occurring in the private system. Admissions for children under 10 for dental caries are the single biggest reason for admission among all PPAs (41% of all PPAs (SA Health unpublished data)).

Separations for potentially preventable dental conditions for Indigenous and non-Indigenous (SA and National rates per 1,000 people)

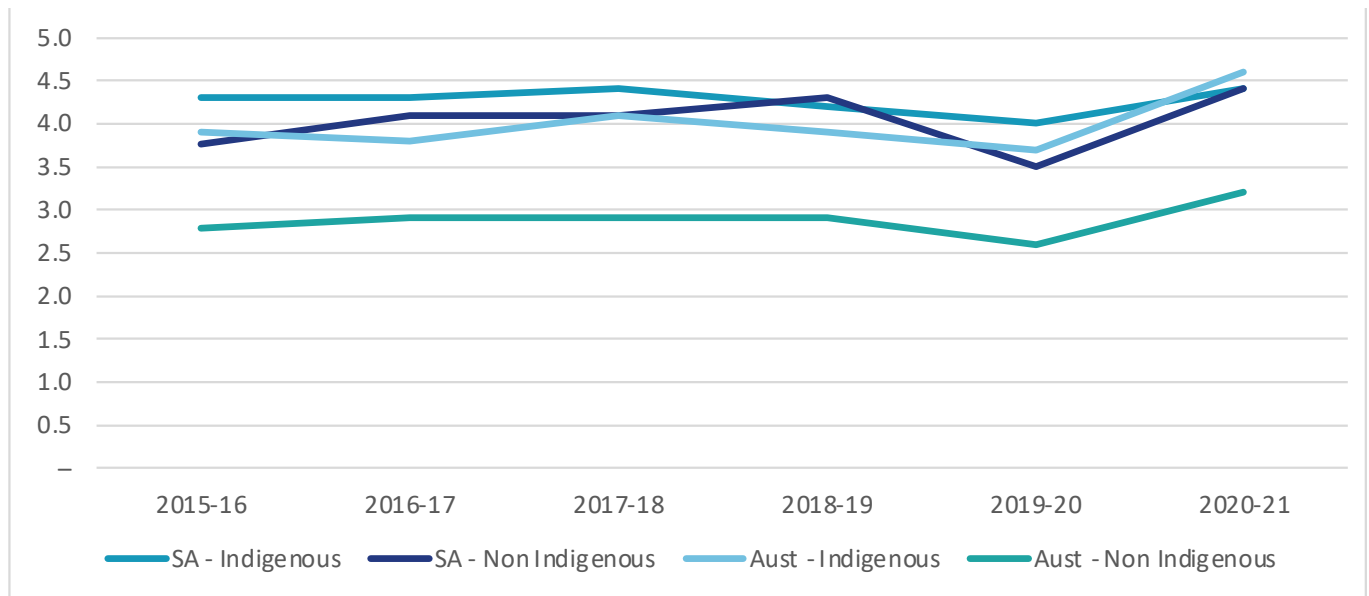


Figure 2: Potentially preventable dental conditions (State and National rates)
 Source: AIHW (unpublished) National Hospital Morbidity Database. Data accessed from Report on Government Services (2018 to 2023), Productivity Commission

Dental Expenditure

It is important to note that most oral health care is funded either through direct out of pocket costs or indirectly through health insurance, with most recent data from 2021-22 indicating the median out of pocket expense for an oral examination in South Australia was \$13 compared to a national average of \$14, while the gap for a filling was \$49 compared to a national median of \$74.⁷ This has a significant bearing on decision making by the community who may defer or avoid receiving oral health care because of the direct cost impost⁸, with the National Study of Adult Oral Health 2017-18 identifying 39% of people aged 15 years and older avoided or delayed visiting a dentist due to cost.

Total dental expenditure in SA and the percentage expenditure by payor group for SA remains consistent with previous years reports, and has therefore not been included in this year’s update.⁹

⁷ <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/private-health-insurance>

⁸ <https://www.aihw.gov.au/reports/dental-oral-health/adult-oral-health-and-dental-visiting-in-australia/summary>

⁹ Costs, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/costs>

Appendix 1: Memberships

SA Oral Health Plan Monitoring Group

Member	Organisation
Jenny Richter AM	Chair, SAOHP Monitoring Group
Lauren Civetta (to January 2023)/ Paulina Lee	SA Dental and SAOHP Monitoring Group Secretariat
Bradley Abraham	Australian Dental Association, SA Branch
Tim Budden	Australian Dental and Oral Health Therapists' Association
Jasmine Bulman	Australian Dental Prosthetists Association
Dr Jessica Leonard	Aboriginal Health Council of South Australia
Professor Liana Luzzi	Australian Research Centre for Population Oral Health
Christine Morris	Cancer Council SA/Independent Adviser
Sundara Rengasmy (to January 2023)/ Lyn Whiteway (from March 2023)	Consumer Representative
Lyn Carman	Dental Hygienists Association of Australia Ltd.
Mark Chilvers	SA Dental
Lauren Civetta	SA Dental
Janet Weeks	SA Dental/Independent Adviser
Kelly Clemente	TAFE SA
Professor Richard Logan	University of Adelaide, Adelaide Dental School
Laurianne Reinsborough	Wellbeing SA

Rural and Remote Oral Health Workforce Working Group

Member	Organisation
Associate Professor Christine Dennis (Chair to May 2023)	Chair
Paulina Lee	SA Dental/SAOHP Monitoring Group Secretariat
Bradley Abraham	Australian Dental Association, SA Branch
Nicki Edge	Country SA Primary Health Network
Rachel Gunston	Department for Education
Lauren Civetta	SA Dental
Dr Troy Longbottom	TAFE SA
Hendrika Meyer (until January 2023) Julianne O'Connor (from February 2023)	University of Adelaide, Adelaide Dental School
Professor Richard Logan	University of Adelaide, Adelaide Dental School

Appendix 1: Memberships

Older Person's Expert Working Group

Member	Organisation
Dr Angelo Papageorgiou	Chair
Jenny Richter	Chair
Tim Budden	Australian Dental and Oral Health Therapists' Association
Jasmine Bulman	Australian Dental Prosthetists Association
Peter Rodda	Australian Dental Prosthetists Association
Christine Morris	Cancer Council SA/Independent Adviser
Alison Taylor (resigned December 2022)	Dental Hygienists Association of Australia Ltd.
Lynda van Adrighem	Dental Hygienists Association of Australia Ltd.
Bernard Morrison	Eldercare Australia
Lauren Civetta	SA Dental
Anne Pak-Poy (resigned March 2023)	SA Dental
Janet Weeks	SA Dental/Independent Adviser

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