

SA Oral Health Plan Progress Report

Prepared by the SA Oral Health Plan Monitoring Group
July 2022



Eldercare



Our Health
Our Choice
Our Way



Published by SA Dental, Central Adelaide Local Health Network,
SA Health, Government of South Australia, Adelaide, South Australia.

We offer sincere thanks to the many contributors and members of the
Monitoring Group for their input to the SA Oral Health Plan Progress
Report.

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8 July 2022

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)

In accordance with the terms of reference for the Oral Health Plan Monitoring Group, we are required to provide you with an annual report on progress with South Australia's Oral Health Plan 2019-2026. However, the disruptions to the Health System over the past two years caused a delay in establishing the Monitoring Group until July 2021. Therefore this is the inaugural report covering the period Sept 2019 - June 2022.

Achieving the aspirations of the SAOHP requires consistent and extensive collaboration within the public and private health and aged care sectors, universities and TAFE, professional bodies, and central government agencies. As the Chair of the Monitoring Group, I take this opportunity to thank my Monitoring Group colleagues for their dedication to the work of the Group, all of whom provide their time on a voluntary basis. Their commitment to the implementation of the SAOHP and achieving improvements in the oral health of all South Australians is to be commended.

I also take this opportunity to thank Lauren Civetta, Manager Service Planning, SA Dental for providing excellent secretariate support to the Monitoring Group and its Expert Working Groups.

I commend this report to you as a summary of activities across a range of sectors in support of the SAOHP to improve the oral health of all South Australians.

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 2019-2026 (SAOHP) 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. A key requirement of the Monitoring Group is to provide an annual report to the Minister on progress against the SAOHP. Due to the delays, this inaugural report describes progress since the release of the SAOHP to June 2022.

South Australia's Oral Health Plan is an ambitious plan covering six foundation areas and eight priority populations. The SAOHP encompasses oral health goals and actions covering evidenced based information and programs, matters of accessibility, system alignment, safety and quality applied to oral health services, workforce development, and research and evaluation.

Achieving the aspirations of the SAOHP requires consistent and extensive collaboration within the public and private health and aged care sectors, universities and TAFE, professional bodies, and with government policy development. The SAOHP contains a strong focus on the elements that have an impact on the systems that support improved oral health for all South Australians.

No one agency can own the SAOHP and whilst SA Dental, as the State public oral health provider, may be the custodian of the SAOHP, its success lies in a broad approach across all facets of public and private service, education and research.

Members of the Monitoring Group and working groups have met regularly and have engaged extensively with many representatives of the agencies that support oral health.

There are many current and ongoing challenges in the quest to improving oral health. These challenges include:

- > Broader health system demands relating to the impact of COVID-19 and influenza
- > Health system flow disruptions resulting in ambulance ramping
- > State-commonwealth funding negotiations
- > Competing priorities for State budget allocation across all Government agencies
- > Lack of high-quality oral health data particularly in aged care and lack of epidemiological studies due to funding constraints
- > Poor oral health literacy including the impact of oral health on general health.

The Oral Health Sector is complex and unlike the general health sector 84% of oral health services are provided by the private sector. These services are funded primarily through individual payments or health insurance. Private oral health services are essential to community access but the personal cost is often a barrier to access if the individual is not eligible for a publicly funded scheme. This high level of private sector service provision makes collaboration between private and public agencies critical to the successful implementation of the SAOHP.

Despite these challenges the commitment, dedication and tenacity of those who work in teaching, training, research, clinical practice and community engagement is undeniable in the ongoing journey towards oral health for all South Australians.

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

2 BACKGROUND

South Australia's Oral Health Plan (SAOHP) 2019-2026 was released in November 2019, following an extensive consultation process. The SAOHP built on the inaugural SA Oral Health Plan which was released in 2010, with the update aligning with *Healthy Mouths – Healthy Lives, Australia's National Oral Health Plan 2015-2024*.

The structure of the SAOHP reflects the National Plan, with six foundation areas for action, with goals aligned to each. The foundation action areas incorporate feedback and consultation received, building on achievements of the inaugural plan. The National Plan identifies four priority populations whilst in the South Australian plan, this was expanded to eight groups based on the feedback received and the diverse needs for each of the priority groups.

A Monitoring Group was identified as an important construct to support coordinated action in implementation of the SAOHP and to track progress. Unfortunately, the community disruption of the health and oral health sectors arising from the COVID-19 pandemic delayed the formation of the Monitoring Group until August 2021. As the group approaches the end of its first year of activities it is pleased to present this inaugural progress report of South Australia's Oral Health Plan 2019-2026.

The Monitoring Group was established in July 2021 (Membership is detailed in Appendix 1). The group formally met for the first time on 4 August 2021, during Dental Health Week. A key recognition by members was that efforts would be best concentrated in a small number of key areas where collaborative action was required for change. To this extent, the Group developed a Plan on a Page (Appendix 2), with four key priority areas for the following 12 to 18 months. Working groups were established where required and members of the Monitoring Group have since met regularly and undertaken a range of advocacy activities as described in this report. The key achievement of the Monitoring Group has been the development of strong and effective collaborative across all elements of the oral health sector to drive coordinated action.

In June 2022, the Monitoring Group held an Oral Health Plan Summit where approximately 55 educational, research, provider and consumer representatives met to discuss challenges associated with implementing the SAOHP and to identify priorities for the following 12 months. The key outcomes identified were the need for:

- > Greater oral health literacy in the community
- > Improved integration of oral health into mainstream general health
- > An integrated approach across all sectors to have a consistent oral health message
- > Greater advocacy at both the State and Federal level with reference to oral health care for older people in residential care facilities.

These outcomes will be used to inform the focus areas of the Monitoring Group over the next 12 months.

3 ACHIEVEMENTS AGAINST THE GOALS OF THE SA ORAL HEALTH PLAN



ORAL HEALTH PROMOTION & PREVENTION

Web enabled information

In today's digital age, getting the message to the community through online avenues is critical. To assist in providing current information to the community, the Federal Australian Dental Association has launched a new website containing information for the community across a range of oral health topics.

SA Dental has recently launched its updated website increasing accessibility to oral health information and has also been active in converting aged care training packages to online programs. These have been successfully piloted in the Eyre and Far North Local Health Network and Uniting Communities aged care. The packages are now available to all rural and remote health network staff through the Rural Support Service hub.



ACCESSIBLE ORAL HEALTH SERVICES

Child Dental Benefits Schedule (CDBS)

Prevention and early intervention are critical for lifelong, good oral health. With less than 50% of eligible children in SA accessing Child Dental Benefits, increasing this uptake was identified as a priority area. To enable action to be taken to improve uptake, an understanding of patterns of use of CDBS is required with access to Commonwealth held data identified as a foundation step. Access to data has proven somewhat challenging but is essential to enable identification of specific South Australian communities that underutilise the CDBS and to inform the best strategy to improve uptake. Significantly there is a strong commitment from both the public and private dental sectors to work collaboratively so that more South Australian children can access regular and preventively focussed dental care. Negotiations on access to these data sources continue.



SYSTEM ALIGNMENT AND INTEGRATION

Leveraging technology

A single electronic health record was fully implemented across SA Dental clinics during 2020 and 2021. This enables fast and efficient access to patient oral health information. The use of telehealth and digital platforms emerged via necessity in 2020 and while telehealth has limited applications in dentistry, a continued service has provided clients greater flexibility, particularly for those in rural areas who need specialist consultations. The provision of additional digital cameras to country clinics via the Rural Support Service will also support patients and staff in rural areas options to maximise technology for patient care.

² 4.25% of children eligible for CDBS accessed it in 2018. Report on the Fourth Review of the Dental Benefits Act 2008, Commonwealth of Australia 2019 <https://www.health.gov.au/sites/default/files/documents/2022/04/report-on-the-fourth-review-of-the-dental-benefits-act-2008.pdf>



Older Person's Working Group and Aged Care Standards

The oral health needs of older people, in particular those living in residential aged care facilities or receiving in-home care packages, was identified as a critical area on which to focus attention. The Older Person's Working Group, under the chairmanship of Dr Angelo Papageorgiou first met in November 2021 and has been highly active in developing a joint position statement (Appendix 3), media releases and meeting with Members of Parliament as part of a concerted advocacy campaign for both State and Federal elections. The Position Statement will be used to inform and influence the aged care quality standards and funding arrangements for older person's oral health.

With the implementation of a new funding arrangement for the Aged Care Sector from October 2022 and a recognition of improved oral health care for older people as recommended by the Aged Care Royal Commission, it is noted that South Australian Oral Health representatives are participating in the development of National Aged Care Clinical Standards for Oral Health. This is an important step in ensuring the provision of appropriate oral health care within the sector.

Collaboration is one of the key strengths of the work of the Monitoring Group in bringing people together who may not normally meet. This was evident at the recent Summit where an aged care provider and the University of Adelaide were able to commence discussions about the potential for dental students to assist in supporting the aged care provider with oral health placements. This is an exciting development which the Monitoring Group will continue to support and foster.

Oral Health for the acute adult inpatient

In becoming aware of the specific oral health needs for the acute adult hospital inpatient, an approach was made to the Australian Commission for Quality and Safety in Healthcare regarding the specific inclusion in the National Safety and Quality Health Service Standards of an oral health standard. 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 (details below) was developed to promote oral health care for the adult acute patient, assisting in infection control and quality care. The document is currently with the Commission for broader consultation and finalisation. This is an excellent initiative that will have a positive impact on the oral health of the acute adult inpatient not just in SA but nationally.

Oral health care for the acute adult patient has also been pursued through the launch of the Nurses and Midwives Professional Practice Model at Southern Adelaide Local Health Network. Through the fundamentals of care, a case study of effective oral health assessment for the confused older person is utilised to demonstrate the impact that poor oral health care (in this example ill-fitting dentures and mouth ulcers) can have on the demeanour of the older person. The case study further demonstrates the significant impact improved oral health care can have on the individual.

Infection control practices

Private practitioners are the largest group of oral health providers. Therefore, infection control standards in private practices are critical to supporting the objective of safe, high quality oral health care services in the community. The Australian Dental Association SA Branch (ADA SA) hosts an annual infection control workshop in May of every year, with excellent attendance of dentists and practice staff.

Over the last 2 years, approximately 400 clinic staff have attended, gaining valuable insight into infection control practices and standards. ADA SA will be expanding these workshops to rural locations in the 2nd half of 2022. In 2020, ADA SA collaborated with SA Dental to ensure COVID-19 information for private practices was consistent and disseminated rapidly in the absence of face to face workshops. ADA SA also provides resources and support for private practices undergoing the practice accreditation program.



WORKFORCE DEVELOPMENT

Rural and Remote Oral Health Coalition

The Rural and Remote Oral Health Coalition (RROHC) was established in 2019 as a mechanism to improve oral health for rural and remote South Australians. It was established in alignment with the pending release of the SAOHP but pre-dated the establishment of the Monitoring Group. Funding support from SA Health's Rural Health Workforce Strategy enabled the appointment of a RROHC project manager from late 2020. With the release of the Rural Oral Health Workforce Plan (ROHWP) in December 2021 as a key outcome of the group, the RROHC formally disbanded in early 2022. A Rural and Remote Working Group, with a specific focus on implementing the Year 1 strategies of the ROHWP, will shortly be established under the auspice of the Monitoring Group.

Clinicians' Early Development Program

The Rural Oral Health Workforce Plan identified that greater professional support was needed for new or recent graduates who are working in country dental clinics. The Clinicians' Early Development Program (CEDP) was developed to support and nurture clinicians who are in the early stages of their oral health care careers. The CEDP assists in consolidating knowledge and clinical skills through case studies, hands on training, local clinical mentorship, and self-reflective practice. Each participant also completes a short self-reflective experience log as part of the program. Early feedback has been extremely positive. Funding has been secured for 2023 including an expansion of the program to Dental Therapists.

Australian Dental Council Professional Competencies

The 2022 revision of the Australian Dental Council Professional Competencies, which included representatives from professional associations as well as education bodies, has seen the competencies revised into one comprehensive document for all dental professions. Within the new competencies, Cultural Safety is explicitly included to support culturally safe and respectful practice for Aboriginal and Torres Strait Islander people. Patient diversity, at risk populations, sustainable health care and the translation of health promotion principles into practice all receive a greater focus in the revised standards, supporting the objective of ensuring the future oral health workforce meets the needs of the community.

Workforce

While workforce is critical to achieving the rural and remote oral health objectives, ensuring a sustainable oral health workforce across rural, remote and metropolitan areas is critical. Robust workforce and training data is required to identify the gaps in both professions and distribution. Data requests to Ahpra, and collaboration with the University of Adelaide Dental School and National Dental Directors³ is in progress to better understand the current state of the oral health workforce, so that future workforce trajectories can enable robust workforce planning to be developed.

³ National Dental Directors – The executive leads of the state and territory public dental sector agencies.



RESEARCH & EVALUATION

REDUCE Project

The *REDUCE (tRanslating knowLEDge for FUndamental CarE) missed oral healthcare: it takes a team* Project was a collaboration between SA Dental, Flinders University's Caring Futures Institute & the Southern Adelaide Local Health Network Geriatric Evaluation and Management Unit. The overarching aim of the project was to use a multidisciplinary team (MDT) approach to optimise health outcomes, reduce the risk of hospital acquired infections (such as aspiration pneumonia) and promote comprehensive care. Whilst the project did not achieve all of its aims, gaps in current oral healthcare practice in acute settings were identified and enabled development of a suite of multilevel MDT implementation strategies designed to improve and sustain adherence to evidence-based oral healthcare in the context of acute settings. (As mentioned elsewhere in this report, these strategies have informed the development of an oral health resource tool currently with the Australian Commission for Quality & Safety in Healthcare.)

Research

Professor Lisa Jamieson was appointed as Director of the Adelaide Dental School's Australian Research Centre for Population Oral Health (ARCPOH). Prof Jamieson previously led the Indigenous Oral Health Unit which is part of ARCPOH (now directed by Ms Joanne Hedges). Earlier this year Prof Jamieson was awarded a NHMRC L2 Investigator Grant for her project "Advancing Indigenous Australian oral health through clinical trials, cohort studies and surveillance." This grant was awarded in recognition of Prof Jamieson's outstanding contribution to Indigenous oral health and is a significant achievement with the grant extending over the four-year period 2022-2026.

We look forward to reporting on the progress of Prof Jamieson's research in 2023.

4 STATUS OF ACTION AREAS

The following table provides a very high-level indication of progress across the actions identified within the SAOHP. More detail is provided in Appendix 4.

Action Area	Progress	Action Area	Progress
1.1 Optimise preventive effects of fluoride	✓ 90% water fluoridation coverage maintained	3.3 Optimise technology for integration	✓ Progress made - Electronic patient records, cameras and telehealth options for rural clients
1.2 Increase oral health literacy	More work to be done, increased community awareness	4.1 Maintain dental service infrastructure	✓ Progress made - Public dental infrastructure plan. Private practice accreditation
1.3 Promote oral health and nutrition	More work to be done, increased community awareness	4.2 Facilitate consumer engagement	More work to be done. Additional consumer rep. engaged; SA Dental, ADA and Wellbeing SA public websites launched – work to increase uptake
1.4 Build capacity of health, education and community workers	✓ Progress made - Digitisation of training resources, more work to be done to increase uptake	4.3 Implement oral health standards across sectors	✓ Progress made - Draft fact sheet for adult patients for national consultation. Aged Care Standards in development
1.5 Integrate oral health and general health policy	More work to be done	5.1 Build workforce capacity to meet the needs of priority populations	✓ Progress made - Australian dental competencies revised
2.1 Reduce transport barriers	No progress in this area in last 12-months	5.2 Increase cultural competency of the oral health workforce	✓ Progress made - Cultural safety training delivered
2.2 Provide universal access for children	✓ Universal access maintained, more work to be done to increase uptake	5.3 Optimise oral health workforce utilisation	✓ Progress made - Increased country DAs and Clinicians' Early Development Program
2.3 Ensure access for priority populations	More work to be done. Priority access for Aboriginal, homeless, high risk complex medical conditions and SRF residents	5.4 Provide oral health competency training	More work to be done. Digitisation of resources and promotion amongst nurses and aged care workers, more work to increase uptake
3.1 Establish inter-sectoral collaboration	✓ Progress made - Engagement with acute and aged care sectors	6.1 Contribute to oral health evidence	More work to be done
3.2 Utilise integrated models of care	✓ Progress made - Embed principles of screening and referral across more sectors and settings	6.2 Utilise population oral health data	More work to be done. Advocate for increased collection of epidemiological data

5 CHALLENGES AND PRIORITIES FOR COMING 12-MONTHS

The key achievements arising from the SAOHP to date reflect the collaborative and cross disciplinary nature of the group which provides a solid foundation to drive coordinated action. Without this collaboration, progress towards the SAOHP objectives would remain fragmented.

Implementation of the SAOHP faces several challenges and barriers.

Internal health system issues with competing priorities including COVID-19 and influenza, and patient flow disruptions creating ambulance ramping make it difficult for oral health matters to be recognised and addressed.

There is ongoing debate regarding State vs Commonwealth funding responsibilities for oral health with oral health again competing against a backdrop of broader political and economic priorities including a focus on the economy, defence, education, infrastructure and other key industries where health has to position itself for funding and importance.

The public and private oral health sector context is also unique to other medical and allied health services who are either substantially government funded or have relatively low establishment and running costs comparatively. The large proportion of small oral health providers with high set-up and operational costs, and the large proportion of patients who must fund themselves or hold private health cover create ongoing issues of financial viability and sustainability for providers (especially in rural areas) and access barriers for the community.

The lack of high quality and contemporaneous oral health data impacts the ability to lobby effectively for change. Quantitative oral health data in the aged care sector is lacking, while robust epidemiological studies occur only every 10 years due to funding constraints. A key barrier to progress is also the community perception of oral health arising from poor oral health literacy and the impact of the social determinants on oral health and the contribution oral health has to overall health.

Prevention and promotion of oral health is critical to good oral health outcomes, but receives limited attention, focus and investment. The coming 12 months will be pivotal for the Monitoring Group, as the group looks to utilise the foundations laid over the previous 12 months to effect real progress towards the SAOHP objectives.

Areas of focus will be:

- > 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 of children
- > Establishing a Rural and Remote working group to oversee implementation of the Rural Oral Health Workforce Plan Strategies
- > 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
- > Data collection improvements, particularly in aged care and funding for routine epidemiological studies
- > Submitting to State Government for a modest budget to assist in progressing the above focus areas.

6 ORAL HEALTH STATUS

Oral health indicators or outcomes have long lead times for demonstrable progress to be identified.

South Australia's Oral Health Plan included a range of key health, workforce and financial metrics to inform the current oral health status of South Australians. Population wide, epidemiological studies of oral health are typically conducted nationally, and only every 10 years. This limits the ability to provide a comprehensive status update and to track progress in the intervening years. 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 first National Child Oral Health Study (NCOHS) was conducted between 2012 and 2014. The results identified that SA performed better than national rates on both average number of decayed, missing or filled teeth (dmft/DMFT) – both deciduous and adult (ranked 2nd nationally), and on the proportion of children with untreated decay (ranked best nationally). While South Australian, and indeed Australian children have amongst the best oral health in OECD countries, significant inequities across areas of disadvantage exist resulting in higher levels of oral disease. The next NCOHS is scheduled to commence in 2023, pending a successful NHMRC grant. There is no new data on these measures from what was published in the SAOHP.

SA Dental publish annually DMFT 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, whereas NCOHS is population based. The updated SA Dental data is presented below where rates have been relatively consistent over the past few years.

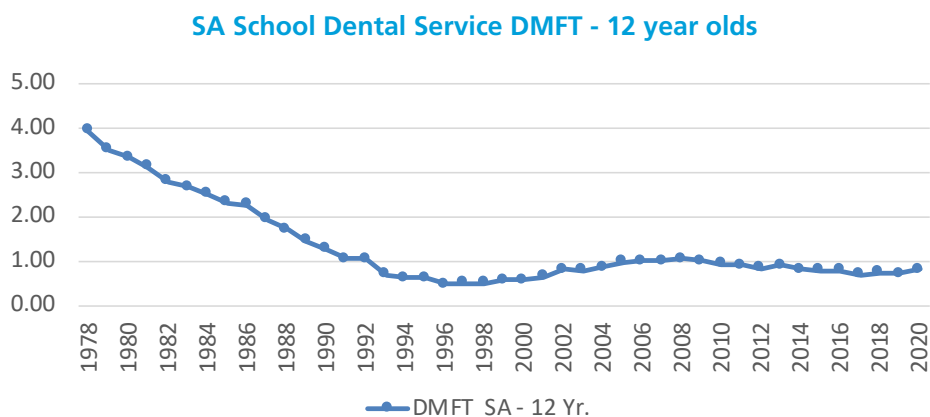


Figure 1: DMFT rates for 12yo children attending the School Dental Service. Source: SA Dental Yearbook 2021/22

Adult oral health

The National Study of Adult Oral Health was first undertaken in 2004 to 2006 and this data was included in the SAOHP. The 2nd study occurred between 2017 – 2018, however the results were not available at the time of publication of the SAOHP. These data have since been released and demonstrate that there has been an improvement in the average number of decayed, missing or filled teeth in adults aged 15+ between the two studies, however the SA rates have not improved to the same extent as the national rates. This means that despite DMFT improving overall, SA has moved from being ranked in the middle in 2004-06 to ranking 2nd worst for adult DMFT in 2017-18. The proportion of people with moderate or severe periodontal or gum disease increased marginally between the two study periods (Figure 3). However, the national rate increased to a greater extent, meaning SA moved to best performing state (previously 2nd), despite this slight increase in disease prevalence.

Average number of decayed, missing or filled teeth in people 15+ 2004-06 to 2017-18 Nationally and SA

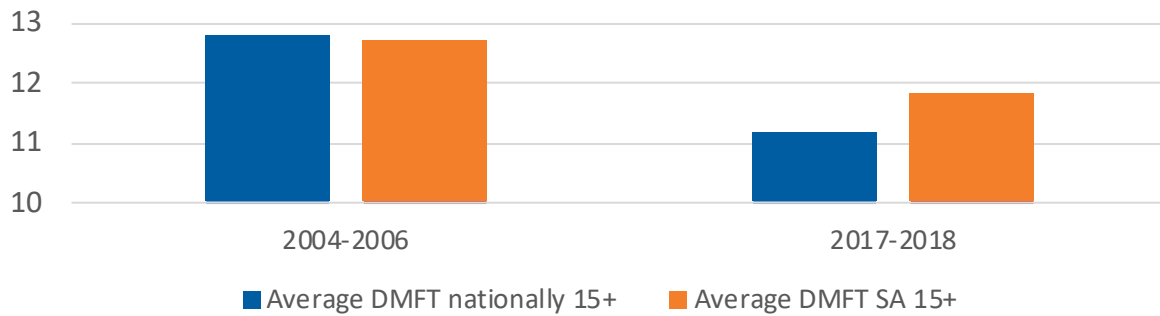


Figure 2: Average number of decayed, missing or filled teeth in people aged 15 and over. Source: National Study of Adult Oral Health, as published in Oral health and dental care in Australia 2022

Proportion of people 15+ with moderate to severe gum disease 2004-06 to 2017-18 Nationally and SA

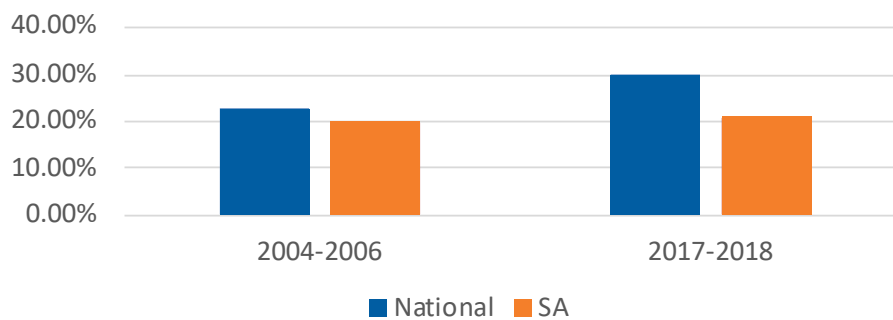


Figure 3: Proportion of people aged 15 and over with moderate or severe gum disease. Source: National Study of Adult Oral Health, as published in Oral health and dental care in Australia 2022

Adult public general restorative waiting lists are frequently used as an indicator of access to public health services by priority populations. The number of people on the public waiting list numbers and therefore overall waiting times have decreased substantially in South Australia in recent months, which is likely due to a complex interplay between reductions in demand due to COVID-19 as well as internal allocation of state funds to support increased service provision. The decreases represent an opportunity for SA Dental to provide care to a greater proportion of eligible people, but also disguise some of the ongoing metropolitan vs country divide.

Adult public general restorative waiting lists SA Dental

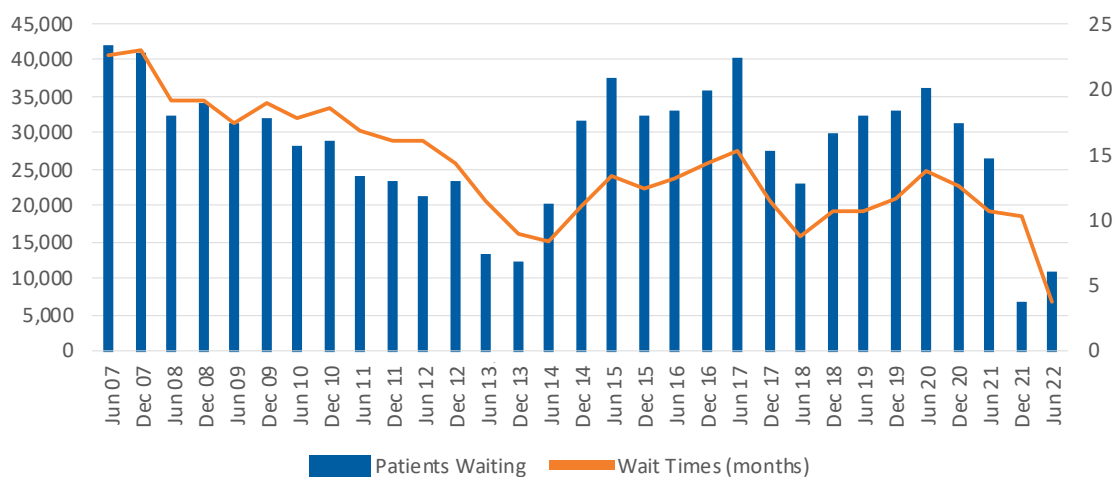


Figure 4: Adult public general restorative waiting lists. Source: SA Dental

Potentially Preventable Admissions (PPAs)

The SAOHP included the 2016 to 2018 potentially preventable hospitalisation data for South Australia. The 2018-2020 update showed that dental admissions remain the single largest group of acute preventable admissions, and both the proportion of admissions and overall number increased from 27.4% of all acute PPAs to 29.2%, or approximately 12,700 to over 13,000 dental PPAs in the 2-year period or approximately 6,500 per annum. This equates to an annual cost to the public and private health systems combined, of approximately \$27M. Small additional investments in preventive oral health strategies have the potential to deliver savings to the health system.

Nationally, South Australia has the highest rate of separations for potentially preventable dental conditions for both Indigenous and non-Indigenous populations, well above the national rates. While the gap between Indigenous and non-Indigenous in SA is not as large as the National rate, the higher rate overall reflects an important area of focus in reducing preventable admissions.

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

Proportion of acute potentially preventable hospitalisation in SA, July 2018 - June 2020

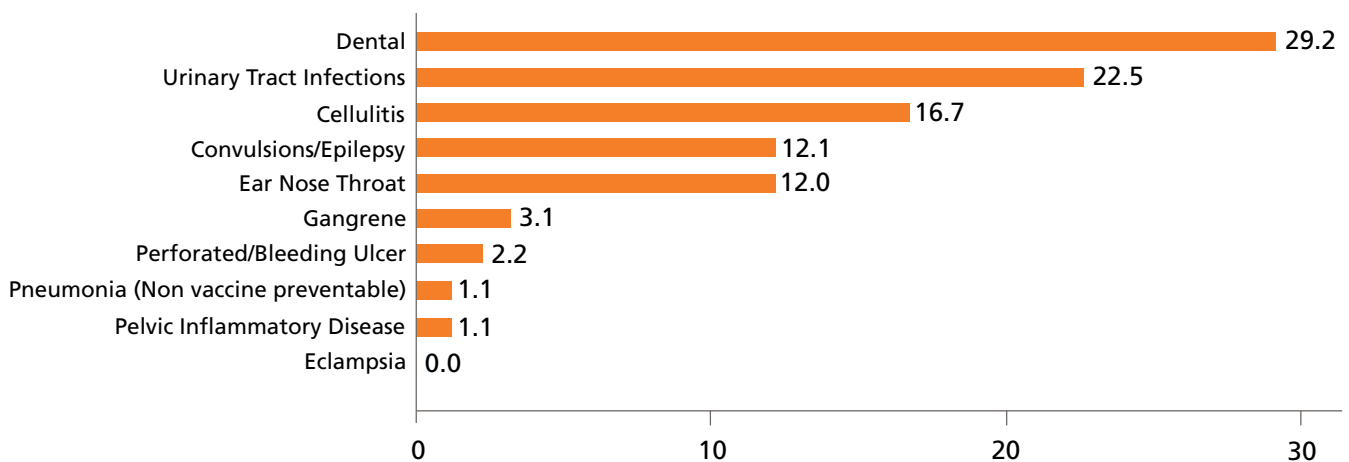


Figure 5: Adult public general restorative waiting lists.

Source: Promote, Protect, Prevent, Progress – The Chief Public Health Officer's Report 2018-2020, SA Health

Separations for potentially preventable dental conditions for Indigenous and non Indigenous (SA and National rates per 1000 people)

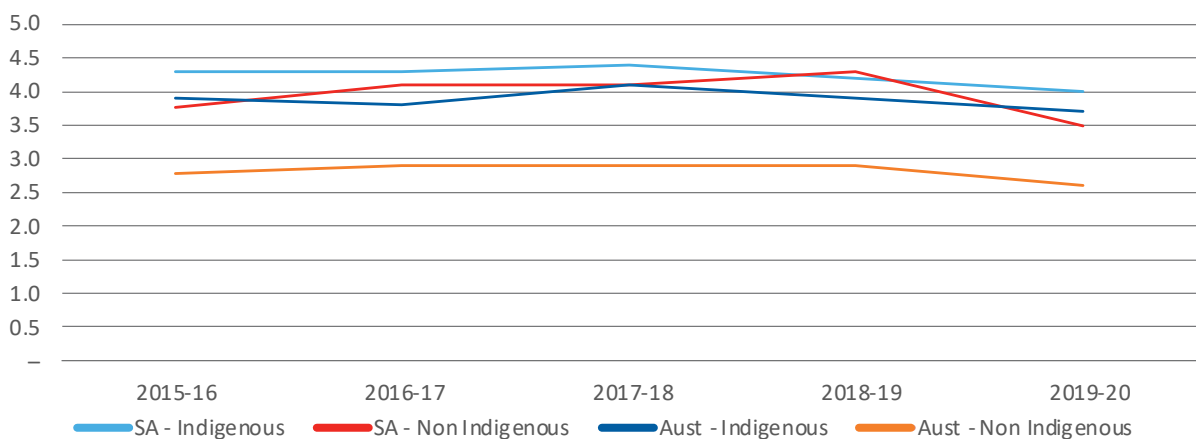


Figure 6: Potentially preventable dental conditions (State and National rates). Source: AIHW (unpublished) National Hospital Morbidity Database. Data Accessed from Report on Government Services (2018 to 2022), Productivity Commission

Dental expenditure

Updated data is available for the total dental expenditure in SA (Figure 7) and expenditure percentage by payor group (Figure 8). Total expenditure decreased in 2019/20, reflective of the COVID-19 impacts in the last quarter of the financial year. Percentage allocation of State and Commonwealth funds has fluctuated marginally in recent years; private health insurance funds are the largest payor group in the State (2019-20 allocations in Figure 8).

It is important to note that most oral health care is funded either through direct out of pocket costs or indirectly through health insurance. 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 impost.

Total Dental Expenditure in South Australia (\$Million)

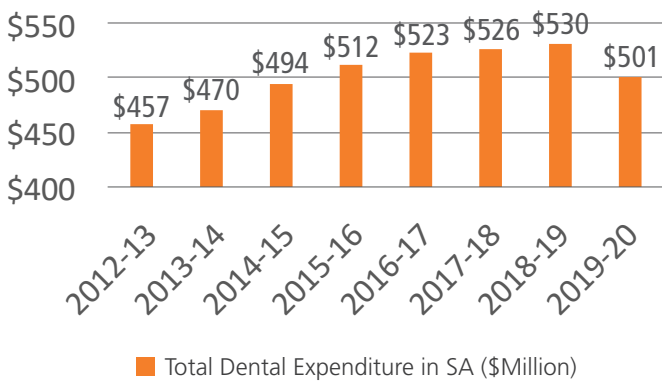


Figure 7: Total Dental Expenditure in South Australia
Source: AIHW

Dental Expenditure Percentage per Payor Group 2019-20

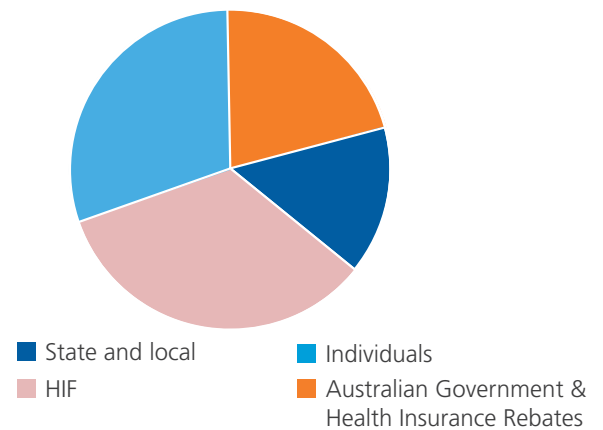


Figure 8: Dental expenditure by payor group 2019-20
Source: AIHW

Oral health workforce

The number of dental practitioners and rate per 100K people have both increased in SA and nationally (Figure 9). However, the geographic maldistribution of the workforce persists, with proportionally many more practitioners per capita in metropolitan areas compared with non-metropolitan areas. In some areas the maldistribution has unfavourably increased over the last four years. This makes accessing oral health care particularly challenging for those living in rural and remote areas of SA.

FTE per 100,000 people by professional group 2016 vs 2020

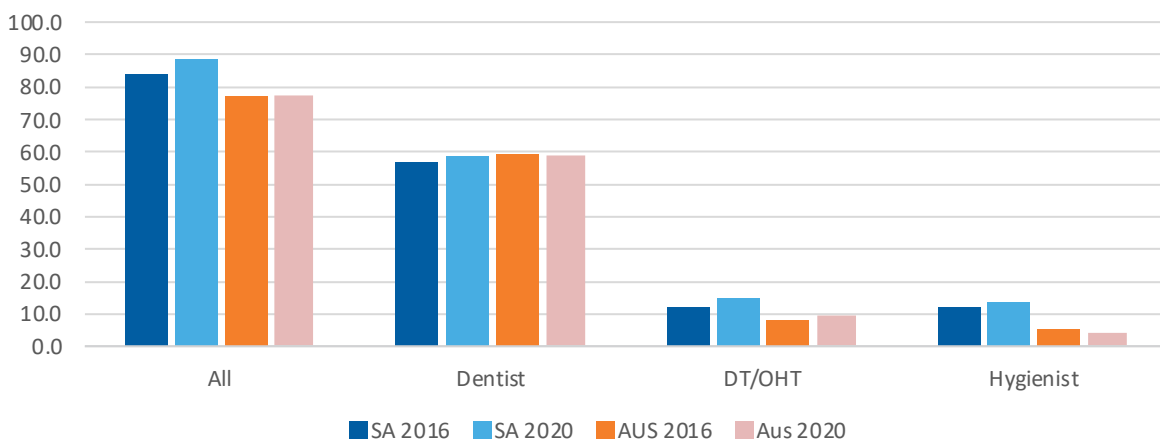


Figure 9: Dental practitioner rates per 100,000 people by professional group in 2016 and 2020, for SA and Nationally. Source: National Health Workforce Database, Australian Government, Department of Health & Population Health estimates via Public Health Information Development Unit

Distribution (per cent) of employed dental practitioners by remoteness area, South Australia, 2016 and 2020

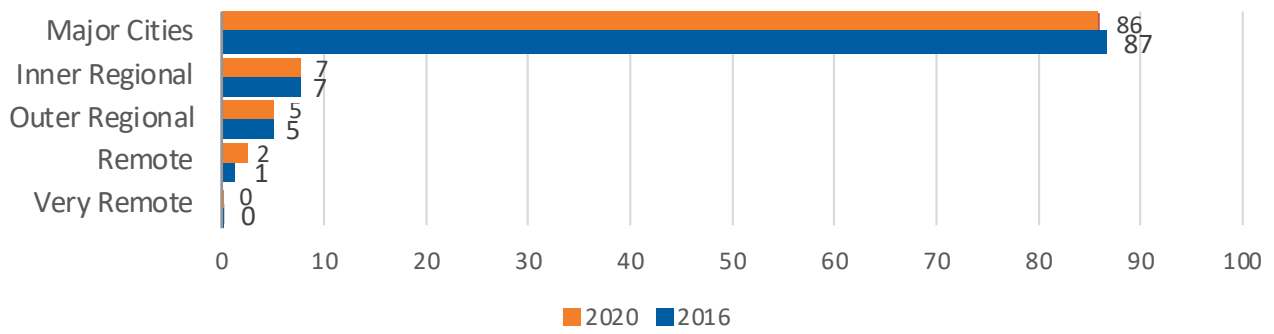


Figure 10: Dental practitioner distribution in South Australia by remoteness area
 Source: National Health Workforce Database, Australian Government, Department of Health & Population Health estimates via Public Health Information Development Unit

APPENDIX 1: SA ORAL HEALTH PLAN MONITORING GROUP MEMBERSHIP

INVITEES	ORGANISATION/POSITION
Jenny Richter	Chair
Mark Chilvers	SA Dental, Executive Director
Janet Weeks	SA Dental, Director Service, Quality & Performance Improvement
Bradley Abraham	Australian Dental Association, SA Branch, CEO
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Shane Mohor	Aboriginal Health Council of South Australia, CEO
Lyn Carman	Dental Hygienists Association of Australia
Lana Mustafa/William Carlson-Jones/ Tim Budden	Australian Dental & Oral Health Therapists' Association
Kelly Clemente	TAFE SA, Course Co-ordinator
Joseph Spencer/Jasmine Bulman	Australian Dental Prosthetists' Association, SA Director
Sundara Rengasmy	Consumer Representative
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APPENDIX 2: PLAN ON A PAGE

SA Oral Health Plan Monitoring Group: Improving the oral health of South Australians. Strategic Priorities 2021-22

The SA Oral Health Plan is a joint initiative between the private and public oral health agencies. It extends to 2026. Progress with the plan is led and monitored through a joint Ministerial supported monitoring group. There are many activities occurring in support of the Plan. This document sets out specific high priority areas and intent for 2021-22. The plan can be found at: www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Resources/South+Australian+Oral+Health+Plan+2019+-+2026

Regional and Remote Oral Health	Child Dental Health	Frail Older Person's Oral Health	Oral Health Workforce
<p>Goal Improve access to oral health care for regional and remote communities through an increase in the available workforce.</p> <p>Strategy Led by the Rural and Remote Coalition: Identify gaps in workforce availability Identify barriers to workforce participation in regional and remote areas. Implement strategies to address the gaps and barriers to workforce availability.</p> <p>Indicators of Success Identification of the workforce issues in Regional and Remote areas. Agreement by key groups on strategies to address the issues. Measurable improvement in workforce availability in regional and remote areas.</p>	<p>Goal Improve child dental health through increasing utilisation of the Child Dental Benefits scheme in targeted areas by 50% (to reach 60% total utilisation).</p> <p>Strategy Establish strong & effective consumer engagement to better understand barriers to accessing child benefit scheme. Identify areas of underutilisation. Consult with the community about barriers to access. Promote the availability of the scheme.</p> <p>Indicators of Success Implementation of targeted marketing campaign by January 2022. Increase in utilisation of Scheme by 50% by June 2022.</p>	<p>Goal Advocacy for dedicated funding to support improved oral health for frail older people. Increase oral health focus for aged care workforce.</p> <p>Strategy Establish reference group of aged care providers and industry groups to develop advocacy and promote competency training programs. Establish coordinated approach with other aged care providers on how to integrate oral health sustainably. Develop position statement for aged care oral health funding.</p> <p>Indicators of Success Funding requirements supported by both State and Federal Governments. Budget allocations achieved by FY 2023. Oral health competency programs implemented as part of staff development / induction program in five aged care facilities by March 2022.</p>	<p>Goal Understand current workforce profile and utilisation including distribution, composition, age, gaps and students numbers.</p> <p>Strategy Work with relevant agencies to develop a workforce plan.</p> <p>Indicators of Success Succession planning for retiring oral health workforce. Increase local retention of students in dental and oral health programs.</p>

Oral Health for Older People

A Position Statement by the Monitoring Group of South Australia's Oral Health Plan 2019 - 2026

All Older South Australians should be able to eat, to talk and smile and live without oral pain or infection. Regardless of an older person's frailness or place of residence, oral health care as a priority should be maintained and be accessible. The interplay between oral health and an older person's overall health and quality of life requires recognition, support and collaboration from all key aged care partners.

Actions

1. We urge the Commonwealth Government to adopt and fully fund Recommendation 60 within the Report of the Royal Commission into Aged Care Quality and Safety, which recommends the Australian Government establish a new Seniors Dental Benefits Scheme commencing no later than 1 January 2023.
2. We urge the Commonwealth Government to ensure oral health care is adequately reflected in the Aged Care Standards to support regular oral health assessment and daily oral hygiene.
3. We urge the Commonwealth Government to clarify roles and responsibilities for delivery of health care to people receiving aged care, including the amendment of the *Quality Care Principles 2014 (Cth)* as identified in Recommendation 69 of the Royal Commission into Aged Care Quality and Safety.
4. We urge the Commonwealth Government to ensure the new Australian National Aged Care Classification (AN-ACC) funding model adequately includes the requirements to undertake oral health assessments, care planning and provision of daily care related to oral health.
5. We urge the Commonwealth Government to introduce an Oral Health Screen into the existing Medicare 75+ health assessment.

Why is this a Priority?

Every older person has the right to access oral health care. Poor oral health has far reaching consequences with significant physical and social impacts on basic quality of life and overall health status.

The increase in the number of older people combined with improvements in oral care over the last 50 years means there are more older people who retain far more of their natural teeth and fewer people having full dentures. The requirement to maintain what are often heavily restored teeth and partial and full dentures combined with increasing rates of complex or chronic health conditions amongst older people, presents different oral health care demands than in the past.

As older people become frail and less able to self-manage, their reliance on formal and informal carers increases. The high cost of private dental care coupled with decreasing levels of independence are often barriers to accessing care. The foundations of good oral health over many years can be lost rapidly and contribute to many people entering older age with poor oral health. So, at a time when oral health needs, which can be of a complex nature, are escalating, the capacity of people to self-manage and self fund their basic oral health care declines.

Without a recent dental examination, care planning on admission and daily assistance with oral hygiene where needed, the oral health of many residents in aged care facilities can deteriorate rapidly following admission and similarly occurs with those in home care.



South Australia's Oral Health Plan Monitoring Group is a collaborative, cross discipline and cross sector group, which was established in 2021 to drive coordinated action in pursuit of the SA Oral Health Plan 2019-2026. The oral health of frail older people was identified as one of four immediate priority areas and an expert working group was established.

APPENDIX 3: POSITION STATEMENT (pg. 2)

Impact of Poor Oral Health in Older People

Long standing evidence shows the far-reaching impacts for older people of poor oral health and untreated oral and dental disease including:

- > Increased risk of cardiovascular disease, stroke and aspiration pneumonia.
- > Increased risk of dry mouth (xerostomia) which affects speaking, eating and increases the levels of oral bacteria, infection and oral disease.
- > Chronic oral infection including periodontal disease can complicate the medical management of chronic diseases such as diabetes, chronic heart failure and respiratory diseases.
- > Oral pain and difficulty with eating can affect nutritional intake and body weight and therefore skin integrity, strength and mobility.
- > Affecting mood and behaviour, especially for people with dementia who find it difficult to self-report their pain and discomfort.
- > Negative impacts on people's ability to speak, socialise, general confidence and to feel happy with their appearance.
- > Substantial hospitalisation of older age groups for oral health conditions involving teeth and supporting structures.

What is Required

For Older People who are Ageing Well and Living in the Community

The inclusion of an essential oral health screening component in the Medicare 75+ Health Assessment will alert health practitioners and older people of the need to maintain their daily oral health care and reinforce the need for older people to seek and maintain regular dental care at a stage when they are more likely to be independent and able to access dental care through mainstream pathways.

For Frail Older People

To make positive inroads into meeting the current and future oral health needs of frail older South Australians, a clearly defined multidisciplinary approach which incorporates four key processes is required:

1. Oral Health Assessment - undertaken either by an oral health or general health care professional, prior to or on entry to, a Residential Aged Care Facility (RACF) or upon allocation of a Home Care Package with scheduled review dates.
2. Oral Health Care Plan - developed by a health professional so that aged care workers meet oral health care needs identified in the assessment.
3. Daily Oral Hygiene - support and assistance for frail older people to manage the activities of daily oral hygiene where they are unable to self-manage.
4. Identification of when referral and clinical dental treatment by a dental professional is required.

Improving the oral health of older people is significantly diminished if one or more of these four key oral health processes are not in place and working concurrently. A current lack of clarity about responsibilities and roles of aged care assessors, carers, dental practitioners and older people's families is a barrier to ensuring that the necessary four processes are understood and implemented.

While dental practitioners could provide all four of these processes, the oral care planning and daily oral hygiene are best managed by people who care for the older person on a daily basis. Evidence shows that oral health assessment and care planning can be undertaken by appropriately trained non-dental practitioners (e.g. GP or RN), particularly as part of regular reviews of client needs. When oral health care needs beyond daily care requirements are identified, referral to a dental practitioner and timely clinical care is critical to stabilize and avoid further oral health deterioration, and to minimise pain and infection.

A range of oral health care resources are already available at no cost to the aged care sector. Research shows that these resources enable the upskilling of the existing aged care workforce to undertake the required oral health assessment, care planning and daily care.

A strategy to maximise identification and treatment of oral health issues in the frail older cohort is the establishment of a pre-entry dental checkup and general course of care undertaken by an oral health professional just prior to admission to a RACF as the first step in stemming the deterioration in oral health for frail older people. This pre-entry course of dental care should include the preparation of a simple daily oral health care plan for aged care facility staff to implement as part of the overall care plan when the older person enters residential care.

APPENDIX 3: POSITION STATEMENT (pg. 3)

Furthermore, the collaboration of both the aged care and oral health care sectors is essential at a local level to ensure effective and accessible clinical care pathway for the clinical care of older people residing in aged care facilities and those on home care packages.

System Enablers

Dental Care for Older People

Several reports over the past decade have called for greater Commonwealth Government investment in dental care for older people. Most recently, the Royal Commission into Aged Care Quality and Safety calls on the Australian Government to establish a new Seniors Dental Benefits Scheme, commencing no later than 1 January 2023, to fund dental services for people who receive the age pension or qualify for the Commonwealth Seniors Health Card.

Aged Care Standards and Quality of Care Principles

Daily oral hygiene as part of a frail older person's daily care and the competency of aged care staff in providing that oral health care is a fundamental of quality aged care.

Currently the Aged Care Quality Standards for the Residential Aged Care setting do not require facilities to demonstrate how they meet the basic oral health care needs of residents. Strengthening the standards and ensuring adherence to them is critical to improving oral care for frail older people who are unable to self-manage the activities of daily oral health care and has been identified in the Royal Commission into Aged Care Quality and Safety.

The Royal Commission identified a lack of clarity of roles and responsibilities for delivery of health care to people receiving aged care. Recommendation 69 of the Royal Commission calls on the Australian Government to amend the *Quality of Care Principles 2014 (Cth)* by 31 December 2021 to clarify the roles and responsibilities of approved providers to deliver health care to people receiving aged care but not limited to their particular role and responsibilities to deliver oral and dental health care. This recognises the important role aged care staff and other health professionals have in supporting older people to maintain oral health.

It is important the recommendations of the Royal Commission are now implemented.

Aged Care Funding Arrangements

As a result of the Royal Commission into Aged Care Quality and Safety, a new funding model for Aged Care called the AN-ACC is under development. It is critical the new model allocates staff time to undertake the four key oral health processes. Without this inclusion the basic oral health care needs of frail older people will continue to be missed with a resultant continued but avoidable decline in oral and general health.

Oral Health Literacy

A need for increased oral health literacy of older people and their families so that they can make informed choices about their oral health care and importantly be critically discerning in seeking the oral health care frail older people require.

Conclusion

All South Australians should be able to eat, to talk and smile and live without oral pain or infection. The Royal Commission into Aged Care Quality and Safety identified significant shortfalls in the current system of oral health care for Older Australians. Unmet oral health needs are a barrier to ageing well for many Australian older people.

The SA Oral Health Plan Monitoring Group calls on the Commonwealth Government to implement fully the oral health related recommendations of the Royal Commission and lead system wide reform in the community and residential aged care sectors to improve the oral health for older Australians.

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11 March, 2022

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

The SA Oral Health Plan identifies 20 objectives in six action areas. The tables below highlight activities and outcomes within each of the action areas since the release of the plan. Note that many of the activities relate to more than one action.

ORAL HEALTH PROMOTION AND PREVENTION				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Australian Fluoride Guidelines	ARCPOH (Development)	All	Updated Australian Fluoride Guidelines developed and released in 2020.	Guidelines released for use in 2020. Updated nutrient reference values for Adequate Intake and Upper Limit.
Oral health information for non-English speaking clients / parents	MCCSA/ SA Dental	Culturally and linguistically diverse	MCCSA parenting groups and Darlington's Children's Centre host regular oral health information sessions Development of key oral health resources in 10 languages.	21 oral health sessions hosted with MCCSA in 2021-22. Four key health resources available in multiple languages.
Review of national key oral health messages	ARCPOH ADA SA Dental	All	Review and update of national oral health messages in progress. National Oral Health Promotion Steering Group (NOHPSG) advocating for implementation and integration.	7 of 11 messages reviewed by ARCPOH. ADA and Melbourne Uni progressing final messages.
Promotion of healthy lifestyles – fruit and veg / water consumption etc	Wellbeing SA		Wellbeing SA Strategic Plan and associated actions to improve population nutrition and create healthier communities and environments.	Wellbeing Index outcomes

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

ORAL HEALTH PROMOTION AND PREVENTION				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Federal ADA launched new website with patient resources and oral health topics	ADA Federal	All	ADA launched new website with comprehensive patient information at teeth.org.au	Data on website hits unavailable.
New SA Dental website launched including resource information on caring for teeth across the lifespan	SA Dental*	All	Website launched. Stage 1 of resources available. Increased resource and accessibility planned.	Since launch on March 17 2022, website hits per month: March - 2,330 April - 9,962 May - 9,480 June - 11,465
Lift the Lip (Training and ongoing education from SA Dental)	WCHN SA Dental	Universal access for children	Ongoing education of CAFHS staff to embed Lift the Lip in childhood screening.	CAFHS nurses are all Lift the Lip accredited staff. 371 referrals were completed in 2021/22.
Oral health in aged care training packages converted to online program	SA Dental, EFNLHN, Uniting Communities	Rural and remote Frail elderly	Online platform available for open access. Pilot implementation in Eyre and Far North staff. Training packages included in aged care (nurses and workers) training facilitated by Rural Support Service and highlighted as recommended training. Training rolled out with Uniting Communities.	EFNLHN staff who completed the training highly recommended it to other staff on post completion surveys.

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

ACCESSIBLE ORAL HEALTH SERVICES				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
RFDS providing mobile services to remote areas	RFDS, SA Dental	Rural and remote	RFDS providing dental services in regional and remote areas, in collaboration with SA Dental AOHP / RFDS partnership well established.	In 2020/21 in SA/NT, RFDS did 1395 consultations for oral health (SA proportion unknown).
Maintain universal access to School Dental Service for children of all ages	SA Dental	Universal access for children	School Dental Service remains available to all children 0 -17. Ongoing work to promote utilisation of dental services for children. Review of eligibility criteria for 0-5 years (remove reference to school-age criteria).	Over 122,000 children enrolled for care with School Dental Service. 89% of children under the Guardianship of the Chief Executive up to date with recalls, 79% of all high risk children and 72% of medium and low risk children up to date with recalls.
Oral health promotion in schools	DfED, SA Dental	Universal access for children	Targeted promotion of priority areas with low school dental enrolments (based on data matching exercise) underway. Partnership with DfED.	Data matching agreement between DfED and SA Dental, first report provided 30/01/2020. 104,360 children (60% of children in public schools) were not seen at SA Dental within the last 2.5yr.
RACE implementation	SA Dental	Frail older people	Residential aged care emergency dental scheme for eligible residents requiring emergency dental care who are unable to attend a community clinic or private provider implemented – expanded emergency access for all RACFs.	173 clients accessed RACE service in 2021/22.
Special needs access	SA Dental	People with disabilities, people with complex medical conditions	Development of access videos to ADH/TQEH special needs unit. Special needs network established. Flash card resources developed for children.	Since Website launch on 17 March 2022, 89 views of SNU ADH Wayfinding video, 71 views of patient experience video. Number of members of special needs network.

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

SYSTEM ALIGNMENT AND INTEGRATION				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Formation of SAOHP Monitoring Group	Multiple	All	Establishment of monitoring group as a mechanism to facilitate collaboration and coordination.	Monitoring group meetings and annual progress report.
TAFESA + ADA + Australian Dental Foundation	TAFESA	People who are socially disadvantaged or are on low incomes	In progress – discussions underway with dates to be confirmed shortly.	Dates established of the use of the TAFESA clinic for patient sessions when possible through the year.
Development of referral pathway and care provision for Aboriginal clients	SA Dental, Kanggawodli	Aboriginal people	Establishment of referral pathway and collaboration for care provision between AOHP team / North West District / Kanggawodli.	One block booking per week trialled for 3 months to improve access.
Health Pathways	Adelaide PHN	Frail older people / people with complex medical conditions	Development of health pathways inclusive of oral health screening and referral information e.g. RACE, new diabetes diagnosis, heart failure etc.	One pathway developed (localised for SA) with oral health included (newly diagnosed adult diabetes), and one pathway for referral to dental services.
Implementation of single electronic health record across SA Dental	SA Dental	All	Implementation complete in 2021.	Single electronic health record in place.
<i>Personify care</i> digital platform	SA Dental	All / Rural and remote	Digital platform established for triage and screening of patients being seen by Oral & Maxillofacial Surgery Unit.	Platform established, number of patients /providers accessing platform.

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

SAFETY AND QUALITY				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Capital service planning and preventative maintenance plans for public clinics	SA Health and SA Dental	All	10 year infrastructure plan submitted to DHW.	Plan complete. Public Dental Infrastructure upgrades funded and included in master planning underway.
SA Dental Consumer Advisory Panel reflective of effective cross section of community, and involved in policy development / review	SA Dental	All	SA Dental CAP meets 6 times a year and partner with SA Dental to advise on service improvements. Representation from a range of organisations, and recruitment of additional members to broaden representation completed in 2022.	Committee representation. CAP involvement in policy review / patient information.
SA Dental consumer / patient survey	SA Dental	All	Undertaken quarterly to inform service provision and areas for improvement amongst priority populations.	Consistently high client satisfaction with care.
ADASA infection control – Accreditation model for practices, Chief resolution officer, Review & Maintain high ethical/professional standards	ADA	All	Infection control standards well established, recent update circulated. Explore further opportunities ADA SA Infection Control programs delivered throughout metropolitan SA. Rural sessions to be held second half of 2022. SA Dental / ADA collaboration re. COVID19 service restrictions.	280 dentists and practice staff attended May 2022 ADA program.
Royal Commission into Aged Care Recommendations	SA Dental and professional associations (ADA, ADOHTA, DHAA, ADPA)	Frail older people	Provision of expert witness statements to Royal Commission. ADA Federal working closely with Federal Government to progress these issues.	Inclusion of oral health screening and care in recommendations . Developed Position Statement and circulated widely, will follow up further in coming 12 months.

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

SAFETY AND QUALITY				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Draft national oral healthcare for adult patients' fact sheet	Monitoring group in conjunction with expert advice from SA Dental	Acute adult patients	Oral healthcare for the adult patient resources and fact sheet drafted and accepted by the National Commission for Safety and Quality in Healthcare.	Fact sheet and resources for national consultation.

WORKFORCE DEVELOPMENT				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Increase DAs	Innovation and skills, ADA, SA Dental, DfED, DHAA	All	Partnership with Innovation and skills in recognition of shortage of dental assistants and promotion of traineeships, DA survey on work practices, working with DfE to promote traineeships to senior students Additional Come'N Try Day held 22 June. Excellent outcomes. Comprehensive survey of DAs by ADA SA and SA Dental done in 2021. Outcomes being implemented by both groups.	Number of DA traineeships – 3 additional country traineeships in 2022 as well as additional numbers broadly . TAFE increasing intake for 2022.
30 year partnership agreement	University of Adelaide SA Dental	All	Uni Adelaide and SA Dental have a 30 year partnership agreement to train dentists and dental therapists.	Train dentists, oral health therapists and dental specialists.

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

WORKFORCE DEVELOPMENT				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Review of the Australian Dental Council Professional Competencies	Australian Dental Council Professional Competencies Advisory Committee (incl TAFE SA and professional associations)	People living in regional and remote areas, People living with a disability, Aboriginal people, CALD	Professional Competencies revised and consolidated to ensure a preparedness of dental practitioners to meet the needs of priority population groups.	Revised competencies released May 2022 for implementation in 2023.
Mandatory cultural awareness training for all staff	SA Dental	Aboriginal people CALD	All SA Dental staff must complete cultural awareness training as part of mandatory training requirements on induction and at regular intervals.	272 staff completed in 2021/22, 834 staff since inception.
Oral Health - Extended Care Dental Therapist Links also to workforce plan	SA Dental University of Adelaide	All	23 SA Dental staff completed the Graduate Certificate in Oral Health Science. Study leave offered yearly for further uptake. Pilot program underway to incorporate adult restorative scope of practice into BOH program.	23 staff previously completed.

APPENDIX 4: PROGRESS REPORTING SA ORAL HEALTH PLAN ALL ACTION AREAS

WORKFORCE DEVELOPMENT				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
Rural Oral Health Workforce Plan released	RROHC	Rural and remote	Plan released December 2021 and strategies underway.	5 year plan with strategies by year identified. Clinicians Early Development Program for 5 graduates run by SA Dental in 2022. ADA SA providing additional professional development in rural locations.

RESEARCH AND EVALUATION				
Activity	Collaborators	Priority Populations	Current Status	Outcomes
REDUCE Project	SALHN / Flinders Uni with SA Dental support	Frail older people	Knowledge translation project providing education regarding dental hygiene to hospital ward staff (Whittaker GEM Unit).	Little improvement in direct care identified. Gaps in current oral healthcare practice identified. Development of a suite of multilevel MDT implementation strategies designed to improve and sustain adherence to evidence-based oral healthcare.
South Australian Population Health Survey (SAPHS)	Wellbeing SA	All	Annual report published by DHW, includes healthy lifestyles and oral health indicators.	The 2019 SAPHS report identified 55.3% of adults and 64.8% of children had seen a dentist in the previous 12 months. 64.3% of adults and 67% of children reported brushing their teeth twice a day. More recent data has not been published.



Government
of South Australia

SA Health