Action plan for oral health promotion
2013–2017
Statement from the Minister

Oral health is important for overall health and wellbeing. All Victorians should be able to enjoy good oral health that allows them to eat and socialise without pain, discomfort or embarrassment. The impact of oral disease is not only on the individual but also on the community generally through health system costs and effects on productivity.

As most oral diseases are amenable to prevention we need to focus on maximising prevention to promote the oral health of all Victorians. The Victorian Government recognises the importance of good oral health and the need to prevent oral disease.

Healthy Together Victoria is the Victorian Government’s comprehensive approach to prevention. It incorporates policies and strategies to support good health across Victoria, as well as locally-led Healthy Together Communities.

Victoria has not had a statewide oral health promotion plan for eight years. This action plan for oral health promotion fills that gap.

Oral health was identified as a priority in the Victorian Public Health and Wellbeing Plan 2011–2015.

The action plan adds the detail to our approach to the promotion of oral health. It outlines what we are already doing and our plan for the future.

The Action plan for oral health promotion 2013–2017 is based on extensive consultation coordinated by Dental Health Services Victoria (DHSV), Victoria’s lead agency in oral health promotion. I wish to thank members of the Steering Group, with DHSV as chair and the more than 200 people who participated in forums, interviews and focus groups throughout Victoria. Participants included representatives from hospitals, community health centres, public and private dental clinics, state and local government, universities, Aboriginal Community Controlled Health Organisations, Primary Care Partnerships, Medicare Locals and specialist services.

The goal of Action plan for oral health promotion 2013–2017 is to improve the oral health of all Victorians including population groups at higher risk. Emphasis is on partnership opportunities and alliances to build a prevention and early intervention system for oral disease.

A major focus of this action plan is to promote oral health in settings such as early childhood, education, health services, residential aged care and disability settings. As over 80 per cent of dental services in Victoria are provided in the private sector this action plan recognises the key role private dental practices play in promoting good oral health.

Our general approach to prevention is to encourage people to lead healthier lives and build environments that help them do so. The key to success is to engage communities and develop partnerships across the private and public sectors. We need to strengthen the systems for oral health promotion and preventive healthcare within all sectors and levels of government.

Our focus is on five main action areas:

1. Build partnerships and environments that support good oral health
2. Improve oral health literacy
3. Strengthen prevention and early intervention programs
4. Improve oral health promotion skills within the workforce
5. Improve population data on oral health status and enhance oral health promotion research.

I am pleased to release the Action plan for oral health promotion 2013–2017 and I look forward to working with all partners to promote the oral health of Victorians.

The Hon David Davis MP
Minister for Health
Contents

Statement from the Minister

Acknowledgements

What we currently do 2

The case for action 5

Populations, partners and settings 8

Adding new approaches 11

Work has already begun 12

Building on a strong start 15

Next steps 23

References 24
Thank you to the expert Oral Health Promotion Steering group.

**Dr Deborah Cole (chairperson)**
Dental Health Services Victoria

**Ms Kathy Bell**
Dental Health Services Victoria
Board of Directors

**Ms Jan Black**
Municipal Association of Victoria

**Dr Tere Dawson**
Health Issues Centre

**Associate Professor Andrea De Silva-Sanigorski**
The University of Melbourne and Dental Health Services Victoria

**Ms Bernadette Hetherington**
Sunbury Community Health

**Ms Susan Kearney**
Dental Health Services Victoria

**Ms Christine Ingram**
Victorian Aboriginal Health Service

**Ms Helen Matters**
Victorian Department of Human Services

**Ms Debbie Mitchell**
Victorian Department of Health – Gippsland Region

**Mr Garry Pearson**
Australian Dental Association Victorian Branch

**Dr John Rogers**
Victorian Department of Health

**Associate Professor Julie Satur**
Victorian Dental and Oral Health Therapists Association (VDOHTA)

**Ms Jane Sheats**
Victorian Healthcare Association

**Ms Susanne Sofronoff**
Dental Health Services Victoria

Additional thanks:
- To Kath O’Donell and Anil Raichur from DHSV, and also to the many stakeholders who participated in interviews, focus groups and regional forums.
- To DHSV for contributing images used in this publication.
There is a wide range of public and private organisations that promote oral health in Victoria. These include Department of Health funded agencies such as Dental Health Services Victoria (DHSV) and community health services. Other organisations include dental practices, dental professional organisations, local governments, dental industry, educational institutions and VicHealth.

The plan is supported by $14.9 million of funding by the Victorian Government.

Statewide oral health promotion initiatives that are currently underway include the following:

- **Community water fluoridation** helps protect against tooth decay and is the most effective way of allowing everybody access to the benefits of fluoride.
- **The Maternal and Child Health Services Key Ages and Stages Framework** includes the promotion of oral health at developmental milestones. Maternal and child health nurses are trained to assess children’s oral health and refer children with poor oral health to dental services.
- **Smiles 4 Miles** promotes good nutrition and oral health in early childhood settings. Support is provided for centres to develop healthy policy and practices.
- **The Supported Residential Services (SRS) oral health promotion initiative** seeks to improve the oral health of residents of pension-level SRS across Victoria.

These initiatives complement broader government-funded health promotion programs that include messages to support good oral health, such as smoking cessation messages through QUIT Victoria and healthy eating messages under Healthy Together Victoria and the Victorian Healthy Eating Enterprise (VHEE).

Community health agencies and VicHealth support Victorians to make healthy food and drink choices that assist in preventing tooth decay. The dental industry also plays an important role in promoting practices and products that support good oral health.

While there is a range of oral health promotion activities in place that benefit Victorians, there is a need for a more systematic, focused and statewide effort to effectively prevent dental disease.
Key statewide oral health promotion initiatives

**Community water fluoridation** is the most effective population-wide intervention to prevent tooth decay. 90 per cent of Victorians have access to water with either naturally-occurring or added fluoride. From 2012 additional funding of $3.6 million has been allocated to build water fluoridation plants in regional Victoria, including $1.2 million for the Gisborne plant.

**Maternal and child health nurses** promote oral health through the **Key Ages and Stages Program**. DHSV works with the Department of Education and Early Childhood Development (DEECD) to support maternal and child health nurses to promote oral health. DHSV supports this program by providing training and resources.

**Smiles 4 Miles** aims to improve the oral health of preschool aged children in Victoria. It is an initiative of DHSV, which works in partnership with community health services, local councils and primary care partnerships. In 2012, 461 services participated in Smiles 4 Miles, reaching more than 25,000 children across Victoria.

**The Supported Residential Services (SRS) oral health promotion** initiative seeks to improve the oral health of residents of pension-level SRS across Victoria. The initiative is being rolled out progressively with approximately 74 SRS across the state expected to be participating by 2014–15.
The case for action

Victoria has not had a statewide oral health promotion plan for eight years.

There is increasing recognition of the need for a systems approach that delivers responsive, integrated and coordinated oral health promotion (based on the best available evidence) at local, regional and statewide levels, across a range of settings. There is also a need to address gaps in health literacy and data collection and to improve the oral health promotion skills within the health, education and welfare workforce.

The Victorian Health Priorities Framework 2012−2022 proposes seven priorities to create a health system that is underpinned by expertise among health professionals and health literacy among the public, so that people can live healthy and productive lives.

Oral health data is important to build an evidence base for improved or innovative population health interventions service planning and to inform clinical practice. There are currently gaps in the dental data collected. Data is collected in the public dental sector but this does not provide a picture of the oral health of all Victorians.

The burden of oral disease

It is widely accepted that good oral health is important for general health and wellbeing and that oral diseases place a considerable impact on individuals, families and the community. The burden of oral disease comes from four main conditions: tooth decay, gum disease, oral cancer and oral trauma. The less common oral conditions include malocclusion (misalignment of teeth) and the erosion of teeth.

Tooth decay is Australia’s most prevalent health problem and gum disease is the fifth most prevalent. Oral cancer and oral trauma, the other most common dental conditions, also cause pain and suffering. In the case of oral cancer, the five-year survival rate is relatively low compared to other cancers.

Figure 1 Common risk factor approach to oral health and other chronic conditions

Economic environment

Physical environment

Social environment

Risk factors

Diet

School

Stress

Control

Hygiene

Policy

Risk factors

Tobacco

Workplace

Alcohol

Exercise

Injuries

Conditions

Obesity

Cancers

Heart disease

Respiratory disease

Tooth decay

Periodontal diseases

Trauma

Risk factors

Economic environment

Physical environment

Social environment
In addition, dental conditions are the highest cause of all preventable hospitalisations for Victorians under 20 years of age. Oral conditions are the second most expensive disease group to treat – just below cardiovascular disease and more expensive to treat than all cancers combined. A total of $2.2 billion was spent in Victoria on dental treatment in 2009–10.

Recent budget cuts by the Gillard Government to the Medicare Chronic Disease Dental Scheme and the Teen Dental Plan will mean the loss of an estimated $230 million for dental care services for Victorians over the next two years. This makes it even more important to prevent dental disease before it requires treatment.

The broader determinants of oral health are those that affect the general health and wellbeing of individuals. These include ‘up stream’ factors such as economic, environmental and social conditions, which in turn impact on oral health knowledge and behaviour. Oral diseases share risk factors with other chronic conditions as shown in Figure 1. In particular, poor diet is a key cause of tooth decay and tobacco is a contributor to gum disease and oral cancer.

**Tooth decay**

Tooth decay is Australia’s most prevalent health problem. More than half of all children and the majority of adults are affected by this disease. Figures 2 and 3 show the proportions of Australians with tooth decay and those without any natural teeth. Victorian figures are likely to be similar. The majority of dental extractions are due to tooth decay.

Encouragingly, there has been a reduction in the extent of tooth decay amongst children over the last 30 years. This reduction is predominantly due to the preventive effect of fluoride in toothpastes and reticulated water supplies. Children today have considerably less decay than their parents, however tooth decay is still five times more prevalent than asthma.

Parents play a key role in developing their children’s good oral hygiene and diet habits.

The major behavioural risk factors for tooth decay include:

- a high sugar diet including high sugar drinks and juices
- excessive plaque build-up
- limited exposure to fluoride available in toothpastes, community water fluoridation or other sources.

Evidence shows that low income levels and disadvantage affect oral health status, including the prevalence of tooth decay.

Severity of tooth decay is concentrated according to disadvantage with approximately 20 per cent of children experiencing 80 per cent of the tooth decay. Many, but not all, of these children are from disadvantaged backgrounds.

**Gum disease**

Moderate or severe gum disease is the fifth most common health problem, affecting over a third of Victorian concession card holders and over a quarter of non-cardholders.

Severe gum disease is an age-related condition, with prevalence increasing from seven per cent in 15–34 year olds to 58 per cent in those aged 55 years and older.
During pregnancy hormonal changes can lead to increased risk of gum disease and tooth decay.

Plaque on the gum margins of teeth is a key causative factor. Other factors include smoking, diabetes and the broader determinants of oral health.

**Oral cancer**

In Victoria, oral cancer is the seventh most common cancer in men and the twelfth most common cancer in women. In 2010, 178 Victorians died from oral cancer. The leading cancers of the oral cavity are cancer of the lip, tongue and oropharynx. As illustrated in Figure 4, a total of 702 new cases of oral cancer were detected in Victoria in 2010.

Smoking and excessive alcohol consumption are the two principal risk factors. Other factors include:

- sun exposure
- age
- viral infections – human papilloma virus (HPV)
- nutritional deficiencies
- genetic predisposition.

The increased incidence of oral cancer by age and gender is shown in Figure 5.

As shown in Figure 6, from 2005–2010 in Victoria, the incidence of oral cancer increased by 22 per cent. The number of deaths from oral cancer increased by 15 per cent.

An increasing incidence of cancers in the throat has become evident in younger non-smokers related to HPV infection.

**Oral trauma**

A systematic review of international studies determined that up to one-third of preschool children, one-quarter of school children and one-third of adults have suffered a traumatic dental injury.

Over the three-year period between July 2008 and June 2011 there were more than 8,500 hospital admissions and nearly 16,000 non-admitted presentations to emergency departments in Victoria with an oral or dental injury as the primary injury.

The most frequent injury reported is open wound of the lip and oral cavity caused by a fall or being hit during sport. Other hospital admissions from oral injury are intentional injuries (such as assault) and unintentional (accidental) injury.

**Figure 4** Incidence of oral cancer by type, Victoria 2010

**Figure 5** Incidence of oral cancer by age group, by sex, Victoria 2010

**Figure 6** Incidence and mortality of oral cancer, Victoria 2005–2010

Populations, partners and settings

Population groups
This action plan focuses on opportunities for oral health promotion across the life-course for mothers and babies, children and young people, adults and older people.

Every stage in life has its unique challenges. For example:

• pregnant women can experience increased risks of gum disease and tooth decay
• early childhood is when many lifetime habits are established and offers the opportunity to develop good oral health habits and prevent oral disease in the future
• older people have a higher frequency of gum disease and oral cancers.

Evidence shows some sub-population groups are more at risk of developing oral disease. Not all people in these groups have poor oral health, but it is more likely in these groups than in the general population. For example, Aboriginal adults have, on average, twice the amount of untreated tooth decay and higher rates of gum disease than non-Aboriginal adults.

The population groups are identified in Figure 7.

Partners
The success of Action plan for oral health promotion 2013–2017 depends on engaging communities and strengthening partnerships across the private and public sectors.

The oral health promotion system is complex, with a number of government and non-government organisations delivering oral health promotion programs and services in Victoria. These organisations and agencies vary in their approaches and this action plan is designed to enable a coordinated approach.

The main partners include government (state and local), health sector, education sector, welfare sector, private sector, industry groups, water businesses, individuals and families. Aligning and coordinating efforts of all these partners and the Victorian community will be central to the success of this action plan.

Settings
The places in which Victorians conduct their daily lives are important in influencing individuals’ ability to prevent oral disease. A major focus of this action plan is to promote oral health in key settings, such as schools and early childhood services, health services and residential aged care and disability settings. A key feature is also strengthening oral health promotion, including smoking cessation and healthy eating messages, in public and private dental practices.

‘People in high income households enjoy three times the oral health related quality of life compared to those in low income group households.’
Poor oral health can cause pain and discomfort, make eating difficult, cause dental infection and has been associated with low self-esteem and reduced quality of life.
Adding new approaches

This action plan is based on an extensive consultation coordinated by DHSV in 2012 and on a systematic review conducted by the Department of Health of the evidence of what works to promote oral health – the Evidence-based oral health promotion resource http://docs.health.vic.gov.au/docs/doc/Evidence-based-oral-health-promotion-resource-(2011)

More than 200 people participated in forums, interviews and focus groups from hospitals, community health centres, public and private dental clinics, local government, universities, Aboriginal Community Controlled Health Organisations, primary care partnerships, Medicare Locals and specialist services.

An expert oral health promotion steering group considered the responses to the consultation, the state of oral health of Victorians and, in light of the evidence base, provided advice to inform this action plan.

This action plan provides a framework for whole-of-sector partnerships necessary to strengthen the oral health promotion system. It builds on the principles of the Victorian Public Health and Wellbeing Plan 2011–2015.

The focus is on primary and secondary prevention as shown in Figure 8.

Action is in five main areas:
1. Build partnerships and environments that support good oral health
2. Improve oral health literacy
3. Strengthen prevention and early intervention programs
4. Improve oral health promotion skills within the workforce
5. Improve population data on oral health status and enhance oral health promotion research.

Figure 8 Focus of the oral health promotion framework

Primary prevention refers to activities that aim to prevent oral health problems in whole populations before they occur.

Secondary prevention refers to population-based activities that aim to identify pre-cursors to, and early signs of, oral health disease, when treatment can be most effective and supported by clear referral pathways. Secondary prevention can also include prevention of the reoccurrence of disease once treated.

Early intervention refers to efforts aimed at responding to early signs of oral disease and preventing worsening of the disease so that people stay as well as possible.
Initiatives that have commenced in the priority action areas include the Healthy Families Healthy Smiles program, Healthy Together Achievement Program, Health Promoting Dental Practices Project, and a range of other initiatives.

Healthy Families Healthy Smiles is working with health, education, and early childhood professionals to increase their ability to promote the oral health of pregnant women, young children, and their families. As described in the profile on the next page, training has begun with three groups—midwives, early parenting centre workers, and maternal and child health nurses.

Oral health is included, along with healthy eating, in the Achievement Program to develop health-promoting early childhood services and schools. This program supports workers and parents in these settings to meet benchmarks for healthy eating and oral health.

Recently the Royal Flying Doctor Service Mobile Dental Care Program was launched to provide dental care and oral health promotion in the northern Mallee region of Victoria. This initiative is a partnership between the Department of Health, the Royal Flying Doctor Service, DHSV, Australian Dental Association Victorian Branch (ADAVB), and the Murray Valley Aboriginal Co-operative in Robinvale. Dentists offer their time to participate in the program as volunteers.

The Department of Health is currently working with ADAVB and DHSV to develop a model for Health Promoting Dental Practices. The aim of the project is to improve the oral health of Victorians by providing a framework through which dental practices can become formally recognised for implementing health promotion activities.

Projects have been chosen in the five action areas to provide the support that people need at key transition points in their lives. Targeting the right kinds of support at the right time is a critical feature of the selected projects.

Projects cover the spread of health promotion from population measures to more individual approaches. So, for example, at the population level support will be provided to develop healthy eating and oral health policy and practice in child care settings and schools while at the individual level oral health professionals will be supported to have brief smoking cessation discussions with their patients.

This action plan will also position Victoria to work with the Australian Government on new directions in oral health promotion with the Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2004–2013 expiring this year and the preparation of a National Oral Health Promotion Plan.
**Healthy Families Healthy Smiles**

Healthy Families Healthy Smiles is aimed at improving the oral health of Victorian children aged 0–3 years and pregnant women.

The focus is on building the knowledge and skills of health and early childhood professionals to promote oral health. Funded by the Victorian Government, DHSV has been contracted by the Department of Health to deliver the initiative until 2015.

Implementation has commenced. The first three Healthy Families Healthy Smiles initiatives are an oral health e-learning package for midwives, partnering with early parenting centres and trialling of maternal and child health nurse provision of oral hygiene products in high risk communities through the maternal and child health service.

**Royal Flying Doctor Service Mobile Dental Care Program**

This program is a new partnership between the Department of Health, the Royal Flying Doctor Service, ADAVB, DHSV and Murray Valley Aboriginal Co-operative in Robinvale to improve dental care and promote oral health.

The aim of the program is to develop a targeted, collaborative and sustainable model of care to provide dental services to rural communities. Volunteer dentists and health professionals visit surrounding communities to conduct dental examinations, to provide minor treatment or refer for complex care, and to provide oral health promotion.

The program commenced in 2012, initially operating in the northern Mallee region of Victoria. It is anticipated that over time the service will be expanded to cover other high-need Victorian rural areas.
Achievement Program

The Achievement Program is a Healthy Together Victoria initiative recognising achievements in promoting health and wellbeing and supporting the development of healthy environments for living, learning, working and playing in:

- schools and early childhood education and care services
- workplaces and
- local communities.

Oral health is included, along with healthy eating, as a priority for developing health promoting early childhood services and schools. The Achievement Program for schools and early childhood services was jointly developed by the Department of Health and Department of Education and Early Childhood Development and implementation is being managed by the Centre of Excellence in Intervention and Prevention Science (CEIPS).

Promoting oral health in disability day services

Funded by the Department of Human Services, a partnership has been developed between DHSV and organisations providing day service programs for people with a disability. These organisations are developing innovative ways to promote good oral health for people with a disability such as:

- developing edible gardens and using the produce in cooking programs
- encouraging greater consumption of tap water and introducing a no soft drink policy
- incorporating oral health messages into existing arts, crafts and cooking programs
- promoting oral health messages to parents and guardians via posters and newsletters
- providing oral health training to day service staff
- developing a healthy eating checklist for use by staff when planning a program or event
- developing individualised teeth cleaning programs based on individual strengths
- developing oral health referral pathways.
Building on a strong start

Our goal is to improve the oral health status of all Victorians.

In addition to the work already begun, projects will be conducted in the five action areas. These projects will be achieved through collaboration between public and private dental practices, health services, education, welfare, industry and government.

<table>
<thead>
<tr>
<th>Action Areas</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Build partnerships and environments that support good oral health</td>
</tr>
<tr>
<td></td>
<td>Develop partnerships and environments to strengthen oral health promotion in the private and public dental sectors, state and local government planning and in a range of settings, such as schools and early childhood services, health services, residential aged care and disability settings</td>
</tr>
<tr>
<td>2</td>
<td>Improve oral health literacy</td>
</tr>
<tr>
<td></td>
<td>Improve the oral health knowledge, skills, attitudes and behaviours of all Victorians – including a focus on healthy eating and drinking</td>
</tr>
<tr>
<td>3</td>
<td>Strengthen prevention and early intervention programs</td>
</tr>
<tr>
<td></td>
<td>Continue to implement programs and develop innovative approaches to prevent oral disease</td>
</tr>
<tr>
<td>4</td>
<td>Improve oral health promotion skills within the workforce</td>
</tr>
<tr>
<td></td>
<td>Build the capacity of the oral health, community and private sector workforce to improve oral health promotion in health and community services</td>
</tr>
<tr>
<td>5</td>
<td>Improve population data on oral health status and enhance oral health promotion research</td>
</tr>
<tr>
<td></td>
<td>Investigate options to improve population data on oral health status to evaluate the effectiveness of health promotion interventions. Support the development, translation and dissemination of oral health research</td>
</tr>
</tbody>
</table>
1. Build partnerships and environments that support good oral health

Action area one focuses on building and sustaining quality partnerships or consortia arrangements among the many organisations contributing to good oral health. It also includes developing environments that are supportive of good oral health. While the strengths of existing effective prevention partnerships will be maintained, new relationships and approaches will be developed to achieve the sustained coordination and scale of effort needed. There will be action at multiple levels and opportunities for collaboration supported by new governance structures and accountability mechanisms.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish the Victorian Oral Health Promotion Advisory Group to oversee oral health promotion innovation and systems development</td>
<td>Enhanced promotion of oral health through collaboration between public and private partners in dental services, health, education, welfare, the dental industry and government</td>
</tr>
<tr>
<td>Work with VicHealth, QUIT and others to incorporate oral health promotion messages in healthy eating and tobacco cessation initiatives</td>
<td>Promotion of oral health messages through multiple channels</td>
</tr>
<tr>
<td>Work in partnership with the ADAVB, DHSV and key organisations to develop a model for health promoting dental practices</td>
<td>Increase in oral promotion activities in private and public dental practices</td>
</tr>
<tr>
<td>Work with primary healthcare and other services to integrate oral health promotion activities and messages into general health promotion</td>
<td>Oral health promotion is integrated with existing and emerging general health promotion initiatives</td>
</tr>
<tr>
<td>Work with the Municipal Association Victoria (MAV) to support local governments to include oral health promotion in Municipal Public Health and Wellbeing plans</td>
<td>Oral health promotion is integrated into local government plans</td>
</tr>
<tr>
<td>DHSV and CEIPS work together to support early childhood services and schools to meet Achievement Program benchmarks for healthy eating and oral health</td>
<td>Best practice healthy eating and oral health policy and practice is in place in early childhood services and schools</td>
</tr>
</tbody>
</table>
2. Improve oral health literacy

Action area two focuses on ensuring Victorians have the knowledge, skills, resources and support they need to manage their oral health and adopt good oral health behaviours. This will include the development of communication strategies to disseminate oral health promotion messages and review existing oral health promotion resources to ensure they cater to the needs of population groups. Group and individual oral health literacy strategies will enhance the oral health knowledge, skills, attitudes and behaviours of Victorians. Good oral health literacy incorporates healthy eating and drinking.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide oral health resources and programs that are age, culture and gender appropriate, for example including oral health promotion in the assessments and care plans for older people</td>
<td>Victorians have access to appropriate information and support to manage their oral health and adopt good oral health behaviours</td>
</tr>
<tr>
<td>Advocate to the Australian Government for a national oral health literacy campaign</td>
<td>National oral health literacy campaign conducted</td>
</tr>
<tr>
<td>Work with communities to build knowledge and skills at local and network levels, such as regional oral health consortia, local governments, dental and primary care providers</td>
<td>Network of champions and professionals identified and equipped to promote oral health</td>
</tr>
<tr>
<td>Continue to expand access to oral health information and resources through the Better Health Channel</td>
<td>Victorians have access to reliable, up to date and easy to understand information to help them improve their health and wellbeing</td>
</tr>
</tbody>
</table>
3. Strengthen prevention and early intervention programs

Action area three aims to achieve improvements in oral health outcomes at key points across the life course (for example, early childhood) and in specific population groups that are at higher risk of poor oral health. There will be a focus on population and targeted prevention programs. This will be achieved across a range of settings such as early childhood services, schools and primary care services.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue implementation of the Healthy Families Healthy Smiles program to promote the oral health of Victorian children 0–3 years and pregnant women</td>
<td>Increased knowledge, attitudes, skills and practices of health and early childhood professionals</td>
</tr>
<tr>
<td>Develop and disseminate fluoride protocols for people not connected to fluoridated water in rural communities</td>
<td>Increased access to appropriate levels of fluoride in rural communities</td>
</tr>
<tr>
<td>Implement evidence-based oral health promotion programs with high risk groups</td>
<td>Increased focus on evidence-based oral health promotion programs for high risk groups</td>
</tr>
<tr>
<td>Work in partnership with Aboriginal communities to implement a range of oral health and nutrition promotion interventions, with a focus on early childhood, for example Smiles 4 Miles</td>
<td>Collaborative approaches that lead to improved oral and nutritional health of Aboriginal children</td>
</tr>
<tr>
<td>Work with primary healthcare professionals to explore new models for screening, oral health advice and referral</td>
<td>Increase in early identification, referral and follow-up for specific groups within the primary healthcare sector</td>
</tr>
</tbody>
</table>
4. Improve oral health promotion skills within the workforce

Action area four focuses on building the ability of health, education and early childhood professionals to become more effective promoters of oral health. It also includes enhancing the skills of oral health workers to be oral health promoters.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embed oral health promotion, including healthy eating and drinking policies and smoking cessation, into everyday practice in key settings, such as early childhood, education, health services, residential aged care and disability settings</td>
<td>Integration of oral health promotion and general health promotion in key settings</td>
</tr>
<tr>
<td>Work with educational institutions to include oral health promotion as a component in healthcare professionals’ courses</td>
<td>Health professionals working in primary healthcare settings have the skills and knowledge to promote oral health</td>
</tr>
<tr>
<td>Build capacity of health, early childhood and education professionals to improve knowledge of links between oral health and general health, evidence-based prevention strategies, identification of oral health conditions and referral pathways</td>
<td>Oral health promotion is embedded into everyday practice of health, early childhood and education professionals</td>
</tr>
<tr>
<td>Provide relevant training in undergraduate and postgraduate settings to support a model of care to use all members of the dental team as oral health promoters</td>
<td>Increase in oral health promotion activities in public and private dental clinics</td>
</tr>
</tbody>
</table>
5. Improve population data on oral health status and enhance oral health promotion research

Action area five will include essential surveying and research plus translation of findings into good policy and practice. Oral health data is needed for the planning and evaluation of oral health promotion interventions that meet the needs of the Victorian population and ensure that government investment leads to improved oral health. Data on the oral health of public dental clients is collected but this does not provide a picture of the oral health of all Victorians as public clients generally have poorer oral health. There has not been a representative survey of the oral health status of Victorian children for more than 20 years.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide training programs, seminars and mentoring to increase the capacity for research and evaluation</td>
<td>Enhanced evaluation of oral health promotion activities</td>
</tr>
<tr>
<td>Work with policy and program planners to effectively communicate research evidence and evaluation findings</td>
<td>Evidence informed policy and practice</td>
</tr>
<tr>
<td>Collect and collate population oral health data and provide to local, regional and statewide health planners</td>
<td>Improved population health planning</td>
</tr>
<tr>
<td>Undertake a Victorian child oral health survey</td>
<td>Improved data on the oral health status of Victorian children to support service planning and evaluate oral health promotion interventions</td>
</tr>
</tbody>
</table>

‘The vast majority of dental disease is preventable.’
The overall outcome of the *Action plan for oral health promotion 2013–2017* is improved oral health status of all Victorians.

Victorians will:

- have enhanced oral health knowledge, skills and resources
- make healthier food and drink choices
- practise improved oral hygiene behaviours
- have better access to oral health promotion resources and programs that are age, culture and gender appropriate.

Oral health promotion is delivered through an integrated partnership and systems approach with:

- improved oral health literacy of health professionals, such as maternal and child health nurses, midwives, general practitioners and Aboriginal health workers
- oral health promotion embedded into appropriate systems and everyday practices, for example oral health promoting early childhood services and schools
- health promoting primary care and dental practices
- oral health promotion included in health plans such as Municipal Public Health and Wellbeing Plans
- integration of oral health promotion and general health promotion
- improved population data on oral health status
- effective monitoring and evaluation.
A centrepiece of the *Action plan for oral health promotion 2013–2017* is to build stronger partnerships.

To progress the priority actions a work plan will be developed by the Department of Health in conjunction with Dental Health Services Victoria and other partners.
References


