

POSTER ABSTRACT

An innovative integrated model for improving oral health in the Australian context

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Background: Australia has a world-class health care system. Yet the prevalence of tooth decay among 5 year olds (50%), and untreated tooth decay among adults (30%) remains high. 23% of Australian adults have moderate to severe periodontitis (gum disease) and with a rapidly increasing prevalence of type 2 diabetes, the bidirectional association of periodontitis and unstable diabetes is predominantly ignored. Dental treatment addressing the result of the disease process is costly, and does not address the actual causes of disease, or the risk factors associated with these diseases.

Objectives: To present an innovative population based preventive approach to primary oral health care that is client and family centred, targeted and co-ordinated, and integrates oral and general health.

Methods: North Richmond Community Health (NRCH), an inner urban community health service, in Victoria, Australia, has developed a preventive and risk based innovative model of oral-health care. NRCH serves vulnerable groups, including refugees and asylum seekers, homeless, people living with mental illness, elderly, substance users, Aborigines and Torres Strait Islanders. The team includes the full range of oral health professionals (dental assistants, oral health educators, dental and oral health therapists, dental hygienists, prosthetists) and general health professionals, including general medical practitioners, diabetes nurse educators (DNE) and practice nurses. Employing outreach and education methods, minimally invasive and preventive oral health clinical procedures such as the Hall Technique and Silver Diamine Fluoride are incorporated into the program.

Results: A health literacy approach for consumers from first contact ensures preparation for this program. The NRCH model of oral health care and its links with other community services will be presented, highlighting a shift in types of services provided, referrals made and consumer engagement in oral health care. In particular the NRCH developing collaborative model of diabetes and oral health management will be presented.

In this model the DNE routinely include the 'mouth' as a risk factor to be addressed and enquire about daily oral health routines, last oral health review or oral problems. In addition clients seen in the oral health program are assessed for diabetes risk. Those with a high risk score or established diabetes are referred to the DNE.

Conclusion: Through re-orienting workforce, utilising health professionals from different disciplines, and a risk based, person-centred care approach to a population health issue, it is possible to find potentially cost-effective ways of delivering primary preventive integrated health care that includes oral health. Collaboration and consistency of care is enhanced through professionals from different disciplines working together and most importantly, in partnership with the client.

Keywords: oral health; integration; prevention; model of care; patient centred care
