Acknowledgements

The authors are grateful to the many people who have assisted in the production of this plan, including:

• Health Promotion Strategy Unit, DoH
• Interactive Communications and Development unit (image on the front cover)
• Nightcliff Football Club (image on the front cover)
• Centre for Oral Health Strategy, NSW Health
• South Australian Dental Service
• Melbourne Dental School, The University of Melbourne

References to ‘Aboriginal’ in this document should be taken to mean ‘Aboriginal and Torres Strait Islander’.

© Northern Territory Government 2011

This publication is copyright. The information in this plan may be freely copied and distributed for non-profit purposes such as study, research, health service management and public information subject to the inclusion of an acknowledgment of the source. Reproduction for other purposes requires the written permission of the Chief Executive of the Department of Health, Northern Territory.

Printed by the Government Printer of the Northern Territory, 2011.

An electronic version is available at www.nt.gov.au/health/oral_health

General enquiries about this publication should be directed to:

Coordinator Oral Health Promotion
Department of Health
PO Box 40596, Casuarina, NT 0811
Phone: (08) 8922 6406
Facsimile: (08) 8922 6426
Table of Contents

Acknowledgements 2
Foreword 5
Background 7
Oral Health Status of Territorians 8
Aim 11
Goals 11
Objectives 11
Priority Action Areas 12
Implementation 13
Evaluation 14
Action Area 1 15
Action Area 2 16
Action Area 3 17
Action Area 4 18
Action Area 5 19
Action Area 6 20
Appendix 1 21
Appendix 2 25
Bibliography 27
Acronyms 28

List of Tables

Table 1: Oral Health Status of card holders 9
Table 2: Oral Health Status of Aboriginal Australians 10
Foreword

In July 2004 the Australian Health Ministers’ Conference endorsed *Healthy Mouths, Healthy Lives: Australia’s National Oral Health Plan 2004-2013*. This plan established a framework for improving the oral health and, in turn, the general health of all Australians. The first Action Area identified in the National Plan is the promotion of oral health across the population. Similarly Priority Action Area 1 of the Department of Health’s Corporate Plan targets promoting and protecting good health and wellbeing.

Many aspects of oral disease are preventable. The adoption of appropriate lifestyle choices and health behaviours can greatly reduce the occurrence and extent of oral disease. In recent years the Northern Territory Government has made significant investments to refurbish dental clinics and improve access to dental services including the successful Waiting List Blitz, which reduced the length of time people in the Darwin/Palmerston area wait for an appointment from up to four years to a current maximum of 18 months. However to have a lasting impact on the oral health of Territorians an increased focus on prevention is required.

The Northern Territory Oral Health Promotion Plan identifies key action areas and strategies to optimise the oral health of the community. It outlines actions at both the individual and population level and encourages collaboration between the government, non-government and private sectors. The Plan is an important step in increasing the focus and awareness of health promotion and disease prevention as critical components of an oral health service.

The effective implementation of the strategies outlined in the Plan will make a significant contribution to improving the oral health and wellbeing of all Territorians and I encourage all stakeholders to actively contribute to achieving its goals.

The Hon Kon Vatskalis MLA
Minister for Health
Background

*Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2004–2013* aims to improve health and wellbeing across the Australian population by improving oral health status and reducing the burden of oral disease. The plan identifies four main themes:

- Recognition that oral health is an integral part of general health
- A population health approach, with a strong focus on promoting health and the prevention and early identification of oral disease
- Access to appropriate and affordable services – health promotion, prevention, early intervention and treatment for all Australians
- Education to achieve a sufficient and appropriately skilled workforce, and communities that effectively support and promote oral health.

Recent decades have seen an improvement in the oral health of Australians, particularly amongst children, although there is some evidence that the situation may now be worsening. As oral disease is predominantly a preventable condition there remains great opportunity for further improvements. It is evident that treatment alone cannot significantly reduce the enormous personal, social and financial costs associated with oral health problems. As highlighted in the National Oral Health Plan, a population approach focusing on promotion and prevention is required.

Oral disease, like other preventable infections and chronic disease, is experienced at much higher rates by disadvantaged groups.

The disproportionate level of disadvantage experienced by Aboriginal and Torres Strait Islander people is well documented, including data indicating that Aboriginal people have significantly poorer oral health than their non-Aboriginal counterparts.

Other groups at risk of poor oral health in the Northern Territory population are very young children (0 – 4 years), people with chronic illness, the aged, people with special needs, those on low incomes and people living in remote locations.

Improvement in the oral health of all Territorians supports the goals of the Department of Health Corporate Plan 2009-2012: Healthy Territorians Living in Healthy Communities and the vision and objectives of the NT Government’s *Closing the Gap of Aboriginal Disadvantage – A Generational Plan of Action*. In particular the NT Oral Health Promotion Plan relates strongly to Priority Action Areas 1 and 2 and there are further relationships with Priority Action Areas 3 and 4. The Northern Territory Oral Health Promotion Plan also supports the principals and strategic directions of the *National Preventative Health Strategy*.

Oral Health Services – Northern Territory (OHS-NT) currently undertakes a range of oral health promotion activities working with a variety of partners in different settings. The Northern Territory Oral Health Promotion Plan (NTOHPP) provides a formal structure to these activities. It seeks to identify practical options with realistic goals, which can assist health professionals, policy makers and the general community to implement effective evidence-based strategies to improve the oral health of Territorians.
Oral Health Status of Territorians

The excessive burden of oral disease experienced by Territorians is highlighted by a selection of key indicators of oral health amongst adults and children and amongst selected population sub-groups.

The National Survey of Adult Oral Health 2004-2006 identified significantly more Territorians (34.9 percent) had untreated decay than other Australians (25.5 percent). Other significant differences are that Territory adults are more likely to have experienced toothache in the previous 12 months and less likely to have visited the dentist in the last 12 months, less likely to visit the dentist annually and less likely to visit the dentist for a check-up.

The Child Dental Health Survey 2002 reported that 5 to 6 year old Territory children had the highest average number of untreated decayed teeth, the highest average total number of decayed, missing or filled teeth and the lowest proportion of children with no decay experience in Australia.

Dental caries is the single most common chronic disease of childhood. Around 50 percent of pre-school aged children in Australia have already had some experience of tooth decay by the time they start school. Aboriginal children now have, on average, twice as much dental decay as their non-Aboriginal counterparts (Jamieson, Bailie, Beneforti, Koster & Spencer, 2006).

Early childhood caries is a serious dental condition occurring in the first three years of life and is associated with early intake of sugary foods, drinks and snacks. It may occur in young children who are given pacifying bottles of juice, milk, formula, soft drink or cordial to drink for prolonged periods during the day or overnight. Early childhood caries may require hospitalisation for dental treatment under general anaesthesia. The pain, psychological trauma, health risks and costs associated with restoration of carious teeth for children affected by early childhood caries can be substantial, yet the condition is mostly preventable. If teeth are lost or need to be extracted in early life it can affect speech development and space for permanent teeth.

Child oral health is greatly influenced by habits and behaviours adopted in early life. Tooth brushing is only one strategy for improving oral health, but it is essential to promote good nutrition and increase knowledge of good oral hygiene practice. Early childhood also offers the best time to provide primary prevention of oral diseases.

When developing the priority areas for this plan the recent study conducted by Menzies School of Health Research was considered. The study, *Strong Teeth for Little Kids*, focused on Aboriginal children aged 0 – 5 years in the Northern Territory, as disparities between Aboriginal and non-Aboriginal Australians are particularly pronounced in this age group. *Strong Teeth for Little Kids* was a randomised controlled trial and consisted of a preventative dental program of twice yearly fluoride varnish application combined with community health promotion. The study found that the program significantly reduced the average number of tooth surfaces, per child, that developed dental caries in a two year period compared to the level observed in the control communities. This represented 24 – 36 percent fewer tooth surfaces developing dental caries over the two years. Similar studies have also been conducted in Canada and the United States of America with comparable results (Slade et al., 2010).
The NTOHPP will use evidence from the Menzies School of Health Research project to create objectives and strategies in the under five age group. This age group has been identified for a particular focus of oral health promotion over the next five years.

Healthcare Card holders and Pensioner Concession Card holders in the Northern Territory are eligible for free dental services. These card holders are disadvantaged in respect to a number of oral health status indicators. Statistically significant differences are shown in Table 1.

**Table 1: Oral Health Status of Card holders**

<table>
<thead>
<tr>
<th>Northern Territory oral health status</th>
<th>Card holders</th>
<th>Non-card holders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete tooth loss</td>
<td>8.0%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Fewer than 21 teeth</td>
<td>16.0%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Average number of missing teeth</td>
<td>6.4%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Gingival inflammation</td>
<td>27.5%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Usually visit for check-up</td>
<td>34.7%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Avoid foods due to dental problems</td>
<td>33.6%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Rating their oral health as fair or poor</td>
<td>32.6%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Experiencing toothache in previous 12 months</td>
<td>24.8%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Experiencing orofacial pain in previous 12 months</td>
<td>31.8%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Perceived need for dentures</td>
<td>14.9%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Perceived need for extraction or filling</td>
<td>45.0%</td>
<td>33.2%</td>
</tr>
</tbody>
</table>

The National Survey of Adult Oral Health 2004-06, Northern Territory, pg. 77

As with other preventable and chronic diseases, Aboriginal Australians experience higher rates of oral disease than the general population. Aboriginal children aged 4 – 10 years have at least twice as many decayed deciduous teeth than non-Aboriginal children and have an average number of decayed, missing or filled teeth that is between 1.5 and 2.8 times that of non-Aboriginal children. Similar patterns are seen amongst older children, with Aboriginal children aged 10 – 15 years having an average number of decayed, missing or filled teeth that is between 1.5 and 2.0 times that of non-Aboriginal children (Jamieson et al., 2006).

Aboriginal adults also experience higher rates of oral disease and problems than non-Aboriginal Australians. Statistically significant differences are shown in Table 2.
### Table 2: Oral Health Status of Aboriginal Australians

<table>
<thead>
<tr>
<th>Adults - Australia</th>
<th>Aboriginal</th>
<th>Non-Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated dental decay</td>
<td>57.0%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Avoid foods due to dental problems</td>
<td>34.9%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Rating their oral health as fair or poor</td>
<td>25.1%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Experiencing toothache in previous 12 months</td>
<td>27.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Perceived need for dentures</td>
<td>15.8%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Perceived need for extraction or filling</td>
<td>48.8%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Perceived need for treatment in next 3 months</td>
<td>82.9%</td>
<td>69.1%</td>
</tr>
</tbody>
</table>

Australia’s dental generations – The National Survey of Adult Oral Health 2004-06 (various pages)
Aim

The aim of the NTOHPP is to facilitate improvement in the oral health status of the NT population with a particular emphasis on Aboriginal and Torres Strait Islander people and other disadvantaged groups.

Goals

The goals of the plan are to:

- Improve oral health status of Territorians by reducing the incidence, prevalence and effects of oral disease in the NT
- Facilitate a population health approach to oral health promotion across the NT
- Increase investment in evidence-based oral health promotion programs throughout the NT
- Contribute to the integration of health promotion into other services, with particular emphasis on oral health promotion.

Objectives

The objectives of the NTOHPP are:

- Develop workforce capacity within OHS-NT for oral health promotion via training in oral health promotion and staff inservices. By the end of 2015, 80 percent of all clinical OHS-NT staff will apply health promotion to their practice.
- Improve awareness of oral health and the effect of poor oral health on general health and wellbeing by 2015, through effective communication of key oral health promotion messages.
- Improve the integration of oral health promotion into the general services delivered by OHS-NT and other primary health care sites. Strategies to be in place by the end of this plan.
- Establish a coordinated approach to oral health promotion throughout the Northern Territory through improved collaboration across sectors over the next five years.
- Increase preventative clinical interventions provided by OHS-NT staff, with a particular focus on Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) communities.
- Provide access to fluoride to at least 85 percent of the Northern Territory by the plan end.
- Gain a commitment from OHS-NT to complete the evaluation of this plan using the Quality Improvement Program Planning System (QIPPS) format (further explanation of QIPPS can be found at page 14).
Priority Action Areas

Priority Action Areas have been developed with reference to the National Oral Health Plan, the Building Healthier Communities strategy and the Closing the Gap initiative. The following Priority Action Areas make up the key strategies of the plan:

1. Build workforce capacity for oral health promotion
2. Increase awareness of the importance of oral health to the community
3. Include oral health in primary health care
4. Increase partnerships with appropriate stakeholders and programs/projects
5. Improve access with particular focus on Aboriginal people and disadvantaged groups
6. Increase access to fluoride.
Implementation

The NTOHPP sets the oral health promotion priorities for OHS-NT for 2011–15. The plan facilitates engagement and involvement of other stakeholders in a variety of settings. Examples of stakeholders, partners and settings in this process are found at Appendix 2.

The Oral Health Promotion Coordinator is responsible for developing an implementation plan for the NTOHPP. While OHS-NT will provide the leadership in developing and implementing the plan, other sectors will have a major role to play.

The Department of Health developed a framework for health promotion in 2011. This framework reflects that health promotion action can be multi-faceted and reflects individual and population interventions that are located across a continuum. The application of this framework provides a consistent way to conceptualise and implement health promotion interventions across the Northern Territory, including those relating to oral health promotion. Refer to the Department of Health, Health Promotion Framework for further information.

Mapping oral health promotion activities against this framework will ensure that a comprehensive primary health care approach is adopted in the Northern Territory.

The Department of Health Remote Health Core Health And Wellbeing Services For Remote Areas Of The Northern Territory document describes a structure for the provision of primary health care services based on the needs of population groups at different life stages. Development of oral health promotion activities for the NTOHPP priority action areas will incorporate a lifestages approach that considers populations, groups and sectors, partners, settings, time frames and outcomes.
Evaluation

QIPPS, an Australian web-based quality improvement program planning system, will be used to systematically plan, implement, evaluate, monitor and document all oral health promotion activities in the Northern Territory. This includes process, impact and outcome evaluation measures. The use of QIPPS will contribute to:

- A broader Department of Health health promotion continuous quality improvement strategy
- Building evaluation capacity and health promotion knowledge among oral health staff
- Improving the coordination of oral health promotion activity across the Territory
- Increasing the accountability and transparency associated with oral health promotion work
- Streamlining evaluation and reporting processes
- Improved budget planning for oral health promotion work
- Sharing health promotion stories
- Establishing a library of best practice in health promotion in the Territory
- Coordinating an overall oral health promotion evaluation process.

Key performance measures will be formulated from the respective actions relevant to each of the oral health promotion key priority action areas described previously. These performance measures will be used to evaluate the effectiveness and efficacy of each oral health promotion intervention implemented as part of the NTOHPP.

All oral health promotion activities and their evaluation will be documented in QIPPS.

A steering committee will be formed to oversee the implementation of the plan. The committee will have appropriate representatives from the Department of Health, Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), non-government organisations and other key partners and stakeholders.
ACTION AREA 1

1.1 Build workforce capacity for oral health promotion

In order to achieve a population level impact, an increased focus on prevention and early intervention is necessary. Oral health staff provide leadership in oral health promotion activities both in the clinical setting and in the community.

With an increased understanding of the nature and extent of oral disease and the strategies that are effective in combating it, there is a need for a skilled workforce and the implementation of appropriately targeted and evidence-based health promotion strategies.

Opportunities for local health staff to learn how to deliver health promotion activities are also required. Oral health staff can engage and collaborate with health service providers, educators and other stakeholders in both the public and private sectors to strengthen research, coordination, training and information services for oral health promotion.

Actions

1.2 The Health Promotion Strategy Unit will support the provision of health promotion training to Department of Health staff.

1.3 Staff will have training and access to QIPPS to support the monitoring and evaluation of oral health promotion activities.

1.4 OHS-NT will provide training in oral health promotion and program development and evaluation to support the provision of evidence-based oral health promotion activities.

1.5 Inservice learning materials will be developed by OHS-NT to support the education of primary health staff on the links between oral health and general health and wellbeing, including chronic conditions, early childhood and antenatal care.

1.6 OHS-NT will continue to support and promote the National Oral Health Promotion Clearing House as well as have NT resources available on this site. (The Clearinghouse is a National website that provides information on oral health research and resources from across Australia).
ACTION AREA 2

2.1 Increase awareness of the importance of oral health to the community

For most people oral health is not a high priority, partly due to perceptions that it is of lesser importance than other health issues. There is generally less public awareness of how to achieve good oral health.

The determinants of oral health encompass the interactions of a broad range of influences including nutrition, lifestyle, social connectedness, risk behaviours, personal health practices and coping strategies, hygiene, socioeconomic status, education, cultural beliefs, attitudes and health knowledge as well as access to oral health services and interventions.

For individuals suffering with oral diseases, the impact is significant. The need for greater public awareness of the impact of oral disease and the effectiveness of prevention activities is increasing as the population grows and ages, and as links between oral disease and other health issues become more apparent. Policy makers and program developers, particularly in primary health care and early childhood services, need to be acutely aware of the need for health promotion strategies in their plans.

Actions

2.2 Culturally appropriate information materials will be developed by the OHS-NT focusing on the needs of:
   - Pregnant women
   - Parents of infants, preschool children and school aged children
   - School aged children and adolescents
   - Young adults
   - Women’s and men’s groups
   - Older adults.

2.3 Oral health focused lesson plans will be developed by OHS-NT for use in Territory schools in line with the NT curriculum structure.

2.4 Build and maintain a strong partnership between Department of Education and Training (DET) and OHS-NT.

2.5 A dedicated location for oral health promotion information and resources will be developed on the OHS-NT’s website.

2.6 OHS-NT will provide expert advice to policy makers and program developers to support the inclusion of oral health initiatives in broader health and social policy.
ACTION AREA 3

3.1 Include oral health in primary health care

The major oral diseases are preventable, lifestyle-related, and share risk factors with other common preventable conditions such as cardiovascular disease and diabetes. Oral health professionals are most often involved once disease processes are established. The greater involvement of the primary health care sector is critical to the establishment of a promotion and prevention approach to oral health management.

Actions

3.2 Oral health status checks will be incorporated into standard assessment protocols for under five year olds.

3.3 OHS-NT will facilitate the training of relevant staff in the assessment of oral health needs of infants and young children.

3.4 Training in the use and application of fluoride varnish will be provided to relevant staff.

3.5 Collaboration between OHS-NT, Remote Health staff and DET staff will ensure that regular fluoride varnish programs are accessible to high risk children.

3.6 Oral health will be incorporated into Chronic Disease Care Plans, including remote community health centres, general practice division and the community controlled sector.

3.7 Oral health will be incorporated into Antenatal Care Plans, including remote community health centres, general practice division and the community controlled sector.
ACTION AREA 4

4.1 Increase partnerships with appropriate stakeholders and programs/projects

The diversity of the Northern Territory population and the variety of settings in which primary health and oral health care services are provided make engagement of stakeholders and coordination of programs essential components of an effective health promotion approach.

Recognised and respected for the service it provides, the Children’s Dental Service is well established in the primary school setting. Existing relationships need to be extended to services for the under fives age group including childcare facilities/centres, playgroups and other early childcare settings.

Collaboration between OHS-NT and the DET can enhance the delivery of oral health promotion to school students of all ages.

The establishment of the Special Needs Dentistry Clinic at Royal Darwin Hospital also provides an opportunity to collaborate with stakeholders to develop oral health promotion initiatives for a range of target groups.

Actions

4.2 The OHS-NT and DET will formalise arrangements for the management of school-based clinical service provision.

4.3 Oral health focused lesson plans will be developed by OHS-NT and DET for use in Territory schools in line with the NT curriculum structure.

4.4 OHS-NT will develop resources to support the implementation of oral health programs in early childhood settings.

4.5 OHS-NT will collaborate with AMSANT and other non-government organisations to increase the coordination of service delivery by government and non-government services.

4.6 Maintain partnerships with other Health Development program units including Chronic Conditions, Nutrition and Physical Activity, Child and Youth Health and the Health Promotion Strategy Unit.

4.7 Partnerships and relationships between OHS-NT and specialist services in other jurisdictions will be maintained and developed, providing improved access to clinical services and professional development.
ACTION AREA 5

5.1 Improve access with particular focus on Aboriginal people and disadvantaged groups

Aboriginal persons experience higher levels of oral disease than non-Aboriginal Territorians.

Culturally appropriate health promotion, education, information and treatment services that address local needs must be available to consumers and providers within primary health care settings.

With the support of appropriate training and resources, primary health care service providers can play a significant role in oral health promotion and prevention activities and can facilitate access to appropriate oral health care for Aboriginal Territorians.

Another growing group with significant disadvantage is culturally and linguistically diverse (CALD) groups. For many people with a CALD background, accessing health care can be problematic. The health care system has many unintended barriers and challenges for this population. These can include; lack of accessible information about service, mono-lingual staff, lack of interpreters, cultural irrelevance of programs and lack of understanding of cross-cultural issues amongst staff.

Actions

5.2 OHS-NT will collaborate with AMSANT and other non-government organisations to increase the coordination of preventative service delivery by government and non-government services.

5.3 Develop culturally appropriate and consistent resources on key oral health promotion messages and facilitate the use of consistent health promotion resources across the Territory.

5.4 Increase input of Aboriginal staff in providing information on the key oral health promotion messages.

5.5 Utilise current primary health care recall systems for routine checkups, for example the Primary Care Information System for oral health needs.

5.6 Build partnerships between Melaleuca Refugee Centre and OHS-NT to better meet the needs of the culturally and linguistically diverse groups, in particular newly arrived immigrants and refugees.
ACTION AREA 6

6.1 Increase access to fluoride

Fluoride is a naturally occurring element which works to strengthen developing teeth and helps repair damaged teeth. Fluoride is found in varying levels in the water supply across the Northern Territory and in products such as toothpaste, mouth rinses, gels and varnishes.

Through water fluoridation programs, the natural level of fluoride in water supplies is adjusted to a level that helps protect and strengthen teeth. Fluoridation of public water supplies is the single most effective public health measure for reducing dental caries across the population, with its most pronounced effects among those who are disadvantaged and most at risk (Acheson 1998, DHS 2000a). The remoteness of many Territory communities presents challenges to the extension of water fluoridation programs.

The combination of water fluoridation, regular brushing with a fluoride toothpaste and appropriate use of fluoride mouth rinses, gels and varnishes improves oral health. The guidelines for appropriate use of fluoride are described in the Department of Health position statement, *The Use of Fluorides in the Northern Territory*.

Actions

6.2 Assist with the provision of relevant data and information to stakeholders to inform decisions about water fluoridation implementation.

6.3 Adapt community information material relating to water fluoridation and the use of fluorides from other jurisdictions to the Territory context and plan for its dissemination to all settings.

6.4 Provide access to materials and information through the Department’s internet site.

6.5 Support the training of primary care providers to provide appropriate access to fluoride.

6.6 Provide training for primary health care providers to enable them to be advocates for the use of fluoride.

6.7 Develop a sustainable approach to fluoride varnish application in primary health care settings.

6.8 Develop a sustainable approach to tooth brushing programs in collaboration with the DET and non-government organisations.

6.9 Ensure strong partnerships with other organisations involved in water fluoridation including the Environmental Health Branch and Power and Water Corporation.
## APPENDIX 1

**Alignment of action areas with key national and local policy**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Build workforce capacity for oral health promotion</td>
<td>1.5 Develop an oral health promotion database/clearing house to provide a central point for the collection and dissemination of Australian oral health policy, practice, research, resources and evidence.</td>
<td>Priority Action Area 1.1 Build staff capacity and expertise in health promotion</td>
</tr>
<tr>
<td></td>
<td>1.8 Develop oral health and oral health promotion modules for inclusion in the training of health and community service practitioners and teachers.</td>
<td>Closing the Gap – Health</td>
</tr>
<tr>
<td></td>
<td>1.11 Build community and health workforce capacity in oral health and oral health promotion by collaboration of the oral health sector with policy makers in health, community service and education, other human service providers and their associations, teachers and organisations representing specific disadvantaged groups.</td>
<td>Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System</td>
</tr>
<tr>
<td></td>
<td>2.3 Link with and build on existing health promotion and common risk factor approaches within sport and recreational settings (for example use of mouth guards, SunSmart, alcohol initiatives, nutrition) to promote oral health.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.1 Using a community development approach, develop and implement targeted health promotion and preventive programs for specific socio economically disadvantaged groups including people in rural and remote areas, the homeless, people in institutions and correctional facilities, low income earners and their families, disadvantaged young adults and older people, and disadvantaged people</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| from Aboriginal, Torres Strait Islander and non-English speaking backgrounds. | 7.10 Further develop undergraduate and postgraduate educational programs for the oral health workforce to build its capacity to work with:  
- Children aged 0 – 5  
- The aged  
- People with special needs  
- Cultural diversity. | Priority Action Area 1.1  
Promote good health and prevent and manage chronic disease.  
Priority Action Area 2  
Provide all NT children with a good start to life.  
Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System  
Objective 3: The Territory makes considerable headway into lifestyle illnesses |
| Increase awareness of the importance of oral health to the community | 1.1 Consider oral health as being integral to general health in the development of health policy and the health reform agenda. | Priority Action Area 1.1  
Promote good health and prevent and manage chronic disease.  
Priority Action Area 2  
Provide all NT children with a good start to life.  
Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System  
Objective 3: The Territory makes considerable headway into lifestyle illnesses |
| Include oral health in primary health care | 1.1 Consider oral health as being integral to general health in the development of health policy and the health reform agenda.  
1.11 Build community and health workforce capacity in oral health and oral health promotion by collaboration of the oral health sector with policy makers in health, community service and education, other human service providers and their associations, teachers and organisations representing specific disadvantaged groups. | Priority Action Area 2.1  
Provide all NT children with a good start to life.  
Priority Action Area 2.1  
Ensure consistent core Primary Health Care services are provided to all children under five years and for school age children.  
Priority Action Area 2.1  
Develop and implement suitable approaches to antenatal education for all NT |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Include a simple oral health risk assessment and provision of preventative oral health advice in the routine checks carried out by maternal and child health nurses and existing home visiting programs for infants and families identified as being at risk; and develop such programs where they do not exist.</td>
<td>Priority Action Area 1.1 Build staff capacity and expertise in health promotion. Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System Objective 2: The health and well being of Territorians will be better at all stages of the life course.</td>
<td></td>
</tr>
<tr>
<td>Increase partnerships with appropriate stakeholders and programs/projects</td>
<td>Priority Action Area 4.3 Improve service delivery models that support integration of services. Priority Action Area 4.4 Improve the continuum of care, from client intake to departure from the health care system. Closing the Gap – A better way of doing business. Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System</td>
<td></td>
</tr>
<tr>
<td>Improve access with particular focus on Aboriginal people and disadvantaged groups.</td>
<td>Priority Action Area 4.1 Collaborate with relevant agencies to ensure health and family services needs are included in the planning and implementation of Territory Growth Town initiatives. Priority Action Area 5.1 Foster cultural security. Priority Action Area 5.3</td>
<td></td>
</tr>
<tr>
<td>1.8 Develop oral health and oral health promotion modules for inclusion in the training of health and community service practitioners and teachers.</td>
<td>Priority Action Area 4.3 Improve service delivery models that support integration of services. Priority Action Area 4.4 Improve the continuum of care, from client intake to departure from the health care system. Closing the Gap – A better way of doing business. Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System</td>
<td></td>
</tr>
<tr>
<td>5.1 Develop and implement mechanisms to identify people with special needs at their first point of contact with health services so that the implications for oral health services can be managed.</td>
<td>Priority Action Area 4.3 Improve service delivery models that support integration of services. Priority Action Area 4.4 Improve the continuum of care, from client intake to departure from the health care system. Closing the Gap – A better way of doing business. Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System</td>
<td></td>
</tr>
<tr>
<td>5.2 Include appropriate oral health indicators in the intake, assessment and case planning processes for those people with special needs, as well as appropriate referral pathways and mechanisms to ensure continuity of care across service systems.</td>
<td>Priority Action Area 4.3 Improve service delivery models that support integration of services. Priority Action Area 4.4 Improve the continuum of care, from client intake to departure from the health care system. Closing the Gap – A better way of doing business. Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System</td>
<td></td>
</tr>
<tr>
<td>6.2 Provide culturally appropriate and accessible oral health services through partnerships between Aboriginal-specific and mainstream health services at a regional level; provision of patient-assisted transport schemes; increasing the proportion of mainstream dental services that provide culturally appropriate services.</td>
<td>Priority Action Area 4.3 Improve service delivery models that support integration of services. Priority Action Area 4.4 Improve the continuum of care, from client intake to departure from the health care system. Closing the Gap – A better way of doing business. Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System</td>
<td></td>
</tr>
<tr>
<td>6.4 Foster the integration of oral health within health systems and services, particularly with respect to primary health care, by inclusion of oral health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23
### Northern Territory Oral Health Promotion Plan

### National Oral Health Plan

- into health check guidelines for well people, and recall mechanisms for people with chronic illnesses;
- integrating oral health into relevant Aboriginal and Torres Strait Islander health policy.

### Department of Health Corporate Plan 2009-2012

**Closing the Gap**

**Territory 2030 Strategy**

- Closing the Gap – Health.

### Increase access to fluoride

<table>
<thead>
<tr>
<th>Priority Action Area</th>
<th>Description</th>
<th>Territory 2030 Strategy, Health and Well Being – Objective 1: Reforming the Territory Health System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>Extend fluoridation of public water supplies to communities across Australia with populations of 1000 or more.</td>
<td>Promote good health and prevent and manage chronic disease.</td>
</tr>
<tr>
<td>1.4</td>
<td>Undertake a consensus conference on use of discretionary sources of fluoride and other preventive agents, as a first step towards establishing an evidence-based suite of health promotion messages</td>
<td>Closing the Gap – Health.</td>
</tr>
</tbody>
</table>

**Closing the Gap – Health.**
## APPENDIX 2

### Populations/sectors, settings and partnerships in the implementation process

<table>
<thead>
<tr>
<th>Populations/Sector</th>
<th>Settings</th>
<th>People - individuals and groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Child health clinics, early childhood centres, preschools, family day care, occasional care, playgroups, child and family welfare services.</td>
<td>Children, parents, families, carers, foster parents, childcare workers, Aboriginal Liaison Officers, child and family nurses, community services, managers, administrators, policy makers.</td>
</tr>
<tr>
<td>Youth</td>
<td>Drug and alcohol services, adolescent health services, youth clubs, detention centres, juvenile correctional services and institutions.</td>
<td>Young people, offenders, youth and detention workers, parole and probation officers, drug and alcohol staff, mental health staff, juvenile justice and correctional officers, managers, administrators, policy makers.</td>
</tr>
<tr>
<td>Older adults</td>
<td>Ageing, disability and home care services (for example day programs, respite and support services), residential aged care settings, retirement villages, senior citizens’ clubs.</td>
<td>Clients/patients, carers, aged and disability services, aged care staff, primary health care staff, health promotion workers, allied health staff, oral health staff, volunteers, managers, administrators, policymakers makers.</td>
</tr>
<tr>
<td>Home</td>
<td>Homes.</td>
<td>Children, parents/carers, families, foster parents, home visiting programs.</td>
</tr>
<tr>
<td>Education</td>
<td>Schools, TAFE, universities.</td>
<td>Students, education personnel, curriculum developers, managers, administrators, policy makers.</td>
</tr>
<tr>
<td>Disability</td>
<td>Disability and home care services, residential care settings.</td>
<td>Clients/patients, carers, Department of Ageing, Disability and Home Care, disability staff, volunteers, managers, administrators, policy makers.</td>
</tr>
<tr>
<td>Health</td>
<td>General medical practices and other primary health care settings, prenatal and postnatal health care settings, dental practices (public and private), specialist dental services,</td>
<td>Clients/patients, carers, Aboriginal Liaison Officers, General Practitioners, dental practitioners and specialists, dental therapists, paediatricians, pharmacists, child</td>
</tr>
<tr>
<td>Section</td>
<td>Activities</td>
<td>Stakeholders</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Community health and oral health settings, public and private hospitals.</td>
<td>and family nurses, primary health care staff, health promotion workers, allied health staff, mental health workers, managers, administrators, policy makers, professional development providers, professional associations, dental/oral health industry groups (private).</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>Refuges and shelters, boarding houses, caravan parks.</td>
<td>Clients, staff, managers, administrators, policy makers.</td>
</tr>
<tr>
<td>Sport and recreation</td>
<td>Sport and recreational settings.</td>
<td>Patrons, volunteers, committees, profit and non-profit organisations, professional and amateur associations, managers, sponsors.</td>
</tr>
<tr>
<td>Media</td>
<td>Radio, television, internet, print media.</td>
<td>Journalists, writers, editors, advertising and production agencies.</td>
</tr>
<tr>
<td>Government</td>
<td>Local and national government.</td>
<td>Administrators, policy makers, local members, ministers, lobbyists.</td>
</tr>
</tbody>
</table>

**Source:** Adapted from Commonwealth Department of Health and Ageing (2000) pp. 18-19
Bibliography


Department of Health and Families Core Health And Well-Being Services For Remote Areas Of The Northern Territory Remote Health Branch 2008 (Internal Department of Health document not published)


### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMSANT</td>
<td>Aboriginal Medical Services Alliance of the Northern Territory</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education and Training</td>
</tr>
<tr>
<td>NT</td>
<td>Northern Territory</td>
</tr>
<tr>
<td>NTOHPP</td>
<td>Northern Territory Oral Health Promotion Plan</td>
</tr>
<tr>
<td>OHS-NT</td>
<td>Oral Health Services, Department of Health</td>
</tr>
<tr>
<td>QIPPS</td>
<td>Quality Improvement Program Planning System</td>
</tr>
</tbody>
</table>