# NSW Public Health Bulletin

Volume 10, Number 5
May 1999

NSW HEALTH

ISSN 1034 7674
State Health Publication PH 990083


## EVIDENCE-BASED ORAL HEALTH PLANNING

### GUEST EDITORIAL


***David Wright***
*Director of Dental Services, Hunter Area Health Service*

***Alan Patterson***
*Chief Dental Officer*


This is the third issue in a series of four examining, from a public health perspective, the current and emerging issues in oral health. This issue examines planning for the oral health of populations and the potential contribution of good-quality research to both inform and drive this process.

Oral health resources are finite, and planning decisions should be determined by explicit priorities for care. Gavin Mooney and Glynis Newberry suggest that the principles of efficiency and equity should guide priority setting. They describe how the health economic technique of program budgeting and marginal analysis has been used on the Central Coast to establish priorities for dental services in a climate of diminishing funds.

An expanding volume of information from research is available to planners, policy makers and practitioners to inform decision making about health interventions and services. However, accessing, interpreting and evaluating this information is an increasingly daunting task. A new series of 12 Health Evidence Bulletins has recently been released by the Wales Office of Research and Development for Health and Social Care. In the second paper in this issue, Nicholas Phin, who directed the development of these bulletins, provides a brief introduction to them. One Bulletin in the series examines Oral Health and Clive Wright, from Dental Health Services Victoria, provides a commentary.

*continued on page 2*

## CONTENTS

In the March issue of the *NSW Public Health Bulletin*, a number of articles examined the relationship between periodontal disease and systemic health. This has stimulated a great deal of interest, and consequently the Bulletin has sought appraisals of the principal references supporting these claims. Christine Roberts and Charles Algert from the NSW Centre for Perinatal Health Services Research have reviewed the paper that suggests that periodontal infection may be a risk factor for preterm birth. They question: 'How strong is the evidence?' Geoffrey Tofler and Anthony Kull from the Department of Cardiology at the Royal North Shore Hospital have reviewed the papers that infer a link between periodontal and cardiovascular disease in 'Cupid and the Tooth Fairy'.

Contact information for the principal dental officers and directors of public oral health services in NSW is included in this issue.

The fourth and final issue in the oral health series will consider the public health impact of oral diseases on the elderly, public health aspects of oral cancer, workforce issues, the surveillance of oral health and future directions for public oral health research.

# PRIORITY SETTING IN DENTISTRY: PUTTING TEETH INTO THE PROCESS

***Gavin Mooney***
*Central Coast Area Health Service and SPHERe**
*Department of Public Health and Community Medicine, University of Sydney*

***Glynis Newberry***
*Central Coast Area Health Service*

## INTRODUCTION

In principle, priority setting is simple. In practice, it seems more difficult. In dentistry, it is perhaps easier than in many other health care sectors.

From an economics perspective just two principles are needed to drive any priority-setting exercise: efficiency and equity. Efficiency refers to maximising the good that the available resources can provide. Equity refers to the just distribution of something or other.

However, difficulties arise at the following five levels:

- accepting that these are the necessary and sufficient principles
- defining 'the good' that is to be maximised in pursuing efficiency
- defining 'the something' that is to be justly distributed
- measuring 'the good' and 'the something'
- changing the philosophy of planning.

This article considers these five difficulties and indicates how dentistry on the Central Coast has used Program Budgeting and Marginal Analysis (PBMA) to formulate not only its priorities but its philosophy of planning.

* Social and Public Health Economics Research Group

## PBMA ISSUES

**Accepting efficiency and equity as the only principles**

Too often, we believe, health service priorities are driven by the size of the problem rather than by a philosophy of 'best buys'.[1] The former is often couched in terms of needs—usually health needs—and has given rise to a major (and very often unproductive) industry of 'needs assessment', one variation of which is the 'burden of illness' approach promulgated by the World Health Organization and the World Bank.[2] Assessing community needs and measuring the burden of illness are often more productive of frustration and of unnecessary burdens on the analysts.[3] They may have some limited relevance to equity, depending on how this is defined, but none to efficiency. Once one has measured total needs (we are not even sure that in principle or in practice such an entity has meaning), there is a requirement to decide what to do with the needs assessed. The principles we would advocate are that any additional resources be allocated in areas of need where the best benefits are to be gained. This is different from allocating resources to maximise the number of needs to be met. In the language of the economist, additional resources should be used efficiently to 'maximise the marginal benefits'.

What is intriguing here is that there is no need to measure total need! If there is an extra $100,000 available, then the question is: how best to spend it? That can normally be