

other stakeholders. This commitment is however, not consistent with the degree, consistency and quality of community engagement activity occurring across Queensland Health. Queensland Health, its employees and the broader community will benefit from implementing community engagement with a skilled and informed workforce operating within clearly defined frameworks, expectations and parameters.

A key finding from the Canadian experience was that ‘engagement is needed when public policy is at a key turning point. This usually occurs when a society is reassessing its options, setting priorities, mapping the boundaries of where major change is possible. Engagement helps to clarify how deeply held values are evolving with changing circumstances. The legitimacy and sustainability of important public policies depend on how well they reflect those underlying (and evolving) values. Engagement only works when policy makers are ready to invest in learning and listening, when they are ready to open up a discussion on the big conflicted choices and trade-offs, and when they place a high value on the process of public learning’<sup>52</sup>. Meaningful engagement requires well researched information to inform debate and inspire confidence in the choices offered.

**Recommendation 3.5**

The Queensland Government should engage with the Queensland community to clarify what the community expects from its health system, what it is prepared to pay and how it is prepared to pay for it. This needs to occur in the context of Queensland Health developing comprehensive health service planning and development of options with the community.

**Water fluoridation – engaging in a public debate**

Oral health is provided as an example of a public health debate Queenslanders have not managed to have in a meaningful way. All too frequently, the threat of controversy and a failure to understand the consequences of alternative choices subordinates the need for informed decision making and action.

Queensland Health provides the most comprehensive free public dental service in Australia. Queensland residents suffer more tooth decay than residents of the States and Territories where water fluoridation is available. Less than 5 percent of Queenslanders have fluoridated water. Comparisons of children between the ages of 5 and 12 living in Townsville (fluoridated) show 45 percent less rate of tooth decay than children living in Brisbane (non-fluoridated)<sup>53</sup>.

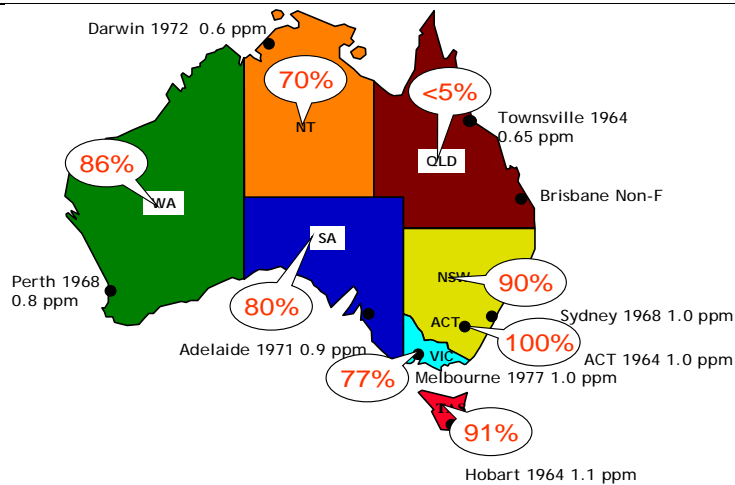
Responsibility for fluoridation of Queensland drinking water rests with local governments. In every other state and territory the responsibility for decisions related to water fluoridation resides with the state or territory governments. Capital costs are funded by the state or territory governments and the recurrent costs are generally borne by local governments. The Tasmanian Royal Commission on Fluoridation concluded that while local authorities have an essential role in the provision of water supplies, fluoridation is a public health issue and should be the responsibility of the State Government.

<sup>52</sup> Report on Citizen’s Dialogue on Future of Health Care in Canada June 2002

<sup>53</sup> Queensland Health, Water Fluoridation question and answer sheet – June 2005

**Dates of introduction of water fluoridation to Australian capital cities**

The percentage of the population who have access to fluoridated water is also indicated.



Source: Spencer AJ (2003); State/Territory Health Departments, 2003

- In terms of cost effectiveness, fluoridation in the water returns \$6 in improved dental care of every \$1 spent. It is the most effective way to give everybody access to the benefits of fluoride regardless of age, income or education level.
- Studies of children in Victoria show that six year old children living in fluoridated areas experience 45 percent less decay in their baby teeth than those in non-fluoridated areas. Twelve year old children living in fluoridated areas experience 38 percent less decay in their adult teeth than those in non-fluoridated areas.
- Over 25 years, water fluoridation saved the Victorian community about \$1 billion, through avoided dental costs and lost productivity, and saved leisure time. The projected saving to Queenslanders would be similar.
- Water fluoridation is supported by many organisations worldwide including the World Health Organization, the Australian Dental Association and the Australian Medical Association.
- There are many studies about water fluoridation. The National Health Service Centre for Reviews and Dissemination, 2000 looked at 214 of the highest quality studies to assess the benefits and possible side effects of water fluoridation. It found that water fluoridation protects against tooth decay without causing any unwanted effects apart from isolated minor cases of dental fluorosis (nil in Australia, 5 in USA).
- Water fluoridation has been endorsed by the United States Centres for Disease Control and Prevention as one of the ten greatest public health achievements of the 20<sup>th</sup> century. While it is acknowledged that there will always be some people who do not agree with water fluoridation, it is a safe and effective way to help protect teeth throughout life.<sup>54</sup>
- New Zealand, Hong Kong, Singapore, the United Kingdom, Ireland, Canada and the United States fluoridate water. On the other hand, some European countries including France, Sweden and Norway do not. Finland and the Netherlands have removed fluoride from previously fluoridated water.

Trends indicate Queensland Health is unlikely to remain in the situation where it can continue to fund free public dental health services to Queenslanders without increasing waiting times to the point where dental care is so neglected that lifetime damage is the consequence. The only option for a dental service under such pressure is to curtail access further or spend more on every increasing demand. (Adults without a pension or health care card status are already excluded.)

The interesting issue is that informed choice requires a full appreciation of the consequences of such a choice, ie. if a local community rejects this health measure is it willing to pay for the significant additional cost of oral health services for the young and the aged. Currently everybody pays, even those in Townsville who have taken up the fluoridation option.

<sup>54</sup> Queensland Health 2005, Helps protect teeth throughout life.

The Review recognises this issue has caused considerable concern regarding the perceived benefits and possible side effects. However, if the community is unwilling to have informed debate about issues such as this, how likely are we to have the tougher debates about rationing of other health services in coming years especially for our ageing population.

It is not the responsibility of this Review to resolve issues such as water fluoridation but uses this to suggest a process or model for governments to ensure resolution along the following lines:

- Encourage informed education and public debate
- Provide local communities with options and consequences of their choices

Endeavour to provide health services recognising the choices and ensuring the benefits and costs are apportioned accordingly.

#### **Recommendation 3.6**

Queensland Health in conjunction with local government engage the community on the feasibility of introducing fluoridation to the drinking water, the consequences and cost.

### **3.2.4 The role of individuals in health care**

In the context of how Queensland Health is performing against the expectations of consumers, it is necessary to consider the individual's contribution to their own health status. It is estimated that one-third to one-half of the burden of disease is preventable or can be delayed.

The Interim Report outlined that the major contributing factors to the burden of disease for Queenslanders are cardiovascular disease, cancer and mental illness. Cardiovascular disease and cancer contribute to the highest levels of premature death.

Tobacco smoking is the single biggest risk factor responsible for the greatest burden of disease and injury in Australia. Other risk factors which make a major contribution to the burden of disease are physical inactivity, high blood pressure, excess alcohol consumption in males and overweight and obesity. Queensland men and women have somewhat higher rates of smoking, alcohol risk (both short term and long term), and overweight and obesity and are therefore more at risk of chronic disease.

The burden of disease experienced by Queenslanders could be significantly reduced if levels of tobacco smoking, physical inactivity, high blood pressure, risky alcohol consumption, overweight and obesity and poor nutrition were reduced.

It would be highly desirable for individuals to accept a greater share of responsibility for their health with health service providers. Providers would monitor the health of individuals, advise on lifestyle and social behaviour and treat and manage disease. Individuals would accept that risk taking behaviour such as inactivity, poor diet or drug abuse lead to adverse health outcomes and modify their behaviour accordingly.

All people have a role to play in ensuring the future sustainability of the health system. Changing lifestyle is challenging, but essential to improving health and reducing future reliance on healthcare.