

# Improving Victoria's oral health

July 2007



A Victorian  
Government  
initiative





## Improving Victoria's oral health

July 2007

Published by Victorian Government Department of Human Services,  
Melbourne, Victoria.

July 2007

Also published on [www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

© Copyright State of Victoria 2007

This publication is copyright. No part may be reproduced by any process except in  
accordance with the provisions of the *Copyright Act 1968*.

Authorised by the Victorian Government, 50 Lonsdale Street, Melbourne 3000

## Ministerial Foreword

Improving the oral health of all Victorians has been a priority of the Victorian Government. Over the past seven years, the Bracks Government has allocated an additional \$158.2 million to oral health. These increased funds are being used to:

- reduce waiting times
- increase access for preschool children
- improve recall times for primary school children
- expand the dental workforce
- build new and bigger public dental clinics
- promote oral health.

*Improving Victoria's Oral Health* describes the Victorian Government's proposed directions and strategies for the next four years. It has been developed by the Department of Human Services in consultation with Dental Health Services Victoria.

Over the next four years, the Government will continue to invest increased resources into public dental care to maintain the reduced waiting times and to reduce them even more. However, I also believe that there are major opportunities to reorganise the way we manage and deliver public dental care so that all Victorians can enjoy better oral health.

For example, there is still a gap between Victoria's oral health requirements and the number of clinicians available to meet them. Recruitment and retention approaches need to be reviewed and improved in order to produce a skilled and competent oral health workforce of adequate size and distribution to meet the need of eligible Victorians.

We need better integration of child and adult services and better integration of dental care into community health services. More integrated service delivery will provide a family-centred approach that also makes better use of expensive dental infrastructure.

Community dental clinics need to be planned and developed in a way that balances accessibility with the need to create clinics and teams that will attract and retain clinicians and provide them with opportunities to develop skills and experience.

Finally, and very importantly, there are groups in the community whose oral health remains much worse than the general community. Providing programs and dental care to these groups will be our number one oral health priority over the next four years.

*Improving Victoria's Oral Health* is a commitment by the Victorian Government to continue to maintain and improve the oral health of all Victorians.



**Hon. Bronwyn Pike, MP**  
**Minister for Health**



## Contents

<b>Executive summary</b>	<b>vii</b>
<b>Introduction</b>	<b>1</b>
<b>Setting the scene</b>	<b>3</b>
Victoria's public dental service	3
Recent achievements	5
Why good oral health is important	8
<b>Policy context</b>	<b>15</b>
Growing Victoria Together and A Fairer Victoria	15
National Oral Health Plan 2004–2013	15
Care in your community	16
Other relevant policies and strategies	16
<b>Vision and principles for improving Victoria's oral health</b>	<b>17</b>
Vision	17
Principle one: The best place to treat	17
Principle two: Together we do better	17
Principle three: Technology to benefit people	17
Principle four: A better health care experience	17
Principle five: A better place to work	18
Roles and responsibilities	18
Minimum standards	19
<b>Strategic development</b>	<b>21</b>
Oral health service planning framework	21
Integrated service model for adults and children	24
Workforce strategy	26
Oral health promotion	30
Responding to high-needs groups	33
Oral health funding, accountability and evaluation	36
<b>Appendices</b>	
Appendix 1: Community dental clinics in Victoria	39
Appendix 2: Dental ACSC admissions ranking by catchment for 0–14-year-olds compared to all ACSC admissions ranking, 2004–05	41
Appendix 3: Maps of catchment areas	42
Appendix 4: Regional profiles	45
Appendix 5: References	53



## Executive summary

### Introduction

Victoria's public dental health services are a vital component of the Victorian health system. This strategy proposes a vision and set of principles that can guide the development of oral health care over the next four years. The strategy also outlines six strategic developments or major projects that are the actions that will move the public dental system towards realising the vision.

### Setting the scene

Most dental services in Victoria are provided by private practitioners and paid for by clients with or without the assistance of private health insurance. Following withdrawal by the Commonwealth Government, only the Victorian Government now takes responsibility for the delivery of public dental care for children and disadvantaged adults in Victoria. There is a gap, however, between Victoria's oral health requirements and the number of clinicians available to meet them.

Over the last seven years there has been significant development of the Victorian public dental system through increased resources for general treatment and dentures as well as capital investment to build new, modern and expanded clinics and fluoridate rural water supplies.

Between December 2005 and December 2006, five new public dental clinics were opened, bringing the total number to 68. This allowed an additional 26 dental chairs to be opened, increasing the number of dental chairs in Victoria to 393. In 2007, the total number of chairs will further expand to 408. Of these, 256 will be in community dental clinics, a 66 per cent increase over the last eight years.

In 2005–06, there were 478,087 visits to community dental clinics, an increase of 52,894 or 12 per cent over the previous year. From June 2005 to June 2006, the average time to treatment for dentures improved by 20 per cent, while the average time to treatment for restorative dental care improved by 16 per cent.

The value of fluoridation is undeniable and from 2005 and by June 2007, water authorities will have fluoridated the drinking water supplies for Wallan, Robinvale, Moe, Morwell, Warragul Sale, Traralgon, Horsham, Wangaratta and Wodonga. However, large areas of rural and regional Victoria remain unfluoridated.

Workforce shortages continue to affect the public dental system, particularly in rural areas where shortages are also felt in the private sector. Ongoing workforce initiatives include statewide professional development, mentor support for recent graduates, accommodation and travel assistance for dentists moving to rural areas, significant rural allowances and an international recruitment campaign.

## Importance of good oral health

Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. The impact of oral disease is not only on the individual through pain and discomfort and the broader impact on their general health and quality of life, but also on the nation generally through health system and economic costs.

Dental caries are the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes (AHMAC 2001). Approximately \$5.1 billion was spent on dental services in Australia in 2004–05, representing 5.8 per cent of total health expenditure. In Victoria, approximately \$1.5 billion was spent on dental services in 2004–05, representing 6.9 per cent of total health expenditure (AIHW 2006).

*The state of Victoria's children report* (DHS 2006b) recently reported on children's oral health. Good oral health in childhood contributes to good oral health in adulthood, with less decay and reduced loss of natural teeth. Just over three-quarters of children (77.1 per cent) aged six months to 12 years were reported to have excellent or very good oral health; however, children living in rural areas had notably poorer oral health.

The department has recently analysed hospital admissions in Victoria caused by dental ambulatory care sensitive conditions (ACSCs).<sup>1</sup> Dental ACSCs have the highest rate of all ACSCs for under-18-year-olds and the second-highest rate for all ACSCs for all ages. In 2004–05, dental caries or associated conditions accounted for over 80 per cent of all dental ACSC admissions, and 95 per cent of ACSC admissions for 0–9-year-olds. These admissions were treated with removal of teeth in over 75 per cent of cases.

Younger children and rural people are more likely to be admitted to public hospitals. Dental ACSC admissions have risen over the last decade across the state and in all regions. There is a significant concentration of dental ACSC conditions in the 2–10-year-old age range. This is primarily to do with the difficulties of managing more complicated dental treatment with young children in a dental clinic chair and the preference of dentists to carry out these treatments using a general anaesthetic.

There is a significant difference in ACSC admission rates between regions across Victoria. Access to fluoridated water in the catchment and the proportion of households living in poverty are significant predictors of the difference. That is, dental ACSCs were significantly higher in those catchments with lower access to fluoridated water supply and where the proportion of households in poverty was higher.

---

<sup>1</sup> Ambulatory care sensitive conditions are conditions for which hospitalisation is thought to be avoidable with the application of public health interventions and early disease management, usually delivered in an ambulatory setting such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of inadequate public health programs, problems with patient access to primary health care, inadequate skills and resources, or disconnection with specialist services.

## Policy context

*Growing Victoria Together* commits the Victorian Government to high-quality, accessible health and community services. This will provide improvements in the health of Victorians, improvement in the wellbeing of young children, reduced emergency, elective and dental waiting times and increased consumer confidence in health and community services. *A Fairer Victoria*, the Government's social policy statement, establishes a framework to address disadvantage by developing and implementing innovative approaches to service delivery.

In July 2004, Australia's Health Ministers endorsed the *National Oral Health Plan 2004–2013* (AHMC 2004b). Four broad themes underpin the plan:

- 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.

The National Oral Health Plan identified the importance of reducing the major disparities that exist in oral health status and in access to dental care. In a submission to the Senate Select Committee on Medicare (2003), Professor Andrew Wilson described the link between economic status and oral health: 'This is a condition which is probably, of all the conditions in Australia, the most strongly socioeconomically related. The people who have the worst oral health are the most disadvantaged in the community ... there is a large amount of dental disease in the community, and we need a strategy to deal with it.'

*Care in your community* is the Victorian Government's framework for a consistent approach to the development of a health care system that is integrated and coordinated around the needs of people, rather than around service types, professional boundaries, organisational structure or funding and reporting requirements.

## Vision and principles for improving Victoria's oral health

### Vision

All Victorians will enjoy good oral health and will have access to high-quality health care delivered in an affordable and timely fashion when they require it.

### Principles

- The best place to treat
- Together we do better
- Technology to benefit people
- A better health care experience
- A better place to work.

### Roles and responsibilities

- Dental Health Services Victoria, as the leading public oral health agency, has a role in:
  - training, recruiting and retaining the oral health workforce
  - setting the agenda for oral health promotion
  - ensuring the quality of oral health services, including clinical leadership
  - advocating, through partnerships, for oral health
  - supporting and encouraging innovation and research in oral health.
- Dental Health Services Victoria has lead responsibility for:
  - purchasing integrated community dental services
  - planning the best distribution of purchased services
  - providing generalist and specialist services through the Royal Dental Hospital of Melbourne.
- Community Health Services are responsible for delivery of integrated community-based dental care and for local health promotion activity.
- The Department of Human Services has lead responsibility for the development of strategic policy and funding.

## Strategic developments

Realisation of the vision and principles will come about through implementation of six strategic priorities:

1. Oral health service planning framework
2. Integrated service model for adults and children
3. Workforce strategy
4. Oral health promotion
5. Responding to high-needs groups
6. Oral health funding, accountability and evaluation.

The planning framework together with the integrated service model will mean that public oral health services will be an integrated part of Victoria's network of Community Health Services, and will work collaboratively to provide health promotion, prevention, early intervention, treatment and self-management.

The workforce strategy will develop and consolidate a diverse, robust public dental workforce and will equip the Victorian oral health care system to meet the future needs and expectations of communities and individual users. The strategy will build on existing Government health and human services policy, and provide a longer-term strategic direction to Victorian dental health workforce planning. The Victorian Government, Dental Health Services Victoria, universities, dental health professional organisations and Community Health Services will all work together to achieve these aims.

The National Oral Health Plan called for an integrated and cross-sectoral approach that would achieve significant improvements in both general and oral health. 'Oral health promotion should be part of health promotion plans at local, state and territory, and national levels.' (p. 17). Oral health promotion activity will become a vital component in the integrated health promotion approach that already exists throughout Victoria, led by Primary Care Partnerships (PCPs) and implemented through health services and local government.

Oral disease is almost totally preventable. Good oral health and reduced demand for dental services are therefore best tackled through population health and prevention strategies. The National Oral Health Plan reported that oral diseases share common risk factors with other national health priorities such as cancer, diabetes and heart disease. These risk factors include, in particular, inappropriate diet, tobacco smoking, alcohol consumption and exposure to ultraviolet radiation. Therefore, it is important that oral health is integrated into a holistic assessment and clients have the opportunity to access services in a multidisciplinary setting.

The National Oral Health Plan also identified a number of groups within the community who have poor access to dental care and whose oral health status is well below the rest of the community, in particular Aboriginal and Torres Strait Islanders, people in low socioeconomic groups and people with special needs relating to disabilities, health conditions or ageing. The plan noted that fluoridation remains the most important population health measure that will assist high-needs groups to achieve better oral health.

Victoria's public dental system is already highly targeted towards people in low socioeconomic groups. Adult public dental services are only provided to low-income people through a means test arrangement.

The department will undertake work in the areas of funding and accountability that will support improved service planning and integration. This will include the establishment of better performance indicators so that the community and providers can better understand the operations of the dental system and the extent to which it is achieving its goals.

## Introduction

Victoria's oral health services are a vital component of the Victorian health system. Over the last seven years there has been significant development of the dental system through increased resources for general treatment and dentures as well as capital investment to build new, modern and expanded clinics and fluoridate rural water supplies.

The strategy briefly describes the current system and recent achievements ('Setting the scene') and also outlines the consequences of poor oral health. The strategy summarises the broader policy context for public dental health, particularly noting the National Oral Health Plan and Victorian social policy including *Care in your community*.

The strategy then proposes a vision and set of principles that can guide the development of oral health care over the next four years. Flowing on from the vision and principles is a set of six strategic developments or major projects that are the actions that will take the public dental system forward.

