

Strategic development

Realisation of the vision, principles and minimum standards described in this paper will come about through implementation of a set 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.

Oral health service planning framework

The planning framework together with the integrated service model will mean that community dental clinics 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.

Background

The planning framework for public oral health services in Victoria into the future is underpinned by the principles of *Victoria – A better state of health* and *Care in your community*. These policies promote the delivery of quality client-centred services that are based in the community and integrated with other health services to provide a seamless continuum of health care. Other policies such as *Community Health Services – creating a healthier Victoria*, *Rural directions for a better state of health* and the *Metropolitan Health Strategy* add further support to these directions.

Consistent with the approach described in *Care in your community*, oral health services will be planned so they are:

- based on a single set of area-based planning catchments
- informed by a single set of planning principles
- supported by area-based planning networks
- focused on three high-level areas of need
- conducted on the basis of defined modes, settings and levels of care.

Integrated area-based planning (including dental planning) will use the following steps:

1. Determine the needs of the local catchment population in terms of the three areas of need (chronic and complex, episodic and urgent care, integrated health promotion and illness prevention).
2. Profile the existing service system on the basis of the program planning parameters for configuration of community-based health care services set out below.
3. Determine how the planning principles and program planning parameters apply to the local service system.

The overall objective in this planning approach is to increase self-sufficiency in community-based health care (including oral health care) within each catchment.

4. Conduct an assessment of the local service system based on the identified local needs and the application of the planning principles and program planning parameters to the local service system.
5. Develop recommended priority actions to achieve service system integration goals and to move towards the future service system configuration in line with the program planning parameters set out below.

Planning catchments

The overall objective in this planning approach is to increase self-sufficiency in community-based health care (including dental care) within each catchment. Each catchment will provide a comprehensive range of community-based health services, except where this is not possible for reasons of critical mass, economies of scale, or safety and quality.

The department has adopted a single set of planning catchments to support a consistent approach to area-based planning that can apply across the range of programs and services providing health care in the community, including public dental care. These catchments have been defined at a sub-regional level, are built up from Local Government Areas, and fit within whole-of-government regional boundaries (based on Department of Human Services regions). These catchments align with Primary Care Partnership catchments and are, therefore, already in use by a number of department programs and a range of agencies. Because they are built up from Local Government Areas, a substantial amount of planning data is readily available and it is possible to build on the Municipal Public Health Plans prepared by councils, Community Health Plans and Catchment Plans prepared by Primary Care Partnerships.

Maps of the integrated area-based planning catchments are provided in Appendix 3. There are 12 metropolitan Melbourne catchments and 19 rural Victorian catchments.

Program planning parameters for dental services

The following service planning principles have been developed taking into account the policies identified in the 'Policy context' section above:

- Planning will be based on the catchments described in *Care in your community* (see Attachment 3 in that document) with a view to achieving self-sufficiency for community dental services within those catchments.
- Services will be planned to provide one dental chair (dentist, dental therapist and/or dental prosthetist plus assistant and support staff) per 5,000 eligible people (concession cardholders and dependants and children up to 12 years).
- Services will be planned on a minimum of four chairs for greater cost efficiencies and to facilitate recruitment of staff, except in rural areas where smaller clinics may be required to maintain accessibility (supported by a larger district or regional service).

- The greater proportion of resources will be directed to areas with greater eligible population numbers with higher levels of need using the Socio-Economic Index for Area and available population data.
- Community dental clinics will be co-located with Community Health Services, improving the range, level and quality of services delivered.
- Planning will identify which services in the specific local context can be delivered safely, effectively and efficiently in community-based settings, and which services should be delivered in hospital settings.
- Planning for delivery of dental care will start from the preferred options of providing services close to where people live, work, shop, meet or relax.
- Planning will maximise ease of access to services, co-locating services where possible and undertaking service development/redevelopment in locations that people can easily get to.
- Planning will deliver collaborative outcomes, based on partnerships focused on a population health approach.

Area-based planning networks

As a component of the Care in your community program, planning will be conducted within each catchment by an area-based planning network, made up of local stakeholders and involving, at a minimum, health services, local government, nursing services, Divisions of General Practice, consumer representatives and the Department of Human Services regional offices. Planning for community dental clinics will be a priority for planning networks.

Planning will lead to the development of a comprehensive picture, on a catchment basis, of the needs, priorities, capacities and strategic direction for the development of an integrated community-based health care service system, including planning for good oral health. This information will be used to support decision making on the allocation of department service growth funding, new initiative funding and capital development funding. Dental Health Services Victoria will be responsible for planning the best distribution of purchased services, in conjunction with the department and its regions and with providers and communities through area-based planning networks.

Priority actions

1. Trial the oral health service planning framework in three planning areas in 2006–07.
2. Implement the oral health service planning framework for all catchments from 2007–08 to 2009–2010.

Role delineation within metropolitan catchments and rural regions will improve service planning and coordination, facilitate integrated health promotion, provide clinical leadership and expand training and development opportunities.

Integrated service model for adults and children

The integration of dental services with other primary health services will improve access to services and result in shared knowledge and resources, leading to better outcomes for patients.

The integrated service model will result in:

- a holistic health assessment as clients' needs will be identified early using service coordination tools
- improved referral for dental and other primary care
- effective demand management
- the seamless movement between dental and other primary health services.

Dental Health Services Victoria is the provider of generalist and specialist services delivered through the Royal Dental Hospital of Melbourne and is the purchaser of integrated community dental services. It is also responsible for statewide coordination of health promotion, clinical mentoring, quality assurance, specialist services and special needs services.

Dental Health Services Victoria will also be responsible for planning the best distribution of purchased services, in conjunction with the department and its rural regions and with providers and communities through area-based planning networks.

Community dental clinics will provide a single service for children and eligible adults operating under the management of Community Health Services. Role delineation within metropolitan catchments and rural regions will improve service planning and coordination, facilitate integrated health promotion, provide clinical leadership and expand training and development opportunities.

The service system will have three levels of agency:

1. Lead regional agency

One lead agency will be identified for each region that will provide coordination and clinical leadership for community dental services in that region, provide preventative, primary and specialist dental care and provide training for dental clinicians.

2. District agencies

One or more district agencies (which may be a lead agency) will be identified in each catchment that will provide preventative, primary and specialist dental care and provide training for dental clinicians.

3. Local agencies

One or more local agencies (likely to have only one or two chairs) will be identified in each catchment that will provide preventative and primary dental care and provide clinical placements for dental clinicians.

In metropolitan Melbourne, identification of agencies could occur at a catchment level, while in rural regions this will take place at a regional level. The lead regional agency will have a regional coordination position to support their roles in catchment planning,

service coordination and workforce development. The department together with Dental Health Services Victoria will designate these agencies.

In some regions there may be opportunities to move to a single regional intake, recall and reminder system.

Table 2: Roles and responsibilities of agency types

Tasks/roles	Regional lead	District	Local
Lead catchment planning	✓		
Manage consolidated waiting list	✓		
Manage recall and reminder service for children	✓		
Preventative dental care	✓	✓	✓
Primary dental care	✓	✓	✓
Specialist dental care	✓	✓	
Lead outreach services	✓	✓	
Dental laboratory services	✓	✓	
Lead oral health promotion planning	✓	✓	
Participate in oral health promotion	✓	✓	✓
Develop (with DHSV) recruitment and retention strategies	✓		
Coordinate clinical placements	✓		
Provide clinical placements	✓	✓	✓
Coordinate professional development	✓		
Provide support services to local clinics	✓	✓	
Provide links to other sectors (e.g. children's services, aged care services)	✓	✓	

The department will be responsible for the development of strategic policy development for community-based oral health services in the state. Department of Human Services regional offices will oversee the ongoing management of Community Health Services within their regional catchment.

Priority actions

1. Designate the agency level of existing agencies.
2. Review demonstration projects of integrated service models in three sites and at the new service at Goulburn Valley Health during 2006–07.
3. Determine a schedule for integration of services starting from early 2007–08.
4. Complete service integration across the state by June 2008
5. Implement service coordination principles and tools across the public dental system from July 2007.

The department established the Dental Workforce Project to provide a strategic approach to dental workforce planning. The project has succeeded in expanding and developing the workforce.

Workforce strategy

The workforce strategy will deliver a three-year program to develop and consolidate a diverse, robust public dental workforce. This strategy aims to equip the Victorian oral health care system to meet the future needs and expectations of communities and individual users. It builds on existing Government health and human services policy, and provides 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 dental clinics will all work together to achieve these aims.

Background

The dental workforce includes specialists, dentists, therapists, hygienists, assistants, prosthetists and technicians. The Dental Practice Board of Victoria defines the scope of practice for dental health clinicians.

Along with infrastructure, the availability of a skilled and competent workforce is a key element in providing public dental care. Historically, the public sector has not recruited and retained enough clinicians to maintain the dental health workforce, and demand is currently outstripping supply.

Commissioned in 1999, the *Victorian oral health services labour force planning report* predicted a workforce shortage of 20 per cent by 2010 and acknowledged that the public dental sector was at significant risk of shortfalls. The report identified public sector recruitment and retention issues including:

- remuneration, with public sector salaries lower than the private sector
- issues relating to re-entry and re-training
- inflexibility in work arrangements
- poor access to professional development
- poor career paths.

In response, the department established the Dental Workforce Project to provide a strategic approach to dental workforce planning. The project has succeeded in expanding and developing the workforce. Achievements to date include:

- Certified Agreements for specialists and dentists
- improved remuneration and career structures for clinicians
- a professional development training needs analysis
- scholarships for undergraduate courses
- prosthetist training recommencing at Royal Melbourne Institute of Technology
- a Bachelor of Oral Health Science program commencing at La Trobe University Bendigo.

Policy context

Nationally, health workforce policy is guided by the *National Health Workforce Strategic Framework*, which has guiding principles relating to supply, distribution, skill development and planning. Workforce planning also aligns with the National Oral Health Plan's objective to develop a sustainable and appropriately trained dental workforce to meet identified oral health needs across the Australian population.

Several statewide policies also underpin this workforce strategy. *Growing Victoria Together*, the whole-of-government policy framework, integrates and shapes the policies and plans for the future of Victoria's health services. *A Fairer Victoria* supports the social policy directions set out in *Growing Victoria Together*.

The department's *Human Services Strategic Framework 2005–06* includes the objective of 'building sustainable, well-managed and efficient human services'. One of the outcomes under this objective is 'a skilled and high-performing workforce across Victoria'. The Workforce Strategy will support implementation of these national, statewide and departmental objectives.

Moving forward

Over the period from 2006–07 to 2008–09, the workforce strategy will provide both short-term priority actions and a longer-term strategic approach to workforce planning and the recruitment, development and retention of the Victorian dental workforce. This involves both planning for and developing the future workforce, and putting in place initiatives that create appropriate incentives and opportunities for the current workforce.

The department recognises that making the dental workforce sustainable and able to adapt to the changing needs of Victorians will take time, sustained commitment and appropriately targeted resources, from government as well as the sector. Over the next three years, initiatives arising from the workforce strategy will represent a significant investment by the Government in the Victorian public dental system.

This strategy aims to provide an integrated, flexible and strategic approach to dental workforce planning and development. Implementing the priority actions outlined throughout the document will help achieve the outcome of a skilled workforce of adequate size and distribution to provide quality dental care to eligible Victorians. The strategy will also be monitored and evaluated to gauge its effectiveness and identify future requirements.

The groups responsible for making real changes resulting from these priority actions are:

- Department of Human Services
- Dental Health Services Victoria
- the tertiary education sector
- Dental Practice Board of Victoria

Three key functions – recruitment, retention and optimising the dental team – provide a framework within which the key stakeholders in the Victorian public dental health sector can work together to create a strong and sustainable workforce.

- Community Health Services
- the dental workforce and relevant professional bodies.

Collectively, these groups have responsibilities in the following areas:

- Attracting people to consider dental health through secondary and tertiary career promotion activities
- Financial support for undergraduate students in dental health disciplines
- Training of dental professionals, including student clinical placements, retraining and ongoing professional development
- Recruitment and retention of dental professionals in the public sector
- Extension of private sector involvement in and support of the public dental system
- Supporting optimal configuration and full utilisation of the dental health team.

Three key functions – recruitment, retention and optimising the dental team – provide a framework within which the key stakeholders in the Victorian public dental system can work together to create a strong and sustainable workforce. Implementing the priority actions summarised in the table below will help meet current demand for public dental services, and develop a workforce that can adapt to future needs.

The priority actions aim to provide a pathway to success towards the strategy's overall goal of an educated, experienced and skilled workforce of adequate size and distribution to meet the dental needs of eligible Victorians.

Priority actions

Priority action	Responsibility	Performance indicators
<i>Recruit – Promoting public sector learning and employment opportunities</i>		
<i>Promoting dental health as a diverse, viable career choice</i>		
1 Review the dental health recruitment strategy, including career promotion.	DHSV and DHS	Review completed
2 Develop a recruitment strategy to provide ongoing, annual promotion of public dental health careers.	DHSV and DHS	Recruitment strategy completed
3 Implement the secondary education sector career promotion strategy.	DHSV	Revised secondary career promotion strategy implemented
<i>Increasing Victorian training and education places</i>		
4 Continue to advocate to the Commonwealth to extend its activities on issues relating to workforce planning, including exploring opportunities for additional tertiary training positions for dental health professionals.	DHS, universities	a. Update evidence base about Victorian public sector workforce requirements b. Explore the feasibility of a dental intern program
5 Explore options for greater collaboration and integration between undergraduate courses in all dental health disciplines.	Universities	Identify options for integrating elements of undergraduate courses
<i>Supporting undergraduate clinical placements in public dental health services</i>		
6 Develop a statewide plan to offer effective undergraduate clinical placements in all dental health disciplines.	DHS, universities, agencies	a. Develop a state plan for dental clinical placements b. Implement state plan
7 Support students of all dental health disciplines in accessing rural clinical placements.	Universities	Develop a range of support mechanisms for students on clinical placements
<i>Promoting public dental health careers</i>		
8 Implement the revised recruitment strategy to provide ongoing, annual promotion of public dental health careers.	DHSV	a. Revised strategy for undergraduate communication activities implemented b. Revised strategy for recruiting overseas-trained dentists implemented
9 Review and revise scholarship initiatives.	DHS	a. Review completed b. Scholarships revised
10 Investigate re-entry programs for non-practising dental health professionals.	DHSV	Programs implemented for all dental disciplines
11 Undertake a statewide campaign to encourage private dental health professionals to work in public sector dental health.	DHSV	a. Campaign developed b. Campaign fully implemented
12 Investigate the feasibility of private practice in public clinics, and implement the recommendations of this investigation.	DHS	a. Review completed b. Implementation plan developed c. Options implemented

Priority action	Responsibility	Performance indicators
<i>Retain – Increasing pride and participation in the public sector</i>		
<i>Public sector dental health as an employer of choice</i>		
13 Research the drivers of retention for all dental health professions.	DHS	Research completed
<i>Enhancing professional and career development</i>		
14 Redevelop the existing professional development plan to address all dental disciplines.	DHSV, professional bodies, universities	Implementation plan redeveloped
15 Extend the public sector mentor program to offer professional and social mentoring to all members of the dental team at all levels.	DHSV, professional bodies	Program extended
16 Develop mechanisms to support provision of advanced clinical and client management training to enable all members of the dental health team to develop and reinforce new skills.	DHSV	a. Mechanisms developed
		b. Targeted continuing professional development program available
<i>Optimise – Making the best use of the dental health workforce</i>		
<i>Promoting flexible teams and innovative models of care</i>		
17 Explore opportunities for role redesign that fully utilise the dental team.	DHS	Implementation of an integrated public dental service

Oral health promotion activity in Victoria will become a vital component in the integrated health promotion approach that already exists throughout Victoria, led by Primary Care Partnerships.

Oral health promotion

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.

Based on the work of the Task Group on Health Promotion for Oral Health (2000), 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).

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Background

Future directions for oral health promotion

In 2005, the department contracted Dental Health Services Victoria and University of Melbourne to review the Victorian Oral Health Promotion Strategy 2000–2004 (DHS 1999). The review identified a number of important themes to consider for the future of oral health promotion:

- The importance of the relationship between oral health and general health
- Exposure to fluoride
- Active development of partnerships by and with the oral health sector
- Research design and evaluation of interventions
- Access to timely and appropriate oral health care.

Health promotion priorities 2007–12

The Department of Human Services and the Victorian Health Promotion Foundation (VicHealth) have worked together to develop statewide health promotion priorities for 2007–12. This work was carried out through statewide consultations and with input from across program areas within the department. Over the next five years, health services will align their local health promotion program and planning activity to the identified statewide priority issues.

The overarching aim of the health promotion priorities is to improve overall health and reduce health inequalities. To achieve this aim the seven priority issues are:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health.

Neighbourhood Renewal sites were also confirmed as one of the priority settings for health promotion practice for 2007–12.

The department, led by the Public Health Branch, is working to develop future actions to support the health promotion priorities from a statewide level. To support the seven priority issues, the following underpinning principles have been developed to guide health promotion and prevention policy and practice:

- Addressing the broader determinants of health
- Basing action on the best available data and evidence
- Acting to reduce inequalities and injustice
- Emphasising active consumer and community participation
- Empowering individuals, communities and organisations through capacity building action

- Ensuring an explicit consideration of diversity (including gender, culture, ethnicity, age, disability and sexual orientation)
- Working in collaboration across sectors to ensure an integrated approach to action
- Ensuring access for all to health-promoting activities.

A management group, comprising representatives from program areas across the department and VicHealth, will strengthen the health promotion action across sectors in Victoria. For each priority issue the department will involve relevant stakeholders. It is anticipated that further information about implementation action will be released in 2007.

In future, oral health promotion interventions will be coordinated at a catchment level as part of Primary Care Partnerships' Integrated Health Promotion strategies. Oral health promotion interventions will be evidence-based and led and managed by Community Health Services as part of their Integrated Health Promotion plan.

Dental Health Services Victoria

Dental Health Services Victoria plays a significant role in oral health promotion. They will continue to provide statewide leadership in oral health promotion and remain the key provider of oral health advice and resources for health promotion interventions managed by Community Health Services. In addition, Dental Health Services Victoria will continue to implement statewide evidence-based oral health promotion interventions such as Smiles 4 Miles.

Fluoridation

Fluoridation of public water supplies is the single most effective population health measure for reducing dental caries. The National Oral Health Plan estimated that fluoridation remains a cost-effective measure down to communities with a population of 1,000 people.

Water fluoridation is a safe and effective public health measure that benefits everybody in the community regardless of age, gender, income or education level. Water fluoridation has been deemed one of the 'ten great public health achievements' of the 20th century by the United States Centers for Disease Control.

Currently around 75 per cent of Victorians (primarily in metropolitan Melbourne) have access to a fluoridated drinking water supply. Over 25 years, it is estimated that water fluoridation has saved the Victorian community about \$1 billion through avoided dental costs, avoided loss of productivity, and saved leisure time.

Victorian School Dental Service data show that six-year-olds living in fluoridated areas of Victoria experience 45 per cent less tooth decay in their baby teeth than those in non-fluoridated areas, with 12-year-olds experiencing 38 per cent less decay in their adult teeth. The ACSC admissions data reported on page 11 also show clearly the better oral health outcomes from fluoridated water supplies.

Water fluoridation has been deemed one of the 'ten great public health achievements' of the 20th century by the United States Centers for Disease Control

Since 2004, the department has worked with many rural communities to expand fluoridation. The process to introduce water fluoridation commenced with the development of a suite of balanced, evidence-based resources about water fluoridation in partnership with Dental Health Services Victoria and the Australian Dental Association. In late 2004 the department distributed information to health professionals throughout the state. This was followed by engagement with both the health and community sectors in Sale, Morwell, Moe, Traralgon, Warragul, Wangaratta, Wodonga and Horsham during which information about water fluoridation was provided directly to households in each of these areas, briefings and presentations were provided to the health sector and to community groups, and there was active use of local media and promotion of a toll-free water fluoridation information line.

In late 2005, under the *Health (Fluoridation) Act 1973*, the Secretary of the department requested that the relevant water authorities fluoridate the drinking water supplies in Wangaratta, Wodonga, Horsham, Sale, Moe, Morwell, Traralgon and Warragul. In 2006, water fluoridation commenced in Sale, Warragul, Moe, Morwell, Traralgon, Horsham and Robinvale. Wodonga commenced fluoridation in May 2007 and Wangaratta will do so in July/August 2007. Under this expansion, approximately 150,000 additional Victorians will benefit from a fluoridated drinking water supply.

The recent review of evidence by Dental Health Services Victoria and the University of Melbourne found good evidence of effectiveness in multi-strategy programs involving the provision of fluoridated toothpaste for young children in high-risk populations. This provides some direction for oral health promotion work in non-fluoridated parts of rural Victoria.

Priority actions

1. Publish updated evidence-based guide to oral health promotion interventions.
2. Incorporate oral health promotion in the integrated health promotion approach that already exists throughout Victoria, led by Primary Care Partnerships and implemented through Community Health Services, local government and others.
3. Build on existing partnerships on both a statewide and catchment basis to promote oral health in relevant non-health settings (e.g. children's services and schools).
4. Implement effective health promotion strategies, using the Integrated Health Promotion framework, for improving access to fluoride in small rural communities.

Responding to high-needs groups

The National Oral Health Plan 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 National Oral Health Plan also noted that fluoridation remains the most important population health measure that will assist high-needs group to achieve better oral health.

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

Indigenous people

Compared to the Australian averages, indigenous Australians have: twice as many caries and a greater proportion of untreated caries in children; more missing teeth in adults; and generally poorer periodontal health (National Oral Health Plan).

In 2004, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) published a review of access to oral health by Kooris. VACCHO concluded that dental services to indigenous people in Victoria are inadequate. The review found a strong reliance on the already stretched public dental system and the three dental clinics (Fitzroy, Bairnsdale and Mooroopna) managed by Aboriginal organisations.

The VACCHO report called on the department, Dental Health Services Victoria and VACCHO to work together to improve oral health care for Kooris. In particular the report called for a hub-and-spoke approach, with more partnership arrangements to support smaller local clinics, and priority access to community dental clinics for Kooris.

There have been a number of initiatives recently aimed at improving access for Kooris:

- Expanding the dental clinic at Rumbalara Aboriginal Cooperative (Mooroopna) as part of the Rural Dental Clinical School, which has its main campus at Goulburn Valley Health in Shepparton. The Rumbalara clinic is also supporting the dental workforce development among local Kooris.
- Extending public dental services at Barwon Health to include an oral health clinic at Wathaurong Aboriginal Cooperative (Geelong).
- Establishing an oral health clinic at Murray Valley Aboriginal Cooperative (Robinvale).

Priority actions

1. Support Aboriginal Community Controlled Health Organisations to enter into collaborative relationship with community dental clinics to adopt strategies to improve responsiveness of public dental agencies to the oral health needs of Kooris.
2. Support local planners and service providers to develop oral health promotion strategies in partnership with Indigenous communities.

People with special needs

The National Oral Health Plan defined 'special needs' in relation to oral care as meaning people who have intellectual or physical disabilities, or medical or psychiatric conditions, which increase their risk of having oral health problems or more complex care needs (p. 30). This group has higher existing levels of oral disease, a higher risk of having oral disease in the future, and less access to dental care.

A research study undertaken through the University of Melbourne (Hopcraft 2006) has demonstrated very good results in improving access to dental care for special needs group by adopting an outreach approach in supported residential services.

Priority actions

1. Identify, through better service coordination mechanisms, people with special needs at their first point of contact with Community Health Services so that the implications for dental care can be better managed.
2. Through local area-based planning, better identify special needs groups within local areas and develop strategies to better meet the needs of these groups.
3. Establish teams of dental hygienists to provide oral health services to residents of supported residential services.

Pregnant women

Recent research (Dasanayake et al. 2005) shows a link between gum disease and premature birth and low birth weight in babies. In pregnant women, hormonal changes may lead to an increase in the amount of plaque on teeth. If plaque isn't removed, it can cause gingivitis or other gum diseases, with symptoms including bleeding and swelling of the gums. Some pregnant women suffer from 'pregnancy gingivitis', with the condition likely to appear in the second trimester; hormonal changes induce bleeding in the gums despite the best possible hygiene measures, although gums usually revert to normal after the baby is born.

If not treated, gingivitis can develop into more severe forms of gum disease such as periodontal disease. Periodontal disease is a chronic bacterial infection of the gum tissue that supports a person's teeth, where the bacteria start to move deeper and thrive in the gap between the gum and the tooth, causing the attachment of the tooth and its supporting tissues to break down. If identified, this must be treated as a matter of urgency as gum disease has been linked to premature birth and low birth weight in babies.

In light of these findings, it is important that eligible women who are pregnant get priority access to public dental care, rather than being placed on waiting lists where they are unlikely to be treated prior to the birth of their baby.

Priority actions

1. Provide eligible women who are pregnant with priority access to public dental services.
2. Link with existing pre-natal programs to provide better oral health education to pregnant women.

People with chronic and complex conditions

The prevention and better management of chronic disease is a key health priority for the Victorian Government. Patients with a chronic disease who need ongoing care are the main focus of the Commonwealth Medical Benefits Scheme chronic disease management items and represent a high proportion of clients accessing public dental services in Victoria.

The chronic disease management dental items allow for three dental care services annually. In Victoria the chronic disease management dental items are underutilised. Only 500 people received dental care under the program in 2005–06. This represents a per capita utilisation well below the overall national per capita utilisation.

Priority action

1. Work with the Australian Dental Association and General Practice Divisions Victoria to maximise the uptake of the chronic disease management dental items.

Oral health funding, accountability and evaluation

The department will undertake work in the areas of funding and accountability that will support improved planning and service integration. This work will also allow for 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 the it is achieving its goals.

Funding review

This initiative will review and refine the funding arrangements for public dental care with a view to achieving better alignment between funding, service delivery, policy objectives and value for money. The review will provide recommendations on:

- ways in which the current funding arrangements could be streamlined to support service integration, workforce strategies, demand management and oral health promotion
- options for how three-year funding could be provided to agencies consistent with department policy
- improving the effectiveness and efficiency of budget allocation and payment processes and performance measures
- aligning reimbursement processes for services delivered by agencies and private sector providers with department and industry best practice
- whether overhead/operational costs are reasonable relative to industry standards.

The review will be carried out during 2006–07 and findings will be implemented from 2007–08.

Common dataset

In 2005–06 the department conducted a review of data reporting requirements of Dental Health Services Victoria for community dental services. The review found that the current reporting approach is ad hoc and provides a mix of high-level and aggregated data that does not always meet the needs of program accountability and service planning.

The department will undertake a common dataset project that will streamline data reporting required of Dental Health Services Victoria. The outcome of the project will be the replacement of current data reports with unit-level data collection for 2007–08 and beyond. This will enable the department to produce reports to meet identified needs and provide performance feedback to Dental Health Services Victoria.

Monitoring and evaluation

The National Oral Health Plan proposed a set of national key performance indicators to monitor the implementation and outcomes of the plan. These same indicators can provide a strong basis for monitoring the performance of the Victorian public dental health system. The Victorian Government is working with representatives of other states and territories on implementing and monitoring these indicators.

Priority actions

1. Complete the Dental Health Program funding review.
2. Implement the new three-year funding arrangements from July 2007.
3. Implement the common dataset from 1 July 2007.

