VICTORIAN STATE PRE-BUDGET SUBMISSION 2021 - 2022

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OVERVIEW

This submission has been prepared to assist the Victorian Government in framing a budget that will continue to promote the good oral health of all Victorians, especially those in greatest need of assistance to access the dental care that they need, in light of the significant impact that COVID-19 has had on access to dental services over the past 12 months.

Good oral health is fundamental to good general health. It allows people to eat, speak and socialise without pain or embarrassment, and poor oral health can be a barrier to employment. Furthermore, poor oral health is significantly associated with major chronic diseases such as diabetes, cardiovascular diseases and stroke[1], and reduces opportunities for social and economic participation. The most disadvantaged and vulnerable among us are at greatest risk of poor oral health.

An analysis of Child Dental Benefits Schedule data for Victoria shows there were 46% fewer dental services provided to vulnerable Victoria children from March – September 2020 compared to the same period in 2019 as a result of restrictions on the provision of dental care.[2] The impact on adult dental services in the public sector is likely to be at least as severe as this, at a time when there was already more than 130,000 people on public dental waiting lists waiting on average for more than 19 months for general dental care. Most of our members across the public and private sector are reporting an increase in emergency dental care and exacerbated dental problems as a result of delays to dental care.

In addition to these immediate concerns related to COVID-19, the Royal Commission into Aged Care Safety and Quality has highlighted significant issues in provision of dental care in residential aged care facilities. This is an issue that we have previously identified with the Victorian Government as a priority area for action.

The Victorian Government made a significant commitment to public dental care through the school dental van program, recognising that measures to improve oral health must start early in the life course. However, around 84% of Victorian children already visit the dentist on an annual basis[3], and the Child Dental Benefit Schedule provides vulnerable children with choice to receive dental care in either the public system or the private system which has greater capacity to provide immediate care. Given the difficult environment in which we are operating, we recommend that the school dental van program roll-out focus on vulnerable

[1] Dental health Services Victoria (2011). Links between oral health and general health - the case for action. Available at https://www.dhsv.org.au/__data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf

[2] MS Hopcraft, G Farmer. Impact of COVID-19 on the provision of paediatric dental care: Analysis of the Australian Child Dental Benefits Schedule. Community Dentistry & Oral Epidemiology 2020; DOI: 10.1111/cdoe.12611

[3] DS Brennan, X Ju, N Amarasena, M Dooland, KG Peres, GC Mejia and AJ Spencer (2016). Chapter 6: Patterns of dental services use by Australian children, p153-176. In: Do LG & Spencer AJ (Editors). Oral health of Australian children: the National Child Oral Health Study 2012–14. Adelaide: University of Adelaide Press. Table 6-10, p174. Data shows that 83.8% of Victorian children aged 5-14 years visited a dentist for a checkup within the last 12 months. Available from https://www.adelaide.edu.au/press/system/files/media/documents/2019-05/ncohs-ebook.pdf

population groups only where access to care is a barrier, and resources are diverted to investing in public dental care for adults where there is a greater need and problems with access to care.

There is also a need to continue advocacy with the Commonwealth to ensure sustainable funding for public adult dental programs. Although the National Partnership Agreement provides an important funding mechanism, the variable nature of funding is problematic for public dental services to plan adequately.

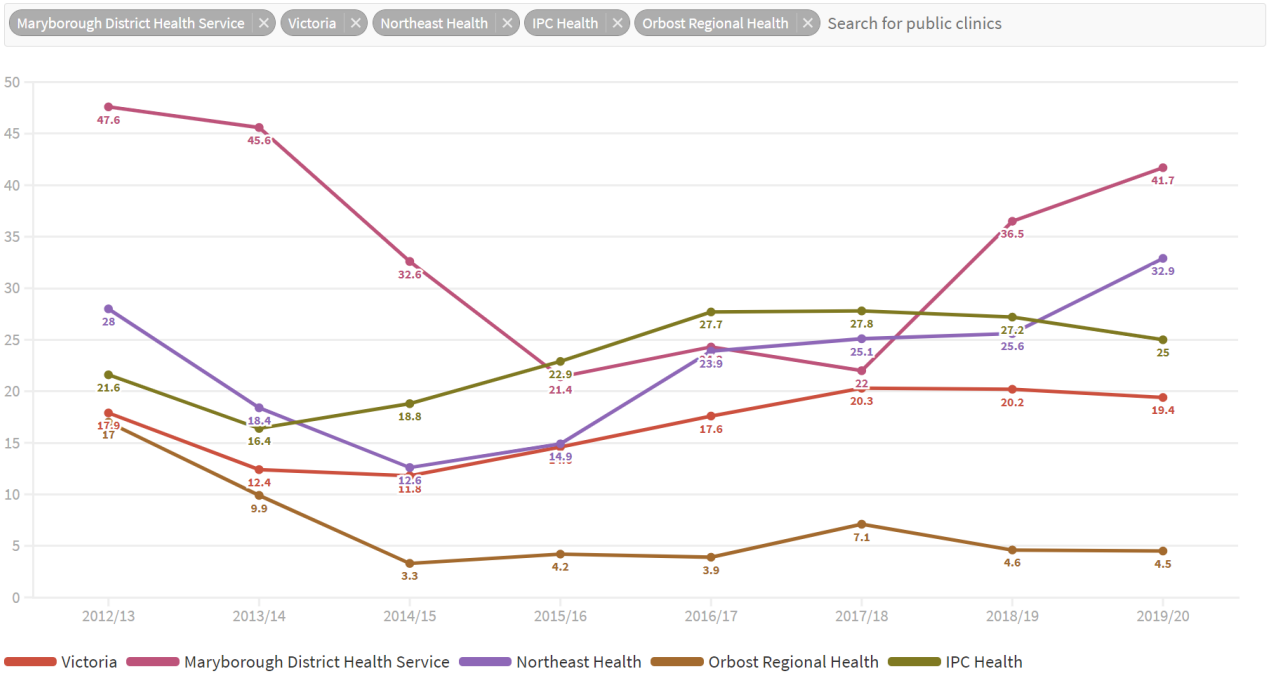
Finally, with much of dental disease preventable, it is vital that there is a greater focus on prevention through measures that improve food policy in authorising environments such as schools, public hospitals, aged care facilities, and controlling the advertising of junk food as necessary steps in preventing oral disease.

This submission is divided into five major recommendations:

1. **Reduce waiting times for adult public dental care to not more than 12 months**
2. **Increase access to dental care for adults in residential aged care facilities and those receiving in home care**
3. **Develop a five-year funding strategy, including reorienting the public dental system to focus on prevention, workforce planning and a careful review of infrastructure spending**
4. **Continue to invest in prevention, including banning junk food and sugary drink advertising and sales in publicly owned infrastructure, improving nutritional quality of food and beverages in public hospitals and aged care, and water fluoridation.**
5. **Provide funding for research that focuses on COVID-19 and dental care**

Waiting times for general dental care Victoria

This chart shows the waiting time for general dental care since 2012/13.



Source: adavb.org

1. Reduce waiting times for adult public dental care to not more than 12 months

Recommendations:

- **Pause the roll-out of the school dental van program**
- **Provide additional funding to community dental clinics to reduce public dental waiting times for adults**
- **Provide targeted funding for public dental services to provide vouchers for public dental patients to receive treatment in the private sector to manage waiting lists**
- **Reduce the target waiting time for public dental care to not more than 12 months**

The Victorian Government committed to investing heavily in dental care for school aged children at the last election. This may eventually translate to some increased capacity in community dental clinics to provide care to adult patients. However, it is unclear when this will eventuate. There are 1.4 million Victorian adults eligible for public dental care, and this will increase due to economic pressures from COVID-19. With only around 247,000 adults able to access public dental care each year, many vulnerable Victorians will continue to experience unacceptably long waiting times for public dental care.

The average waiting time for adults seeking public dental care was 19.4 months at June 2020, with many public dental agencies having waiting times longer than two years. Patients at Northeast Health Wangaratta wait an average 32.9 months for general dental care, those at IPC Health in Hoppers Crossing wait 25 months and those at Star Health in South Melbourne wait 12.3 months. The longest waiting time reported in 2019-20 was 50 months for basic dental care and 65 months for dentures. By comparison, the median waiting time for elective surgery in 2018-19 was 20 days.[4] A number of clinics have reported an increase of 12 months or more in their waiting times as a consequence of COVID-19 restrictions, including Star Health with a waiting time now over 30 months.

Given that patients are required to wait 12 months ***after*** they have received treatment before being eligible to go back on the waiting list, the effective time between episodes of care is more than 31 months – a clinically and morally unacceptable wait for people at high risk of oral and dental disease. Deterioration during this time period in clients with active disease is ***significant***, resulting in a further burden on the healthcare system and unsatisfactory patient outcomes. With 47% of the care being emergency procedures from Jan-Jun 2020, the system is forced to focus on fixing dental problems, rather than preventing them.

The current Statement of Priorities between the Minister for Health and Dental Health Services Victoria[5] sets a target waiting time for general dental care of 23 months and this is reflected in Budget papers. This target has not changed over many years, and it is unacceptable to expect vulnerable Victorians to wait that long for routine dental care. The public dental care system is simply not resourced sufficiently to provide adequate care for the 1.4 million vulnerable adults for whom it caters. Individuals and families eligible for public dental care experience poor oral health and need more frequent access to dental care. Best-practice guidelines recommend at least annual dental maintenance visits, and more frequently for people at high risk of dental disease. ADAVB recommends that the target waiting time for general dental

[4] https://vahi.vic.gov.au/reports/victorian-health-services-performance/elective-surgery Accessed 15-12-2020.

[5] Department of Health & Human Services, State Government of Victoria. Statement of Priorities 2019-20 Agreement between the Minister for Health and Dental Health Services Victoria. Available at https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities/2019-20-statement-of-priorities

care be reduced to 12 months, as this would assist in shifting the focus from treating dental problems to preventing them, in alignment with the objective of the school dental van program.

In order to achieve this, ADAVB recommends that the government pause the roll-out of the school dental program to allow a re-orientation of funding priority to manage the crisis in adult public dental services. As we have previously highlighted, around 80% of children already visit the dentist on an annual basis across both the public and private dental sectors. Additional funding is required to allow public dental services to partner with private dental practices through the provision of dental vouchers to manage adult dental waiting lists.

2. Increase access to care for people living in residential aged care facilities and those receiving in home care

Recommendation:

- **Provide specific funding for initiatives to address access to dental care in residential aged care and home care settings, with a focus on prevention and oral hygiene.**

The majority of people who live in residential aged care facilities are eligible for public dental care, but many have difficulty accessing dental services. Poor oral hygiene provision, lack of regular dental care and poor diet are significant problems in residential aged care, which has been highlighted in the Royal Commission into Aged Care Quality and Safety[6].

Over the past 50 years, the oral health needs of older people have changed significantly. With more people retaining their natural teeth, the complexity of their oral health needs has increased. Poor oral health can have significant implications for overall health and can make conditions such as diabetes and heart disease worse. It is also a risk for a type of respiratory disease called 'aspiration pneumonia', which is reported to occur in 33 per 1,000 aged care residents per year and is a significant contributor to hospitalisation of aged care residents.[7] Pain free healthy teeth and gums or well maintained dentures are essential for adequate nutrition to avoid preventable deterioration and vulnerability to illness and support quality of life.

Oral hygiene programs have been shown to reduce the rate of hospitalisations by as much as 40%, resulting in improved quality of life and significant cost savings for the healthcare system.

As of 30 June 2019, there were 48,607 people in permanent residential aged care in Victoria, and a further 27,776 people receiving care in their homes (Home Care)[8]. Providing targeted oral health care to these people in residential aged care facilities, and in their homes, would assist them to overcome a significant barrier to maintaining good oral health. Public domiciliary dental units and some community dental agencies already provide some limited care to residents, but there is an opportunity to increase capacity to address unmet need.

[6] Australian Government 2019, Royal Commission into Aged Care Quality and Safety, Interim Report: Neglect. Canberra. Available from agedcare.royalcommission.gov.au

[7] Marrie TJ. Epidemiology of community-acquired pneumonia in the elderly. Semin Respir Infect. 1990: 5(4):260-8.

[8] Australian Government, Department of Health. 2018-19 Report on the Operation of the Aged Care Act 1997. https://www.gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/2018-19-ROACA.pdf

3. Develop a five-year funding strategy, including reorienting the system to focus on prevention, workforce planning and a careful review of infrastructure spending

Recommendation:

- **Develop a long-term funding strategy, which recognises the need to invest in shifting the system from a treatment-focussed to a prevention-focussed system.**

At present the public dental system relies on unpredictable funding, which makes it difficult for service providers to plan service delivery and health promotion programs. A long-term funding strategy for public dental care is needed in order to provide a stable and prevention-focussed system.

Development of this strategy will require consultation with stakeholders and the workforce. Due to the absence of predictable long-term funding, public dental services find it difficult to recruit and retain experienced oral health professionals, particularly dentists as the only oral health professional with the scope to deliver a full range of services to adults, which is critical for provision of emergency care such as management of acute pain and infection, trauma management and other complex treatment. This makes it difficult to continue to deliver the care that the community needs. Infrastructure spending needs to be directed towards geographic areas where the population eligible for public dental care is predicted to grow the most, and there needs to be a review of the current infrastructure to identify areas of unmet need for future investment.

4. Invest in prevention, including banning junk food and sugary drink advertising and sales in publicly owned infrastructure, improving nutritional quality of food and beverages in public hospitals and aged care, and water fluoridation

Recommendations:

- **Ban the advertising and sales of junk food and sugary drinks in all publicly owned infrastructure.**
- **Leverage the food audit to reduce added sugar in food and beverages in public hospitals and aged care facilities, which will reduce the risk of tooth decay for people living/admitted in, visiting and working in these settings.**
- **Ensure that sufficient funding is available to facilitate the implementation of updated healthy food policies in public hospitals and aged care facilities, and to support compliance reporting and independent monitoring.**
- **Expand Victoria's water fluoridation program as a proven method to significantly reduce tooth decay.**
- **Invest $20 million to address disadvantage due to a lack of access to fluoridated water in rural Victoria – this would assist in fluoridating some of the 60 rural communities across Victoria and enable those communities to have better oral health.**

4.1. Ban junk food and sugary drink advertising and sales in publicly owned infrastructure

Added sugar in food and drinks is a major cause of tooth decay. In Australia, a third of children aged 5-6 years have tooth decay in their baby teeth, and closer to half of children aged 12-14 years have tooth decay in their adult teeth. Poor oral health is also common is adults, especially those experiencing socio-economic disadvantage. Added sugar is also a major contributor to the overall burden of disease in the community, including obesity, type 2 diabetes and thirteen types of cancer.

Measures designed to reduce the consumption of sugar will have wide-reaching health impacts. We note that the Victorian Government has already been a strong advocate for changes through the Australia and New Zealand Ministerial Forum on Food Regulation, approving recommendations to improve the Health Star Rating system and nutrition information panels on packaged food and drinks, and we are keen to work with the government and other stakeholders to build on this work to create healthy communities.

A high proportion of food and drink advertising on buses and at train stations promote unhealthy products, and there are a number of major train stations in Melbourne that feature an excessive number of vending machines for junk food and sugary drinks. Noting that NSW Health and Queensland Health have already taken steps to remove sugary drinks from their public health facilities, Museums Victoria is removing the sale of sugary drinks and the ACT Government has removed junk food advertising from public transport, we urge the Victorian Government to take the lead on this issue and ban the advertising and sales of junk food and sugary drinks in all publicly owned property, including hospitals and public transport facilities.

4.2. Improve the nutritional quality of food in public hospitals and aged care facilities

The Victorian Government's 'Healthy and high-quality food in public hospitals and aged care facilities'-food audit is an important step in assessing and improving the nutritional value of food available to people in these settings. ADAVB urges the government to use this opportunity to reduce the amount of added sugar in food and beverages available in these settings, which will assist in reducing the risk of tooth decay and other health problems. To achieve this, the amount of added sugar in food must be a specific assessment criterion during the food audit, and the audit should be applied to all food providers, including private outlets in public hospitals such as Zouki and McDonalds, and all vending machines.

To ensure that updated healthy food policies can be successfully implemented and maintained in these settings, funding to facilitate policy implementation, reporting, and independent monitoring will be required. ADAVB urges the government to ensure that this is available.

4.3. Extend water fluoridation to Victorians that are missing out

Noting that the Victorian Labor party has committed to expanding access to fluoridated water as a promise for the past two elections, ADAVB urges the Government to deliver and provide the necessary funding to the Victorian water fluoridation program. Currently around 90% of Victorians benefit from water fluoridation, but around 600,000 Victorians, predominantly in regional and rural areas, do not.

Water fluoridation is an inexpensive and socially equitable way to improve the oral health of our community and is one of the top public health initiatives in this country. Most Victorians benefit from fluoridated water however, some regional and rural communities are still missing out.

Water fluoridation is an effective way to prevent tooth decay. A small investment to increase access to water fluoridation in rural areas would therefore be likely to substantially benefit the most disadvantaged Victorians and reduce health care expenditure.

Australian studies show that for every dollar spent on fluoridation, between $7 and $18 is saved due to avoided dental treatment costs9. Furthermore, children in non-fluoridated areas experience higher rates of preventable hospitalisation due to dental conditions.

An economic study conducted by the Victorian Department of Human Services in 2003 found that "in the 25-year period following its introduction, water fluoridation had saved the Victorian community about $1 billion through avoided dental costs, days away from work/school, and associated costs."[10]

5. Invest in COVID-19 related dental research to improve the understanding of aerosol spread and prevention, to ensure that patients are able to continue to have access to necessary dental care

Recommendations:

- **Provide funding for research that focuses on COVID-19 and the provision of dental care**

The COVID-19 pandemic has had a significant impact on the provision of dental care in Australia, with restrictions resulting in an 87% decrease in dental services provided to vulnerable children through the Child Dental Benefits Schedule in April across Australia, and more than 60% in Victoria in August and September.[11] There is an urgent need for research that will position the dental profession to respond to future pandemics and minimise the impact on the oral health of the community. ADAVB has already invested in research in the use of pre-procedural mouthrinse in collaboration with the University of Melbourne and the Doherty Institute, but further research support is required.

[9] National Health and Medical Research Council (NHMRC) 2017, Information paper – Water fluoridation: dental and other human health outcomes, report prepared by the Clinical Trials Centre at University of Sydney, NHMRC; Canberra.
[10] Department of Health and Human Services. Water fluoridation - questions and answers. Victoria State Government; 2011 [updated 2011]; Available at: https://www2.health.vic.gov.au/about/publications/researchandreports/water-fluoridation-questions-and-answers
[11] MS Hopcraft, G Farmer. Impact of COVID-19 on the provision of paediatric dental care: Analysis of the Australian Child Dental Benefits Schedule. Community Dentistry & Oral Epidemiology 2020; DOI: 10.1111/cdoe.12611