

VICTORIAN STATE PRE-BUDGET SUBMISSION 2018 - 2019

15 December 2017

To The Hon. Tim Pallas, Treasurer
The Hon. Jill Hennessy, Minister for Health
Ms Gabrielle Williams, Parliamentary Secretary for Health

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.

Good oral health is fundamental to good general health. It allows people to eat, speak and socialise without pain or embarrassment. Furthermore, poor oral health is significantly associated with major chronic diseases such as diabetes, cardiovascular diseases and stroke¹, and reduces opportunities for social and economic participation. The most disadvantaged and vulnerable among us are at greatest risk of poor oral health.

This submission is divided into four major recommendations:

- 1. Increase public dental funding to provide timely care to more Victorians in need**
- 2. Promote better oral health for people in rural and remote communities**
- 3. Provide access to dental care for people who live in residential aged care facilities or who receive Home Care**
- 4. Include oral health in the whole of government response to family violence**

These are expanded upon in the following pages.

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

1. Increase public dental funding to provide timely care to more Victorians in need

Although the State-wide average waiting time for public dental care is officially 18.6 months², we have received reports that some public patients wait up to two years to access care. Long waiting times result in an increased need for emergency dental care, and costly restorative procedures. With 40% of the care being emergency procedures, the system is forced to focus on fixing dental problems, rather than preventing them.

More than 2.5 million Victorians are eligible for public dental care, but less than 400,000 receive treatment in Victorian public dental clinics each year. At current funding levels it would take more than six years to treat all eligible patients once. The increase in State public dental funding to \$226.1M in 2017-18 is welcome, however, it still amounts to just \$90 per eligible Victorian, which is inadequate to provide for the needs of public dental patients.

To simply avoid increasing the length of the waiting list further, total funding to the Victorian public dental system needs to grow by a minimum of 3.4% per annum. This would account for inflation and population growth. A funding increase of \$34 - \$45M would be needed to address chronic underfunding, and to provide equitable access to care for more eligible Victorians.

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, to provide for a stable, and prevention-focussed system.

Recommendations 1:

- **Increase public dental funding by \$34-\$45M to provide access to care for more eligible Victorians.**
- **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.**

2. Promote better oral health for people in rural and remote communities

Extend water fluoridation to Victorians who are missing out

Water fluoridation is an inexpensive, socially equal way to improve the oral health of our community. The majority of Victorians enjoy the benefits of fluoridated water however, some regional and rural communities are still missing out.

Water fluoridation is an effective way to reduce 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 costs³. Furthermore, children in non-fluoridated areas experience higher rates of preventable hospitalisation due to dental conditions.

² Department of Health & Human Services, State Government of Victoria, average time to treatment for general dental care at 30 Sep 2017, see <http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=18>. Accessed 30-11-17

³ 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.

An economic study conducted in 2003 by the then Victorian Department of Human Services 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.”⁴

Recommendation 2:

Expand Victoria’s water fluoridation program, since access to fluoridated water has been proven to significantly reduce tooth decay.

An investment of \$15m over 5 years would address disadvantage due to a lack of access to fluoridated water in rural Victoria. It would fund water fluoridation to 21 non-fluoridated water supply systems, which would deliver water to 42 rural towns.

3. Provide access to dental care for people who live in residential aged care facilities or who receive Home Care

The majority of people who live in residential aged care facilities are eligible for public dental care, but many have difficulty getting to the dentist.

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. Poor oral health 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.⁵ A pain free, healthy dentition (natural or prosthetic) is essential for adequate nutrition and quality of life.

Research shows that a comprehensive oral health program could reduce the rate of hospitalisations by as much as 40%, resulting in improved quality of life for the affected people and significant cost savings for the healthcare system.

At 30 June 2016, there were 46,243 people in permanent residential aged care in Victoria, and a further 17,165 people receiving care in their homes (Home Care)⁶. 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 already provide some limited care to residents, but there is an opportunity to utilise private sector dentists to complement this.

Recommendations 3:

- **Provide funding of \$4 million for a pilot program utilising mobile equipment to allow dental practitioners to visit residential aged care facilities and provide care to residents. This could fund service delivery to around 4,000 residents.**
- **Fund a pilot program to explore models for delivering dental care to people in Home Care, who have difficulty accessing a dentist.**

⁴ 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>

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

⁶ Australian Government, Department of Health. 2015-16 Report on the Operation of the Aged Care Act 1997. https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/12_2016/2015-16_report-on-the-operation-of-the-aged-care-act-1997.pdf

4. Include oral health in the whole of government response to family violence

4.1. Funding for 'Rebuilding Smiles' to increase the number of family violence survivors, who can access dental care in Victoria

In the midst of all the exemplary work to tackle family violence in Victoria, little attention has been paid to the oral health problems faced by those that have suffered due to domestic violence, with broken, chipped, or missing teeth having a deleterious impact on the confidence and social performance of these people, and reducing their ability to gain employment.

Around one in four women, who experience family violence have oral health issues as a result (this would be around 619,000 women in Australia). Of this group, around 20% cannot afford dental treatment. Those most in need of assistance often don't receive it, hampered by financial constraints, and significant waiting lists in the public sector. There is therefore a significant need to fund tailored dental care to respond to this problem.

An initiative of the [Australian Dental Health Foundation](#) (ADHF), Rebuilding Smiles is providing dental care to intimate partner violence survivors and their children. The program relies on industry funding, donations, and the services of dentists, who volunteer to provide the first dental assessment and a treatment plan for free. In collaboration with Safe Foundation in Victoria, which refers the patients to the program, ten people in Victoria have entered the program since its inception. The treatment is offered for both dental injuries, and for general dental care.

In South Australia, additional state government funding has increased the number of patients to whom Rebuilding Smiles can offer dental care. Funding of \$121,000 has been provided for dental treatment, transport vouchers, and a liaison officer, so that more survivors of family violence can access the dental care that they need to rebuild their lives. It is estimated that the cost of treatment for each patient is between \$3,000 and \$15,000, and would vary depending on individual needs. The South Australian funding is expected to provide treatment for around 15-20 patients over a one-year period.

Observations of the ADHF thus far are that providing funding for travel and child care is important to ensure that family violence survivors can go to the dentist. Many of these people have no spare money to pay for transport to the dentist who has volunteered to provide their care, and no family support to care for their children while they attend multiple appointments to repair their teeth. Without funding to cover these needs, patients sometimes cannot attend their appointments.

For more information about Rebuilding Smiles, please contact Ms Amelia Seselja (Amelia.Seselja@ada.org.au).

Recommendation 4.1:

Provide significant funding to Rebuilding Smiles to increase the number of Victorians who can access the program. Funding should include:

- dental care costs
- a part-time liaison officer to arrange referrals to the program
- transport vouchers, so that patients can travel to the dentist, and
- funding for child care, to ensure that patients can attend their appointments.

4.2. Training to support the dental profession to respond to family violence

Dental professionals hold a trusted position in their community, and they are well positioned to detect the possible signs of family violence in their patients. However, resources to train and support dental practitioners to respond to offer their patients information and referral are currently lacking.

The Victorian Government is investing significantly in a whole-of-government family violence response, which will raise awareness about family violence, and increase the demand for services and support. Some funding has been utilised to train people who work in hospitals to respond to family violence, but not yet for the dental profession.

Dental professionals must be supported to respond to family violence, and to provide information to patients in need about how to seek assistance. We therefore urge the Victorian Government to work with the dental sector, in both the private and public settings, to provide dental professionals with the training and resources they need to help any of their patients, who may be experiencing family violence. Dental practitioners also need to have access to information about considerations when providing dental care for family violence survivors.

Recommendation 4.2:

Provide funding, and work with the Victorian dental sector to provide training and resources to assist the dental profession to respond to family violence.