

## VICTORIAN STATE PRE-BUDGET SUBMISSION 2020 - 2021

17 December 2019

**To** The Hon. Tim Pallas, Treasurer  
The Hon. Jenny Mikakos, Minister for Health  
Mr Anthony Carbines, Parliamentary Secretary for Health

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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.

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 stroke<sup>1</sup>, and reduces opportunities for social and economic participation. The most disadvantaged and vulnerable among us are at greatest risk of poor oral health.

The Victorian Government's commitment to public dental care through the school dental program is one step to increase access to public dental care, recognising that measures to improve oral health must start early in the life course. Given that around 84% of Victorian children visited the dentist in the past year<sup>2</sup>, it is important that the school dental program focuses on vulnerable population groups where access to care is a barrier. It is critical that the government builds on this by further investing in public dental care for adults, improving 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 four 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.**

These are expanded upon in the following pages.

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<sup>1</sup> 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](https://www.dhsv.org.au/data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf)

<sup>2</sup> 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>

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

We note that the government's investment in dental care for school aged children may eventually translate to some increased capacity in community dental clinics to provide care to adult patients. However, this outcome is unlikely to be achieved until the school dental program reaches full capacity in 2022 and is projected to increase adult capacity by 100,000 patients per year, from the current 220,000. There are approximately 1.4 million Victorian adults eligible for public dental care, which means that more than 1 million people will continue to experience unacceptably long waiting times for public dental care.

The State-wide average waiting time for adults seeking public dental care continues to increase and is currently 20.2 months. Many public patients wait more than two years to access care, and the longest waiting time reported in 2018-19 was 50 months for basic dental care and 53 months for dentures. By comparison, the median waiting time for elective survey in 2018-19 was 28 days.<sup>3</sup>

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 32 months. It is therefore not surprising that oral health deteriorates to the stage where patients require emergency care, resulting in a further burden on the healthcare system and unsatisfactory patient outcomes. With 36% of the care being emergency procedures, the system is forced to focus on fixing dental problems, rather than preventing them.

ADAVB therefore urges the government to ensure that community dental clinics are provided with increased funding to reduce waiting times for adult patients until the impact of the school dental program on the length of public dental waiting lists for adults can be assessed.

The current Statement of Priorities between the Minister for Health and Dental Health Services Victoria<sup>4</sup> 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. Many people 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, particularly for people at high risk of dental disease. ADAVB therefore recommends that the target 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.

### 1. Recommendations:

- Provide specific funding to community dental clinics to reduce public dental waiting times for adults
- Reduce the target waiting time for public dental care to not more than 12 months

<sup>3</sup> Australian Institute of Health and Welfare (2019). *More patients, longer waiting times for both elective surgery and emergency department care* [media release]. 11 December 2019 Available from <https://www.aihw.gov.au/news-media/media-releases/2019/december/more-patients-longer-waiting-times-for-both-electi> Accessed 13-12-19.

<sup>4</sup> 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>

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

The majority of people that live in residential aged care facilities are eligible for public dental care, but many have difficulty getting to the dentist. 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<sup>5</sup>.

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 and is a significant contributor to hospitalisation of aged care residents.<sup>6</sup> A pain free, healthy dentition (natural or prosthetic) is essential for adequate nutrition and quality of life.

Research shows that a comprehensive oral hygiene 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 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)<sup>7</sup>. 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.

### **2. 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.**

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

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.

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 trauma management and other complex treatment. This makes it difficult to continue to deliver the care

<sup>5</sup> Australian Government 2019, Royal Commission into Aged Care Quality and Safety, Interim Report: Neglect. Canberra. Available from [agedcare.royalcommission.gov.au](https://agedcare.royalcommission.gov.au)

<sup>6</sup> Marrie TJ. Epidemiology of community-acquired pneumonia in the elderly. *Semin Respir Infect.* 1990; 5(4):260-8.

<sup>7</sup> Australian Government, Department of Health. 2018-19 Report on the Operation of the Aged Care Act 1997. [https://www.gen-agedcaredata.gov.au/www\\_ahwgen/media/ROACA/2018-19-ROACA.pdf](https://www.gen-agedcaredata.gov.au/www_ahwgen/media/ROACA/2018-19-ROACA.pdf)

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.

**3. 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.**

**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**

**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, 1 in 3 children aged 5-6 years have tooth decay in their baby teeth, and 2 in 5 children aged 12-14 years have tooth decay in their adult teeth. Poor oral health is also common in adults, especially those experiencing 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.

**4.1 Recommendation:**

**Ban the advertising and sales of junk food and sugary drinks in all publicly owned infrastructure.**

## **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.

### **4.2 Recommendations:**

- **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.**

### 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.

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 costs<sup>8</sup>. 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.”<sup>9</sup>

#### **4.3 Recommendation:**

**Expand Victoria’s water fluoridation program as a proven method to significantly reduce tooth decay.**

**An investment of \$20 million would address disadvantage due to a lack of access to fluoridated water in rural Victoria. It would assist in fluoridating up to 60 rural communities across Victoria and enable those communities to have better oral health.**

<sup>8</sup> 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.

<sup>9</sup> 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>