VICTORIAN STATE PRE-BUDGET SUBMISSION 2019 - 2020

19 December 2018

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[1], and reduces opportunities for social and economic participation. The most disadvantaged and vulnerable among us are at greatest risk of poor oral health.

The ADAVB has welcomed the Labor Government's commitment to invest in children's oral health through the school dental plan. The impact of this investment can be maximised by harnessing existing capacity and programs to deliver the dental care that children need.

This submission is divided into five major recommendations:

1. **Reduce waiting times for adult public dental care to not more than 12 months**
2. **Leverage existing capacity within the public and private dental sectors to deliver dental care to school aged children**
3. **Leverage school dental vans to increase access to care for adults in residential aged care facilities and those receiving in home care**
4. **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**
5. **Continue to invest in prevention including banning junk food and sugary drink advertising and sales in publicly owned infrastructure, and water fluoridation**

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. 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 will eventually mean that community dental clinics may have some increased capacity to provide care to adult patients. However, this outcome is unlikely to be achieved until the school dental program reaches full capacity in 2022.

The State-wide average waiting time for adults seeking public dental care continues to increase and is currently 20.7 months[2]. Many public patients wait more than two years to access care, and the longest waiting time reported in 2017-18 was 42 months. Furthermore, patients are required to wait 12 months after they have received treatment before being eligible to go back on the waiting list, which means the waiting time is effectively 32 months. Long waiting times result in an increased need for emergency dental care, and costly restorative procedures. 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 school dental program reaches full capacity.

The current Statement of Priorities between the Minister for Health and Dental Health Services Victoria[3] sets a target waiting time for general dental care of 23 months. However, many people eligible for public dental care are at a higher risk of poor oral health and need more frequent access to dental care. Best-practice guidelines recommend at least annual dental 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.

Recommendations 1:

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

2. Leverage existing capacity within the public and private dental sectors to deliver dental care to school aged children

ADAVB has welcomed the Victorian government's commitment to invest an additional $267.8 million in dental care for children over the next five years. This is an important step in preventing poor oral health and intervening early to ensure the best possible outcomes.

There are many existing initiatives to deliver dental care to school-aged children in Victoria. These are being provided in both the public and private sectors. These existing programs have established relationships with schools and families, and there are significant benefits in providing dental care to both parents and children in the same setting, and to having continuity of a dentist throughout childhood. To speed the implementation of the school dental program, and avoid duplication, it makes sense to leverage these existing initiatives and incorporate them as part of the school dental program to deliver care that meets the needs of local communities.

[2] Department of Health & Human Services, State Government of Victoria, average time to treatment for general dental care at 30 Sep 2018, see http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=18. Accessed 18-12-18

[3] Department of Health & Human Services, State Government of Victoria. Statement of Priorities 2018-19 Agreement between the Minister for Health and Dental Health Services Victoria. Available at https://www.dhsv.org.au/__data/assets/pdf_file/0004/66514/Statement-of-Priorities-2018-2019-290818.pdf

The Victorian public dental sector currently employs around 211.3 FTE dentists, 121.7 FTE Oral Health Therapists, Dental Therapists and Dental Hygienists, and 25.7 FTE prosthetists. However, there are 5,351 registered dental practitioners in Victoria[4]. Around 85% of all dental care is currently provided in the private sector, and this includes dental care funded by the Commonwealth Government though the Child Dental Benefits Schedule. There is sufficient capacity in the dental workforce to rapidly increase service delivery, provided that flexible funding models are utilised. ADAVB therefore recommends that the school dental van program seeks to incorporate existing providers and infrastructure.

Recommendation 2:

To ensure continuity of care, and prevent duplication, leverage existing public and private dental services to assist in delivering the school dental program.

3. Leverage school dental vans to increase access to care for adults in residential aged care facilities and those receiving in home care

The government's commitment to provide additional mobile dental care vans also offers opportunities to leverage this infrastructure to reach adults who have difficulty accessing dental care. When the vans are not visiting schools, for example in school holidays, they could visit residential aged care facilities instead.

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 2018, there were 54,599 people in permanent residential aged care in Victoria, and a further 23,449 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 and some community dental agencies already provide some limited care to residents, but there is an opportunity to utilise the dental van infrastructure, and private sector capacity to address unmet need.

[4] Dental Board of Australia (August 2018). Registrant data. Reporting Period: 1 April 2018 – 30 June 2018. Available at https://www.dentalboard.gov.au/about-the-board/statistics.aspx

[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. 2017-18 Report on the Operation of the Aged Care Act 1997. https://www.gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/2017%E2%80%9318-Report-on-the-Operation-of-the-Aged-Care-Act%E2%80%931997.pdf

Recommendation 3:

Whenever school dental infrastructure is not needed for schools, it should be redirected to other high needs populations, such as those in residential aged care facilities and people receiving in home care.

4. 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.

To develop 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. 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.

Recommendation 4:

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.

5. Continue to invest in prevention including banning junk food and sugary drink advertising and sales in publicly owned infrastructure, and water fluoridation

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

Added sugar in food and drinks causes 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 is adults, especially those experiencing disadvantage.

A high proportion of food and drink advertising on buses and at train stations is for 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, we urge the Victorian Government to do the same. ADAVB urges 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.

Recommendation 5.1:

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

5.2. Extend water fluoridation to Victorians who are missing out

Noting that the Victorian Labor party has included a commitment to expanding access to fluoridated water as an election promise for the past two elections, ADAVB urges the Government to now provide the necessary funding to the Victorian water fluoridation program.

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 costs[7]. Furthermore, children in non-fluoridated areas experience higher rates of preventable hospitalisation due to dental conditions.

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."[8]

Recommendation 5.2:

Expand Victoria's water fluoridation program, since access to fluoridated water has been proven 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.

[7] 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.
[8] 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