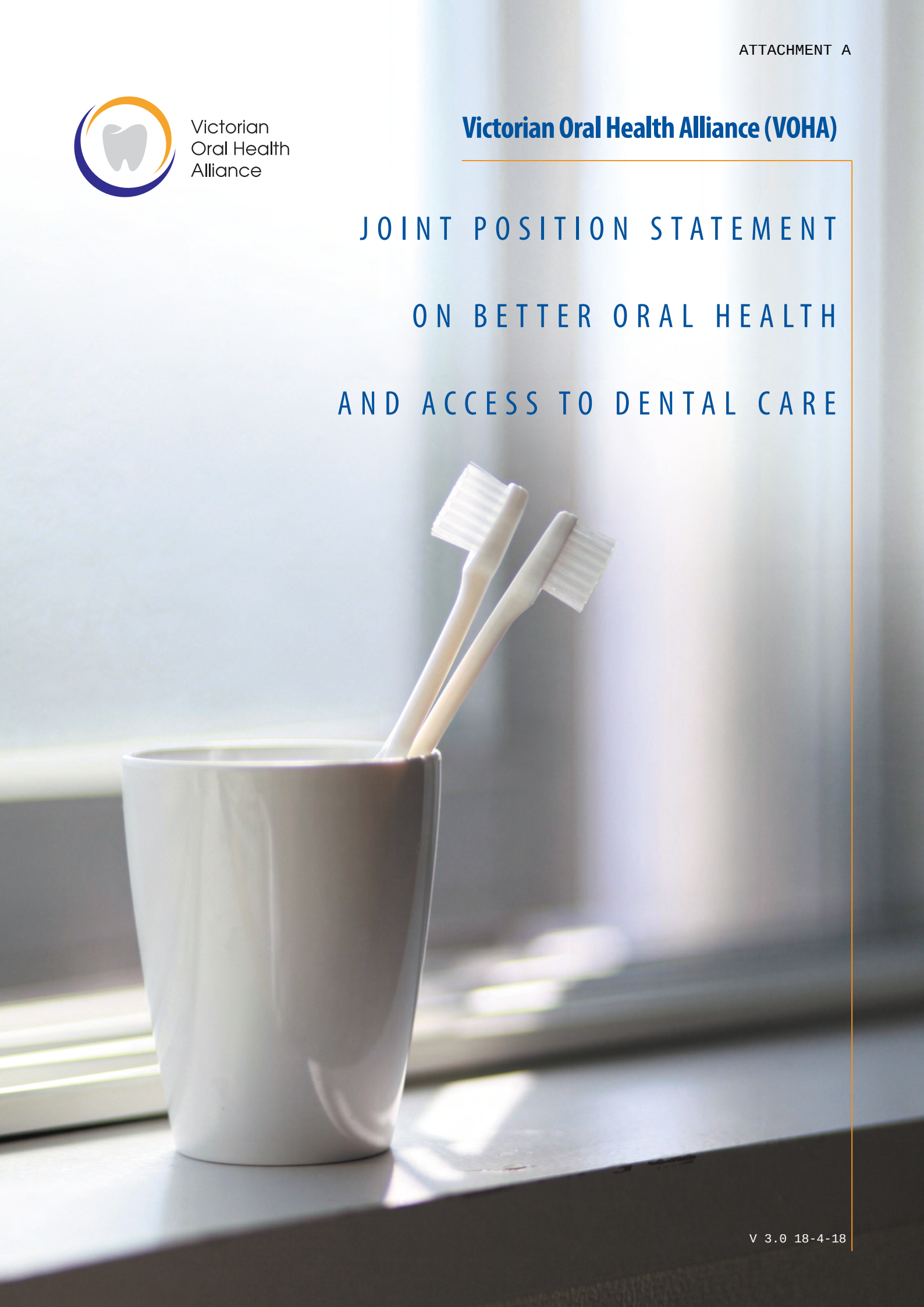
ATTACHMENT A

Victorian
Oral Health
Alliance

Victorian Oral Health Alliance (VOHA)

JOINT POSITION STATEMENT ON BETTER ORAL HEALTH AND ACCESS TO DENTAL CARE



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Introduction

Community, welfare and health groups have banded together to urge the Victorian Government to act on the parlous state of public dental funding, in light of new data showing a dramatic increase in public dental waiting lists to 19.5 months, up 4.5 months in the last year. The Victorian Oral Health Alliance (VOHA) is concerned that a lack of emphasis on oral health policy is having a broader impact on health and well-being in the community.

Headline Facts

1. Poor oral health is a silent and pervasive epidemic, which impacts on people's everyday lives, and targets Victoria's most vulnerable and disadvantaged people

2. It both prevents people fully participating in society (e.g. getting a job, going to school), and contributes to poor general health, e.g. heart disease and diabetes[1]

3. More than 16,000 Victorians experience preventable hospitalisation due to dental conditions each year. Over 6,000 of these are children[2].

4. Less than 20% of the 2.5 million eligible Victorians receive public dental care each year[3, 4] due to long waiting lists caused by ongoing and significant underfunding

5. Long waiting lists for public care are getting longer, with the current waiting time at 19.5 months on average – an increase of 30% in the last year[5].

6. Rural residents are especially poorly served, with people in remote/very remote areas being 14% more likely to experience untreated tooth decay than those in major cities[6]

7. 40% of public dental care is emergency care. Long waiting times mean that dental problems, which if treated early, may have been prevented or needed only minimal intervention, become serious, requiring emergency dental surgery or avoidable hospital admission. There is also a personal cost to patients, whose oral health deteriorates while waiting to access dental care

8. A lack of predictable and adequate government funding and planning makes it difficult for public dental services to focus on prevention and recruit and retain experienced clinicians

9. Current funding levels of $90 per eligible Victorian is manifestly inadequate to provide for the oral health needs of some of the most vulnerable people

VOHA believes that

Everyone deserves to be able to eat, speak and socialise without pain, discomfort or embarrassment. Poor oral health impacts on people's quality of life, health and well-being, and even their employment prospects.

It is unacceptable that in our society there is inequitable access to dental care, leading to inequality of health outcomes for many vulnerable Victorians.

The Victorian Government must recognise that there are disadvantaged and vulnerable groups, who will be unable to access reasonable levels of oral health care without more assistance, and that the Government has a vital responsibility to provide timely oral health services for these people.

The call to action

We call on the Victorian Government to ensure a strong and sustainable public dental sector, which can respond to the community's oral health needs, through adequate and predictable funding.

The Victorian Government must:

- provide sufficient funding to reduce waiting lists to less than 12 months for general care at any public dental clinic, and keep them at this level[1]
- work with Victorian stakeholders, and the Federal Government, to develop a long-term funding strategy, and
- provide the support and the necessary funding to re-design the system to focus on prevention and early intervention to reduce the demand for emergency care

VOHA welcomes all interested parties who want to see the end of this inequity to contact us to discuss how you can help: email voha@adavb.org

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[1]Justifications for setting a limit on waiting time as less than one year:

1) Current Victorian public dental policy requires that, once a patient completes a course of care, they must wait one year before they can add their name back onto the general dental care waiting list. Therefore, if the official state-wide average waiting time is reported to be 19.5 months, returning patients are actually waiting on average over two and a half years
2) At present there is rarely a clinical assessment of a patient's oral health and risk at the time they are added to the waiting list. Population based risk knowledge must therefore be substituted. Eligibility criteria for public dental care selects for populations that are vulnerable or disadvantaged, and/or are known to have greater oral health risk factors than the noneligible population
3) People with favourable visiting patterns generally have good oral health, visit the same dentist once a year and visit for a check–up rather than a problem. People with unfavourable visiting patterns do not usually visit the same dentist, do not visit yearly, are often seeking treatment for a problem rather than visiting for a check–up and tend to have poorer oral health. In comparison to adults with favourable visiting patterns, adults with unfavourable visiting patterns are half as likely to receive preventive treatment and four times more likely to receive extractions (More information: http://www.health.gov.au/internet/publications/publishing.nsf/Content/report_nacdh~report_nacdh_ch1~report_nacdh_ad)
4) Australian Dental Association Policy Statement 2.5.1 (https://www.ada.org.au/Dental-Professionals/Policies/National-Oral-Health/2-5-1-Government/ADAPolicies_2-5-1_Government-_V1) recommends that "In funding oral health care delivery programmes for eligible groups and individuals, governments should apply the following… Eligibility to receive a recall visit within 12 months of completing treatment should apply"

The Victorian Oral Health Alliance is a group of consumer, welfare and professional bodies, which is committed to improving Victorians' oral health and access to dental care.

VOHA Members

- Australian Dental Association Victorian Branch (ADAVB)
- Australian Dental and Oral Health Therapists' Association Victoria (ADOHTA Vic)
- Australian Dental Prosthetists Association
- Brotherhood of St Laurence
- cohealth
- COTA Victoria
- Dental Hygienists Association of Australia (DHAA)
- Health Issues Centre
- North Richmond Community Health
- Professionals Australia
- Star Health

Last updated on 22/3/18

Appendix

Background

Although significant gains in oral health have been achieved over recent decades, there is still a strong association between poor oral health and disadvantage.

Poor oral health can cause pain, difficulty eating and speaking, social isolation, missing school or work, and difficulty in getting a job.

Oral health of selected disadvantaged or vulnerable groups of Australians

People experiencing socioeconomic disadvantage have poorer oral health

- A higher proportion of people who do not have health insurance (31.1%) have untreated decay than insured people (19.4%)
- About one in three people eligible for public dental care have untreated decay (32.9%), compared to less than one in four who are not eligible (22.9%).
- The proportion of people with untreated decay is higher at lower levels of household income: the highest proportion is for people living in households earning less than $12,000 per year (35.4%), while the lowest is for people living in households earning $100,000 or more per year (16.5%)[6]

Children still experience high rates of tooth decay – this is preventable

- 1 in 3 children aged 5-6 years have tooth decay in their baby teeth
- 2 in 5 children aged 12-14 years have tooth decay in their adult teeth
- There are more than 24,000 preventable hospitalisations of children aged 0-14 due to dental causes per year [6, 7]

Older people have an increasing need for dental care, and can experience barriers to accessing these services

- 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
- Tooth decay, gum disease, and oral cancer are prevalent in older people. There are more than 46,000 people in permanent residential aged care in Victoria, and a further 17,165 people receiving care in their homes (Home Care)[8]. Dental care in aged care facilities is sporadic at best. 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.
- 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[9]
- Pain free, healthy teeth and gums are essential for adequate nutrition and quality of life.

Aboriginal and Torres Strait Islander People

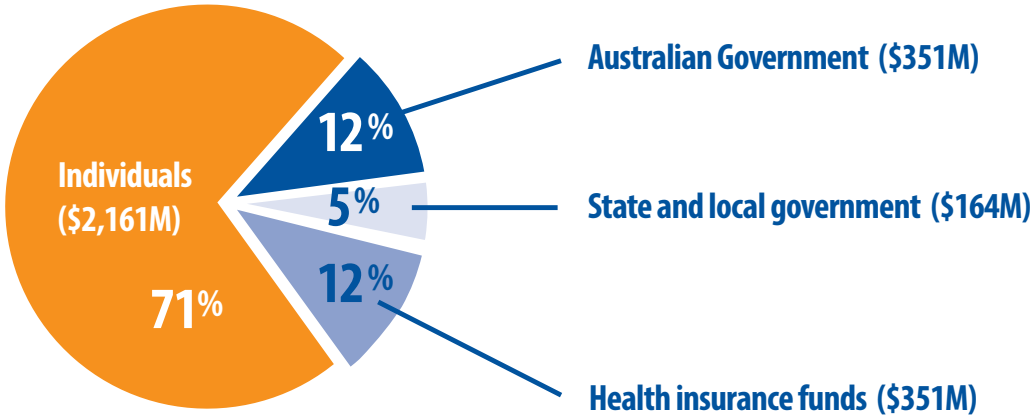
- On average, Aboriginal and Torres Strait Islander people experience poor oral health earlier in their lifespan and in greater severity and prevalence than the general population
- Aboriginal and Torres Strait Islander people are also less likely to receive treatment to prevent or address poor oral health, resulting in oral health care which often takes place in the form of emergency treatment
- Aboriginal people experience complete tooth loss at almost five times the rate of the non Aboriginal population [10]

The system

Who pays for dental care?

The cost of dental treatment in Victoria in 2015-16 was over $3 billion[11], 71% of this was paid for out-of-pocket, by individuals.

Who paid for dental services in Victoria in 2015-16?



Unlike many medical services, basic dentistry sits outside the federally-funded public health system. Although some Medicare-funded basic dental care is available to eligible children, basic dental care for adults is not available free of charge through Medicare. This means that access to public dental care mostly relies on unpredictable funding in small amounts from the State and Federal Governments. This lack of coordination of public dental care, and the absence of a consistent long-term plan, significantly impact the ability of service providers to deliver timely care to those who need it.

Public dental funding in Victoria

$226.1M has been provided for public dental care for 2017-18 [12]. This amounts to approximately $90 per eligible Victorian, which is manifestly inadequate to provide for the oral health needs of each of the 2.5 Million Victorians who are eligible for public care.

Both State and Federal Governments are responsible for funding public dental care in Victoria. The 30% Federal funding cut to the National Partnership Agreement on Adult Public Dental Services will lead to longer waiting lists and reduced access to public dental care. Both levels of government must take action to prevent these outcomes.

Eligibility for public dental care

The following people are eligible for public dental care

- Children and young people
  - All children aged 0 – 12 years (general and denture care only for non-concession card holders)
  - Young people aged 13 – 17 years who are health care or pensioner concession card holders or dependents of concession card holders
  - All children and young people up to 18 years of age, who are in out-of-home care provided by the Children Youth and Families Division of the Department of Human Services
  - All youth justice clients in custodial care, up to 18 years of age

- Adults aged 18 years and over, who are health care or pensioner concession card holders or dependents of concession card holders

- All refugees and asylum seekers

- All Aboriginal and Torres Strait Islander peoples who are treated at The Royal Dental Hospital of Melbourne

Fees and co-payments apply for many patients, from $28 per visit, up to a maximum of $112 for general care to $338 for specialist care, and $135 for dentures. See https://www.dhsv.org.au/patient-information/fees for further information.

People who are eligible for public dental care, and who are experiencing financial hardship, may be eligible for a fee exemption.

Families who are eligible for Family Tax benefit Part A, with children aged 2-17 can access the Child Dental Benefits Schedule (https://www.dhsv.org.au/public-dental-services/childdental) for their children.

Workforce and health services providing public dental care

- There are approximately 52 independent entities running 82 public dental services, spread across metropolitan and regional/rural areas of Victoria, as well as some mobile services
- A limited amount of public dental funding is provided on a short-term basis only, which makes it difficult for health services to plan strategically, or to develop prevention-focussed programs
- 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[13]
- There is capacity available in the oral health workforce to increase services, should funding be available to achieve this

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