

VICTORIAN STATE PRE-BUDGET SUBMISSION 2016 - 2017

December 2015

To The Hon. Timothy Pallas, Treasurer
The Hon. Jill Hennessy, Minister for Health

From Mr. Garry Pearson
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EXECUTIVE SUMMARY

This submission has been prepared to assist the Victorian Government in framing a budget, which will continue to promote the good oral health of all Victorians, especially those in greatest need, in a fiscally and socially responsible way.

Good oral health is fundamental to good general health. It allows people to eat, speak and socialise without pain or embarrassment¹. The most disadvantaged and vulnerable among us are at greatest risk of poor oral health.

Our submission focuses on four areas of need in the Victorian community: increased public dental funding for services and infrastructure, providing care to those in remote communities, achieving a sustainable dental workforce, and continuing to focus on preventive care. These are summarised below and discussed further in the following pages.

1. Adequately fund public dental services and infrastructure

Victoria's public dental care system continues to be chronically underfunded, which has led to long waiting times and reduced access to care. All Victorians deserve to have regular access to dental care to promote good oral and general health. It is therefore vital to offer timely access to public dental care for those who are eligible. We are asking the Victorian Government to:

- 1.1. Address the ongoing problem of uncertain Commonwealth funding for public dental care, and develop a sustainable and predictable funding model, which provides for the current and future needs of Victorians who are eligible for public dental care, and
- 1.2. Update ageing public dental infrastructure to ensure the continued delivery of high quality service, and ensure that newly constructed/updated public dental care facilities receive adequate funding to facilitate use of these new facilities for service delivery.

2. Support a strong and sustainable dental workforce

Our public dentists are highly trained, highly skilled and passionate health care professionals, who are critical in helping people in greatest need of dental care. In 2014, dentists employed in public hospitals received a long overdue salary increase through a new Enterprise Bargaining Agreement (EBA).

However, public dentists employed in community clinics have not been offered equitable terms, even

¹ Government of South Australia 2004. Healthy mouths healthy lives : Australia's national oral health plan 2004-2013

though both groups of dentists provide for the oral health needs of the same population. This is unsustainable and must be addressed. We urge the government to:

2.1 Resolve this long-awaited EBA by allocating additional funds for necessary salary increases for dentists employed in community clinics.

3. Provide dental care to those in rural and remote communities

In some Victorian rural and remote areas, public and private dental clinics cannot be established, because the population is too small to support them, and the people living in these areas are often unable or reluctant to travel the large distances needed to visit a dentist. Mobile dental care programs offer a solution to this problem. One such program is the Victorian Royal Flying Doctors Mobile Dental Care Program. We urge the government to:

3.1 Continue to invest in innovative oral health delivery models, such as the Mobile Dental Care Program, to enable equity of access in rural and remote areas.

4. Continue to focus on prevention

Prevention is key to reducing the burden of chronic disease and helping people to live healthier, longer lives. The benefits can be measured in reduced health care costs, and a healthier, more productive community. We are therefore urging the government to:

4.1 Deliver on its election promise to expand the water fluoridation program, since access to fluoridated water has been proven to significantly reduce tooth decay

4.2 Fund and implement the Victorian Health and Wellbeing Plan 2015-19, in partnership with healthcare providers and the community, and

4.3 Continue to support the state-wide roll out of the Smokefree Smiles project, which is increasing the number of people offered brief advice on smoking cessation by their oral health care provider.

1 Adequately fund public dental services and infrastructure

1.1 Victorians need a sustainable and predictable funding model for public dental care

Background:

In the private sector, about half of Victorians visit the dentist once a year². However in the public sector, only around 14-20% of those eligible see a dentist each year³. This is inequitable. To maintain the current level of public dental services in 2016-17, Victoria will need at least \$254 Million of funding, which would merely keep pace with population growth (1.7%)⁴ and inflation (1.5%)⁵, up from \$246.3 Million in 2015-16.

We estimate that to allow each eligible Victorian to receive public dental care at least once every two years would require around three times more funding than what is currently allocated⁶. The workforce capacity needed to offer treatment to a larger number of public patients already exists in our state, through a combination of public clinics and private dental services⁷.

Timely access to dental care is the key to preventing oral and dental diseases. In Victoria in 2013-14, dental conditions accounted for the second highest rate of potentially preventable hospitalisations, after diabetes complications⁸. Oral disease is the second most expensive disease group, with direct treatment costs in Victoria of over \$2 billion annually⁹. The best approach to reducing this costly health care burden is to undertake greater investment in preventive activities, such as regular access to public dental care for those most at risk of poor oral health.

For too long, uncertainty around Commonwealth funding for adult dental services has been destabilising Victoria's public dental care system, and this threatens the oral health of Victorians. Until a more stable public dental funding environment is achieved, disadvantaged Victorians will continue to experience delayed and reduced access to care. It is time for the Victorian Government to take the lead to remedy this situation.

Recommendations:

- **That the Victorian Government commits to a total funding target for public dental care, which takes into account the current and future needs of Victorians, and**
- **Should federal funding not be forthcoming, we urge the Victorian Government to step up and fund the shortfall. This will ensure that Victorians continue to have access to public dental care.**

² ABS, November 2015, *Patient Experiences in Australia: Summary of Findings, 2014-15*, cat. no. 4839.0, ABS, Canberra.

³ Dental Health Services Victoria Strategic Plan 2013-2016.

⁴ ABS, September 2015, *Australian Demographic Statistics, Mar 2015*, cat. no. 3101.0, ABS, Canberra.

⁵ ABS, October 2015. *Consumer Price Index, Australia, Sep 2015*, cat no. 6401.0, ABS Canberra.

⁶ Calculation is based on the following assumptions: If around 17% of the eligible population received public care² in 2014-15, at a cost of \$228.7 Million (Vic Government State Budget Paper No. 3, 2015-16), then a 2.94 - fold increase in funding would be needed to provide care to 50% of the eligible population per year (includes 1.7% population growth per year and 1.5% CPI per year).

⁷ Health Workforce Australia 2014: *Australia's Future Health Workforce – Oral Health – Overview*, P 32-36. Available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-oral-health>

⁸ Victorian Health Information Surveillance system:

<https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ViewContent.aspx?TopicID=1&SubTopicID=15>, accessed 10-12-15

⁹ AIHW 2010, *Health expenditure Australia 2008–09*, cat. no. HWE 51, Australian Institute of Health and Welfare, Canberra.

1.2 Funding the update of ageing public dental infrastructure to ensure continued high quality service delivery

Background:

We propose that a stocktake of the status of current public dental facilities be undertaken to assess their fitness for purpose, and a priority rating of clinics requiring refurbishment should be developed. Mapping of the needs of underserved areas should also be undertaken to identify areas where new or expanded services are required, and an estimate of costs for refurbishment and new facilities development should be fed into the Forward Estimates process. Dental Health Services Victoria has published Oral Health Profiles for Local Government Areas¹⁰ that provide information on population oral health and wellbeing. This information offers valuable insights that allow identification of priority areas for further development.

Commonwealth funding has recently been provided to construct some new public dental clinics, and upgrade some existing ones. However, in certain cases, there is insufficient funding allocated to allow these new facilities to be used. This is a waste of public funding, and these facilities must be funded to deliver the dental services that the community needs.

Recommendations:

- **That the government undertakes capital planning for Victoria's public dental health services, and develops a sustainable funding model to support this. This plan should feed into the Forward Estimates process, and**
- **That the Victorian Government ensures that newly constructed/upgraded dental clinics are adequately funded for service delivery to maximise the benefit to the community.**

2 Support a strong and sustainable dental workforce

2.1 An equitable resolution to negotiations for the Victorian Public Dentist Enterprise Bargaining Agreement (EBA) for dentists in community clinics

Background:

Our public dentists serve the most vulnerable Victorians. These highly trained, highly skilled and passionate health care professionals are critical in helping people in greatest need of dental care.

Oral health is fundamental to every Victorian's overall health, wellbeing and quality of life. The Victorian Government must ensure a sustainable public dental care system, which delivers for the community.

In 2014, dentists employed in public hospitals received a long overdue salary increase through a new EBA. However, public dentists employed in community clinics have not been offered equitable terms, even though both groups of dentists provide for the oral health needs of the same population. This is unsustainable and must be addressed. It's time for community clinic dentists to receive the respect, recognition and reward they deserve.

Recommendation:

- **That the government resolves this long-awaited agreement by allocating additional funds for necessary salary increases for dentists employed in community clinics.**

¹⁰ See <https://www.dhsv.org.au/oral-health-programs/LGA-oral-health-profiles#lga>

3 Provide dental care to those in rural and remote communities

3.1 Access to dental care for those living in areas without permanent public dental clinics

Background:

In some Victorian rural and remote areas, public and private dental clinics cannot be established, because the population is too small to support them, and the people living in these areas are often unable or reluctant to travel the large distances needed to visit a dentist. This is why the Royal Flying Doctor Service Victoria, in partnership with Dental Health Services Victoria and the ADAVB, has established the Mobile Dental Care Program, which provides dental care in mobile vans that visit underserved rural and regional areas in Victoria. The Victorian Government funded the initial pilot utilising a volunteer model and has subsequently funded the expanded pilot to include treatment for 2015-16.

Recommendation:

- **That the government continues to invest in innovative oral health delivery models, such as the Mobile Dental Care Program, to enable equity of access in rural and remote areas. In future, consideration will need to be given to including provision for specialist dental services, in addition to general dental services.**

4 Continue to focus on prevention

4.1 Funding to expand Victoria's water fluoridation program

Background:

ADAVB applauds the Victorian Labor Government's election commitment to "expand the program of water fluoridation to areas of Victoria yet to benefit from this important public healthcare measure"¹¹. In these tight economic circumstances it makes sense to focus on cost-effective preventive measures, such as water fluoridation, to reduce stress on the public dental system in the long term.

Water fluoridation is an effective, inexpensive and socially equal way to reduce tooth decay in children and adults. Ninety per cent of Victorians now receive fluoridated drinking water via their reticulated water supply. However, in regional and rural areas not every household has access.

It is estimated that, for each \$1 invested in water fluoridation, the saving in dental treatment costs alone ranges from \$12.60 to \$80, and that those who are most disadvantaged receive the greatest health benefits. In 2002 it was estimated that, over the past 25 years, water fluoridation has saved the Victorian community nearly \$1 billion in avoided dental costs, lost productivity and saved leisure time¹². 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.

¹¹ Victorian Labor Platform 2014. Available at <https://www.viclabor.com.au/wp-content/uploads/2014/05/Victorian-Labor-Platform-2014.pdf>

¹² National Advisory Committee on Oral Health (2004). *Healthy mouths, healthy lives: Australia's national oral health plan 2004-2013*. National Advisory Committee on Oral Health, Australian Health Ministers' Advisory Council, Adelaide (and references therein).

Recommendation:

- **That the Victorian Government delivers on its election promise to expand the water fluoridation program. Funding the program for around \$3 Million per year over each of 5 years would facilitate the construction of between 2 - 4 water fluoridation plants, per year, depending on plant size and technology. Of the remaining 60 unfluoridated regional and rural towns, 20 plants could feasibly fluoridate 37 towns.**

4.2 Fund the implementation of Victoria's Health and Wellbeing Plan 2015 - 2019

Background:

We applaud the Victorian Government's Public Health and Wellbeing Plan 2015 - 2019, which identifies the priority areas for protecting and supporting the health and wellbeing of Victorians, and in particular, for chronic disease prevention.

The government has indicated that a "range of appropriate targets will be developed, supported by a comprehensive public health and wellbeing outcomes framework"¹³.

The long-term plan for health promotion in Victoria must now be further developed in partnership with health service providers and the community. We therefore urge the government to lead the development of a public health and wellbeing outcomes framework, and provide adequate and sustained funding to achieve these goals.

Recommendations:

- **That the Victorian Government continues to fund and support health promotion programs in our state. We further urge the government to:**
- **Develop the public health and wellbeing outcomes framework in consultation with healthcare providers and the community, and**
- **Partner with health care providers and the community to implement the Health and Wellbeing Plan.**

4.3 Support smoking cessation interventions in the dental clinic – Smokefree Smiles

Background:

In Victoria, smoking costs approximately 4,000 lives and \$2.4 billion in direct healthcare costs and lost productivity annually¹⁴. Quit Victoria's Smokefree Smiles project¹⁵ is addressing a key priority of the Victorian Public Health and Wellbeing Plan 2015-2019: tobacco free living¹⁶. ADAVB is a partner in Smokefree Smiles, along with the Victorian Department of Health and Human Services and Dental Health Services Victoria.

¹³ Victorian Government, September 2015. *Victorian public health and wellbeing plan 2015–2019*. Available at <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

¹⁴ Collins D, Lapsley H 2011, *The social costs of smoking in Victoria in 2008/09 and the social benefits of public policy measures to reduce smoking prevalence*, Quit Victoria and the VicHealth Centre for Tobacco Control and Cancer Council Victoria, Melbourne.

¹⁵ For more information on Smokefree Smiles see <http://www.quit.org.au/resource-centre/training/oral-health-professionals>

¹⁶ Victorian Government, September 2015. *Victorian public health and wellbeing plan 2015–2019*. Available at <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

Through the development and implementation of a brief advice framework for dental practitioners, the pilot phase of Smokefree Smiles assisted practitioners to refer more than 250 people to Quitline. The planned state-wide expansion of this project will therefore offer significant opportunities for health gains in Victoria.

Recommendation:

- **That the Victorian Government continues to support the Smokefree Smiles project, to further reduce Victoria's smoking rate. This will both protect the health of Victorians and reduce the future burden to our healthcare system.**