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# DENTAL HEALTH SERVICES VICTORIA



dental health  
services victoria  
oral health for better health



## OUR ORGANISATION

Dental Health Services Victoria (DHSV) is the lead oral health agency in Victoria. We provide oral health services through The Royal Dental Hospital of Melbourne and in partnership with over 50 community dental agencies throughout the state. We also run statewide oral health promotion programs, invest in oral health research, advise the government on oral health policy and support the education of future oral health professionals.

## OUR PURPOSE

We lead improvement in oral health for Victorians and ensure we prioritise those most in need.

## OUR COMMITMENT

We commit to improve oral health for better health.

## VALUES AND BEHAVIOURS

We apply the Victorian public sector values of responsiveness, integrity, impartiality, accountability, respect, leadership and human rights.

In particular, DHSV will apply these values and behaviours:

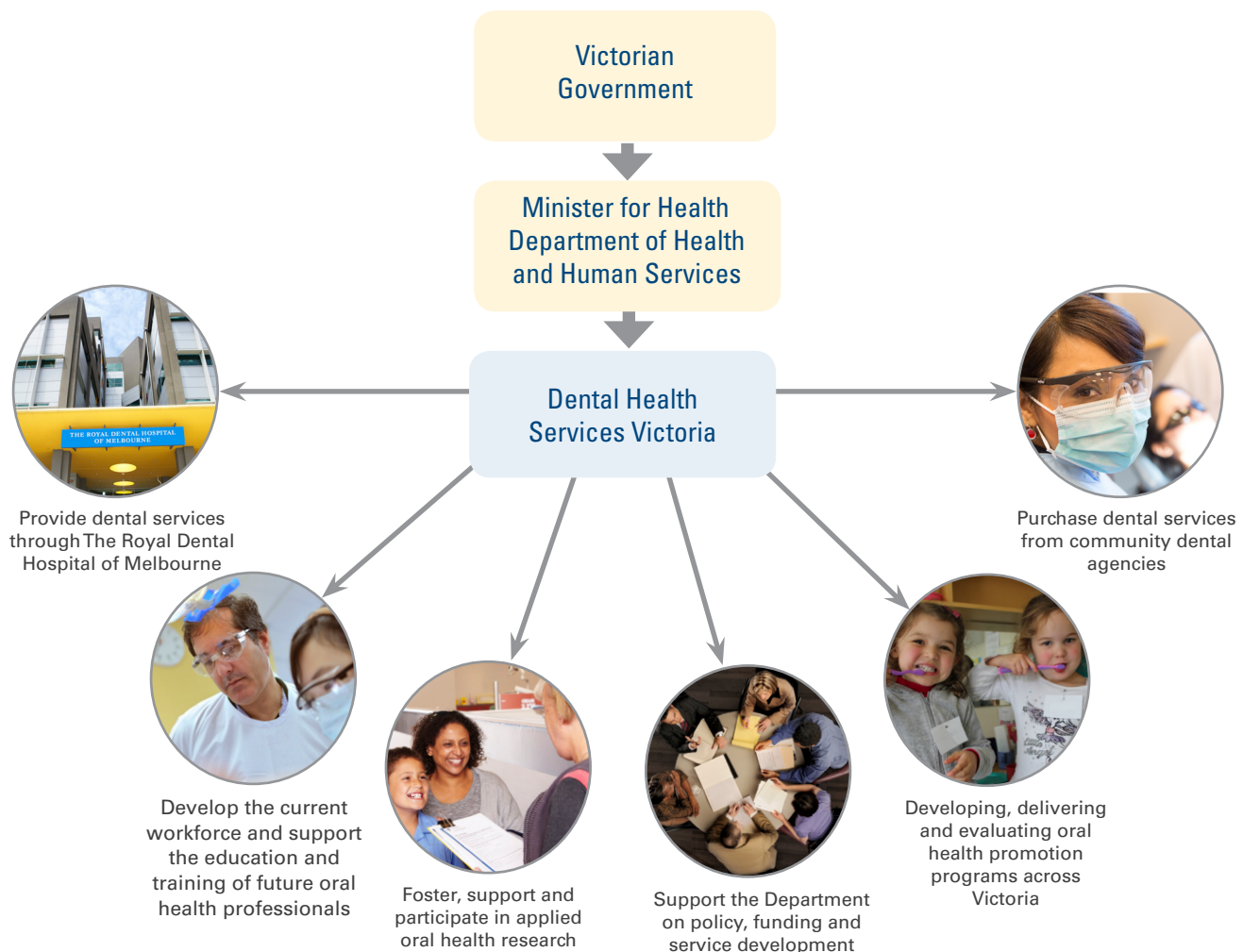
Transform ourselves and our organisation to achieve better health outcomes for the community.

Act with respect towards every person or idea that we encounter.

Be accountable to the people we care for and those we work with.

Embrace collaboration with all partners that help us achieve our goals.





DHSV, as the leading public oral health agency, has a role in:

- training, recruiting and retaining the oral health workforce
- setting the agenda for oral health promotion
- ensuring the quality of oral health services, including clinical leadership
- advocating, through partnerships, for oral health
- supporting and encouraging innovation and research in oral health.

DHSV is responsible for:

- purchasing integrated community dental services
- planning the best distribution of purchased services
- providing general and specialist services through The Royal Dental Hospital of Melbourne.

## Community dental clinics – metropolitan Victoria



## Community dental clinics – rural Victoria





# HIGHLIGHTS

## 2016–2017



RDHM's Oral Surgery department treated **6,874** people.



Partnered with Zoos Victoria to focus on children's oral health.



Staff attended the Respectful Workplace Learning Day as part of DHSV's goal to foster a respectful workplace.



Over **440** health professionals working with children aged 0 to 3 and pregnant women received professional development to increase their knowledge, attitudes, skills and practices around oral health.



Smiles 4 Miles reached more than **34,000** children and their families across 560 early childhood services.



Over **54,000** toothbrushes and toothpaste reached at-risk families with the support of Colgate through the Alliance for a Cavity Free Future, the Colgate Mrs Marsh Grant and community partners.

# Where are we now?

## Pregnancy and maternal health

### WHERE ARE WE NOW?

34% of the eligible Victorian female population aged 18-44 years access public dental care over a 2-year period.



Pregnant women **do not** routinely have a preventive program administered by oral health staff.



About **2/3**



of pregnant women presenting to public dental clinics have untreated decay.



We have

**limited data**

on pregnant women.

## Children and adolescents (5-17)

### WHERE ARE WE NOW?

30% of the eligible population aged 5-17 years access public dental care over a 2-year period.

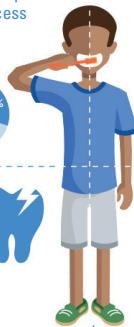


17% of children aged 5-17 are receiving topical fluoride treatment at community dental agencies.



**39%**

of children aged 5-17 years presenting to public dental clinics have no history of dental decay.



**32%**

of children aged 5-17 are receiving fissure sealants at community dental agencies.

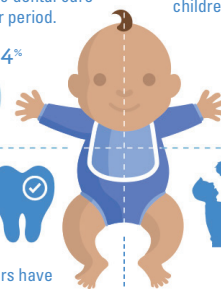
## Infants and early years (0-4)

### WHERE ARE WE NOW?

14% of the eligible population aged 0-4 years access public dental care over a 2-year period.



Approximately **4 in every 1,000** children aged 0-4 years are hospitalised for treatment of dental decay.



**74%**

of children aged 0-4 years have **no history of dental decay.**



In 2014, **1 in 7** parents had a concern about their children's oral health.



## Adults (18-64)

### WHERE ARE WE NOW?

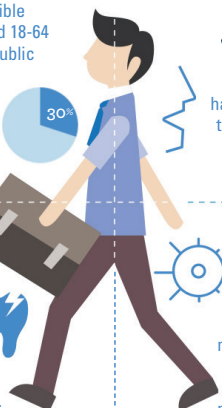
30% of the eligible population aged 18-64 years access public dental care over a 2-year period.



**20%**

of the population have moderate to severe gum disease.

Only **6.5%** of adults aged 18-64 presenting to public dental clinics have no history.



Oral cancer affects about **14 in every 100,000** Victorians and is the 9th most common cancer in men and 12th most common cancer in women.



## Older adults (65+)

### WHERE ARE WE NOW?

19% of the eligible population aged 65+ years access public dental care over a 2-year period.

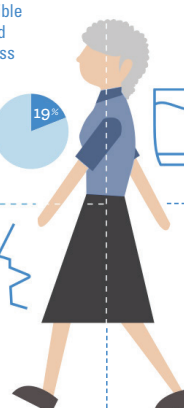


**58%**

of adults have gum disease with higher rates for people with low incomes.



About **1 in 5** adults aged 65+ report having no natural teeth at all.



In 2011, **14%** of the Victorian population was aged 65+. In 2021, this will be **16.5%** heading for **17.7%** in 2026.



# Where we want to be to improve health outcomes



## Pregnancy and maternal health

### WHAT WILL WE DO?

#### Population interventions

- Support water fluoridation
- Expand the **healthy families healthy smiles** health promotion program to all high risk communities
- Link pregnant women, via screening and referral programs in **healthy families healthy smiles** to our clinicians
- Enhance health literacy

#### Primary interventions

- Develop a model of care that includes:
  - Risk assessments
  - Self-management and support
  - Minimal intervention care that optimises health outcomes
  - Fluoride for all at high risk



## Infants and early years (0-4)

### WHAT WILL WE DO?

#### Population interventions

- Support water fluoridation
- Expand the **Smiles 4 Miles** program to all high risk communities
- Link young children - via screening, early identification and referral strategies in **Smiles 4 Miles** - to our clinicians
- Promote community fluoride delivery programs in non-fluoridated high risk areas
- Enhance health literacy

#### Primary interventions

- Develop a model of care that includes:
  - Risk assessments
  - Self-management and support for families
  - Minimal intervention care using the least invasive interventions where possible
  - Fluoride application for all at high risk

#### Secondary interventions

- Minimise the use of general anaesthetics



## Children and adolescents (5-17)

### WHAT WILL WE DO?

#### Population interventions

- Support water fluoridation
- Develop child and adolescent health promotion programs
- Increase access to clinical services for children and adolescents in high risk areas
- Promote community fluoride delivery programs in non-fluoridated high risk areas
- Enhance health literacy



#### Primary interventions

- Develop a model of care that includes:
  - Risk assessments
  - Self-management and support
  - Minimal intervention care that optimises health outcomes
  - Fluoride and fissure sealants for all at high risk
  - Use the most minimally invasive interventions possible

#### Secondary interventions

- Minimise the use of general anaesthetics



## Adults (18-64)

### WHAT WILL WE DO?

#### Population interventions

- Support water fluoridation
- Promote community fluoride delivery programs in non-fluoridated high risk areas
- Enhance health literacy
- Develop health promotion programs for priority group populations

#### Secondary & tertiary interventions

- Referral and specialist care where we optimise health outcomes
- Minimise the use of general anaesthetics



#### Primary interventions

- Develop a model of care that includes:
  - Emergency care
  - Risk assessments
  - Self-management and support
  - Minimal intervention care where we optimise health outcomes
  - Fluoride for all at high risk
  - Smoking cessation
  - Fewer low value services



## Older adults (65+)

### WHAT WILL WE DO?

#### Population interventions

- Support water fluoridation
- Support older adults and carers to improve oral health outcomes

#### Primary interventions

- Implement a model of care for Residential Aged Care Facilities in high risk communities that includes:
  - Emergency care
  - Risk assessments
  - Self-management and support
  - Minimal intervention care that optimises health outcomes
  - Fluoride for all at high risk
  - Fewer low value services – particularly dentures



In 2015-16, over  
400,000 individuals  
were treated in public  
dental clinics across  
Victoria





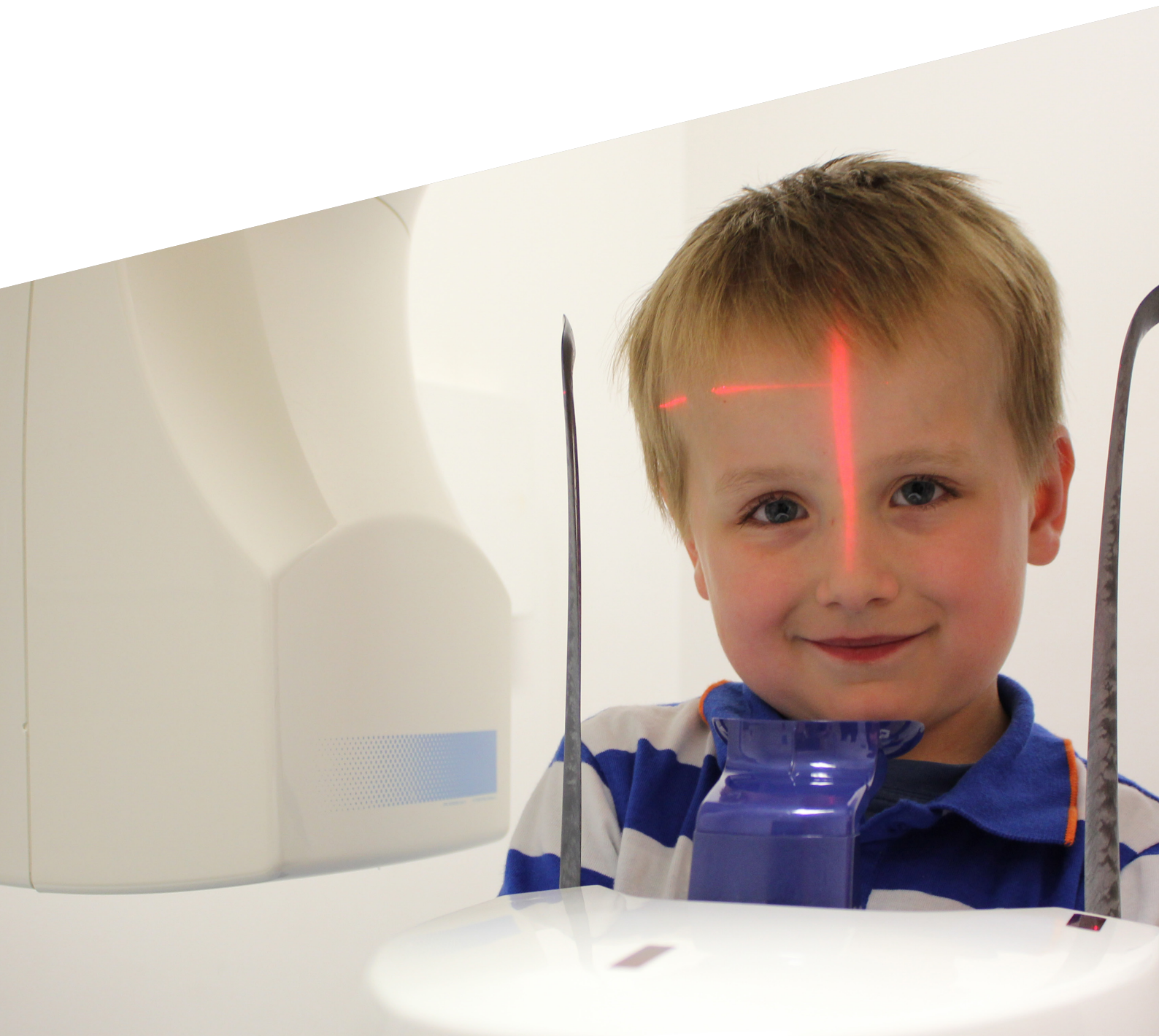
# STRATEGIC PLAN 2016-2021

## 1. IMPROVE HEALTH OUTCOMES

Our focus is to improve health outcomes of all Victorians. We want to deliver high-quality and high-value care for all our patients and to reduce health inequities by extending our reach to more of the eligible population, especially priority groups.

We have been working with The Gathering Place (a provider of services and programs to the Aboriginal communities) at Werribee to provide an outreach dental service. A Dental Health Services Victoria dental van operates four times a year and visits coincides with school holidays, targeted to help Aboriginal residents living in Melbourne's west to access dental services closer to home. In 2015–2016, 267 patients were assessed through this outreach service.

The Royal Dental Hospital of Melbourne has also created a triage tool at its Emergency department to reduce avoidable admissions and prioritise urgent care. We worked with the Royal Melbourne Hospital and St Vincent's Hospital Melbourne to divert patients presenting with dental problems at their accident and emergency departments to the dental hospital. A total of 81 patients received care in the six-month pilot period, including 50 patients from the two pilot hospitals and 31 patients from hospitals outside of the pilot program.





## 2. IMPROVE THE EXPERIENCE

Because our patients matter, we are always looking for ways to enhance their experience.

The health outcomes of our patients come first and we work with our consumers to design an experience that delights.

Through our teledentistry project, many rural and regional patients have been able to receive consultations with specialist dentists at The Royal Dental Hospital of Melbourne without having to leave their local dental clinics. The project has helped many patients save time on travelling without compromising on the quality of care that they receive. The project is currently running in Rosebud, Portland, Shepparton and the Latrobe Valley.

The Royal Dental Hospital of Melbourne became the first public hospital in Australia to launch its brand-new fully accredited Changing Places bathroom for people with a disability. It was also the first time such a facility in a hospital was open to the public. This means that not only do disabled patients and their carers receive exceptional facilities but so too does the general public in Melbourne that live, work, or visit the spaces surrounding the dental hospital. The initiative resulted from listening and consulting with patients, carers and the community.

Together with local agencies, Dental Health Services Victoria launched the Flying Doctor Dental Clinic in January 2016. The mobile dental clinic offers screening, oral health education and treatment for eligible community members. The program has provided dental services to more than 1,000 Victorians living in rural communities who may otherwise have gone without access.



### 3. BE GLOBAL LEADERS WITH OUR LOCAL PARTNERS

We work with other local partners to ensure that the settings where Victorians work, live and play promote good oral health.

We deliver a range of programs focusing on those Victorian communities most in need with initiatives such as Healthy Families, Healthy Smiles. This Victorian Government funded program targets Victorian toddlers, pregnant women and families. The project aims to help raise awareness of the importance of good dental care from early childhood. Since it began in 2012, we have trained a range of health professionals, including midwives, health and early childhood professionals to provide advice and support around oral health to families.

There is also Smiles 4 Miles, a program that works in partnership with local kindergartens and childcare centres across Victoria to improve the oral health of young children. In 2017, this program reached more than 34,000 children through 560 kindergartens and early childhood centres across Victoria.

Dental Health Services Victoria is also an active partner in planning a standard set of outcome measures for oral healthcare with the International Consortium for Health Outcomes Measurement (ICHOM), a non-profit organisation with the purpose of transforming healthcare systems worldwide by measuring and reporting patient outcomes in a standardised way. ICHOM has developed standard sets of outcome measures for a number of medical conditions with the aim of covering more than 50 per cent of the global disease burden by 2017.

DHSV's research was internationally recognised and published in the Cochrane Review. The study tested a range of global oral health promotion interventions to ascertain which intervention is most likely to improve oral health outcomes for youngsters.





More than 400 people from  
across the country attended  
the 2017 Public Oral Health  
Innovation Conference hosted  
by DHSV.

## 4. BE A GREAT PLACE TO WORK AND A GREAT ORGANISATION TO WORK WITH

Dental Health Services Victoria will create and support a public dental workforce to provide high value care.

We are invested in our staff. Our continuing professional program provides courses to help our people develop in their fields. We hold regular conferences such as the annual Public Oral Health Innovations Conference so that staff can meet, learn and celebrate achievements. More than 400 people from across the country attended the 2016 conference.

In an Australian first for the health sector, dental professions signed a joint position statement against bullying, harassment and inappropriate behaviour in December 2016. Led by Dental Health Services Victoria, it was the first time that any group of health professionals came together to pledge against inappropriate workplace cultures. Dental Health Services Victoria then held a Respectful Workplace Learning Day for all staff. We are working together to foster good behaviour and stamp out this behaviour for the protection of our staff and our industry as a whole.

In November 2015, DHSV received the Australian Human Resources Institute (AHRI) Wayne Cascio Award for Organisational Change and Development. This award recognised our initiative to develop a new classification structure that improved remuneration for our dental assistants and created new career pathways aligned to our focus on developing new models of care.

We also received AHRI Indigenous Employment Award. This Award recognised the organisation's Indigenous Employment Program as a vehicle for creating an emerging talent pipeline in clinical and non-clinical roles for our Aboriginal workforce.





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