A new way of improving population oral health

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Chief Learning Officer, DHSV
1890 - 1995 The Royal Dental Hospital of Melbourne (RDHM)

1996 Dental Health Services Victoria (DHSV)
- to improve the planning, integration, coordination and management of public dental services

2003-4 Re-located RDHM from Parkville to Carlton & established DHSV as a metropolitan public health service
Australia’s National Oral Health Plan 2004 – 2013 ‘Healthy mouths healthy lives’

2007 Improving Victoria’s oral health,
Department of Health
DHSV is the lead public oral health agency in Victoria
As the lead public oral health agency, we are responsible for:

**SERVICE DELIVERY**

*Targeting priority groups* (the eligible population)
- Aboriginal and Torres Strait Islanders, asylum seekers/refugees, pregnant women, children, special needs and emergencies.
- Providing sustainable, efficient, effective and high quality services that will improve the oral health status of Victorians, particularly those who are vulnerable and most in need.
- Efficiently purchasing oral health services from community agencies.

**LEADERSHIP**

- Implementing sound oral health promotion and prevention strategies that minimise the need for intervention.
- Supporting professional education and training of Victoria’s future oral health professionals, inclusive of clinical research into more effective prevention and better treatment.
Role of DHSV

State Government

Minister for Health

Sets policy direction
Service planning

Department of Health

Funds public dental program

Dental Health Services Victoria

Lead public oral health agency

Provides 20% of State’s public oral health services (emergency, primary and specialist at RDHM)

Provides education & training of oral health professionals as part of workforce development strategy

Develops & implements statewide oral health promotion and disease prevention framework

Purchases 80% of public oral health services from other registered funded agencies (+private)

Advises government on policy, funding and service development
- **Diabetes** - two-fold increased risk of developing periodontitis (gum disease) for diabetics

- **Osteoporosis** - risk factor in periodontal disease progression, especially among post-menopausal women.

- **Pre-term births** - connection between periodontal infection and increased rates of pre-term births.

- **Cardiovascular disease** – link between caries and periodontal disease with increased risk for cardiovascular disease due to development of atherosclerosis. Shared risk factors: diabetes, smoking, low socioeconomic status and stress.

- **Chronic obstructive pulmonary disease** - association between dental plaque, poor oral health and lung disease, mainly in hospitalised or institutionalised elderly and patients with COPD.

- **Cancer** – increased prevalence and severity of periodontal disease in smokers and increased risk with alcohol intake.
Our population health approach

We adopted a population health approach to help us decide the most fair and equitable means of distributing services.

- Measure population health status
- Analyze determinants of health

Use this evidence to inform our decisions

- Increase Upstream Investments
- Public Involvement
- Collaboration of all Sectors
- Accountability for Outcomes

Improve health of population
Decrease health status inequities

to improve the oral health status of Victorians, particularly those who are disadvantaged, vulnerable and most in need.
• The Australian Population Health Improvement Research Strategy for Oral Health
  – A flagship initiative of Dental Health Services Victoria
  – In partnership with the Jack Brockhoff Child Health and Wellbeing Program, School of Population Health, The University of Melbourne

• History:
  – Formative discussions: 2008/9
  – Submissions to the DHSV Board: November 2009-March 2010
  – Approved: March 2010
  – Commenced: June 2010
Role of APHIRST-Oral Health

- Develop the evidence for upstream population oral health interventions

- Provide a mechanism for bringing together an interdisciplinary team
  - Policy, practice, research interface
  - Dynamic and engaging public health improvement network

- Generate funding to test the effectiveness of interventions and policies for reducing health inequalities and improving population oral health
  - Research development groups
Related activities within DHSV include

- **Health promotion**
  - Smiles 4 Miles
  - Healthy Mums, Healthy Bubs

- **Development of a Community Oral Health Needs Index**
  - Includes validation of existing dental database

- **Evaluation of Regional Oral Health plans**

- **Research Projects**
  - Testing interventions (pilot studies and large scale)
  - Epidemiology and population monitoring infrastructure

- **Child Oral Health Round table (held 2010)**
  - Implementing action plan based on 7 recommendations from the forum
Recommendations:

1. Capture research and innovation conducted by Agencies
2. Provide research bulletins on the DHSV website
3. Provide local population health information to Agencies
4. Progress effective service coordination with Child and Maternal Health Nurses (and School Nurse Program)
5. Support inter-agency collaboration directly and indirectly (e.g., “Agency seminars” and Regional Planning)
6. Consult with Agencies about the amount and level of information sent to them through DHSV reporting mechanisms
7. Develop oral health outcome measures for reporting alongside service performance measures
8. Explore profession-wide perspective concerning strategic change issues through engagement with the broader dental profession
• The success of APHIRST-Oral Health will depend on building and strengthening the linkages across a broad range of discipline areas to lead intervention research applications, and work together to build and support infrastructure and mentoring.

• Today we are exploring
  – Current innovation in policy, practice and research
  – Ideas for future upstream, population interventions
  – Capacity to meet major policy, practice, and research needs
Thank you