



Dental Health Services Victoria  
**Strategic Plan**  
2013-2016



dental health  
services victoria  
oral health for better health



# Message from the Board Chair

At Dental Health Services Victoria we know that oral health is important for overall health and wellbeing. Poor oral health can affect people's ability to eat, talk and socialise without pain or embarrassment and evidence shows that dental disease is linked to other chronic conditions like heart disease, diabetes and cancer. Poor dental health costs the economy over \$2 billion a year and treatment costs more than all cancers combined.

That's why every day we work to improve the oral health of Victorians, particularly our most vulnerable. It's a team effort and relies on a foundation of strong partnerships. We work with our consumers at every opportunity to ensure we provide the care that they need and we value our relationships with other health and community organisations in the development of projects and programs to facilitate that care.

The Victorian Government has highlighted the need for oral health to become a priority in its *Victorian Public Health and Wellbeing Plan 2011-2015* and in April 2013, a report by the Victorian Aboriginal Community Controlled Health Organisation showed poor access to dental services continued to be a problem for many communities.

Aboriginal and Torres Strait Islander people spoke of frustrations in accessing the services they needed

and believed there was a need for more culturally appropriate oral health care policies, treatment and service provision, prevention programs and advocacy.

Our commitment is to learn from reports and feedback like this. We want to lead the provision of and education about oral health, breaking down barriers that keep people from accessing care and achieving the best possible oral health outcomes.

Going forward, we will focus on improving oral health literacy and strengthen prevention and early intervention programs, always looking at ways to provide higher quality care to as many eligible people as possible with the resources we have.

Our own applied research confirms that intervention and prevention are the keys to increasing the success of oral health programs so as we plan for the future, we will focus on maximising prevention. Our committed participation in public oral health intervention research will continue as 'drilling and filling' alone won't improve long-term outcomes for our patients or prevent dental disease from developing in the first place.

We will build on the success of our existing programs, (such as Smiles 4 Miles which is helping to improve the oral health of preschool aged children), and look at new ways to reach other vulnerable population groups.

We have some challenges ahead but we will use them as opportunities to find innovative ways to provide more high quality care to more Victorians.

Mick Ellis  
DHSV Board Chair





# About DHSV

## Our vision

Oral health for better health

## Our mission

To lead improvement in oral health for all Victorians, particularly vulnerable groups and those most in need.

## Our values

**Respect** – we treat everyone in an open and courteous manner

**Integrity** – we behave fairly and honestly and are accountable for our actions

**Teamwork** – we work as a team and in partnership with our patients, our partners and the community

**Excellence** – we set best practice standards and are innovative in all that we do

## We will measure our success by:

- Increasing the percentage of the eligible population accessing services from 14% to 20% or more
- Improving patient satisfaction to 80% or more
- Improving staff engagement to 75% or more
- Providing care to at least 332,500 people each year, plus an additional 110,000 by March 2015
- Doubling the number (from 5 to 10) of Aboriginal early childhood services participating in Smiles 4 Miles
- Improving quality and service indicators
- Working within our allocated budget and with available resources



# What is the role of DHSV?

Dental Health Services Victoria is the leading public oral health agency in Victoria. Our aim is to improve the oral status of all Victorians, particularly vulnerable groups and those most in need.

We provide clinical dental services through The Royal Dental Hospital of Melbourne (RDHM) and purchase dental services for public patients from 57 community agencies throughout Victoria.

To help improve the oral health of our communities we provide

- emergency, specialist and other dental services at RDHM and public dental agencies
- support for the future dental workforce through our education programs and clinical placements across Victoria
- oral health promotion programs that help build healthy living environments to prevent dental disease before it becomes problematic
- applied research that helps ensure our clinical and oral health promotion work practices improve oral health
- clinical leadership and support for members of the workforce to help address dental disease at the local level
- support and advice to department policy and decision-makers to ensure oral health is included in health planning and policy and that it is seen as an important part of general health and wellbeing.

Good oral health is vital to overall health and wellbeing. That's why we strive to improve the oral health of Victorian communities, particularly those most in need, by working closely with our partners to provide dental services and care to as many of our eligible population as possible, with a commitment to early intervention, prevention and population health approaches.



Provide dental services



Applied research to help improve oral health



Provide oral health promotion programs



Provide clinical placements



# Planning for the future

Evidence shows that oral health plays a large part in overall health and wellbeing. That's why DHSV works so hard to improve the oral health of the Victorian community.

The *Strategic Plan 2013-2016* is our roadmap. It guides us in our work and helps us to achieve our goals. It also ensures that our consumers, staff and partners understand what we are trying to achieve and why.

When we developed our Strategic Plan, we considered some important Government documents including the *Victorian Health Priorities Framework 2012-22*, the *Victorian Public Health and Wellbeing Plan 2011-2015* and the *Healthy Together Victoria: Action Plan for oral health promotion 2013-2017* and were guided by Victorian and national oral health plans, regional oral health plans, evidence-based oral health promotion resources and research publications.

A number of DHSV plans also support our Strategic Plan. They focus on all areas of DHSV business including community participation, cultural responsiveness, disability, Aboriginal oral health, strategic information and communication technology work, capital management, building workforce capacity and applied research and innovation.

While developing our Strategic Plan, gathering evidence and consulting with staff and stakeholders was of the utmost importance. We embraced every opportunity to listen to, consider and include stakeholder feedback.

We would like to thank everyone who has helped us to develop this plan.

Our finalised Strategic Plan is an important building block for our annual Action (Business) Plan. The Action Plan will outline in detail, the activities that we need to undertake in order to achieve our strategic goals.



Tooth decay is one of the  
**most common health  
care problems** in Australia



# Our goals 2013-2016

## 1. Excellence in service delivery

### Goals:

To contribute to improving oral health, DHSV and our service delivery partners will ensure that the highest quality services are provided.

### Objectives:

- 1.1 All agencies will be successful in accreditation against the National Safety and Quality Health Service Standards.
- 1.2 All new models of care introduced in public oral health will have a strong preventive and public health emphasis.
- 1.3 All agencies will have a strong consumer-focused service delivery model showing evidence of improved consumer engagement.
- 1.4 We will have worked with our educational partners to ensure we have clear teaching models that provide excellent student experiences and good service delivery.
- 1.5 We will have implemented State and Commonwealth funding programs to ensure the maximum number of eligible people, particularly the disadvantaged, are provided with dental care.
- 1.6 We will have increased the percentage of the eligible population that we provide services to and we will be doing it more cost-effectively.
- 1.7 We will have streamlined the access to care process by reviewing the triage, referral pathways and discharge pathways, waiting list and private voucher allocation procedures.
- 1.8 We will improve access to specialist services to support general dental practices, particularly for rural communities and priority groups.



Poor oral health is linked to diabetes, adverse pregnancy outcomes, coronary heart disease and oral cancers



# Our goals 2013-2016

## 2. Use a population health approach to improve oral health

### Goals:

With other community organisations, DHSV will work to ensure that the settings that the community work, live and play within promote good oral health.

### Objectives:

- 2.1 We will have identified disadvantaged groups for DHSV services, including older people, and developed and implemented strategies to improve their oral health.
- 2.2 We will work to ensure that all priority groups have better access to dental services.
- 2.3 We will have implemented programs to increase access to dental services for eligible people in rural and regional areas.
- 2.4 In support of the Government's *Healthy Together Victoria – Action plan for oral health promotion 2013-2017*, we will be a lead agency, working with partners to achieve the goals outlined by June 2016.
- 2.5 Using common risk factors as the basis for collaboration, we will work with other health agencies to develop and implement policies or programs that will improve oral health.
- 2.6 By June 2016, we will ensure that 80% of all kindergartens in high risk areas have access to Smiles 4 Miles.
- 2.7 By June 2015, we will complete the Healthy Families Healthy Smiles program with at least 100 midwives in antenatal care in the three major tertiary centres, Koori maternity services and priority rural areas, having undertaken the oral health training program.

Tooth decay is  
**five times more**  
prevalent than asthma  
among children





# Our goals 2013-2016

## 3. Be leaders in oral health

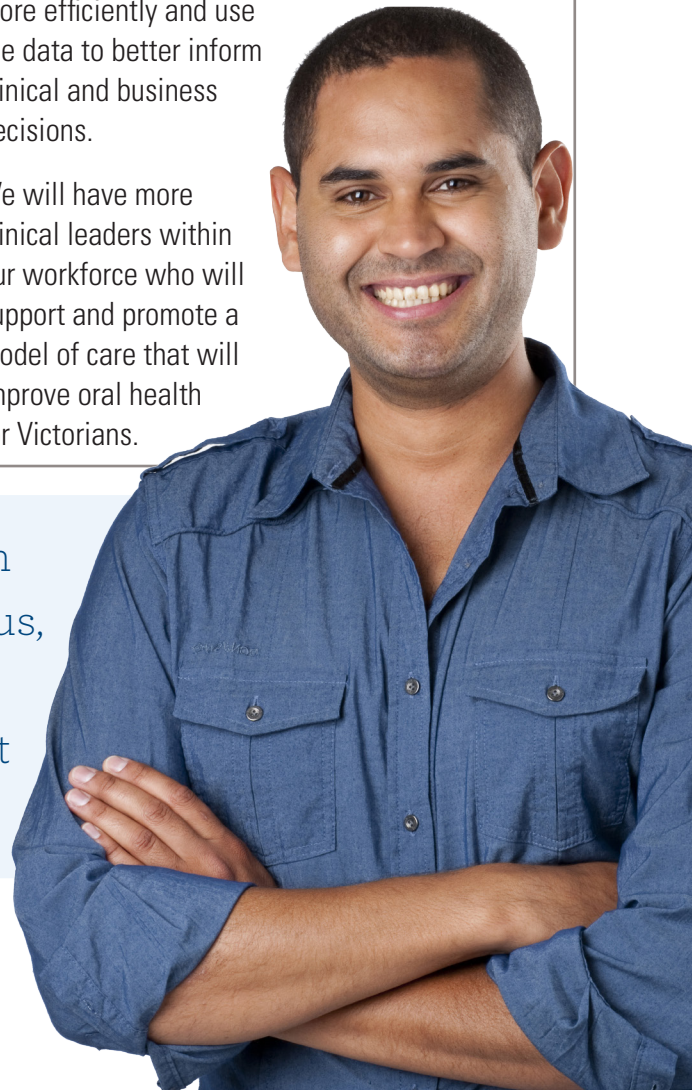
### Goals:

As trusted advisors in public oral health policy, program and guideline development, DHSV will continue to contribute to improving oral health in our communities.

### Objectives:

- 3.1 We will revise and implement the clinical governance framework that incorporates clinical leadership, peer review, clinical guideline implementation, innovative service models and clinical professional development.
- 3.2 We will ensure policies, inquiries or standards relating to public dentistry are provided with comments from DHSV with the aim of improving oral health.
- 3.3 We will have clear position statements on issues that affect oral health.
- 3.4 In conjunction with the development of models of care, we will identify or undertake research that provides a good evidence base to translate into practice.
- 3.5 We will integrate minimal intervention policies and efficient workforce models into our models of care.
- 3.6 Each department of The Royal Dental Hospital of Melbourne and its staff will strive to improve all quality indicators with a focus on at least one area of priority.
- 3.7 We will provide an annual innovations workshop and/or public health conference to increase the understanding, interactions and sharing between public oral health practitioners and managers.
- 3.8 We will use our Patient Management System more efficiently and use the data to better inform clinical and business decisions.
- 3.9 We will have more clinical leaders within our workforce who will support and promote a model of care that will improve oral health for Victorians.

Oral diseases are more common in people with low socio-economic status, some Aboriginal and Torres Strait Islander people and some immigrant and refugee groups







# Our goals 2013-2016

## 4. Organisational excellence

### Goals:

DHSV will continuously improve the way we do business, targeting resources at improving oral health and moving from 'good to great' services.

### Objectives:

- 4.1 Each year, we will identify three key areas at DHSV or within the wider public oral health sector in which we will improve efficiencies, commencing with our dental supply service.
- 4.2 Our staff will be more engaged in the organisation.
- 4.3 All staff who have been employed longer than six months will have developed and implemented a plan with their manager to enable them to contribute to delivering our organisational goals and further their career development.
- 4.4 We will have implemented a suite of communication strategies to help improve oral health literacy, improve access to dental services and make the services more welcoming.
- 4.5 We will have supported the training and development of clinicians and support staff to expand their scope of practice and help deliver the new models of care.
- 4.6 We will have reviewed the capital management plans, identifying or addressing infrastructure and capital needs across Victoria that will increase the capacity to treat eligible consumers.
- 4.7 We will have a data management tool that will allow agencies to access reports in a timely manner and enable them to better manage their businesses and clinical activity.
- 4.8 We will have strong project management and change management capability through all levels of the organisation.
- 4.9 We will have improved stakeholder engagement.
- 4.10 We will have electronic dental records and online rostering systems at RDHM and ensure all new developments are digital.
- 4.11 We will 'value-add' in all services we provide to support oral health agencies.



Dental admissions are the **highest cause of acute preventable hospital admissions** in Australia



# Key facts

## Oral health status

- Tooth decay is Australia's most common health care problem
- Poor oral health is a marker of social disadvantage

- Poor oral health is associated with a range of health conditions and diseases, including diabetes, osteoporosis, rheumatoid arthritis, adverse pregnancy outcomes, coronary heart disease and oral cancer

- Direct annual expenditure on dental treatment in Australia was \$6.7 billion in 2008–09 and \$1.9 billion in Victoria
- Oral disease is the second most expensive disease group, just below cardiovascular disease and more expensive than the treatment of all cancers combined

- There are greater levels of oral disease in people with low socio-economic status, some Aboriginal and Torres Strait Islander peoples, people living in rural areas, people with disabilities, dependent older people and some immigrants and refugees

- Children from lower socio-economic groups have twice the level of tooth decay than those from higher income families

- Tooth decay is five times more prevalent than asthma among children
- 25% of adults have untreated tooth decay
- There are many factors that contribute to tooth decay including poor oral hygiene, access to fluoridated water, diet, lifestyle choices and access to timely and affordable oral health care

- Dental admissions are the highest cause of acute preventable hospital admissions in Australia and annually there are more than 40,000 hospital admissions for preventable dental conditions - over 26,000 of these are children under 15 years of age

- There has been a significant reduction in tooth decay in children of the last generation. This success is largely attributed to greater access to fluoride, for example via toothpaste and fluoridated water. However, there are persistent levels of disease among adults
- Around 90% of the Victorian population have access to fluoridated water

- People over 65 with low incomes are 80 times more likely to have all their teeth extracted



# Key facts

## Oral health services

- DHSV plays a key role in leading and coordinating the provision of public oral health services in Victoria, especially to disadvantaged and vulnerable communities

- In 2012-13, over 341,000 people were treated through Victoria's public dental services
- Of these, approximately 189,000 were adults, 152,000 were children and over 140,000 were emergency patients
- There are approximately 1.7 million people in Victoria who are eligible for public dental services

- In addition to The Royal Dental Hospital of Melbourne, there are 87 dental clinics in 57 community agencies across Victoria

- There are 368 public dental chairs, 15 relocatable public dental clinics and vans in Victoria

- People who need urgent emergency care are seen within 24 hours

## Health promotion

- Smiles 4 Miles reached over 27,000 children and their families across 480 early childhood education and care services around Victoria.
- Smiles 4 Miles aims to improve the oral health of preschool aged children in Victoria.
- Working in partnership with community health services, local councils and primary care promoting good nutrition and oral health.

- The goal of the Healthy Families, Healthy Smiles program is to enhance the community's capacity to promote oral health to Victorian children aged 0-3 years and pregnant women.
- Healthy Families, Healthy Smiles supports health and early childhood professionals to promote oral health within their services.
- The Toothpicks pilot project is a partnership between DHSV and Maternal and Child Health Services.



# What do we mean when we say...

**Eligible population**

People in Victoria who are able to receive public dental care. In most cases these are people who have a healthcare or pensioner concession card and their dependents.

**Minimal Intervention Dentistry (MID)**

An approach to dentistry that aims to help people keep their natural teeth. MID aims to identify tooth decay early and reverse its progression to avoid the need for restorations and extraction of teeth. It involves partnering with the patient to prevent dental disease by making changes to their diet and improving how they look after their oral health.

**Model of care**

A model of care describes the way that we provide services to improve the oral health of the community.

**Oral health literacy**

People's ability to understand and use information to make decisions to improve their oral health.

**Population oral health**

An approach that aims to promote oral health for the entire population and to reduce differences and gaps in the health of population groups.

**Public dental waiting lists**

A list of eligible people waiting for public dental care.

**Vulnerable groups/those most in need**

Groups of people who are most at risk of developing dental disease and most in need of dental services. This includes people who are healthcare cardholders, children and young people, pregnant women, Aboriginal and Torres Strait Islander peoples, homeless people and people at risk of homelessness, refugees and asylum seekers and clients of mental health and disability services.

**Public Oral Health Sector**

All of the agencies and staff that receive funding provided by the Victorian Government to deliver care to the eligible population.

**Priority groups**

Population groups who are eligible for public dental services and that have priority access to care. They include Aboriginal and Torres Strait Islander peoples, children and young people, homeless people and people at risk of homelessness, pregnant women, refugees, asylum seekers and registered clients of mental health and disability services.



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