

2016-2021

STRATEGIC PLAN



inspired

Behind this plan are strategies that will
transform oral health care in Victoria

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.





accountable

Behind this family are health providers armed with bright ideas to improve oral health

Where are we now?



A person accessing public dental care in Victoria:

- has more disease and fewer teeth than the general population
- is less likely to access services than the general population
- has to wait on average a year to get routine care with no recall arrangements (but this varies across the state)
- receives care not always focused on achieving better health outcomes.

We are not using the workforce to its full scope of practice.

Our models of care do not always incorporate preventive interventions.

Commonwealth funding is only guaranteed for short periods of time which doesn't support sustainable services.

By 2021, these stats will have significantly improved.

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 $\frac{2}{3}$



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.



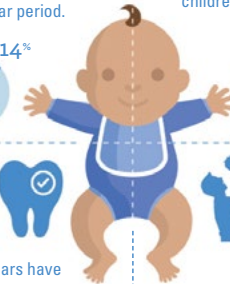
Infants and early years (0-4)

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.

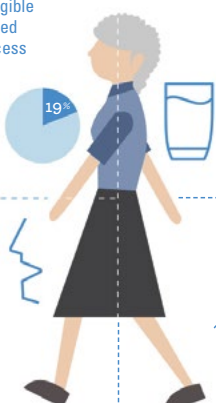


About **1 in 5** adults aged 65+ report having no natural teeth at all.



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



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

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

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

Where do we want to be?

We will use a population and targeted life course approach to identify strategies to improve health outcomes.

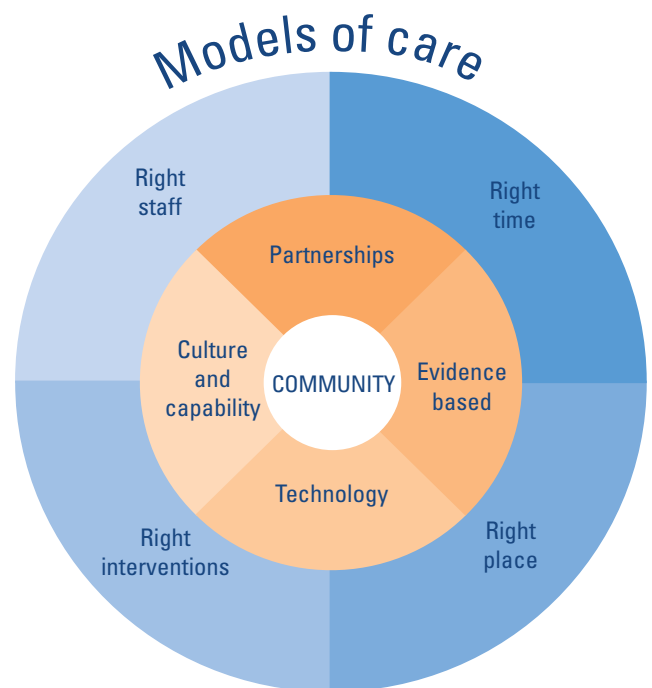
We will focus on pregnant women and young children in the first instance with a strong preventive focus.

We will develop models of care that:

- are respectful and responsive to the preferences, needs and values of our consumers by placing the community at the centre of all we do.
- support the right interventions by the right staff at the right time at the right place.
- address common risk factors for chronic diseases, such as diet, oral hygiene and smoking.
- sustain and build a positive culture and enhance our capability to support strategic partnerships.
- embrace technology.
- use an evidence base to determine appropriate interventions.

We will contribute to the delivery of the key strategies of Australia's National Oral Health Plan 2015-2024, the Victorian Health and Wellbeing Plan 2015-2019 and the Victorian Action Plan for Oral Health Promotion 2013- 2017.

Our partnerships are the key to the delivery of our models of care.





respect

Behind this smile is a dedicated team
treating Victoria's most vulnerable

Strategic themes

1

Improve health outcomes

2

Improve the experience

3

Be global leaders with our local partners

4

Be a great place to work and a great organisation to work with

STRATEGIC PLAN 2016-2021

1. IMPROVE HEALTH OUTCOMES

GOALS

1.1

Embed preventive models of care within a population health framework throughout the public dental sector

1.2

Deliver high quality and high value care

1.3

Reduce health inequities by extending our reach to more of the eligible population especially priority groups

FIVE YEAR STRATEGIES

1.1.1

We will develop and implement suitable models of care to improve the outcomes for each of the five population groups identified by the life course approach incorporating health promotion, prevention and clinical activities including recall programs, fluoride interventions, minimal intervention dentistry and the most appropriate staff mix.

1.1.2

Every decision we make will be supported by an evidence base to improve health outcomes.

1.2.1

Our clinical leaders will develop a clinical culture aligned to improving health outcomes.

1.2.2

Our clinicians will work together to determine high value clinical care and identify and eliminate low value care.

1.2.3

We will focus on continually improving our quality, risk and clinical governance frameworks.

1.2.4

DHSV will become a centre of excellence in providing health outcome-focused care and be committed to sharing knowledge and experience.

1.3.1

A population health framework that uses a life course approach will determine our models of care and allocate resources by risk.

1.3.2

Our data will be analysed by age subsets, priority groups and other high risk populations.

1.3.3

We will advocate and provide advice on services and policies that reduce health inequities.

2. IMPROVE THE EXPERIENCE

GOALS

2.1

Partner with consumers to design an experience that delights

2.2

Our patients' health outcomes will come first

FIVE YEAR STRATEGIES

2.1.1

Our services will be inclusive and culturally safe.

2.2.1

We will co-design care with consumers to ensure patient safety.

2.1.2

Interactions with our services will be consumer friendly, efficient and enhanced by available technology.

2.2.2

Our consumers will be supported and encouraged to participate in the design of our models of care.

2.1.3

We will identify access barriers and implement strategies to overcome them (e.g. fear and anxiety, system navigation, distance).

2.2.3

We will work to improve and support our patients' health literacy and self management.

2.2.4

Oral health will be integrated into other relevant programs (e.g. health, aged care, Achievement program).



3. BE GLOBAL LEADERS WITH OUR LOCAL PARTNERS

GOALS

3.1

Work in partnership to improve health outcomes

3.2

Develop and implement key health outcome indicators and reporting frameworks

3.3

Translate research and evaluation into practice within the models of care

FIVE YEAR STRATEGIES

3.1.1

We will extend and strengthen our external partnerships, working together to achieve improved health outcomes.

3.2.1

We will identify suitable oral health outcome data sets and other clinical indicators.

3.3.1

Through staff and university collaborations, we will support a research team that identifies and creates evidence to strengthen our models of care.

3.1.2

Advocate along with our partners for sufficient resources to support improved health outcomes.

3.2.2

Reporting frameworks will be developed and implemented.

3.3.2

Clinical teams will have simple evaluation models to assess the implementation and success of their models of care.

3.1.3

Our benchmark data will be developed in partnership with local, national and international organisations.

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

GOALS

4.1

Create and support a public dental workforce to provide high value care that delights

4.2

Transform the way we work, engaging and empowering our staff to make each day better than the day before

4.3

Use our collaborative relationship model with dental agencies to allow us to deliver on the strategic plan

FIVE YEAR STRATEGIES

4.1.1

Our staff will be engaged, empowered and accountable for their actions.

4.2.1

We will use technology to remove waste and enhance value for consumers.

4.3.1

Our purchasing agreements will be designed to drive improved health outcomes.

4.1.2

We will have a respectful workplace where all staff behave consistently with our values.

4.2.2

We will embed accurate, accessible and analysed data to enable evidence-based decision making.

4.3.3

We will collaborate with agencies on models of care and improvement opportunities, particularly for priority groups.

4.1.3

We will embed capability building, support and performance development processes that enable staff to work to their full scope of practice.

4.2.3

Our services will be continuously reviewed to improve efficiencies and quality with improvements initiated and co-designed where work is done.

4.1.4

We will promote positive wellbeing through supportive leadership, employee participation and shared decision making.

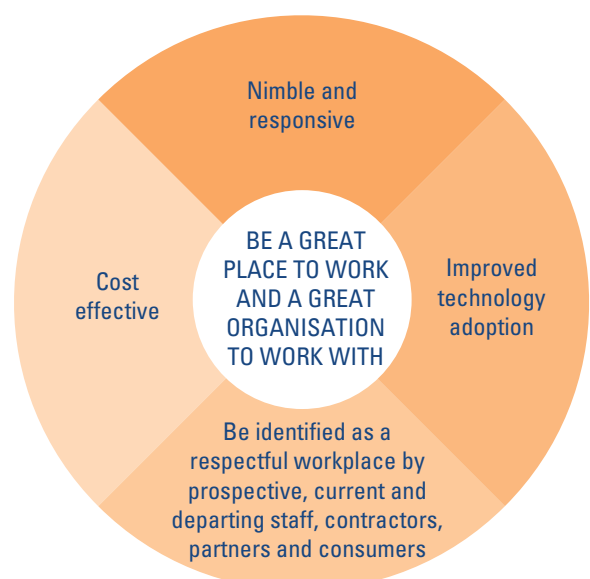
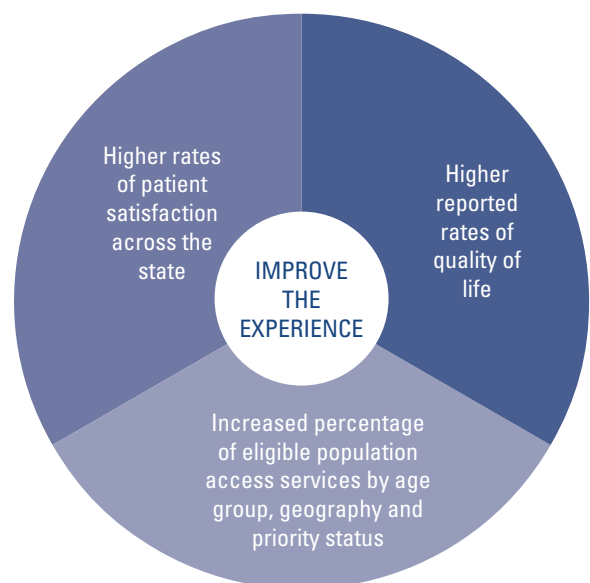
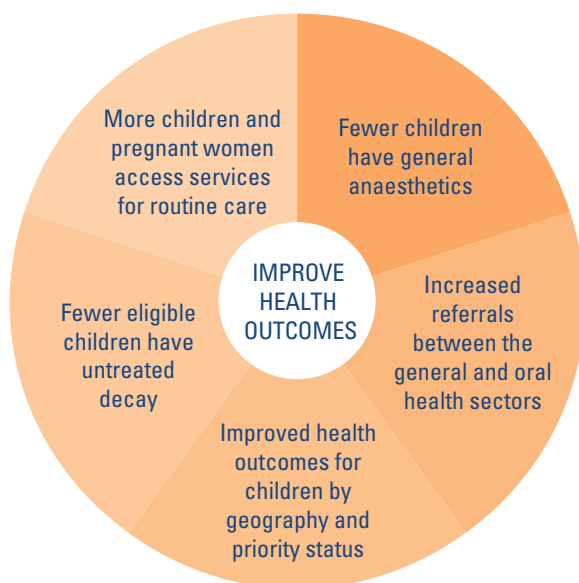
4.2.4

We will apply principles of social, economic and environmental sustainability to inform our thinking and practice.

ENABLERS

1. ICT
2. Workforce
3. Clinical leadership
4. Risk management
5. Education
6. Research
7. Digital technology
8. Community participation
9. Cultural responsiveness
10. Disability action

MEASURES TO MONITOR PROGRESS



GLOSSARY

Community fluoride delivery programs	Community fluoride delivery programs include systemic and topically applied fluorides. These can be in the form of water fluoridation, fluoride toothpastes and a range of topical applications including fluoride varnish.
Healthy Families Healthy Smiles	Healthy Families Healthy Smiles is a DHSV initiative aimed at improving the oral health of Victorian children aged 0-3 years and pregnant women. Healthy Families Healthy Smiles aims to skill health and early childhood professionals to promote oral health within their services. The initiative is funded by the Victorian Department of Health and Human Services in collaboration with a range of partner organisations including the Victorian Department of Education and Early Childhood Development.
Life course approach	We have taken a life course approach in this plan, i.e. looking at different ages and stages in the life course (e.g. infants and early years, children and adolescents) as different biological and social factors at each stage of life can have long-term effects on oral health. We recognise that applying appropriate interventions at particular life stages can impact health outcomes.
Minimal intervention	Minimal intervention refers to dental care designed around the aim of preservation of as much of the natural tooth structure as possible. The approach is centred on management of the dental disease, controlling and reversing the disease in the early stages, then restoring the tooth, filling only where necessary, and prevention from future caries.
Model of care	A 'model of care' broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.
Oral health	Oral health refers to the health of all the structures of the mouth including teeth, gums, lips, the palate, throat and jaws. Oral health is fundamental to overall health, wellbeing and quality of life and is influenced by social, economic, environmental, behavioural, biological and cultural factors. Oral diseases include tooth decay, tooth erosion, gum (periodontal) disease and oral cancers. Oral disease is a prevalent, mostly preventable, chronic disease.
Priority groups	Priority population groups for public dental access are determined through policies of the Victorian Department of Health and Human Services.
Public dental agencies	Public dental agencies are the public health organisations across Victoria that have a funding agreement with DHSV to deliver public dental services.
Purchased services	Purchased services refers to the public oral health services that are provided by a public dental agency with funding provided by DHSV.
Smiles 4 Miles	A settings-based oral health promotion program for early childhood services funded by the Victorian Department of Health and Human Services and delivered across Victoria by local organisations with support from DHSV.



dental health
services victoria
oral health for better health

GPO Box 1273L Melbourne VIC 3001
www.dhsv.org.au
www.twitter.com/vicdental
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