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

About 2/3 of pregnant women presenting to public dental clinics have untreated decay.

WHERE ARE WE NOW?

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

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.

WHERE ARE WE NOW?

About 2/3 of pregnant women presenting to public dental clinics have untreated decay.

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.

WHERE ARE WE NOW?

Where are we now?

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.

WHERE ARE WE NOW?

39% of children aged 5-17 years presenting to public dental clinics have no history of dental decay.

WHERE ARE WE NOW?

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.

WHERE ARE WE NOW?

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

WHERE ARE WE NOW?

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.

WHERE ARE WE NOW?

In 2011, 14% of the Victorian population was aged 65+.

In 2021, this will be 16.5% heading for 17.7% in 2026.

WHERE ARE WE NOW?

WHERE ARE WE NOW?

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.

Where are we now?

WHERE ARE WE NOW?

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.
Where we want to be to improve health outcomes

Pregnancy and maternal health

**WHAT WILL WE DO?**

**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

**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

**Infants and early years (0-4)**

**WHAT WILL WE DO?**

**Primary 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

**Secondary interventions**
- Minimise the use of general anaesthetics

**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

**Older adults (65+)**

**WHAT WILL WE DO?**

**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

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

**Children and adolescents (5-17)**

**WHAT WILL WE DO?**

**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

**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

**Adults (18-64)**

**WHAT WILL WE DO?**

**Primary interventions**
- Support water fluoridation
- Develop a model of care that includes:
  - Emergency care
  - Risk assessments
  - Self-management and support
  - Minimal intervention care that optimises health outcomes
  - Fluoride for all at high risk
  - Smoking cessation
  - Fewer low value services

**Secondary & tertiary interventions**
- Referral and specialist care where we optimise health outcomes
- Minimise the use of general anaesthetics

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

**Infants and early years (0-4)**

**WHAT WILL WE DO?**

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- Enhance health literacy
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.


Our partnerships are the key to the delivery of our models of care.
Behind this smile is a dedicated team treating Victoria’s most vulnerable
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
1. IMPROVE HEALTH OUTCOMES

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

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 Deliver high quality and high value care

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

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

2.1.1 Our services will be inclusive and culturally safe.

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

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

2.2 Our patients’ health outcomes will come first

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

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

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

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

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

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

3.2 Develop and implement key health outcome indicators and reporting frameworks

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

3.2.2 Reporting frameworks will be developed and implemented.

3.3 Translate research and evaluation into practice within the models of care

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.

3.3.2 Clinical teams will have simple evaluation models to assess the implementation and success of their models of care.
## 4. BE A GREAT PLACE TO WORK AND A GREAT ORGANISATION TO WORK WITH

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

<table>
<thead>
<tr>
<th>4.1.1</th>
<th>Our staff will be engaged, empowered and accountable for their actions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.2</td>
<td>We will have a respectful workplace where all staff behave consistently with our values.</td>
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<tr>
<td>4.1.3</td>
<td>We will embed capability building, support and performance development processes that enable staff to work to their full scope of practice.</td>
</tr>
<tr>
<td>4.1.4</td>
<td>We will promote positive wellbeing through supportive leadership, employee participation and shared decision making.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4.2.1</th>
<th>We will use technology to remove waste and enhance value for consumers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.2</td>
<td>We will embed accurate, accessible and analysed data to enable evidence-based decision making.</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Our services will be continuously reviewed to improve efficiencies and quality with improvements initiated and co-designed where work is done.</td>
</tr>
<tr>
<td>4.2.4</td>
<td>We will apply principles of social, economic and environmental sustainability to inform our thinking and practice.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4.3.1</th>
<th>Our purchasing agreements will be designed to drive improved health outcomes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.3</td>
<td>We will collaborate with agencies on models of care and improvement opportunities, particularly for priority groups.</td>
</tr>
</tbody>
</table>
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

IMPROVE HEALTH OUTCOMES
- More children and pregnant women access services for routine care
- Fewer children have general anaesthetics
- Fewer eligible children have untreated decay
- Improved health outcomes for children by geography and priority status
- Increased referrals between the general and oral health sectors

IMPROVE THE EXPERIENCE
- Higher rates of patient satisfaction across the state
- Higher reported rates of quality of life
- Increased percentage of eligible population access services by age group, geography and priority status

BE GLOBAL LEADERS WITH OUR LOCAL PARTNERS
- Partner satisfaction remains high
- Be identified as a leader in the oral health arena

BE A GREAT PLACE TO WORK AND A GREAT ORGANISATION TO WORK WITH
- Nimble and responsive
- Cost effective
- Improved technology adoption
- Be identified as a respectful workplace by prospective, current and departing staff, contractors, partners and consumers
<table>
<thead>
<tr>
<th><strong>Community fluoride delivery programs</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Families Healthy Smiles</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Life course approach</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Minimal intervention</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Model of care</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Oral health</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Priority groups</strong></td>
<td>Priority population groups for public dental access are determined through policies of the Victorian Department of Health and Human Services.</td>
</tr>
<tr>
<td><strong>Public dental agencies</strong></td>
<td>Public dental agencies are the public health organisations across Victoria that have a funding agreement with DHSV to deliver public dental services.</td>
</tr>
<tr>
<td><strong>Purchased services</strong></td>
<td>Purchased services refers to the public oral health services that are provided by a public dental agency with funding provided by DHSV.</td>
</tr>
<tr>
<td><strong>Smiles 4 Miles</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>