# Delivering quality care more efficiently inquiry

Questionnaire response 38

**Name:** Dental Health Services Victoria

**Submission date:** 6/06/2025

## Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am a government department/agency

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

## 1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

## 2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

## 3. A national framework to support government investment in prevention

### 1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

Oral health has had a long-standing history of low prioritisation by Australian governments. There is limited national stewardship for oral health policy reform, despite known co-benefits in preventing oral disease and other non-communicable diseases by addressing modifiable risk factors such as excess sugar intake, tobacco and alcohol use, and optimal exposure to fluorides (community water fluoridation as a population health intervention, and direct to consumer in products such as fluoride toothpastes, professionally applied such as fluoride varnish or silver diamine fluoride).
From a care delivery perspective, to date, government subsidised essential oral healthcare remains absent from Australia's universal public health insurance system, Medicare. The absence of a Commonwealth Chief Oral Health Officer, with relevant expertise in public health, has meant that oral health policy reform remains siloed and fragmented from broader healthcare system reforms, particularly in primary care. The Australian government has not supported the inclusion of dental services and dental practitioners within Medicare, despite robust mechanisms to help safeguard addressing community needs, and cost-effectiveness through the Medical Services Advisory Committee healthy technology assessment process.
The Federation Funding Agreement between the Australian government, and state and territory governments, to provide public oral healthcare is output focused rather than prevention focused and outcomes driven. These funding agreements are also severely underfunded. For example, only about 25% of the eligible population can utilise Victorian public oral healthcare at any point in time, with long wait times for adult general care.
The Federation Funding Agreement has targets to achieve levels of dental service activity, rather than flexible funding models that support the implementation of preventive oral health interventions at a population and individual level.

### 2. What are some examples of successful prevention programs (this could include discontinued programs)?

Community water fluoridation
Depending on the state and territory governments, the expansion of community water fluoridation has reduced the incidence of dental caries (tooth decay) in Australia. To date, over 90% of Australians have access to community water fluoridation, but a significant number of Australians are missing out on the benefits from community water fluoridation, particularly people living in rural and remote areas. ommunity water fluoridation can reduce dental caries by 26% to 44%. A systematic review on economic evaluation of community water fluoridation estimates the benefit-cost ratio ranges from 1.12:1 to 135:1.
Relevant references
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Population level prevention programs
Dental Health Services Victoria implements a range of population level prevention programs, currently targeted to specific populations based on geographic socioeconomic

disadvantage. These programs remain targeted due to insufficient resource allocation to make them universal prevention programs. They are:

Healthy Families, Healthy Smiles – This program aims to improve the oral health of young children and pregnant people by building the capacity of health and early childhood professionals to embed oral health promotion into daily practice. It has been funded through the Victorian Department of Health since 2012.

Smiles 4 Miles – This program is a settings-based award program delivered by DHSV in partnership with community organisations to improve the oral health of children (0 to 5 years) and their families in areas identified as higher risk for oral disease. It supports early childhood services to create environments that promote good oral health through 3 key messages: Eat well, Drink well, and Clean well. The program aligns with other statewide health promotion initiatives, including the Achievement Program (Cancer Council Victoria) and Healthy Eating Advisory Service (National Nutrition Foundation). It has been funded through the Victorian Department of Health since 2004.

Smile Squad school dental program – This program supports Victorian government schools to promote oral health and embeds outreach school-based Victorian public oral healthcare to eligible children, free of charge, which includes specialist care. It has reached more than 100,000 Victorian school students and is funded through the Victorian Department of Health since 2019.

Individual level prevention programs

Aboriginal Health Practitioner fluoride varnish program – This program is a workforce redesign initiative to help deliver cost-effective preventive oral health services to Aboriginal and Torres Strait Islander children in culturally safe settings, supporting a self-determined approach to oral health prevention. It is funded by the Department of Health, coordinated by Dental Health Services Victoria, and delivered in partnership with Aboriginal Community Controlled Organisations. 14 Aboriginal Health Practitioner have been trained through this initiative, following regulation changes in 2022 that enables Aboriginal Health Practitioners to obtain, possess and administer fluoride varnish.

The Victorian Oral Cancer Screening and Prevention Program – This program is an initiative under the Victorian Cancer Plan, which supports oral health professionals and other health professionals such as General Practitioners (GPs) to play a key role in oral cancer screening, prevention, and early detection. It has been funded through the Victorian Department of Health since 2018.

The Child Dental Benefits Schedule – This program provides eligible children (means-tested) up to $1,132 of dental benefits over a two-year calendar period. Utilisation of the program has not reached more than 44% at any given calendar year. The program has not yet been evaluated for effectiveness or cost-effectiveness. It is funded by the Department of Health and Aged Care.

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## 3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

Dental Health Services Victoria supports the appointment of Commonwealth Chief Oral Health Officer, with relevant expertise in public health, to provide national stewardship for health policy reform, to develop, implement and scale prevention activities, which includes oral health, in collaboration with each state and territory representative from the Dental Directors Group. It is the long-term view that Australian governments should establish universal access to essential oral healthcare, through an evidence-based and staged approach, with a focus on prevention and early intervention.

A key recommendation of the National Oral Health Plan 2015-2024 was to appoint a Commonwealth Chief Oral Health and Dental Officer, supported by a broad representative National Oral Health Advisory Committee. The role of Commonwealth Chief Oral Health and Dental Officer was to take responsibility for providing national leadership to implement and evaluate the National Oral Health Plan 2015-2024. This recommendation was not implemented, and the absence of an officer has meant priority for oral health has remained absent from national health policy, which are relevant for oral health.

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