Submission No. 020
(Dental Services)
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Submission by Loddon Mallee Region Oral Health Network, Victoria to the House of Representatives Standing Committee on Health and Ageing inquiry into adult dental health services.

This submission outlines issues relating to adult dental services in the Loddon Mallee region which have been raised in the region's Oral Health Network meetings and in discussions with local governments, community health agencies and primary care partnerships within the region.

1. Demand for dental services across Australia and issues associated with waiting lists;

The dental waiting lists across the region which includes adults that do not fit into a priority category mean that many adults have to wait a long time to access dental services. The absence of an adult recall system and a delay of at least one year between the client's initial course of care and their next check up encourages problem attending rather than preventative attending.

There is currently far more unmet demand for dental services than that represented by the public dental waiting lists within the region. The Loddon Mallee region has high rates of potentially avoidable hospital admissions for dental related conditions which is considered an indicator of unmet demand. In the period 2009 – 2012 dental conditions were the second highest reason for preventable hospitalisations across all age groups in the Loddon Mallee region[i]. Particular age groups and areas have higher rates of hospitalisation. The public dental waiting lists potentially do not account for those people who unaware of the importance of dental care or their eligibility for public dental services or those that experience access barriers such as lack of public and private transport options, mobility issues, cultural reasons etc. For example, transport is an issue in many Shires within the region. The proportion of Loddon Mallee region residents which live close to public transport (40.2%) is well below the Victorian measure (72.3%)[ii].

People with private health insurance are more likely to have favourable dental visiting patterns. However, a lower proportion of Loddon Mallee residents, have private health insurance than in Victoria (37.9% compared to 47.9%)[iii]. The public dental waiting lists do not reflect the portion of the non-eligible adult population who are not able to readily access dental services because of financial barriers, lack of health insurance or because they live in areas where there are limited or no private dental services. The closure of the Medicare Chronic Disease Dental Scheme (CDDS) will have an impact on this group and will have a particular impact on the non eligible Aboriginal population in our region who were able to access dental services through this scheme.

In the first instance addressing current demand requires all public dental services to be able to work at full capacity. There are currently clinics across the Loddon Mallee Region that have vacant chairs because of inadequate funding. In addition, funding is needed to be flexible in how services are delivered particularly to priority groups. There is also the need to address the unmet demand in some rural communities by investing in infrastructure and the dental workforce. The region welcomes the recent Commonwealth Government's Dental Reform Package including further funding to address adult waiting lists and establish dental infrastructure.

More broadly addressing demand requires further investments in the prevention of oral diseases and better integration of oral health in the health sector. Improving the oral health of all community members requires a prevention approach. There is a need for a social marketing

campaign to help address poor adult oral health literacy and raise awareness of the links to chronic disease and general health with a specific focus on groups at most risk of poor oral health. There is mounting evidence demonstrating these links which needs to be more widely communicated with the Australian public and health and community professionals particularly those who work with vulnerable clients and families.

2. The mix and coverage of dental services supported by state and territory governments, and the Australian Government;

There are four Shires in the Loddon Mallee region which don't have public dental services: Buloke, Gannawarra, Macedon Ranges and Mount Alexander Shire and many communities within the region where the nearest dental clinic is a substantial distance away. There are also communities within some Shires in the Loddon Mallee region that don't have access to private dental services or where the private dental services are overwhelmed by the community need. In many cases the areas without dental services are also disadvantaged by not having access to fluoridated water.

Investments in infrastructure funding are needed to improve the access to dental services in these areas. The access models will need to vary depending on the area. There is a need for a further investigation of best practice models (and the funding of them) for delivering dental services including public and private models, outreach and mobile models, models integrating oral health and other health and community services and other primary health service models, e.g. hub and spoke.

There is also the need to do further work with specific population groups to determine best practice access models across Australia in particular focussing on improving access for Aboriginal and Torres Straight Islanders including looking at the eligibility criteria.

3. Availability and affordability of dental services for people with special dental health needs;

The criteria for eligibility for specialist services in the public system is very strict and specialist services are too expensive for many of the population. There is also an issue of access to these services in rural areas with most specialist services concentrated in Melbourne.

4. availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations;

The maldistribution of both public and private dental services needs to be addressed. For many people in the Loddon Mallee region accessing public or private dental services is challenging. This requires not just considering how we increase public dental services in some areas, but how we attract private dentists to practice in rural areas as well.

Availability also does not equal access. Access is an issue for many rural Victorians because they don't have access to public transport so regional or city centre based services are frequently out of reach. Other models such as mobile services need to be considered. There would be a long term return on investment for such work if it were sustained.

5. the coordination of dental services between the two tiers of government and with privately funded dental services; and

Coordination between the two tiers of government is important to ensure that underserved Shires are the focus of efforts to improve access to dental services. With multiple funding sources which are spread across wide and dispersed geographical regions, experience has suggested that there is a risk that they may not be used for (the targeted) more vulnerable community members who are not geographically accessible and who cannot benefit from using pre-existing services. Instead, it is expedient to invest in services in regional hubs that are not in reach of the disadvantaged target group

The Federal and State government schemes need to be complementary to make it simple for both public and private services to offer services to a range of people. In small communities the public/private model seems to be an effective model as it can service both the eligible and non eligible community members.

6. Workforce issues relevant to the provision of dental services.

Although the current recruitment and graduate schemes are welcomed, some locations across the Loddon Mallee region continue to find it challenging to recruit and retain dentists and to take up options to participate in graduate programs. There is a need for a coordinated approach to addressing the maldistribution of dental practitioners in rural areas, including looking into the remuneration for public dentists.

Creative, sustainable and coordinated approaches to the workforce shortages are needed. There is some current work happening in Victoria which is encouraging. Also there is a need to examine some of the wider health initiatives which may have relevance to oral health such as telehealth, multidisciplinary approaches and primary health model for service delivery in rural areas, e.g. hub and spoke.

The other workforce issue relates to dental being siloed. There is a need to invest in enhancing the awareness of the impacts of oral health on general health and upskilling health and community professionals with a basic level of knowledge to identity oral health problems and risk factors and provide targeted guidance and referral. This particularly needs to address the professions which work with the most at risk adults and their families.

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[i] Ambulatory Care Sensitive Conditions data -Victorian Health Information Surveillance System (VHISS)
[ii] Human Services Directory & Estimated Resident Population, LGA Profiles
http://www.health.vic.gov.au/modelling/planning/lga.htm
[iii] Human Services Directory & Estimated Resident Population, LGA Profiles
http://www.health.vic.gov.au/modelling/planning/lga.htm