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To the Senate Standing Committees on Community Affairs,

The Victorian Dental and Oral Health Therapist Association Inc. (VDOHTA) is the peak representative organisation for dental and oral health therapists in Victoria. We welcome the opportunity to make a written submission with regards to Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report 'Closing the gap within a generation'.

We acknowledge the implications of the three main principles outlined by WHO are key areas of priority action. These are to:

1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

We would like to specifically provide comment on the 2nd and 3rd main principles in which our organisation has expertise in the field of oral healthcare service delivery in Victoria. In addition, we will comment on the following Terms of Reference:

(c) extent to which the Commonwealth is adopting a social determinants of health approach through:

- (i) relevant Commonwealth programs and services,
- (ii) the structures and activities of national health agencies, and
- (iii) appropriate Commonwealth data gathering and analysis; and

(d) scope for improving awareness of social determinants of health:

- (i) in the community,
- (ii) within government programs, and
- (iii) amongst health and community service providers.

(c) (i) The existing Commonwealth Dental Programs including the Medicare Teen Dental Scheme and the Chronic Disease Dental Scheme has had limited effectiveness and efficiency in addressing oral diseases for high risk and priority populations in Victoria. We acknowledge that both dental programs may have been beneficial. However, the uncertainty for consumers to receive access to appropriate oral healthcare is questionable given that it is largely delivered by private general dental practitioners where the primary agenda is not reflective of public health objectives and outcomes. In Victoria, low income families, children and adolescents are eligible for access to free or affordable oral healthcare services through an exceedingly underfunded and under-resourced public sector. High risk and priority populations groups are the least likely to seek and have access to appropriate oral healthcare. A recent publication by the Department of Health (Victoria) showed that only 22.8% of the eligible population was treated in 2009-2010 using public oral health services¹. We recommend the essential need to increase significant funding for public oral healthcare services and health promotion initiatives.

(c) (ii) The VDOHTA welcomes the recent publication of the Health Workforce Australia 'Scope of Practice Review for Oral Health Practitioners'² which concerns the practice of dental therapists, dental hygienists and oral health therapists. We actively encourage both the Dental Board of Australia and the Australian Dental Council to have consistency in facilitating the recommendations in a prompt and timely manner to ensure access to oral healthcare services delivered by dental therapists, dental hygienists and oral health therapists are without misinterpretation and does not restrict access to care, for the general public. These professionals have expertise in education and motivation in patient care such as smoking cessation, and community health promotion initiatives which address the social determinants of health where oral diseases are preventable and have common risk factors to other health conditions including cardiovascular disease and diabetes.

(c) (iii) At present, there are no existing appropriate surveillance programs regarding the workforce distribution and activities of dental therapists, dental hygienists and oral health therapists nationally. The lack of information regarding these professions who have expertise in the primary prevention, health promotion and education of oral diseases limit the ability for the policy makers to make appropriate decisions and plan for a sustainable oral health workforce in an ageing population. The VDOHTA believes it is essential for the Commonwealth to understand the implications of poor surveillance of oral health practitioners, and implement suitable surveillance systems. Dental therapists, dental hygienists and oral health therapists account for 18.5% of total general dental practitioner registration nationally³.

(d) (i) The VDOHTA acknowledges that the social determinants of health are multi-layered and stems from numerous other influences like cultural norms, health literacy and life experiences. As leaders in having expertise to influence lifelong learning and positive health outcomes, health and community services professionals have the ability to empower communities and individuals to shift the locus of control, that social and health issues are everyone's business. Existing and new health promotion initiatives need to have adequate community consultation with all relevant stakeholders. Dialogue and

¹ State of Victoria, Department of Health. North & West Metropolitan Region Integrated Oral Health Plan, - Background and Evidence 2011 – 2014. 2011.

² Health Workforce Australia 2011, Scope of Practice Review – Oral Health Practitioners.

³ Dental Board of Australia. Data tables: June 2012. Published August 2012

discussion regarding oral health issues have remained silent in Australia, yet the cost of oral health account for a significant proportion of the total health expenditure and the latest statistics show an increase to \$7,690 million in 2009–10⁴. We believe social media is a fundamental tool to change the perception that oral health is integral general health and well-being and is recommended in 'Australia's National Oral Health Plan 2004-2013'⁵.

(d) (ii) There is significant scope for government programs to improve the awareness of the social determinants of health. The VDOHTA recommends public sector oral healthcare services receive substantial investment in funding, resources and workforce capacity to accommodate targeted access to high needs and priority population groups. There needs to be equitable access to healthcare, and appropriate systems in place to ensure services are delivered efficiently, are sustainable, are evidence-based and have relevant evaluation strategies. The Victorian model of publicly oral health services delivered by community health agencies has potential to mediate the social determinants of health, and can be integrated with other essential health services like counseling, housing, podiatry, physiotherapy and diabetes educators, including the establishment of integrating with General Practice Superclinics.

(d) (iii) Government funded public institutions and health service programs have consistently evaluated the total number of services that were rendered and waiting periods as a measure of health outcomes, in particular oral health outcomes. The VDOHTA understands that these statistics should be interpreted with caution, and the quality of services is difficult to evaluate, it can be costly or time consuming to measure. Health outcomes which evaluate the outreach of services to maximise the total number patients, and monitoring oral disease prevalence and management may be better measures of positive health outcomes within the population offered care. It is possible to observe that some dental agencies may have long waiting lists yet their focus on quality and incorporating social determinates into oral disease management is admirable, which will leave to a reduction for these same patients to return for more complex care. It is clearer that long waiting lists does not necessary reflect on health service performance, rather demonstrates the high need for access to care. Health professionals can benefit from continuing professional development through training in the social determinants of health.

We look forward to a positive outcome from the Senate Community Affairs Committees on the inquiry into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report 'Closing the gap within a generation'.

Yours sincerely,

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President VDOHTA Inc.

⁴ AIHW 2011. Oral health and dental care in Australia: key facts and figures 2011. Cat. no. DEN 214. Canberra: Australian Institute of Health and Welfare.

⁵ National Advisory Committee on Oral Health. 2004. Healthy Mouths, Healthy Lives: Australia's national oral health plan 2004-2013. Adelaide, Australia: Government of South Australia.