

# DENTAL HEALTH

HEALTH AND AGEING  
DENTAL HEALTH  
AUSTRALIAN DEMOCRATS ACTION PLAN

*Australians suffer from an inadequate public dental health system that has been described as "... a torn and tattered safety net, characterised by institutionalised scarcity and harsh rationing of personal dental treatment<sup>1</sup>."*

Governments lack interest in oral health promotion, even though oral disease, in a significant part of the population, is highly preventable.

Federal government policy, favouring the private provision of services and buck-passing and bickering between levels of government, have stymied a more considered, national approach.



## Reasons to do Better

Poor oral health causes pain and difficulty eating, which can mean dependence on medication, nutritional deficiencies and associated health conditions such as diabetes and heart disease. Visible tooth loss can affect self esteem, restrict social and employment opportunities. Dental caries is the most costly diet-related disease in Australia<sup>2</sup> and oral cancer is typically caused by long term consumption of tobacco products and alcohol.

## Public Dental Services

A study of public dental health patients from 1995/6 to 2001/2

showed a decline in oral health with increases in the number of decayed, missing and filled teeth, particularly for 25 – 44 year olds.

Whilst each state and territory provides public

dental services, per capita spending varies markedly from state to state, services are confined to concession card holders prepared to endure long waiting times and school students. Each state requires some form of patient co-payment, the introduction of which has led to a decrease in use.

Oral dental health is the least subsidised area of state health care at \$369m/year. Many adults receive only 'emergency' dental care, teeth are extracted at 122% higher rates than in private dentistry and little is invested in improving adult oral health.

## Commonwealth Role

The Howard Government cut funding of public dental health in 1996 arguing that the Commonwealth Dental Health Program was only ever intended to assist the states to reduce waiting lists for a limited period.

The Federal Government now subsidises only dental services for the wealthy. It pays \$350m/year to those with dental cover under their private health insurance

through its 30% rebate. This means higher income adults using private dental insurance can receive nearly 5 times the state subsidy received by an aged pensioner seeking public dental care. The Commonwealth also pays \$23 million/year in tax rebates which, again, go largely to the affluent.

'Strengthening Medicare' provides dental treatment for people with chronic illness but this is limited by GP and dentist willingness to participate, a three-visit cap, a restricted list of treatment items and a upper limit fee of \$220.

## Special Needs

Indigenous Australians experience much poorer health than the general population. A recent study of the Anangu Pitjantjatjaraki showed children had double the number of caries and in adults, severe periodontal disease and tooth loss.<sup>3</sup>

Despite the fact that the aged in residential care demonstrably suffer dental disease and should be entitled to public dental care, the states hold that care for the aged is a Federal responsibility and frail aged oral ill-health goes largely untreated.

Those with mental illness, marked physical disability, prisoners, the homeless and the chronically or terminally ill also receive little by way of dental health services. This heightens disadvantage and is clearly unfair.

## Workforce Shortages

According to the Australian Dental Association, to cater for changing oral health, population increase and the ageing profile of oral health practitioners, the number of dental profession graduates of all practitioner types (dental therapists, hygienists, technicians, prosthetists and dentists) from Australian dental schools will need to increase by 120 per year.<sup>4</sup> As with GPs, there is a significant mal-distribution of dentists and shortages in rural and remote areas are serious.

## Democrats Action Agenda

We strongly encourage Commonwealth and state and territory governments to jointly develop and fund a National Strategy for Oral Health that is evidence-based, engages the general public in setting national goals and considers:

- The immediate provision of free public dental health services for concession card holders and those identified with special needs, with agreed objectives and benchmarks for timely treatment;
- The development by 2006 of a universal public dental health insurance system (similar to Medicare) for basic dental services; and,
- A much greater focus on

preventive oral health programs.

There is a clear need for:

- Monitoring the oral health of Australians, diagnosing and investigating the problems and providing solutions and treatment;
- Informing, educating and empowering people on oral health issues;
- Screening and dental hygiene programs in all primary schools;
- Dental health assessment and follow-up by dental hygienists in residential aged care;
- Long range dental health workforce planning and more university places for oral health professionals;
- Incentives to encourage graduates to work in geographic areas of need and flexible funding options for dental services in those areas;
- Outreach services for special need groups; and,
- A program of research into oral disease prevention and the effect of changing diet patterns on oral health.

### Footnotes

<sup>1</sup> John A Spencer, What Options do we have for organising, providing and funding better public dental care? Australian Health Policy Institute 2001

<sup>2</sup> Crowley et al, Public Dental Services

Senate Communications Affairs References Committee, 1992

<sup>3</sup> Endean C, Roberts-Thomson K, Wooley S

<sup>4</sup> ADA submission to Senate Higher Education Inquiry, August 2003