

Dental Health

AUSTRALIAN DEMOCRATS ACTION PLAN DENTAL HEALTH HEALTH AND AGEING

There are some ugly gaps in dental health in Australia and they need fixing urgently. Australia has the third worst adult dental health in the OECD. One in four Australian adults has untreated tooth decay. The oral health of Australian children is near the top but research shows that after many years of improvement, children's oral health is on the decline. 30% of people avoid dental care because of cost and about 20% are stopped from having recommended dental treatment because of cost.

Our Action Plan

- A **national public dental health program** that is free for concession card holders and special needs groups, and which includes a full dental check-up and basic dental treatment every two years. This program should be funded at per capita levels that will meet the goals of the national oral health plan and delivered in a timely manner, as determined by national benchmarks – with costs to be shared equally between the Commonwealth and the States.
- A much greater focus on preventive oral health programs, including dental health promotion and public education campaigns
- Monitoring the oral health of Australians, diagnosing and investigating the problems and providing solutions and treatment
- 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 dentists and dental hygienists
- Incentives to encourage graduates to work in geographic areas of need and flexible funding options for dental services in those areas
- Improved salaries and conditions for dentists working in the public sector
- Outreach services for special need groups, particularly Indigenous Australians
- A program of research into oral disease prevention and the effect of changing diet patterns on oral health

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The Issues

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.

There are 650,000 people on waiting lists for public dental care with an average waiting time of 27 months. 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.

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. Between 1995 and 2005 the Commonwealth Government's share of spending on dental care has fallen from 5.4% to 1.6% of total dental care spending. The Federal Government now spends more on dental services for the wealthy than it does for those on low incomes. In 2004-05 it paid \$368 million to those with dental cover under their private health insurance through its 30% rebate but only \$82 million for other dental services.

'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 \$275. Information on use of these items suggests that there has been a low level of referral by GPs.

Indigenous Australians experience much poorer health than the general population. A study of the Anangu Pitjantjatjaraki showed children had double the number of caries and in adults, severe periodontal disease and tooth loss is common. 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.

Australia faces a shortfall of about 1500 oral health providers thanks to increases in population, more dentists preferring part-time work, and a lack of university training places. As with GPs, there is a significant maldistribution of dentists and shortages in rural and remote areas are serious.



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