



Australian Health Care
Reform Alliance
Cr. PO Box 200 Deakin Street ACT 2600 ABN 64 051 845 674
www.healthreform.org.au



NATIONAL RURAL
HEALTH
ALLIANCE INC.



Public Health Association
AUSTRALIA



Policy forum and call for commitment

Why has dental health been getting the brush off?

Moving to a national consensus on oral health

Communiqué

15 August 2012

'A healthy mouth for every Australian' was the catch-cry at a meeting of health advocates in Canberra this week. People from around 60 health consumer and provider organisations came together to agree on how best to secure better dental health care in Australia.

Those at the meeting were appalled at the stories told about children and young adults with numerous decayed and missing teeth; encouraged by the commitments made in this year's Budget; and determined to continue to work together for a much-improved national oral health system.

Because governments are being fiscally conservative, it is understood that there will need to be 'baby steps' towards what most of those at the meeting see as the ultimate goal: a universal scheme for oral health for all Australians, funded through insurance. All of those at the meeting accepted that, in the meantime, the additional resources promised by the Federal Government should be provided as entitlements to those in greatest need. This includes low and middle income families, Aboriginal people and Torres Strait Islanders, and people in rural and remote areas.

There was strong agreement on the need for a greater focus on oral health promotion, including through public health measures relating to fluoridation and food and nutrition.

The energy for change displayed at the meeting is founded on the inequity faced by the oral health sector compared with the rest of primary care. Despite the fact that poor oral health has a pervasive effect on general health and wellbeing, oral health has always been the poor cousin in terms of public funding.

Out of pocket costs for patients are higher, and people who cannot afford dental care often end up needing emergency treatment in hospital, adding to waiting lists and hospital costs. National productivity is reduced through poor oral health that is entirely preventable.

Around 40 per cent of Australians go without appropriate dental care because of costs and other barriers. There is maldistribution of the oral health workforce and some artificial barriers limiting the use of oral health practitioners' full scope of practice.

Those at the Forum welcomed the apparent support from all sides of politics and from across the private and non-government sector for significant improvements in oral health.

They understood the critical importance of political negotiations in train regarding the future of the Medicare Chronic Diseases Dental Scheme. It was their strong view that, should the Scheme be scrapped, the one billion dollars a year currently being spent on that uncapped scheme should in effect be hypothecated to other oral health programs, including those outlined in Budget 2012. If future Federal expenditure on oral health does not at least match this \$1 billion a year it will be seen as a backward step.

Forum participants committed to ongoing campaigning, learning from (among others) the successful *Every Australian Counts* campaign for the NDIS. They urged all interested bodies to explore financing options and policy reforms for building a national oral health scheme accessible to all Australians.

To build the necessary national oral health system, clearer evidence will be required about community needs and how best to meet them in different settings. The public and the health sector must adopt a cultural approach to oral health care that [has it as a part of] places it within patient-centred primary care.

There will need to be greater flexibility and, in some cases, reconfiguration of existing services in order to embed the oral health workforce more widely in a range of settings such as GP clinics, aged care facilities and in services for people living with a disability. Oral health funding and infrastructure programs need to be flexible enough to support the more widespread adoption of alternative service approaches such as through public/private partnerships, co-located multidisciplinary teams, and mobile services.

Participants in the Forum agreed to continue their work to build an irresistible community of interest for improving oral health in Australia.

Contacts for information:

Tessa Boyd-Cain, ACOSS:

Andrew McAuliffe, AHHA:

Gordon Gregory, NRHA: 02 6285 4660