

Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

Despite improvements over the last 20–30 years, there is still evidence of poor oral health among Australians.

- More than 90% of adults and 40% of young children have experienced tooth decay at some stage in their life.
- Three out of ten adults have untreated tooth decay.
- Only four out of every ten Australian adults have a favourable visiting pattern, i.e. seeing a dentist once a year for a check-up, rather than waiting to treat poor oral health.
- Aboriginal and Torres Strait Islander people and adults who are socially disadvantaged or on low incomes have more than double the rate of poor oral health than their counterparts.
- People with additional or specialised health care needs or those living in regional and remote areas find it more difficult to access oral health care.
- Oral conditions are the third highest reason for acute preventable hospital admissions in Australia with more than 63,000 Australians hospitalised each year.

Australia's National Oral Health Plan 2014–2024 outlines a blueprint for united action across jurisdictions and sectors to ensure all Australians have healthy mouths.

Translation of the National Oral Health Plan into practice will require all jurisdictions and sectors to work together to maintain and improve the oral health of Australians.

## AHHA POSITION:

- ✦ Commonwealth funding for the National Partnership Agreement for public dental services to adults should be restored to \$155 million per year—in line with calendar year 2016 funding levels.
- ✦ In line with two independent reviews, the Child Dental Benefit Schedule (CDBS) should be more actively promoted to families with children eligible for general dental services.
- ✦ The Commonwealth should remove reference to Schedule 2 in the Dental Benefits Rules. The rules currently include an end date of 31 December 2019 for dental services provided in the public sector. The private sector does not face this time limit.
- ✦ The Commonwealth, states and territories should develop a performance and reporting structure focused on outcomes, rather than throughput, based on oral health indicators. These indicators should be tied to outcomes based funding when more timely and robust data collection and dissemination is in place to enable such a change. Investment in this data and indicator development work should be prioritised in 2017–18.
- ✦ Funding allocations must reflect the full cost of providing care in rural and remote areas, smaller jurisdictions and to groups with high needs.
- ✦ The appointment of an Australian Chief Dental Officer is necessary to provide national coordination of oral health policy development and program implementation.