Oral Health

australian healthcare & hospitals association

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.

Australia's National Oral Health Plan 2015–2024 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 has been slow, and requires all jurisdictions and sectors to work together to maintain and improve the oral health of Australians.

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.
- 30% of adults have untreated tooth decay.
- Only 40% of 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.
- Oral conditions are the third highest reason for acute preventable hospital admissions with more than 63,000 Australians hospitalised each year.
- Out-of-pocket costs for dental care are greater than any other major category of health spending, having greatest impact on those eligible for public dental services.

Inequities persist:

- 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 and those living in regional and remote areas have more difficulty accessing oral health care.
- Nearly 3 million Australians, more than 11% of the Australian population, do not have a fluoridated water supply.

AHHA POSITION:

- Commonwealth funding of $500m per year is needed for the *National Partnership Agreement on Public Dental Services for Adults*, with State/Territory funding levels maintained, to improve access to and affordability of dental care, and address inequities in oral health.
- The term of the agreement should be until 31 December 2024, aligning with the term of the *Child Dental Benefits Schedule*.
- The agreement must require States and Territories to increase access to fluoridated water supplies.
- Funding allocations must reflect the full cost of providing care in rural and remote areas, smaller jurisdictions and to groups with high needs.
- A performance and reporting structure focused on outcomes, rather than throughput, based on oral health indicators, should be developed. 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.
- Oral health assessments should be incorporated into health assessment frameworks, particularly for those at risk, e.g. for children (through antenatal programs and the national digital baby book) and older people (through aged care assessment frameworks).
- In line with two independent reviews, the Child Dental Benefit Schedule (CDBS) should be more actively promoted to eligible families.
- All reticulated water supplies should be fluoridated. Fluoride varnish programs should be provided to high risk children, particularly in non-fluoridated areas.
- The appointment of an Australian Chief Dental Officer would provide national coordination of oral health policy development and program implementation.
- Oral health and dental data submission should be a requirement of private health insurers whose products are subsidised by the Commonwealth Government.

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