



Select Committee into the Provision of and Access to Dental Services in Australia
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27th May 2023

Dear Select Committee,

On behalf of the National Oral Health Alliance (NOHA), I wish to draw your attention to oral health as a major gap in our universal healthcare system, Medicare. 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. NOHA seeks to improve the oral health of all Australians through the collaboration of consumer, dental and general health member organisations to support action by governments.

NOHA recognises that the social determinants of health have a profound influence on oral health. NOHA also recognises the current inequities in access and outcomes from oral health care in Australia. NOHA's immediate priorities are effective oral disease prevention and better access to oral health care for priority populations in Australia, including Aboriginal and Torres Strait Islander Peoples, refugees, rural, remote, and regional residents, older people, people with severe mental illness, and people who from low socioeconomic disadvantage or on low incomes. This includes access to community water fluoridation communities with a population >1,000 people.

Outlined in this submission is NOHA's Roadmap to Universal Access to Affordable Oral Healthcare. It provides a summary of the key issues of the Terms of Reference. We urge the federal government to sufficiently fund and support the four key recommendations necessary to improve Australia's oral health:

1. Appoint a Commonwealth Chief Dental Officer
2. Implement the oral health recommendations by the Royal Commission into Aged Care Quality and Safety (Royal Commission), including the establishment of the Seniors Dental Benefits Scheme (SDBS).
3. Commit to increased funding by the Commonwealth government for public dental services.
4. Engage NOHA with Australia's National Oral Health Plan 2025-2034.

Thankyou for the opportunity to make a submission to the Select Committee into the Provision of and Access to Dental Services in Australia. The NOHA wishes to offer and extend our collective expertise to support forthcoming efforts to improve Australia's oral health, with a strong focus on timely prevention, early intervention, and promotion of health equity.

Yours sincerely,

Mr Tan Nguyen
Spokesperson
National Oral Health Alliance



Joint Position Statement on Universal Access to Affordable Oral Healthcare

The National Oral Health Alliance (NOHA) advocates for the Australian Commonwealth Government to commit to delivering universal access to affordable oral healthcare.

NOHA proposes a national roadmap to implement this, which includes the development and implementation of Australia's next National Oral Health Plan 2025-2034. The plan should be co-designed by consumer stakeholders, health organisations and professional associations.

Background

Oral health is integral to overall general health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. Dental conditions and oral diseases place a considerable burden on individuals, families and the community. Consequently, it is costly to society, hospitals and the healthcare system.

NOHA supports a preventative-focused and integrative approach to oral health funding to reduce preventable hospitalisations relating to oral diseases and improve general health and wellbeing outcomes. There are considerable links between oral and general health.

- Dental conditions rank as the second highest reason for acute potentially preventable hospitalisations.¹ In 2019-20, 66,809 people were admitted for acute potentially preventable hospitalisations, of which 24,607 were children aged 0-14 years.²
- One-third of Australian adults,³ and one-quarter of children aged 5-10 years have untreated tooth decay.⁴
- One-third of Australian adults have moderate or severe gum disease,⁵ and head and neck cancer rank 7th among the top 20 most diagnosed cancers.⁶

¹ Australian Institute of Health and Welfare. Disparities in potentially preventable hospitalisations across Australia, 2012–13 to 2017–18. 2020. Canberra: AIHW

² Australian Institute of Health and Welfare. Oral health and dental care in Australia. 2022. Available from <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/hospitalisations>

³ Australian Research Centre for Population Oral Health (ARCPOH), Australia's Oral Health: National Study of Adult Oral Health 2017–18. 2019, Adelaide: The University of Adelaide, South Australia.

⁴ Do, L. and J.E. Spencer, Oral health of Australian children: the National Child Oral Health Study 2012–14, Adelaide: University of Adelaide. 2016.

⁵ ARCPOH. 2019. *op. cite*.

⁶ Australian Institute of Health and Welfare. Cancer in Australia 2019. Cancer series no.119. Cat. no. CAN 123. 2019. Canberra: AIHW.



Oral health inequities are caused by the conditions of daily living, the political, social, cultural and physical environments which in turn influence the choices and options open to people.⁷ In particular, children and adults living in rural and remote Australia experience higher rates of oral diseases. There is a maldistribution and inadequate supply of dental practitioners working in remote and regional Australia to provide equitable oral healthcare.⁸ NOHA believes the fragmentation and exclusion of universal access to affordable oral healthcare in Australia is costly and a significant gap in primary health care.

In May 2022, Member States of the World Health Assembly, which includes Australia, adopted the World Health Organization's (WHO) Resolution on Oral health.⁹

Roadmap to Universal Access to Affordable Oral Healthcare

1. Appoint a Commonwealth Chief Dental Officer

Timeframe – by the end of 2023

Clinical leadership for population oral health with an appointed Commonwealth Chief Dental Officer is required for oral healthcare reform.

Australia's national oral health policy agenda is currently embedded within the allied health portfolio. Oral health is an essential area of health within primary health care and should be reflected by the Commonwealth government's health policy portfolio as a dedicated branch. A Chief Dental Officer leading a dedicated branch within the Commonwealth's Department of Health and Aged Care needs to be established to support oral healthcare reform that integrates oral health within the wider healthcare system. NOHA envisages the Commonwealth Chief Dental Officer would work with the State and Territory Chief Dental Officers, NOHA and key stakeholders for the benefit of all Australians.

⁷ Watt, R.G. and Sheiham, A. Integrating the common risk factor approach into a social determinants framework. *Community Dent Oral Epidemiol*, 2012. 40(4):289-96.

⁸ National Oral Health Alliance. Oral Health Policy - Rural and Remote Australia. 2018. Available from <https://oralhealth.asn.au/sites/default/files/Rural%20and%20remote%20policy.pdf>

⁹ World Health Organization. World Health Assembly Resolution paves the way for better oral health care. 2022. Available from <https://www.who.int/news/item/27-05-2021-world-health-assembly-resolution-paves-the-way-for-better-oral-health-care>



2. Implement the oral health recommendations by the Royal Commission into Aged Care Quality and Safety (Royal Commission),¹⁰ including the establishment of the Seniors Dental Benefits Scheme (SDBS).

Timeframe – by the end of 2023

The Royal Commission identified significant issues regarding the provision of oral healthcare for people living in residential aged care (RAC) homes.

During the hearings it was made clear that in too many instances, residents' basic oral health needs are not being met. Implementing the Royal Commission's oral health recommendations will promote dignity and respect for older adults, reduce likelihood of malnutrition, sarcopenia, and preventable hospitalisations from aspiration pneumonia.^{11,12}

NOHA endorses the recommendations made by the Royal Commission to support the oral health of older Australians.

- Recommendation 19: Urgent review of the Aged Care Quality Standards, in particular best-practice oral care, with sufficient detail on what these requirements involve and how they are to be achieved.
- Recommendation 38: Residential aged care to employ or retain at least an allied health professional, including oral health practitioners.
- Recommendation 60: Establish a Senior Dental Benefits Scheme for people who live in residential aged care or in the community.
- Recommendation 79: Review Certificate III and IV courses to consider including oral health as a core competency.
- Recommendation 114: Immediate funding for education and training to improve the quality of care, including oral health.

¹⁰ Royal Commission into Aged Care Quality and Safety. Final Report: Care, Dignity and Respect. 2021. Available from: <https://agedcare.royalcommission.gov.au/publications/final-report>

¹¹ Azzolino, D., et al. Poor Oral Health as a Determinant of Malnutrition and Sarcopenia. *Nutrients*, 2019. 11(12):2898. doi: 10.3390/nu11122898

¹² Sakai, K., et al. Association of Oral Function and Dysphagia with Frailty and Sarcopenia in Community-Dwelling Older Adults: A Systematic Review and Meta-Analysis. *Cells*, 2022. 11(14):2199. doi: 10.3390/cells11142199



NOHA views the SDBS as a priority to support people living in RAC homes, those receiving aged care community packages or those who receive the full rate of aged pension – this would ensure some of Australia’s most at-risk populations receive timely and affordable, oral healthcare. The Royal Commission recommended the SDBS should focus on essential oral healthcare to maintain a functional dentition, and to maintain and replace dentures.

NOHA welcomes the opportunity to work with the Commonwealth government to explore the scope of dental services that would be included and the required funding arrangements to achieve this. The SDBS is the next step towards a unified healthcare system that does not separate oral health from the rest of the body.

3. Commit to increased funding by the Commonwealth government for public dental services.

Timeframe – by the end of 2023

Australians at most risk for oral diseases are unable to access and utilise timely and affordable oral healthcare services.

As noted by the Productivity Commission,¹³ there are important reforms that need to be considered to increase the efficiency and effectiveness of public dental services. However, current funding by the Commonwealth government is insufficient to address the oral health needs of the eligible population. NOHA recommends initially, increased funding of \$500 million per annum to support the immediate urgent needs of priority populations.¹⁴

4. Engage NOHA with Australia’s National Oral Health Plan 2025-2034.

Timeframe – by the end of 2024

Australia’s National Oral Health Plan 2025-34 should involve NOHA in its co-design to ensure the plan will deliver universal access to affordable oral healthcare.

Australia’s National Oral Health Plan 2014-2024 is soon to expire. Universal access to affordable oral healthcare should be embedded within Australia’s healthcare system and reflected in the next ten-year National Oral Health Plan for 2025-34. It should be aligned with

¹³ Productivity Commission. Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Report No. 85. 2017. Commonwealth Government (AU): Canberra. Available from: <https://www.pc.gov.au/inquiries/completed/human-services/reforms/report>

¹⁴ Duckett, S., et al. Filling the gap: A universal dental scheme for Australia. 2019. Grattan Institute. Available from: <https://grattan.edu.au/report/filling-the-gap/>



the WHO's Global Oral Health Action Plan 2023-2030.¹⁵ Prevention, early detection, and interventions for managing oral diseases need to be the cornerstone of universal access to affordable oral healthcare. These should be complemented by individual transparent outcome measures to build on the existing performance indicators. Using outcomes measures will ensure dental services are culturally safe, person-centred, actively fosters oral health literacy, support shared decision-making, is value-based and provide value for money. Australia's National Oral Health Plan 2025-2034 should articulate a readily implementable oral health workforce strategy. It should meet the needs of the population with the requisite training of the dental and broader health workforce to deliver universal access to affordable oral healthcare.

About the National Oral Health Alliance

NOHA is an advocacy collaborative of consumer, health and professional associations, who support collective action by all levels of government to improve the oral health of Australians.

The social determinants of health have a profound influence on oral health. NOHA's immediate priorities are to improve better access, affordable and enhanced oral healthcare for priority populations in Australia, including Aboriginal and Torres Strait Islander People, refugees and asylum seekers, people living in rural, regional and remote communities, people with additional or specialised healthcare needs such as older adults and people living with severe mental illness, and people who are socially disadvantaged or on low incomes.¹⁶

NOHA members supporting this submission

- Australian Council of Social Service
- Australian Dental Association
- Australian Dental and Oral Health Therapists' Association
- Australian Dental Prosthetists Association
- Australian Healthcare and Hospitals Association
- Consumers Health Forum of Australia
- COTA Australia
- Dental Hygienists Association of Australia
- National Rural Health Alliance
- Public Health Association of Australia

¹⁵ World Health Organization. Draft Global Oral Health Action Plan 2023-2030. 2022. Available from: https://cdn.who.int/media/docs/default-source/ncds/mnd/eb152-draft-global-oral-health-action-plan.pdf?sfvrsn=ecce482e_4

¹⁶ Council of Australian Governments (COAG) – Health. Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. 2015.