



Select Committee into the Provision of and Access to Dental
Services in Australia
PO Box 6100
Parliament House
Canberra ACT 2600

May 30, 2023

Dear Members of the Select Committee,

I write on behalf of the Australian Dental Foundation (ADF) to express our deep concern and recommendations regarding the provision and accessibility of dental services in Australia.

ADF is an independent, award-winning health promotion charity working to improve Australia's oral health outcomes and well-being, for a future without oral disease. We address the inequalities which exist in oral health by providing quality oral care for those who need it most. ADF has operated for a decade and visits schools, early learning centres and has numerous service contracts with national aged-care facility providers. We provide dental services to children under the care of the Department of Child Protection in SA; free dentistry to the homeless through our partnership with Baptist Care; care for disabled children through Novita; dental services to first nations and migrant families in partnership with Lutheran Care; and services to prisoners at the Adelaide Remand Centre. ADF is the largest provider of aged care dentistry in Australia. We operate nationally with offices in SA, Victoria, and NSW.

Our wide experience gives us a unique perspective from which to comment about provision of dental services to vulnerable populations. We appreciate the opportunity to contribute to the Select Committee and to emphasise critical areas in the dental healthcare system that require urgent support. Our submission addresses the need to enhance dental care for specific populations, to ensure all Australians have access to high-quality dental services.

ADF urges the Select Committee to prioritise the enhancement of dental services in Australia. Through targeted initiatives, increased funding, and collaborative efforts, together we can address the gaps in dental care provision, improve access for vulnerable populations, and promote better oral health outcomes. The examples and data presented in this submission emphasise the urgent need for action in these areas. We hope that our recommendations will guide policy decisions to ensure that all Australians have access to high-quality dental services.

Thank you for considering our submission. We remain committed to working collaboratively towards a future where dental care is accessible to all Australians. We would be pleased to provide any further information or participate in discussions related to this matter.

Yours sincerely,

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Executive summary

In line with the National Oral Health Plan 2015-2024, Australian Dental Foundation believes that oral health is a fundamental component of an individual’s general health. It contributes significantly to an individual’s quality of life. Biological and functional benefits of good oral health include eating, speaking, and swallowing; as well as links with numerous systemic health conditions such as diabetes, mellitus and gum disease. Psychosocial benefits include increased self-esteem and pain-free social engagements. Poor oral health is the third biggest reason for acute hospital admissions in Australia: the majority of these conditions are preventable. There are groups that are more susceptible to poor oral health. We have identified some key areas and problems in line with the Terms of Reference (TOR) provided by the committee and offered some recommendations. **Table 1** displays a summary of our recommendations.

Table 1: Summary of recommendations

Focus areas	Identified problems	Related TOR	Recommendations
1) Older Australians	1.1 Increase in co-morbidities, polypharmacy, frailty, and dependence.	a, b, c,	<i>Recommendation 1: Provide better access to daily oral hygiene and more frequent preventative routine dental service to reduce incidence of dental disease and improve quality of life.</i>
	1.2 Poor education of aged-care workers in oral hygiene assessment and practice	a, b, c	<i>Recommendation 2: Improve education for aged-care workers and support public health service/not-for-profit providers in provision of ongoing education for staff at RACFs.</i>
	1.3 Cost barrier	a, b, c	<i>Recommendation 3: Engage with stakeholders such as private health insurers and Commonwealth and State/Territory public health funding to support not-for-profit providers such as Australian Dental Foundation to offer on-site preventative and emergency dental services.</i>
	1.4 Difficulty accessing dental providers.	a, b, c, g	<i>Recommendation 4: Support on-site dental providers, mobile dental services, and implement assistance programs to support relocation of dental providers to remote areas.</i>
2) Individuals with disability	2.1 Cost Barrier.	a, b, c,	<i>Recommendation 5: Improve national comprehensive coverage for preventative and routine dental treatment in addition to emergency services under NDIS.</i>
	2.2 Difficulty accessing dental providers who provide advanced services for	a, b, c, d,	<i>Recommendation 6: Improve post-graduate education for dental professionals by providing financial assistance, encourage universities and education providers, as</i>

	individuals with disability.		<i>well as support not-for-profit organisations with advanced capabilities to deliver services.</i>
3) Children under the age of 18 and Child Dental Benefit Schedule (CDBS)	3.1 Lack of awareness of CDBS.	a, b, c, d,	<i>Recommendation 7: Implement targeted information campaigns to raise awareness about the CDBS among parents and caregivers, particularly those from disadvantaged backgrounds or living in remote areas.</i>
	3.2 Difficulty accessing dental care by children with special needs:	a, b, c, d,	<i>Recommendation 8: Extend CDBS to include anaesthetic services, ensuring equitable access to dental care for children with special needs.</i>
	3.3 Reduced range of CDBS eligible services	a, b, c, d	<i>Recommendation 9: Increase scope of CDBS services to improve children's oral health status and reduce risk of dental trauma.</i>
4) Systemic problems	4.1 Increasing rates of burnout and mental health issues among Dental professionals:	j	<i>Recommendation 10: Support research into mental health of dental professionals, and support not-for-profit providers of dental education and mental health to provide well-being support.</i>
	4.2 Lack of access to oral health products that are appropriate	a, b, d, g	<i>Recommendation 11: Support not-for-profit providers of dental products to deliver appropriate products to disadvantaged families.</i>

1) Older Australians (aged 65 and over)

Older Australians are 16% of the population and projected to be more than 20% by 2026¹. Medical Journal of Australia (MJA) undertook a review of 11 comparable countries to compare findings from the Royal Commission into Aged Care Quality and Safety. It found Australia has the highest proportion of older Australians living in Residential Aged Care Facilities (RACFs): 20% of those aged over 80, and 6% of those aged over 65³. In 2017–18, older Australians had an average of 13.7 missing teeth. Almost 60% suffered periodontitis (gum disease) and many (27%) avoided eating certain foods due to problems with their teeth, mouth or dentures⁴. The prevalence of edentulism (having no natural teeth) has decreased in older Australians and oral health concerns are rising, such as infection and fracture. Oral health issues can contribute to aspiration pneumonia, worsened diabetes, heart attack, lowered immunity, and stroke⁵. We have identified three main problems:

- 1.1 Increase in co-morbidities, polypharmacy, frailty, and dependence. The prevalence of untreated tooth decay increases with age, to an average of 24-35% of older Australians, and may be worse in those with co-morbidities such as dementia⁶. This statistic is worse in RACFs, with a study from University of Adelaide finding 55% of residents having untreated tooth decay, 61% having gum disease, and 47% reporting pain in their mouth⁷.

Recommendation 1: Increase access to better daily oral hygiene and more frequent preventative routine dental service which can reduce the incidence of dental disease and improve quality of life.

- 1.2 Poor education of aged-care workers in oral hygiene assessment and practice⁸.

Recommendation 2: Improve education for aged-care workers and support public health service/not-for-profit providers in provision of ongoing education for staff at RACFs.

- 1.3 Cost barrier. Majority of oral health services are provided by the private sector.

Recommendation 3: Engage with stakeholders such as private health insurers and Commonwealth and State/Territory public health funding to support not-for-profit providers such as Australian Dental Foundation to offer on-site preventative and emergency dental services.

- 1.4 Difficulty accessing dental providers. National Dental Telephone Survey (NDTS) reveals 17% of adults experienced difficulty finding a practitioner when and where needed. The AIHW highlights the maldistribution of dental providers with 80% being in major cities.^{4,5}

Recommendation 4: Support on-site dental providers, mobile dental services, as well as implement assistance programs to support relocation of dental providers to rural and remote areas.

2) Individuals with disability

More than four million people in Australia live with a disability, representing 18.5% of the population. Individuals with disabilities face multiple barriers in accessing dental care, including physical, sensory, intellectual, and communication impairments, as well as financial constraints⁹. The Australian Research Centre for Population Oral Health reports that individuals with disabilities experience higher rates of oral diseases, such as dental caries and periodontal disease, compared to the general population. This can be attributed to limited access to preventative dental care and challenges in maintaining oral hygiene¹⁰.

A University of Sydney study found that individuals with disabilities were less likely to receive dental treatment and more likely to have unmet dental needs compared to the general population¹¹.

The National Disability Insurance Scheme (NDIS) provides reasonable and necessary support to individuals with disabilities. However, dental care is limited under the NDIS, with coverage primarily focused on emergency dental treatment. Several countries, including Canada and the UK, provide

comprehensive dental coverage for individuals with disabilities through their national healthcare system.

- 2.1 Cost Barrier. Oral health maintenance is an ongoing provision required to reduce the incidence of oral diseases and overall health.

Recommendation 5: Improve national comprehensive coverage for preventative and routine dental treatment in addition to emergency services under NDIS.

- 2.2 Difficulty accessing dental providers for individuals with disability.

Recommendation 6: Improve post-graduate education for dental professionals by providing financial assistance, encourage universities and education providers as well as support not-for-profit organisations with advanced capabilities to deliver services.

3) The Child Dental Benefits Schedule (CDBS)

According to the AIHW, in the 2019-2020 financial year, just 57% of eligible children accessed dental services through the CDBS, indicating almost half of eligible children did not access the program¹². The AIHW reports that children from lower socioeconomic backgrounds, those residing in regional or remote areas, and Indigenous children are more likely to have poorer oral health and face additional barriers in accessing dental services¹². Certain services are excluded under CDBS, including mouthguard provision to reduce the risk of dental trauma in sport; or orthodontic treatment required for malocclusion correction.

Research suggests 10-20% of children experience dental anxiety, with a higher prevalence in children with special needs,¹³ hindering their ability to receive dental treatment in a conventional setting.

- 3.1 Lack of awareness of CDBS. A University of Adelaide study found that among parents of eligible children who were unaware of the CDBS, the primary reason was a lack of information provided by dental professionals or schools.

Recommendation 7: Implement targeted information campaigns to raise awareness about the CDBS among parents and caregivers, particularly those from disadvantaged backgrounds or living remotely.

- 3.2 Difficulty accessing dental care by children with special needs. Research by the Australian Dental Association (ADA) highlights many children with special needs are unable to receive necessary dental care due to the lack of coverage for sedation and general anaesthetic (GA) services under the CDBS, posing a barrier to comprehensive dental treatment for these children.

Recommendation 8: Extend coverage of the CDBS to include anaesthetic services, ensuring equitable access to dental care for children with special needs.

- 3.3 Reduced range of CDBS eligible services.

Recommendation 9: Increase scope of CDBS services to improve children's oral health status.

4) Other issues

- 4.1 A survey conducted by the Australian Dental Association (ADA) revealed about 75% of dental practitioners reported experiencing moderate to high levels of stress. Furthermore, 42% reported symptoms of burnout. The survey highlighted the demanding nature of dental practice, including high patient expectations, time pressure, and administrative burdens, as contributing factors¹⁴.

Recommendation 10: Support research into mental health of dental professionals, and support not-for-profit providers of dental education and mental health to provide well-being support.

4.2 Lack of access to oral health products that are appropriate: Access to affordable oral health products, such as toothbrushes and toothpaste, is crucial for maintaining good oral hygiene. However, disadvantaged families often face challenges in accessing these products due to financial constraints¹⁵.

Recommendation 11: Support not-for-profit providers of dental products to deliver appropriate products to disadvantaged families.

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