

**SUBMISSION TO THE SELECT COMMITTEE INTO THE PROVISION
OF AND ACCESS TO DENTAL SERVICES IN AUSTRALIA -
PROVISION OF AND ACCESS TO DENTAL SERVICES IN
AUSTRALIA**

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Response to the call for submissions by the Select Committee into the Provision of and Access to Dental Services in Australia.

Submission Author - Introduction

With a professional involvement of more than 40 years in the evaluating, planning and leadership of dental public health and dental service provision, I welcome the recent call for submissions on the Provision of and Access to Dental Services in Australia.

Commencing my career as an oral health clinician in the SA public dental sector, I moved to consolidate further experience and education in the following areas of oral health:

- Research and evaluation into access, provision and outcomes of dental public health strategies.
- Service planning (with emphases on service profiling, workforce needs and infrastructure).
- Policy and programming for access and service provision for targeted priority and high need population groups
- Executive management of the SA public dental sector including direct responsibility for emergency, general and specialist dental services and the integration of undergraduate and postgraduate dental training through the Adelaide Dental Hospital and the state-wide community dental clinics.
- Development and implementation of specific strategies designed to improve access and service provision for population groups with high levels of unmet need; specifically, children from lower socio-economic areas in SA, young adults, people with medical and physical disabilities, rural and remote communities, community living older people and residential aged care residents.

I retired from my position within the SA public dental sector in October 2022 but maintain my commitment to lift the access to dental care and guide its place into a future looking integration with, in most cases, already established health processes for early assessment and care. Care that is basic, on time, affordable and sits firmly within a permanent and sustainable system allowing effective strategies to be implemented and ultimately for improved outcomes to be achieved.

In 2019, the SA Dental Service led a highly collaborative cross-sectoral team to develop the SA Oral Health Plan 2019 – 2026. Over 60 submissions were received during a two-stage consultation process and enabled a joint agreement on the most significant reforms required to improve oral health for all South Australians. Relevant sectors of Government, research and education bodies, representative groups for disadvantaged population groups, private dental sector and teaching institutions, dedicated their time and resources to complete the Plan. The Plan, though South Australian, reflects *Healthy mouths healthy lives – Australia's National Oral Health Plan 2015 - 2024* and is applicable across all jurisdictions in its identification of future options for improving oral health in the community and in its prioritisation of those

who continue to experience worse oral health when compared with the general population.

It is true to say that over the last 10 years or more, there has been significant State and Commonwealth discussion, planning, implementing, evaluating and reporting on both the current and desired pathways for access to and provision of dental care in Australia. It is also of note that minimal change has occurred to address a more sustained systematic approach for disadvantaged population groups who continue to endure poor health outcomes as a result of lack of access to timely and affordable dental care – outcomes which often go on to impact the resources of the wider health systems eg hospital admissions.

The introduction of strategies such as the Child Dental Benefits Scheme in 2014 has had a positive impact for children across Australia, even though participation is lower than many desire at around 30%-40%. The Scheme is easily understood by the community as well as public and dental providers and meets routine basic needs of the general child population. This model could be used as a blue print to improve the oral health of financially disadvantaged adults that face all sorts of barriers to access basic oral care services. A staged implementation roadmap for this has already been described in several reports including the Grattan Institute's 2019 Report titled *Filling the Gap: A Universal Dental Care Scheme for Australia* and the earlier Report from 2012 by the National Dental Advisory Council. These reports recognise the multifaceted aspects of system reform including the need to consider workforce requirements, the role of state and federal governments as well as the greater integration of oral health with general health.

With less than 25% of low income/very disadvantaged adults currently able to access public dental services, work on a similar scheme, potentially embedded in Medicare should be the topic of a constituted national advisory group, coordinated by the Commonwealth Department of Health and led by a Chief Dental Advisor, as called for in the National Oral Health Plan. The research and evidence and significant groundwork has already been done by both State and Commonwealth appointed groups, with a large number of high level reviews and inquiries on relevant areas listed on public websites. Examples include:

- *Grattan Report Filling the Gap: A Universal Dental Care Scheme for Australia 2019*
- *Australian National Oral Health Plan 2015 – 2024*
- *Royal Commission into Aged Care Quality and Safety Report 2021*
- *AIHW Oral Health and Dental Care in Australia 2023*
- *KBC Feasibility Report: Increasing Dental and Oral Health training in rural and remote Australia September 2022*
- *South Australia Rural Oral Health Workforce Plan December 2021*
- *National Advisory Council on Dental Health 2012*

Moving Forward

The CDBS has been a significant step for the oral health of Australian children. However, disadvantaged adults and high need priority groups ie rural and remote communities, older people, Aboriginal communities etc, though receiving attention and recommendations, have received little in the way of sustained access to services and hence improvement in oral health outcomes.

Given the enormous amount of work and resources applied to date, there would seem to be little reason to prevent discussion and agreement on a staged implementation action plan for the next 5-7 years.

An **Oral Health Action Implementation Plan 2023 - 2030** that interlocks with the broader health planning and resource allocation would be my recommendation. There are demonstrable opportunities to flow the oral health strategies into other progressing processes, for example, the recommendations relating to oral health care recommended in the Royal Commission into Aged Care Quality and Safety Report. In this example, basic oral hygiene and health should be part of contemporised funding allocation for carer services/minutes per residential aged care resident.

In preparing a response to the Select Committee's Terms of Reference, I found myself reiterating the work and recommendations coordinated several years ago with the formulation of the previously mentioned *SA Oral Health Plan 2019 -2026*, specifically Terms of Reference points a), b), e), g) and i).

Respectfully, I have attached a link to the Plan. Again, the SA Oral Health Plan is strongly supported by key groups as a reflection of national discussions and directions. I encourage the Committee to read and reflect on this Plan as many issues are translatable nationally. [www.sahealth@sa.gov.au/sadental/SAOralHealthPlan](http://www.sahealth.sa.gov.au/sadental/SAOralHealthPlan)

I would welcome any opportunity to discuss any of the Terms of Reference from my position of long-standing experience in the access to and provision of public dental services in Australia.

Thank you for the opportunity to provide comment through the Select Committee.

Anne Pak-Poy