Submission to Select Committee into the Provision and Access of Dental Services in Australia

Older Australians' perspective on the provision and access of dental services

Prepared by

COTA Australia

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COTA Australia

COTA Australia is the peak body representing the almost nine million Australians over 50. For over 70 years our systemic advocacy has been improving the diverse lives of older people in policy areas such as aged care, health, retirement incomes, and more. Our broad agenda is focused on tackling ageism, respecting diversity, and the empowerment of older people to live life to the full.

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Executive Summary

COTA Australia welcomes the opportunity to contribute to the Select Committee's inquiry into the Provision and Access of Dental Services in Australia.

All people living in Australia should enjoy good oral healthcare[1] regardless of their personal circumstances, including their capacity to pay, ethnicity, geographical location or age. Timely access to quality, person centred, culturally appropriate, safe, affordable, and cost-effective oral healthcare is essential to maintaining good health an enjoyable quality of life. Our submission makes the following key points:

- Good oral health is integral to a person's overall health and sense of wellbeing across the life course and is essential in older age. Oral healthcare should be part of the nation's universal healthcare system.
- Dental care is the highest reported unmet health need due to affordability, particularly among older adults.
- Dental healthcare is **expensive** – and **so is the neglect of people's oral and dental healthcare** especially in older age with the increased risk of tooth decay, periodontal disease, tooth loss and oral cancers.
- For people living outside metropolitan and large regional cities dental services as well as being expensive, are often unavailable locally– particularly, public dental services.
- The adult public dental system is underfunded; it only provides services to approximately 22 percent of the eligible population.
- The lack of affordable dental care is impacting adversely on GP clinics, public hospital emergency departments and the overall public health system.
- The COVID-19 pandemic and cost of living pressures are significantly impacting access to and the affordability of dental services with people on low incomes and/or with chronic health conditions being most harmfully affected.
- Australia has much to gain socially and economically from facilitating timely access to appropriate/quality dental health for people who are financially and/or socially disadvantaged.

As a major step forward to universal access to dental services, we believe that the Australian Government, in collaboration with the state and territory governments, should develop and implement a Senior Dental Benefits Scheme with services to be provided through the public and private dental sectors. In its first iteration (or development phase) the Scheme should target people aged 50 years and over who are:

- on low incomes
- living in a residential aged care home
- receiving a home care package
- admitted to an acute hospital (to cover the potential for transitions between care settings)

[1] WHO. Oral Health. Oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating, breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.

To ensure the effectiveness and sustainability of Australia's Senior Dental Benefits Scheme, it is critical that:

1. Each dental/oral care practitioner group's scope of practice is pragmatically and fully utilised
2. Dental and oral health practitioners are encouraged to take up positions outside of metropolitan and large regional cities
3. A robust financial model is developed and agreed upon which has the capacity to sustainably underpin the Scheme and enable the delivery of a comprehensive range of oral and dental treatments aimed at optimising older people's health outcomes

Introduction

Oral health is a vital concern for older people living in Australia. Currently many older people do not receive the routine care necessary to maintain good oral health. Affordability and timely access to dental and related services present as the major challenges impacting on older people being able to effectively manage their oral health and, therefore, maintaining their physical health and wellbeing.

COTA's State of the Older Nation research[2] shows that dental services are consistently the most difficult health or medical services for older people to access. This difficulty has been highlighted in the 2018 and 2023 surveys.

Oral health is integral to overall health and psychological wellbeing and more significantly as a person ages. Yet, across Australia dental care is the highest reported unmet health need due to affordability among adults and, more particularly, older adults.[3] This health area heightens the growing inequalities between poor and rich, rural and urban, Indigenous and non-Indigenous people. Poor oral health is a good indicator of socioeconomic status, educational level, employability and self-esteem. It is also a reliable predictor of physical health,[4] particularly as people age due to the risks for tooth loss being tooth decay and gum disease which tend to increase with age.[5]

The table below shows the prevalence of largely treatable common oral health conditions among Older Australians aged 55 to 74 and 75 years and over.

COMPLETE TOOTH LOSS AFFECTS:	• 8% of people aged 55- 74 years • 20% of people aged 75+ years
UNTREATED TOOTH DECAY AFFECTS:	• 32% of people aged 55- 74 years • 25% of people aged 75+ years
PERIODONTAL (GUM DISEASE) AFFECTS	• 51% of people aged 55- 74 years • 69% of people aged 75+ years
INADEQUATE DENTITION AFFECTS:	• 22% of people aged 55- 74 years • 46% of people aged 75+ years

There is a long list of reports setting out the need for, and the consequences of not, having universally accessible and affordable oral health services. Most recently these include the Productivity Commission's Government Services Report 2023, the report from the Royal Commission on Aged Care Quality and Safety, and the Grattan Institute's Filling the gap: a universal dental care scheme for Australia. These and other such reports are unambiguous in stating timely access to

[2] State of the Older Nation, https://www.cota.org.au/policy/state-of-the-older-nation/
[3] Navaal S, Griffin S, Jones J. Impact on Making Dental Care Affordable on Quality of Life in Adults Aged 45 Years and Older. J Aging Health. 2020 Aug-Sep; 32(7-8): 861–870.
[4] The dental divide – and the decay of public dental services. Lesley Russell. Posted Tue 21 Aug 2018. Accessible at: https://www.abc.net.au/news/2018-08-21/dental-divide-and-the-decay-of-public-dental-services-medicare/10138870
[5] Centers for Disease Control and Prevention. Adult Oral Health. US Gov. Access at: https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html

affordable oral health care is a sure-fire way of addressing disadvantage and alleviating pressure on the public health system.

These reports also highlight that:

1. the current government expenditure on Australia's public dental services is inadequate;
2. public dental services need to provide timely care for people who have a high risk of; developing or worsening oral health problems such as members of the older population with chronic health/medical conditions and/or taking medications which can alter the flow of saliva and increase the risk of tooth decay; and
3. where possible, the focus needs to be on preventive oral healthcare

Our submission responds to the Committee's Terms of Reference from the perspective of people aged 50 years and above access to, and experience of, dental services. As a result, we have responded only to the relevant Committee's Terms of Reference being (a), (b) and (d) to (g) in the scoping statement.

Responding to the Select Committee's Terms of Reference

a) The experience of adults in accessing and affording dental and related services

The difficulty of accessing dental care and its high cost mean that many older people put up with oral health issues. Multiple sources of evidence (including anecdotal) show the key reasons why many older people do not avail themselves of timely oral health treatments are:

- the high out-of-pocket costs
- lack of provision of oral health services outside of metropolitan areas
- structural barriers due to public dental services largely existing in a silo with little integration with the broader health system, or between the public and private dental sectors.

Accessibility

Older people tell us they **place a premium on good** health.[6] However many older people – especially those experiencing financial or social disadvantage – are forced to wait for up to **38 months to access public dental services**.[7] Long waiting times are likely to exacerbate existing dental problems. Evidence for this is the fact that over one-third of all oral health treatments in the public dental system is for emergency treatment.[8] With more timely and affordable access this figure would be lowered and even more so if public dental services were in a position to provide preventive oral healthcare to older people living in the community and good oral hygiene for older people in residential settings.

Our engagements with older people highlights that generally people living in metropolitan and outer metropolitan areas have access to affordable adult dental and related services if they have:

- good oral health
- more than a basic level of private health insurance and/or
- in receipt of annual income of about $82k[9]

In these instances, they experience timely access to preventative dental care, required dental treatments, choice of dental practitioner and the type of treatment/s they receive.

This is unlikely to be the experience of people who access public dental services. As reported in the Grattan Institute's Filling the gap Report, Adults attending public dental services are more likely to have teeth extracted, and less likely to receive preventive services, than adults who attend private dental services.[10] A recent email to COTA Australia from an older person strengthens this claim:

> *Finally, I got an appointment* [with a public dental clinic] *to get a badly decayed tooth fixed … based on a previous experience with a local dentist I knew the tooth would possibly need a root canal and definitely a crown. When I told this to the lady I spoke with, her response was "oh we don't do that, we just pull them out.*

[6] COTA State of the (Older) Nation.2021 Access at: https://www.cota.org.au/policy/state-of-the-older-nation/
[7] Victorian Oral Health Alliance website – figure for Bellarine Community Health 2021/22. Waiting times for general dental care Victoria to Dec. 2021. Accessible at: https://voha.org.au/data/
[8] ibid
[9] ABS Average Weekly Earnings. For females (reference period, Nov.'22) $82K per annum. February 2023. Access at: https://www.abs.gov.au/statistics/labour/earnings-and-working-conditions
[10] Duckett S, Cowgill M, Swerissen H. Filling the gap A universal dental scheme for Australia. P 35. Grattan Institute 2019

For older people residing in aged care homes and other residential settings, access can also be sorely limited by the numbers of dental practitioners who are willing or able to provide dental services and a lack of suitable facilities and equipment.[11]

Affordability

In addition, older people who access private oral health services, especially if without private health insurance coverage, tell us a simple dental treatment can exacerbate financial hardship. For some this can result in needing to rationalise expenditure on food, other health care needs and interactions with family, friends and services. For many it simply results in getting the cheapest treatment (an extraction) rather than paying the high cost associated with one better suited to supporting overall health and wellbeing.

Older people tell us that dental care is expensive. The Australian Institute of Health and Welfare reported that $11.1B was spent on dental service in Australia in 2020-21.[12] Cost is an ever-present reality for older people on low incomes such as age pensioners but is increasingly presenting as a challenge for many other older people.

Currently, there are no standard fees for dentists and treatment costs vary greatly. As the Australian Dental Association's annual survey July 2020 to July 2021 shows[13] (see Table 1) depending on where a person lives, there are marked price variations in the average cost paid for dental work.

Lowest and highest average dental cost		
Treatment	**Lowest price**	**Highest price**
Tooth extraction	$185 (SA)	$231 (ACT)
Filling	$148 (QLD)	$183 (TAS)
Mouthguard	$185 (WA)	$253 (ACT)
Full crown (veneered)	$1615 (WA)	$1870 (WA)

Table 1: Dental treatment costs – highest and lowest paid by jurisdiction.

Plus, private health insurance dental rebates vary. This happens not only across funds, but also between policies within funds and for the service being claimed. In addition, funds tend not to publish the rebates they offer for all items of dental treatment in all circumstances.[14]

Available data[15] show:

- 38.8% of the Australian adult population avoids or delays visiting a dentist due to cost
- 24% experiences a lot of difficulty paying for a $200 dental bill, plus

[11] National Oral Health Plan 2015-2024. P. 65. Access at: healthy-mouths-healthy-lives-Australia national oral health plan-2015-24

[12] AIHW. Mar. 2023. Most of this cost (around $6.5 billion, or 59% was paid by individuals directly, with individuals spending on average $253 on dental services over the 12-month period, not including premiums paid for private health insurance (AIHW 2022). Private health insurance providers financed around $2.2 billion (20%) of total expenditure for dental services (AIHW 2022). For more information access the chapter on Costs at: https://www.aihw.gov.au/reports/den/231/oral-health-and-dental-care-in-australia/contents/summary

[13] **CHOICE. How much does the dentist cost? Mar.2023. Accessible at: https://www.choice.com.au/health-and-body/dentists-and-dental-care/dental-treatment/articles/dental-fees**

[14] ibid

[15] National Survey of Adult Oral Health 2017-18 Access at: https://www.adelaide.edu.au/arcpoh/national-study/report/

- 22.6% of all dentate Australians who visited a dentist in the previous 12 months report cost prevented the recommended treatment

Whether dental care and related services are affordable, or as one older person labelled them, 'an unaffordable luxury', is primarily dependent on a household's income. As adult dental care is not covered by Medicare,[16] when required, most people can only access dental treatments at a private dental clinic and must pay for the service/s they receive. Payment is either through private health insurance with the individual generally paying any gap fee (generally about 50 percent of the treatment cost) or fully out of pocket. Table 2 (pre-COVID) shows private health insurance is a definite consideration in determining if adults' visits to dental services.

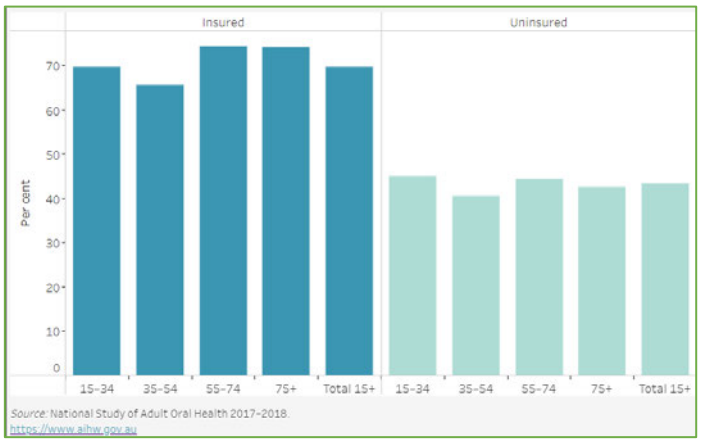

Table 2: Proportion of people insured and uninsured by age who visited a dentist in 2017-18.

For older people, **affordability is often exacerbated by access**. This includes geographical location, transport, physical access and cost issues for those living in the community.

Cost of living

Over 1400 people responded to our recent cost of living survey which highlighted that even though older Australians understand the importance of good oral health many are putting off seeing a dentist due to cost.

Older people are delaying or cancelling dental appointments due to the need to prioritise other expenses such as utility bills, rates, rents etc. As one respondent put it:

> *I missed my six-month dental appointment. While not good, saved about $400. Now at least I can pay my electricity bill.*

Another person said:

> *Everything is going up. Need new dentures. At $4,000, never going to happen.*

Older people with private health insurance have not necessarily been immune from cost-of-living pressures impacting their oral health. Some are finding their level of private health insurance coverage insufficient – it does not cover the required dental treatment for instance, a crown or bridge (cost is upwards of $1,600). Others who, due to oral pain and discomfort, are keen to visit a dentist are putting off making an appointment due to the gap fees. As one person said:

> *My teeth are falling to bits but, but the out-of-pocket gap fees are the killer.*

[16] Dental services funded by Medicare.

As another person wrote:

> *My health is so important. I go to great lengths to keep private health cover, but even though my teeth desperately need attention and causing me heaps of pain, the gap payments mean I have to put off visiting my dentist.*

Current cost of living pressures are having a negative impact on older people's quality of life and increasing the likelihood of preventable dental issues getting worse, causing lifelong health issues that could develop into serious illnesses. The impacts are not being experienced equally – again, it is more than likely to be members of the community on low incomes and/or in poor physical and psychological health who are experiencing the affects most severely.

b) the adequacy and availability of public dental services in Australia, including in outer metropolitan, rural, regional and remote areas.

Adequacy

Through the National Partnership Agreements, the Australian Government works with state and territory governments to fund dental services. The services are provided by states and territories. The 2021-22 Federal Budget include $107.8 million for adult public dental - which equates to a 44% decrease since 2013-14. By comparison, Federal Government support for dental care via private health insurance grew 24% over that same period.

Adult public dental services have no focus on preventive dental care. Provision is restricted to emergency dental care targeted at addressing the immediate need (for example, pain relief or control of infection), and general care including scale and cleaning, extractions, fillings and x-rays. People receiving dental care have no choice of practitioner and little to no say in the type of service or where it is received. Most services incur a co-payment which is assessed according to the treatment received. In several states and territories public dental care is also provided (under special arrangements/voucher) by private dental practitioners.

The provision of public dental services in Australia is inadequate regardless of where a person lives.

Table 3 shows a major reason for this is that of the 16,153 dentists working in Australia:

- 83% work exclusively in private dental clinics
- **4.9%** work in **public dental clinics** in Australia
- 9.8% work as specialists, the largest group being orthodontists (560) equivalent to 35.2% of all dental specialists

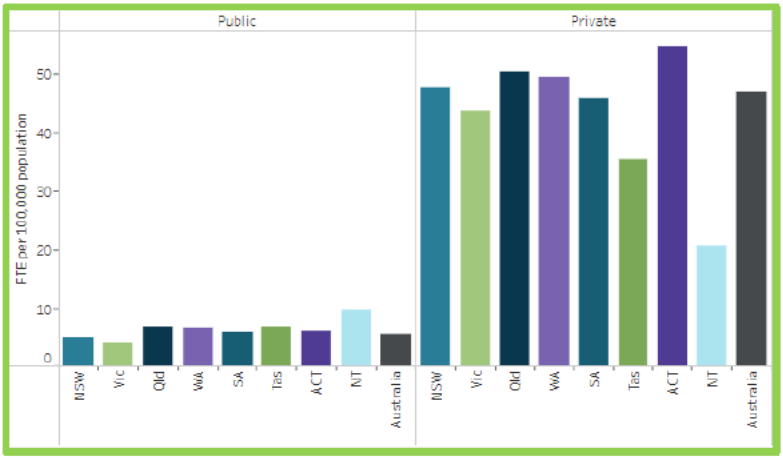

Table 3. Dentists per 100k population employed in public and private sectors, states and territories. 2020[17]. Note: there is no publicly available data which suggest any significant recent change to the distribution of Australia's dentists.

Availability

Adult public dental services are significantly under resourced and, although they only provide services to a limited segment of the Australian population, fall well short of meeting demand. In 2015, the COAG Health Council estimated that:

> *Current funding for public oral health services allows for treatment of only about 20% of the eligible group, leaving some 80% without public treatment. Some seek care in the private sector, generally for relief of pain, which means that they receive only limited and compromised oral health care; some do not access any care*.

Table 4 shows the proportion of adults, by jurisdiction, accessing public dental care services 2014-2016 and 2016-18.[18] There are no publicly available data indicating an increase in availability in more recent years.

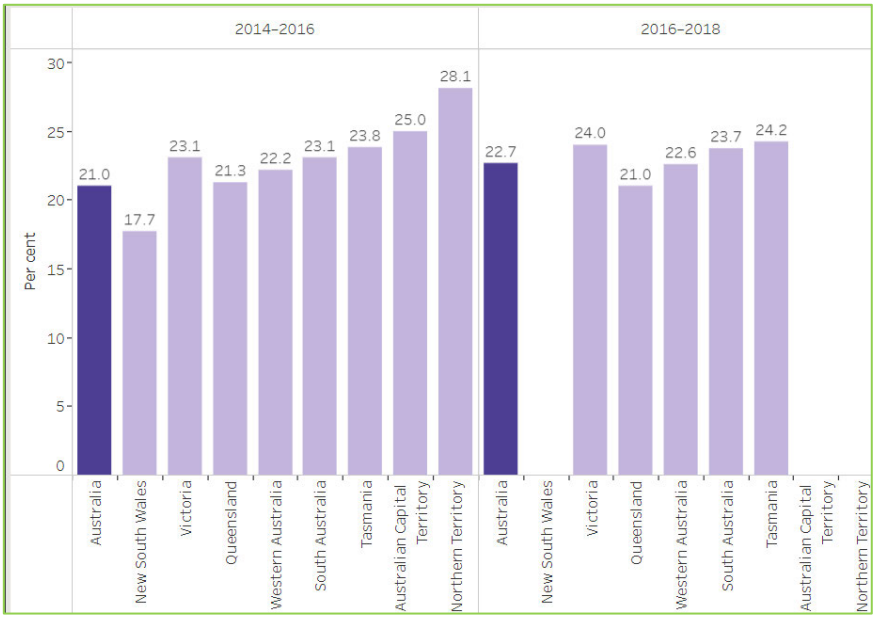

Table 4: Source: state and territory health departments.
Note data for NSW, ACT and NT unavailable for 2016-18.

Waiting times

Australia has no comprehensive national public dental care waiting time data.

[17] AIWH. Oral health and dental care in Australia. March 2023. Accessible at dental-oral-health/oral-health-and-dental-care-in-Australia

[18] AIHW. National Oral Health Plan 2015-2024: performance monitoring report. Jan. 2021. Access at: **https://www.aihw.gov.au/reports/dental-oral-health/national-oral-health-plan-2015-2024/contents/access-to-oral-health-services/adults-accessing-oral-health-care-in-the-public-sector-by-jurisdiction**

Jurisdictional public dental waiting list data[19] show the treatment- related waiting times are excessively long. In some jurisdictions waiting times are more than (2) years. The data shows that in some jurisdictions some people wait for more than 4 years (1500 days) to receive treatment.

Currently, public dental services have minimal integration with the broader health system and, except for the limited use of the public voucher system, the private dental sector.[20] The siloed nature of public dental services creates further challenges for people eligible to access them. This means that other health practitioners are unlikely to refer people who would clearly benefit from receiving dental care to public dental clinics.

d) the provision of dental services under Medicare, including the Child Dental Benefits Schedule

In 1974, for financial and political reasons, the Whitlam Government decided to exclude dental care from Medibank/Medicare. At present, the Child Dental Benefits Schedule (CDBS)[21] is the only dental program wholly administered through Medicare. Although, the Cleft Lip and Cleft Palate Scheme provides Medicare benefits for some dentistry treatments and surgery for eligible people under 28 years of age.

The CDBS has made some headway in increasing access to affordable oral healthcare. And this scheme should be used as a model for a Seniors Dental Benefits Schedule. This option is fully outlined in our response to Term of Reference G on page 15.

e) the social and economic impact of improved dental healthcare

COTA Australia has advocated consistently for improved and affordable access to dental healthcare for all people living in Australia, especially older people living on low, fixed incomes. As our CEO, Patricia Sparrow, stated on World Oral Health Day 2023,

> *We see too many older Australians getting sick and ending up in hospitals because they cannot afford to see a dentist. They are often forced to live with tooth decay, missing teeth, and other oral health problems that make eating, speaking, and going about their daily lives difficult.*

COTA Australia believes the significant social and economic impacts of improved access to affordable dental health care would be:

A. improved quality of life for individuals currently unable to access the dental care they need and deserve due to cost and/or other access barriers

B. marked alleviation of preventable hospital admissions due to untreated oral health issues

[19] The AIWH Dental Care Interactive can be used to find waiting times 2013-14 to 2021-22. The Interactive also presents the assumptions underpinning the data and cautions the data are not comparable across jurisdictions. https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/dental-care

[20] Government Services Report 2023. Public Dental Services: Underpinning Reforms P. 357

[21] The CDBS started on 1 January 2014; it replaced the Medicare Teen Dental Plan. The CDBS, a means-tested Schedule, provides a benefit cap of $1,052 over a two-calendar year period to basic dental services. Benefits are not payable where a private health insurance benefit had been paid in respect of the received dental service. To be eligible, a person must be between 2-17 years and receive (or their family receive) a relevant Australian Government payment – ABSTUDY, disability support pension, career payment, youth allowance, training scheme and double orphan pension among other payments.

The experience of older people

Improved access to dental care would have major social and economic benefits for individual older people, as well as the wider community.

Benefits for the individual older person would include:

Receiving dental treatment in a proactive and timely manner thereby:

- lessening unnecessary pain and distress, social isolation
- maintaining a well-balanced, nutritious diet, enjoying interpersonal relationships and having a positive self-image
- possibly extending life expectancy
- contributing to a decline in and/or more effective management of preventable physical, psychological and emotional health issues. For instance:
    - Malnutrition which can affect weight and muscle loss, skin integrity and increase the risk of pressure injuries and falls
    - Endocarditis.
    - Cardiovascular disease.
    - Pneumonia.
    - Diabetes.
    - Osteoporosis.
    - Alzheimer's disease.
    - Sjogren's syndrome (dry mouth)
- contributing to a reduction in the purchasing of over the counter or online medications to alleviate oral pain and distress
- reducing the number of potentially preventable hospital admissions
- mitigating the disproportionate effect poor oral health and related conditions have on those experiencing financial and social disadvantaged.

Benefits for the Australian community would include:

- impacting constructively on many people's, including many older people's, health, sense of wellbeing and overall quality of life and increasing their participation in community life
- decreasing the number of largely preventable hospitalisations thereby alleviating the considerable financial strain on our stretched public health system. In 2020-21, the 82,916 hospitalisations for dental conditions may have been prevented with earlier treatment.[22] Similarly, an earlier study reported 1 percent of Australian public hospital emergency department presentations were primarily of a dental nature with two thirds being for dental abscesses and toothache.
- freeing up approximately another 750,000 GP consultations[23] – annually this is the number of GP consultations committed to dental problems, with the most common treatment being prescriptions for pain relief medication and antibiotics.

[22] ROGS 2023
[23] The National Advisory Council on Dental Health

- saving taxpayers $30 million per year – the cost of 750,000 GP consultations, plus the costs associated with subsidising related prescribed drugs. Other estimates of the cost of GP consultations for dental conditions have been an order of magnitude higher. At least some of this cost could be avoided if fewer Australians faced barriers to accessing dental care.[24]

f) the impact of the COVID-19 pandemic and cost-of-living[25] crisis on access to dental and related services

COVID-19 Pandemic

The COVID-19 pandemic intensified the difficulty of access to dental services. We know health-promoting behaviours, including oral health, were negatively impacted by the increase in stress and anxiety levels in response to the COVID-19 outbreak.[26] Plus, during the first and second years of the pandemic, there was an increase in the prescribing antibiotics and opioid analgesics for the treatment of oral health conditions, particularly to alleviate pain and discomfort.[27]

However, there here is much still to learn about the resulting flow on health and wellbeing affects (especially longer term) at the individual and population levels, although the impact is hypothesised to be significant.[28]

In conversations with COTA Australia[29], older people have told us that due to the Pandemic their use of dental services declined. They said this was initially due to restrictions limiting the provision of non-urgent care during lockdowns. However, many advised that even when services were recommenced, they refused or postponed dental and related service appointments due to the fear of contracting the virus and/or feelings of uncertainty about managing their household budgets in a volatile financial environment.

The Australian Dental Association's annual Consumer Survey (2022) is reflective of what we have heard from older people in our interactions. The survey found that in 2021-22, one in three people postponed dental treatments due to COVID-related concerns. Of those who postponed treatment, 41 percent were people aged 65 to 74. The main reasons highlighted for delaying a dental consultation were:

- 26% felt that their dental problem was not urgent
- 17% were concerned about catching COVID at the dental clinic or travelling to it
- 16% reported not being in a financial position for dental care
- 14% did not attend due to lockdowns or were unable to travel to the dental clinic

The survey found people who experienced greater periods of lockdown (namely, people living in Victoria, NSW and the ACT) were more likely to report that their oral health had been affected adversely. As one older Victorian shared with COTA Australia:

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[24] Duckett S, Matt C, Swerissen H. Filling the gap: Filling-the-gap-A-universal-dental-scheme-for-Australia.pdf P. 25. Grattan Institute Mar. 2019

[25] Cost of living pressures are outlined on page 9

[26] Horenstein A, Heimberg RG. Anxiety disorders and healthcare utilization: a systematic review. Clin Psychol Rev. 2020;81:101894.

[27] **Mian M, Sreedharan S, Giles S. Increased dispensing of prescription medications in Australia early in the COVID-19 pandemic. Med J Aust 2021; 214 (9): 428-429.**

[28] Dickson-Swift V, Kangutkar T, et al. The impact of COVID-!9 on individual oral health: a scoping review. BMC Oral Health. 2022. 22:422.

[29] Our conversations include phone calls, emails and follow up to engagements.

My dentist closed shop to all but emergencies. My husband of 56 years had a serious infection and was in agonising pain, but I could not make an appointment for him with our dentist or any other local dentist for 4 days even though they all agreed it was an emergency. He was screaming with the agony of it. He has advanced dementia and is a diabetic, but I had no option but to dose him with strong pain killers.

Another person told us:

I didn't visit a dentist but during a telehealth consultation asked my GP for medication to ease the throbbing pain for a gum abscess. They worked for a bit but now more of my teeth are decaying before my eyes. My teeth are so bad now but there is no way I could afford the bill to get them fixed. I'm living day to day and barely making ends meet.

g) pathways to improve oral health outcomes in Australia, including a path to universal access to dental services

At present, close to one-third of older adults have untreated tooth decay. This happens despite the evidence showing severe gum disease is associated with chronic disease and severe health conditions such as diabetes, heart disease, stroke, and respiratory disease. In addition to helping prevent the conditions listed above, the evidence highlights good oral health and dental care are linked in less direct ways with the prevention of other diseases. For example, poor oral health is associated with heart and lung infections and rheumatoid arthritis.

Poor oral health adds to costs within the broader health system by placing additional pressure on an already over stretched resource. People unable to access required oral health and dental care services in the community are likely to present at GP clinics, emergency departments and, in some instances, be admitted to public health acute hospitals. It is time to prioritise older people's oral health.

There needs to be a much stronger investment in public dental services especially for older people which would at a minimum reduce:

- the 28% of people aged 55 years and over being admitted to acute hospitals because of a dental condition (overall the second highest reason for potentially preventable hospitalisations[31]
- the incidence of cardiovascular disease with people with untreated tooth infections 2.7 times more likely to have cardiovascular problems, such as coronary artery disease, than patients who have had treatment of dental infections[32]
- the rate of prescribing with over 60% of the oral conditions treated by GPs resulting in prescribed medications[33]

The development of an appropriately resourced, national, standardised Senior Dental Benefits Scheme (SDBS) which ensures eligible older people living in Australia timely access to affordable, quality oral health care is required. Eligible older people should have choice of dental practitioner/s and that SDBS treatments be accessible in private as well as public dental services.

The SDBS should be funded by the Australian Government, in collaboration with the states and territories, as an integral component in an effective, person-centred health system. The SDBS's Annual Monetary Limit, and its provision of oral healthcare services/treatments need to align more with the Department of Veterans' Affairs (DVA) Dental Program (Gold Card holders) than the CDBS's benefit cap for basic dental services.

The establishment of a SDBS would be a major step in the development of a pathway to universally accessible, affordable and quality dental and related services for all Australians.

The SDBS would be for older people on low incomes, living in a residential aged care home or receiving a home care package. To cover possible transitions between care settings, the Scheme would also include older people on admission to an acute hospital.

As oral diseases are one of the most prevalent diseases in older age, it is critical the Scheme has a strong preventive focus, as well as, when required, a timely crisis response approach to oral health needs.

The Scheme would provide older people with a good choice of treatments/procedures in either the public or private dental system– similar to what is offered to DVA's Dental Program Gold Card holders.

While the SDBS is being established, it is important that the National Partnership Agreement receive a significant funding boost to enable adult public dental services support better access to dental care for low income and socially disadvantaged older people.