Consumers Health Forum of Australia

Submission to the Senate Inquiry into the Provision of and Access to Dental Services in Australia

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Submission to the Senate Inquiry into the Provision of and Access to Dental Services in Australia Canberra, Australia

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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interest of Australian healthcare consumers and those with an interest in healthcare consumer affairs. CHF works to achieve safe, quality, and timely health care for all Australians, supported by accessible health information systems. This includes having the knowledge, tools, and access to preventative oral health care to maintain healthy teeth, lips, and gums.

At the heart of CHF's policy agenda is consumer centred care with access to and delivery of clinically safe and high-quality health care as key areas of focus. Currently, consumers tell us that dental services are not affordable or accessible unless you live in a metropolitan area and have private health insurance. The workforce maldistribution is not an issue faced by dental and oral health services alone, but stems from overarching issues and will require substantial, long-term investment to address the broad systemic issues.

In consultations with consumers, we have heard stories of wait times for public dental services being 5 – 7 years, that having a tooth removed is significantly cheaper than a dental treatment to save the tooth, and that transport options can determine a person's choice of practitioner. These stories show a system that is not functioning to provide care at the level Australian consumers expect.

We are pleased to have the opportunity to provide the consumer perspective as part of this inquiry. To inform our submission we conducted a survey through Australia's Health Panel and a consultation with consumers and CHF members.

Background

Good oral health is key to a person's overall health and wellbeing, it can positively affect their quality of life, social interactions and self-esteem. Without access to timely care, poor oral health can impact how a person eats, speaks, sleeps and socialises (COAG 2015). The pain, discomfort, and embarrassment experienced from poor oral health can limit participation at school, work or home, perpetuating the cycle of disadvantage (Department of Health Victoria 2011).

Most oral diseases and conditions are preventable and occur through exposure to a combination of personal, social, economic, environmental, and cultural factors. Oral health shares behavioural risk factors with many non-communicable diseases such as unhealthy diet, intake of sugar and alcohol, and smoking tobacco (WHO 2023). Barriers to preventative treatments in the Australian context include lack of access to the private dental system, fluoridated water, and regular dental check-ups, and most of these issues are overrepresented by a few groups e.g. rural and remote populations (Grattan Institute 2019, NHMRC 2017). If left untreated, dental decay can lead to infection, dental impairment, and the systemic spread of serious non-communicable diseases (WHO 2023), yet Australia continues to treat the mouth as separate to the body.

With concerning levels of dental cavities in children and an increasing rate of preventable hospitalisations related to dental, the Council of Australian Governments (COAG) Health Council outlined a roadmap from 2015 – 2024 that called for a national, cross-sector approach to improve the oral health status of all Australians. The translation from recommendations into practice has been slow and the limited data available does not show notable improvements in target areas.

Publicly funded schemes like the Child Dental Benefits Schedule (CDBS) and Government Dental Vouchers are widely available, however the Australian National Audit Office found that uptake was less than 30% in the eligible child population (ANAO 2015). This audit identified that program administration was a barrier and recommended a review, which is currently under evaluation by the Department of Health and Aged Care. CHF was pleased to see funding allocated in the 2023-2024 Federal Budget for increased services and long-term dental funding reform, however consumers in rural and remote areas tell us that the systemic issues and shortage of services need to be addressed for additional funding to have any real effect.

The COVID-19 pandemic has had impacts on provision of preventative services, early treatments, and placed additional pressure on long public waitlists. Dental practices closed or drastically reduced their services during the lockdowns and regular routines like diet, exercise, self-care, and financial situations changed with people staying at home (Dickson-Swift et al. 2022). Early signs that untreated dental issues are appearing in other areas of the health system can be seen in the preventable hospitalisations for dental treatment increasing to 83,000 from the 63,000 cases seen in the 2014 data (AIHW 2023).

In 2021, the World Health Assembly adopted a historic resolution declaring that oral diseases should be “firmly embedded within the noncommunicable disease agenda” (WHO 2023). They call for oral health care interventions to be included in universal health care as untreated oral diseases such as decay and oral cancers have almost 1 billion more cases than the top five main non-communicable diseases combined.

CHF calls for a national, universal approach to oral and dental health in Australia to address the extent of disadvantage currently seen and the alarming burden that preventable dental issues will have on the wider health system if we continue to wait until consumers present at hospitals for treatment. The current system does not align with consumer expectations of health care in Australia.

Broader issues in dental and oral health

Lack of coordination, funding, and data collection at the national level.

Coordination

"Dental care is health care and should be treated as such in policy and funding schemes." – AHP survey respondent

Consumers tell us that they do not see dental as separate to their other health issues and so dental services should be included as part of a universal health scheme. Although there is a current review of the Medicare Insurance Scheme, only changes to rebates within the current system have been made. Many respondents were in favour of a system where some preventative and emergency treatments are delivered at no or low cost to consumers by both public and private providers. CHF recommends that a Chief Dental Officer should be appointed to coordinate a national approach to oral and dental health care. This person should work collaboratively with the National Oral Health Alliance to develop an updated, implementation focused roadmap.

Funding

"I think Medicare should be adapted so that health care and dental care is bulk billed. The private health insurance scheme is a joke that costs a lot of money but hardly pays out. You don't get any value for being privately insured." – AHP survey respondent

"I suffer multiple mental and physical disabilities and I had a seizure one night and snapped a crown on my front tooth and I was told I had a 5 – 7 year wait time at a public oral health department, so I had to dig into the last of my savings after 12 months to go and get a plate made" – CHF Member

"I had to spend superannuation money to fix my teeth." – AHP survey respondent

In Australia, oral and dental services are not currently funded by any national scheme; the Medicare Insurance Scheme, the National Disability Insurance Scheme (NDIS) or My Aged Care. The current government has not indicated any intention to include dental services as part of their review of Medicare. As shown in the graph below, the federal government funds the states and territories to deliver oral and dental care through public clinics, but waitlists are years long and only cover about 20% of overall expenditure. In 2020, less than 5% of dentists worked in public clinics in Australia with the vast majority (83%) working in group or solo private practices (AIHW 2023). Consumers tell us that they have no choice but to pay for private treatment or seek help from other areas of the health system such as general practice or hospital emergency departments. This does not align with their expectations of a universal, holistic health system and impacts on a person's quality of life and ability to lead a healthy and productive life. Governments need to engage with the private sector to reduce public waiting times and address the dental crisis in Australia by offsetting the costs of basic, preventative and emergency treatments.

Data Collection

With no national funding or insurance scheme in place, there is also no coordinated way to collect data from dental practices about the treatments provided or patient outcomes. Our current understanding of Australian's oral and dental health status is pieced together with data from private health insurers, states and territories, hospitals, and national health consumer surveys. Health Workforce Australia describes "substantial data limitations" that make it difficult to determine workforce demand for dentists, oral health practitioners, and dental prosthetists. As such, we have good information about how much consumers are paying and how long they are waiting to see a dental practitioner, but it is difficult to understand whether the services delivered meet current needs or whether there is a shortfall. Australia needs a comprehensive national data source to better measure current service and treatment utilisation, understand patient outcomes, and forecast future workforce needs.

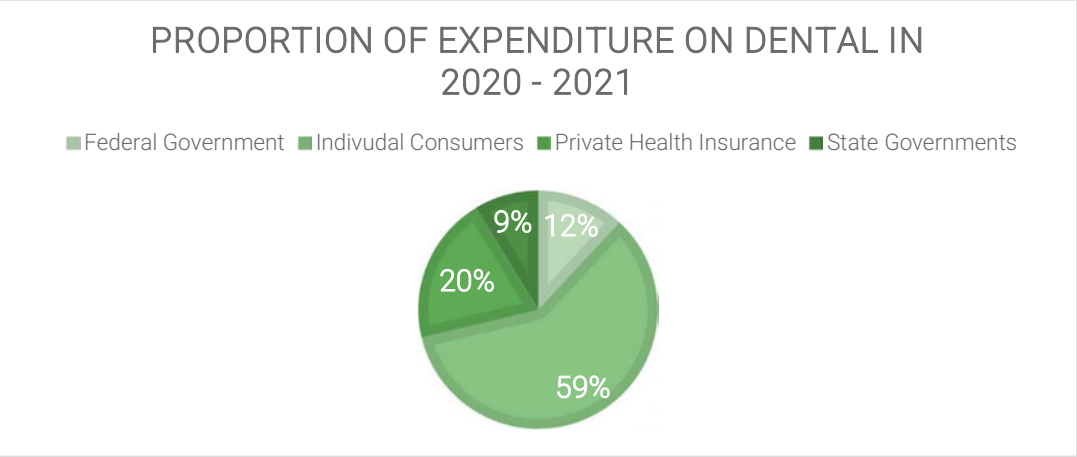

Figure 1: Proportion of expenditure on Dental in 2020 – 2021 as reported by AIHW in 2023

Lack of a preventative approach.

"Soon, many people will be presenting with major health issues associated with poor oral health. This has been a long-standing concern and substantiated evidence re: preventative dental and oral services in Australia. It is time to act!" – AHP survey respondent

"Informed financial consent does not exist - you can pay $4,000 for a root canal and crown or $100 for a tooth extraction - too expensive for average Australians." – AHP survey respondent

"A huge number of people with severe mental health issues smoke. So when we're talking about prevention that is a huge area. Due to the lifestyle as well… people often don't sleep well and so they drink sugary and caffeinated drinks" – CHF Member

"I know for myself not having that front tooth, I spoke like this [covers mouth with hand] or I literally just didn't go out because of the embarrassment that goes with it" – CHF Member

Despite being an essential part of a person's overall health and wellbeing, oral and dental services are separated from the rest of the health system, both financially through exclusion from national funding schemes, and the lack of integration of dental services with other

healthcare providers (Holden 2023).The World Health Organisation has emphasized the need to switch from a curative approach to a preventative approach.

One of the most comprehensive measures of the oral health status of Australians is the National Study of Adult Oral Health (NSAOH) undertaken by the Australian Research Centre for Population Oral Health (ARCPOH, 2019). The NSAOH aims to provide a snapshot of Australian dental and oral health and collects information with an online or telephone survey and having participants attend an in-person dental examination. The NSAOH includes rates of tooth loss, gum disease, dental decay, attendance patterns, financial barriers, consumer perceptions, and trends over time. It is one of the most comprehensive data sources of information available.

15,000 people over the age of 15 participated in the NSAOH for 2017–18, Concerningly, the authors find that only half had been to the dentist in the last 12 months, nearly a third of the participants had untreated dental decay, one fifth reported experiencing toothache and a quarter rated their dental health as poor or fair. The results also show that a person's Indigenous status, gender, location, qualifications, insurance status and eligibility for public dental care influenced their oral health status, how many teeth they had, and whether they had a favourable visiting pattern (seeing a dentist at least once in the last 12 months) (ARCPOH 2019).

People in these groups were also more likely to have lost teeth, an indication that disease has progressed to the point where treatment options are no longer effective or that the consumer has chosen this option. 1 in 10 Australians over the age of 15 has fewer than 21 teeth (ARCPOH 2019) and consumers tell us that tooth extraction is often cheaper than the preventative treatment. Losing a tooth leaves a permanent scar and can limit a person's oral function. Total tooth loss is included in the definition of a dental disability (American Academy of Paediatric Dentistry, 2017). This, combined with the growing rate of preventable hospitalisations shows that early interventions are not being delivered effectively and the costs and poor health outcomes are being borne by individuals and other areas of the system.

It is urgent that we turn the focus towards prevention instead of waiting until late-stage hospital presentations or tooth extraction is required, and chronic co-morbidities emerge. This approach will require engaging a more diverse dental practitioner workforce, focusing on service distribution around Australia, and providing training and education to consumers and carers to increase the efficiency of the system. There are several groups who are particularly disadvantaged and often consumers will fit into more than one category: people eligible for public dental care, people in rural and remote areas, older Australians, people with a mental health experience, and people with a disability.

Workforce strategy emphasizing access and efficiency

"The public oral health service in my area is excellent but limited. It needs to expand to cover the expanding population and demand" – AHP survey respondent

"I am lucky enough to have private health, but it is cheaper for me to fly to Melbourne from Tasmania to my private health dental centre than going to one with a gap cover where I could still be out of pocket $600" – CHF Member

"I live in a hospital and health service district which has long waiting lists for public dental and oral care. This has blown out considerably since COVID, due to fear of the spread of infection" – AHP survey respondent

About one third of Australians are entitled to public dental services, yet the system only has capacity to treat about 20% of those who eligible (Grattan Institute 2019). People most commonly talk about visiting the dentist and are unaware that about two thirds of their dental services could be delivered by oral health therapists, dental therapists or dental hygienists. Most dental services are diagnostic or preventative and it is only specialist and restorative services that require a dentist. Consumers tell us that they feel comfortable seeing other dental practitioners, particularly those who find it difficult to access services or face long waiting times to attend a public clinic. Indeed, in some cases, another dental practitioner is the most appropriate person e.g. a person with dentures would ideally see a dental prosthetist, not a dentist. Raising awareness about the range of dental practitioners, supporting them to work to their full scope of practice and triaging patients to the correct practitioner has the potential to take pressure off the system and encourage positive, preventative behaviours.

During the COVID-19 pandemic dental practices were closed or operating at significantly reduced capacity, seeing only emergency patients which had significant impacts on practices including their financial viability (Holden et al. 2023). CHF hopes that the recommendations made by the Senate Committee consider how the dental workforce can be reconfigured to better deliver services where they are needed. Some work is needed to attract practitioners back to the workforce following the COVID-19 pandemic and it is important that training and supervision are available and that the workplace conditions and remuneration are attractive enough to retain the workforce.

Rural and Remote Dental Workforce Strategy

"Living in a rural area of Queensland, even the public dental clinics have very long waiting lists. One can only access an emergency appointment, if you tell the admin person that you are in extreme pain or are having trouble eating certain foods. Being on the aged pension and a farmer who has experienced successive years of drought then floods and mouse plagues, there is no money in my budget for private dental care." – AHP survey respondent

"Whether it's physical health, mental health, oral health… it sucks in rural and remote areas. We just have access to nothing. I live in Bundaberg but I have to go to Brisbane for my cardio, neurology, oncology, everything because there is nothing here" – CHF Member

As shown in Figure 2 below, there is a maldistribution of the dental workforce and there are significantly fewer dentists living in regional and remote areas than in major cities. The more remotely a person lives, the worse their access to services is. This is reflected in the outcomes reported in the NSAOH (ARCPOH 2019) where they found that people living in residential locations other than capital cities are more likely to be regarded as 'outside' the dental system as they have not been to a dental practitioner in more than 5 years. The study also reports that this group has a higher rate of tooth loss, having fewer natural teeth remaining and being more

likely to require dentures than their capital city counterparts. As discussed above, tooth loss can be an indication of lack of access to preventative treatments and early interventions. In rural and remote areas barriers include lack of access to dental services, long travel times, lack of transportation options, and limited access to preventative measures such as fluoridated water (Dickson 2021). Increasing services and preventative measures in rural and remote areas needs to be a priority of this Inquiry.

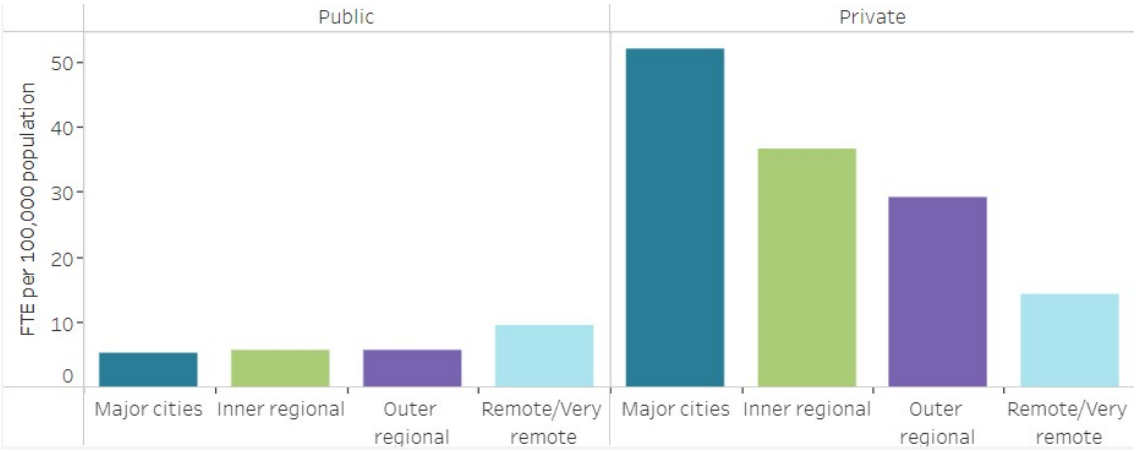

Figure 2: Full time equivalent dentists per 100,000 population employed in the public and private sectors, states and territories measured between 2013 to 2020 as reported by AIHW in 2023

Maldistribution of the health workforce is not unique to dental services in Australia. Rural health consumers at CHF's consultation have seen various strategies to address the shortages and highlighted that short and long-term strategies are required. In their experience, offering exorbitant salaries and short contracts to health practitioners to work in rural areas is a band aid solution as these practitioners often leave at the end of their contracts which does little in the long-term. Skilled migrants are a good option to help fill the gap and the current government has committed to some promising changes following the *Review of the Migration System Final Report* in March 2023. These immediate measures should be accompanied by a long-term strategy that invests in building local skills, for example increasing dental scholarships linked to rural students, incentives for graduates to work outside of the major cities, and establishing dental schools where dentists are needed.

Currently the options for consumers are to wait for dental services through the public system, pay for services themselves, or go without care. The role of tele dentistry in reducing oral health inequities and structural barriers to dental care should be explored in rural and remote settings. Tele dentistry has potential to see more graduates, dental practitioners, and other health practitioners being able to practice at the top of their scope and deliver treatments in settings where there is no supervising dentist. This could address some of the travel related barriers experienced by people living in remote areas or aged care facilities as they could receive services at home or in a clinical setting closer to home. Oral and dental services should be part of a person's basic healthcare and the growing number of people seeking care in hospital departments shows that alternatives like tele dentistry need to be considered to address service shortfalls and barriers to access.

Education and training for consumers and carers

"Good education and access to affordable dental care is essential for everyone and for those who experience mental illness and disability it is important they are provided with information, education and support to receive dental care. Many people experience anxiety and stress when having dental appointments and for people who experience mental unwellness or disability this could be exacerbated and needs to be managed sensitively." – CHF Member

"Oral health care in the aged, home and disability sectors is almost non-existent. Nurses do all the documentation and leave oral health care to assistants in nursing or personal carers. These carers have little knowledge, low competence, and low confidence in how to perform evidence-based oral health care for their resident or client. And they have no idea of how to make a dental referral, when to make it, or to whom to refer them to." – AHP Survey respondent

"I am a mental health practitioner and years ago I wanted to embark on a collaboration with mental health, oral health and dieticians but everyone plays hot potato" – CHF Member

In shifting from a curative to preventative approach, Australian governments need to invest in the education and skills of consumers and their carers. People with a disability have worse oral health outcomes because they are less likely to have consistently good dental hygiene practices or have seen a dental practitioner for regular check-ups over the course of their lives. They are also more likely to engage in the behaviours that contribute to poor oral health[i], for example in 2019, it was found that people with mental health conditions were twice as likely to smoke daily as other Australians (AIHW 2023). While these populations are more likely to be eligible for public dental services, 25% of people aged 65 and under living with a disability had avoided seeing a dental professional due to cost and 30 of those who had been on a public dental waiting list in the last 12 months had not received care (AIHW 2023). These concerning statistics are reflected in what we heard from consumers during consultation and in the findings of health outcomes for different groups such as the NSAOH (ARCPOH 2019).

A person's carers and healthcare team are best placed to help improve daily dental regimens and help reduce the behaviours contributing to poor oral health. Investing in their ability to deliver proper care is a long-term investment in preventative oral health that will reducing the burden of oral diseases on individuals and the health system in Australia.

Results from the Australia's Health Panel Survey

For the month of April 2023, CHF surveyed Australian health consumers about their experiences with and views about oral and dental healthcare in Australia. 222 consumers responded to the survey, of which 78% had seen an oral care provider within the last 12 months. For those who had *not* seen a provider in the last 12 months, by far the most commonly cited reason in open text responses was cost (41%), followed by a negative prior experience (18%). Additionally, nearly one third (31%) had not seen an oral health provider in over 5 years.

Slightly more than half (54%) of respondents reported that there were public oral health services operating in their area though less than 3 in 10 (29%) reported that they knew they were personally eligible to use local public services. Of those who had seen an oral health provider in the preceding 12 months had overwhelmingly (88%) seen a private provider not a public one. The public oral care system has a two-fold problem- firstly nearly half of all Australians either don't have access to public oral health services in their area or aren't aware of the public services in their area. Secondly, even when they are aware, consumers are choosing to use the private system as it better meets their needs than the public system.

Of the participants who had seen an oral provider in the last 12 months, two thirds (66%) reported that they had Private Health Insurance (PHI) pay for all or part of the costs. Additionally, 82% of all participants reported that dental and oral care was unaffordable for someone living in their area without PHI. This further indicates that public services simply do not feature in the public understanding of dental and oral care, with it being viewed mainly as an expensive and unaffordable private system. It is notable that the number of participants with PHI (66%) is significantly lower than the number of participants who'd used a private service (88%), indicating that a substantial number of consumers are using the expensive private system.

For participants who had used public services, a large majority (82%) were happy with the quality of the service which was similar to the private system services (85%). They generally had mixed-to-positive experiences regarding the accessibility of the services (as seen in Table 1), with the notable exception of 'choice of provider'. However on all metrics the public services performed worse than private service. (Table 2).

Table 1- Survey respondents regarding aspect of the public service they received

How would you rate the service for...	Excellent/Good	Ok	Poor/Unacceptable
Giving you an appointment at a convenient time?	39%	39%	22%
Being in a convenient location? (e.g. close to your home or work)	56%	33%	11%
Giving you a choice as to which practitioner provided the service?	17%	50%	33%
The parking/transport options to get to the appointment?	50%	39%	11%
How soon you were seen on the day? (i.e. short time in the waiting room)	67%	28%	6%
The overall accessibility of the service? (i.e. how easy it was for you to get the service)	53%	24%	24%

Table 2- Survey respondents regarding aspect of the private service they received

How would you rate the service for...	Excellent/Good	Ok	Poor/Unacceptable
Giving you an appointment at a convenient time?	87%	10%	3%
Being in a convenient location? (e.g. close to your home or work)	79%	13%	9%
Giving you a choice as to which practitioner provided the service?	62%	25%	13%
The parking/transport options to get to the appointment?	79%	16%	5%
How soon you were seen on the day? (i.e. short time in the waiting room)	89%	9%	2%
The overall accessibility of the service? (i.e. how easy it was for you to get the service)	86%	9%	5%

Of additional concern for the public services was the speed with which participants reported being seen, with zero reporting they were seen 'the same day' as when they tried to get an appointment and only 6% reported being seen in 'the same week'. Conversely nearly one in five (17%) reported having waited for over a year for their appointment. The majority (55%) reported waiting for up to six months and the remaining 22% waited for 6-12 months. Overall this suggests that consumers are generally happy with the experience of receiving dental and oral care, as well as the quality of the care received. However the speed in which they are able to receive care is too slow and the private system is significantly more accessible. Particularly for any emergency or quality-of-life impacting healthcare needs.

Regarding children's dental services, only a small proportion (15%) of participants reported that they had organised dental or oral care for children within the last 12 months. Again, these services were overwhelmingly (79%) delivered through a Private Provider, though 37% reported they did not have PHI. For public and private services combined participants were again generally (82%) happy with the quality of care received. For child dental and oral health services combined public and private, participants generally rated the accessibility aspects positively (see Table 3) while three quarters (75%) did not find it difficult to afford. The speed at which children were able to receive healthcare was also faster, with no participants reporting they waited for more than 12 months and 29% saying they waited no more than a week before having the appointment.

Table 3- Survey respondents regarding aspect of the children's dental or oral healthcare service they received

How would you rate the service for...	Excellent/Good	Ok	Poor/Unacceptable
Giving you an appointment at a convenient time?	67%	29%	4%
Being in a convenient location? (e.g. close to your home or work)	66%	21%	13%
Giving you a choice as to which practitioner provided the service?	50%	29%	21%
The parking/transport options to get to the appointment?	79%	8%	13%
How soon you were seen on the day? (i.e. short time in the waiting room)	62%	38%	0%
The overall accessibility of the service? (i.e. how easy it was for you to get the service)	79%	17%	4%

Slightly over a third (36%) of respondents self-identified as living in regional, rural or remote regions (RRR). A large majority (82%) reported that they had used a private provider, with three in ten of these RRR participants reported not have PHI. Again, this indicates a cohort of consumers choosing expensive private care instead of free public care. For public and private combined three quarters (75%) were happy with the service quality, which while a majority was notably lower than participants based in cities. For combined public and private RRR services, participants generally rated the accessibility aspects positively (see Table 4) though not as positive as in the capital cities. Most (75%) reported they were seen within a month of booking their appointment, with only 2% reporting waiting for more than a year.

Table 4- Survey respondents regarding aspects of the regional, rural and remote dental or oral healthcare service they received

How would you rate the service for...	Excellent/Good	Ok	Poor/Unacceptable
Giving you an appointment at a convenient time?	73%	17%	10%
Being in a convenient location? (e.g. close to your home or work)	68%	18%	13%
Giving you a choice as to which practitioner provided the service?	48%	28%	23%
The parking/transport options to get to the appointment?	76%	19%	5%
How soon you were seen on the day? (i.e. short time in the waiting room)	82%	13%	5%
The overall accessibility of the service? (i.e. how easy it was for you to get the service)	78%	14%	8%

When asked about the impacts of the COVID-19 pandemic on dental and oral care services, the majority of panellists thought the quality was the same (69%) and accessibility levels were the same (57%) while the plurality (43%) thought the affordability was unchanged. However more participants reported that services have become less affordable (36%) than more affordable (1%), less accessible (23%) than more accessible (3%) and lower quality (10%) than higher quality (3%). With the remaining participants reporting that they were unsure how COVID-19 had impacted the accessibility, affordability or quality of services.

A majority (58%) reported that the current 'Cost of Living crisis' had impacted their dental or oral care usage in some way, with the most common being delaying appointments or treatments (38%) followed by simply not seeing a provider or getting a treatment done (21%).

Finally, we provided participants with a range of potential changes to the current system and asked which, if any, they would support being adopted to improve dental and oral care services in Australia. As can be seen in Table 5, consumers are overwhelmingly in favour of many of these proposals, indicating that there is strong community support for the Government to make

sure changes to improve the health system. This includes:

1. add all non-cosmetic procedures to Medicare,
2. expanding the Child Benefits Scheme to cover all children,
3. setting up a Senior Dental Benefits scheme for older Australians,
4. establishing incentives for providers to operate as part of the health team in larger facilities and in rural/remote locations (including in mobile facilities),
5. enhancing education and training options and requirements,
6. further developing prevention programs such as fluoridation and school./community education campaigns, and
7. creating a Chief Dental Officer to oversee and co-ordinate national efforts.

Table 5- Levels of support or opposition amongst survey participants for potential changes to the dental and oral care health system

Which, if any, of the following proposals would you support to improve dental and oral care services in Australia?	**Support**	**Neither support nor oppose**	**Oppose**	**Don't know**
Medicare items for "Basic Dental" services e.g. check-ups, diagnosis, cleaning, fluoride treatments etc (to allow practitioners to bulk bill for services)	97%	1%	1%	1%
Medicare items for "Complex Dental" services e.g. fillings, dentures, gum disease management, wisdom teeth removal etc (to allow practitioners to bulk bill for services)	93%	4%	2%	1%
Medicare items for "Emergency Dental" services e.g. tooth extraction/removal, pain relief procedures etc (to allow practitioners to bulk bill for services)	95%	2%	2%	1%
Medicare items for "Specialist Dental" e.g. orthodontics (braces), crowns etc (to allow practitioners to bulk bill for services)	69%	19%	10%	1%
Medicare items for "Cosmetic Dental" e.g. teeth whitening etc (to allow practitioners to bulk bill for services)	10%	19%	67%	4%
Expanding access to fluoridated water in rural/remote communities	80%	9%	7%	3%
Subsidies or GST exemptions for general consumer dental products e.g. toothbrushes, floss	59%	28%	12%	1%
Subsidies or GST exemptions for specialised consumer dental products e.g. fluoridated toothpaste	52%	33%	15%	1%
Education programs in schools and community centres e.g. on proper brushing and flossing techniques	88%	10%	2%	0%
Incentivising dental and oral care practitioners to operate facilities in rural/regional/remote locations	92%	5%	2%	1%
Incentivising dental and oral care practitioners to operate as part of other facilities e.g. in Aged Care homes, as part of primary care, & 'super clinics' etc	90%	7%	4%	0%
Providing funding for dental and oral care practitioners to operate mobile facilities that can travel to underserviced areas	94%	4%	1%	1%

Expanding the Child Dental Benefits Scheme so that it covers all dental procedures for all children (i.e. remove or reduce the current caps and limits)	82%	10%	5%	4%
Establishing a Senior Dental Benefits Scheme to provide timely and affordable care for older Australians, such as those on the Aged Pension or living in an Aged Care facility.	94%	4%	2%	0%
Making a Certificate III in Dental Assisting mandatory for all dental assistants	70%	16%	3%	11%
Establishing mandatory oral health care training as part of the curriculum for health care and personal support students more broadly e.g. GPs, nurses, disability workers, allied health workers etc	80%	12%	5%	3%
Making dental and oral care education and training courses 'fee free'	64%	23%	9%	4%
Establishing a Chief Dental Officer who is responsible for the national co-ordination of population oral health	80%	10%	7%	2%

In summary, this survey of Australian consumers found that the public dental and oral care system is not being utilised by the Australian community. Consumers overwhelmingly attend private services to have their healthcare needs met, even those who do not have private health insurance, despite a consistent view that the private system is unaffordable. This appears to due to three factors - firstly consumers not being aware of public services in their area (or public services not existing in their area), second that consumers aren't meeting the eligibility requirements to use public services in their area, and finally that long waiting lists result in people going to a private provider in order to be seen in a timely manner.

While consumers who did use public services were happy with the quality and accessibility of those services, except for the ability to choose a provider, the public system was perceived as worse on both fronts compared to the private system. Mirroring other research, child services were found to be of high quality but were underutilised while services less available in regional, remote and rural areas. With both the COVID-19 pandemic and Cost of Living crisis overall having net negative effects on the accessibility, affordability and quality of services across the country.

However, consumers and the community have a strong appetite for large, systemic changes to the dental and oral care system which will lead significant improvements to the systems, people's health experiences and the community's health outcomes.

Recommendations

The following recommendations are divided into two categories: the first are immediate actions required to address the current situation in Australia and the second are the steps required to see long-term improvements in provision of and access to dental services:

Immediate

1. Australia must acknowledge the extensive health risks associated with dental disease and move from a curative approach towards a preventative approach with oral health integrated into national health policies, processes, and data collection.
2. The five (5) specific recommendations from the Royal Commission into Aged Care Quality and Safety from 2021 need to be funded and implemented immediately.
3. A consumer-led working group should review the dental workforce and systems and provide recommendations to make dental practitioners and oral health care more efficient and accessible for priority groups.
4. The role of tele-dentistry in reducing oral health inequities and structural barriers to dental care should be further explored.
5. Establish a Chief Dental Officer role to oversee and co-ordinate national efforts.

Longer-term

6. Introduce long-term incentives to address the lack of dental services and practitioners in rural and remote areas.
7. Introduce programs to include dental and oral practitioners as part of integrated care in key facilities e.g., Aged Care, Primary Care 'super clinics'.
8. An education campaign for consumers and training for carers to improve oral hygiene practices and reduce the behaviours that contribute to poor oral health.
9. Standardising education and training requirements for all dental and oral health care provision.
10. Develop and implement monitoring systems to improve planning and reporting for oral and dental services.
11. Expand the Child Dental Benefits scheme to provide timely access to care to all children.
12. Introduce a Senior Dental Benefits Scheme to provide timely care to older Australians.
13. Include dental and oral healthcare in Medicare.

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