



## **NOHPSG**

### **NATIONAL ORAL HEALTH PROMOTION STEERING GROUP**

15 March 2013

Office of the Clerk Assistant (Committees)  
House of Representatives  
PO Box 6021  
CANBERRA ACT 2600

Dear Committee,

**Re: Inquiry into Adult Dental Services in Australia**

I write to you as convener of the National Oral Health Promotion Steering Group (NOHPSG).

The NOHPSG was established in 2006 with the primary objective of providing leadership to co-ordinate the delivery of the health promotion components of the National Oral Health Plan. The NOHPSG membership includes representation from all States and Territories, the tertiary education and research sector, professional bodies and the oral health industry.

**Demand for dental services across Australia and issues associated with waiting lists.**

We would like to reference the report from the National Advisory Council on Dental Health published in February 2012, as a key document in outlining the current demand for dental services in Australia. Expenditure of health funding without emphasis on prevention and health promotion may meet the immediate need, but will not address the contributing factors causing oral disease.

As is the case for many other health issues, oral health status is influenced not only by individual behaviours but structural or social factors. For example, access to care is crucial. Fluoridation of drinking water remains the most effective and socially equitable means of achieving community-wide exposure to the caries prevention effects of fluoride. However, up to 20 per cent of Australians do not have access to fluoridated water. NOHPSG strongly supports the provision of water fluoridation to all communities of 1000 or more population by 2015.

Other structural issues include influencing diet in general, e.g. access to affordable healthy foods, heavy promotion of high sugar foods on television and at point of sale, and the way sugar treats are seen as rewards in our culture. These and other factors need consideration when designing health programs that address oral health.

**The mix and coverage of dental services supported by state and territory governments, and the Australian Government.**

The NOHPSG would support a sustainable funding model for adult dental services in Australia. We suggest that there could be a weighting for preventive interventions and for clients with chronic conditions

**Availability and affordability of dental services for people with special dental health needs.**

The percentage of the population affected by chronic disease continues to rise. It is necessary to ensure any funding model for adult dental services also addresses the needs of high risk groups with special dental health needs. Partnerships with other health services outside the oral health sector are necessary to improve the access of these groups to dental care and facilitate an integrated health promotion approach. Oral Health is integral to good overall health; therefore engagement outside the oral health sector is crucial.

**Availability and affordability of dental services for people living in metropolitan, regional, rural and remote locations.**

The out of pocket expense for the individual of dental/ oral health care versus general health care makes it difficult for individuals and families to afford dental care.

The cost and complexity of provision of care in rural and remote locations is far greater than in metropolitan areas. This should be reflected in any funding model. People living in rural and remote areas of Australia often suffer greater disadvantage and higher need for services. Funding models that have activity based funding only make it difficult to allow for spending on targeting hard to reach groups. These groups are usually the most marginalised, disadvantaged and have the lowest socio-economic status.

**Workforce issues relevant to the provision of dental services.**

Within current models, there is no formal funding for health professionals, external to dental services, to be involved in providing preventive interventions for oral health. To expand the reach of services a strategy that looks at use of other health workforce in oral health would be recommended. In addition NOHPSG recommends increased use of the whole dental team, such as Dental and Oral Health Therapists to increase access to dental care.

We urge the federal government to remain committed to funding the implementation of the National Oral Health Advisory Council recommendations.

Please do not hesitate to contact me by P: 08 8922 6406 or E: [alanabooth01@gmail.com](mailto:alanabooth01@gmail.com)

Sincerely,

Alana Booth

Convenor, National Oral Health Promotion Steering Group