

27 March 2013

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Standing Committee on Health and Ageing  
House of Representatives  
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Dear Secretary

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**Submission No. 038**

(Dental Services)

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### **Inquiry into Adult Dental Services in Australia**

With 200,000 individual fee-paying members across the country aged 50 and over, National Seniors is the consumer lobby for older Australians.

It is no secret that people aged 65 and older are more likely to experience oral health issues than younger groups. Yet, unfortunately, expensive private services and rationed public services mean that seeing the dentist is just one other thing older Australians on low, fixed incomes are doing without. In this context, National Seniors welcomes the opportunity to make the following points regarding adult dental services.

First, National Seniors believes it is unacceptable that 400,000 Australians are languishing on public dental waiting lists across the country. Whilst this number, according to National Dental Directors Committee, has fallen since 2004, wait times have in some cases increased to over two years. Left untreated, dental problems in older age can either exacerbate existing health issues or lead to new, more significant ones.

Secondly, National Seniors believes Australia's adult dental services are vastly underfunded. In 2012, the National Advisory Council estimated that an extra \$10 billion in funding was required to address poor oral health across the country. This has not been forthcoming. In fact, we have seen funding declines in key areas. The \$1.3 billion (over four years from 1 July 2014) allocated to Adult Public Dental Services under the National Partnership Agreement represents barely a third of the \$1 billion per year previously allocated to the now defunct Chronic Disease Dental Scheme.

Thirdly, National Seniors believes the closure of the Chronic Disease Dental Scheme will exacerbate existing service shortfalls particularly amongst older Australians. Of those aged 65 and over, almost 80 per cent report having at least one of nine chronic conditions<sup>1</sup> compared to only 15 per cent of those aged 0 to 24. Savings from funding cuts and the 18-month delay between the scheme's closure and the commencement of the new Adult Dental Health Program will come at the expense of consumers. National Seniors is uncertain who or what will fill the gap between the old and new programs. And, we suspect, that once up and running, the new program will struggle

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<sup>1</sup> Asthma, Type 2 diabetes, coronary heart disease, stroke, arthritis, osteoporosis, COPD, depression and high blood pressure

to meet preventive care, basic dentistry and complex, chronic condition demands on a smaller budget.

Finally, National Seniors must take this opportunity to highlight the negative nutritional and general health impacts of inadequate dental services in nursing homes. Dental care should be more widely available through aged care services and Medicare referrals where appropriate.

We ask that you consider this submission and thank you for the opportunity to contribute.

Yours faithfully,

Michael O'Neill  
**Chief Executive**