

Commonwealth of Australia

2022-23 Pre-Budget Submission

About the National Oral Health Alliance (NOHA)

Oral health is integral to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. NOHA seeks to improve the oral health of all Australians through a collaboration of consumer, dental and general health member organisations who support action by all levels of government. NOHA endorses the 2015-2024 National Oral Health Plan's four guiding principles: a population health approach, proportionate universalism, integrated oral and general health, and appropriate and accessible oral healthcare services.¹

NOHA recognises that the social determinants of health have a profound influence on oral health. There are significant oral health inequities in Australia under the existing two-tier public and private dental sector model of dental care. NOHA's immediate priorities are better access to oral healthcare for vulnerable populations in Australia, including Aboriginal and Torres Strait Islander peoples, refugees, people living in rural, regional and remote communities, older people, people with severe mental illness, and people who are socially disadvantaged or on low incomes.

NOHA members supporting this submission

- Australian Council of Social Service
- Australian Dental Association²
- Australian Dental and Oral Health Therapists' Association
- Australian Dental Prosthetists Association
- Australian Healthcare and Hospitals Association
- Consumers Health Forum of Australia
- Council on the Ageing (COTA) Australia
- Dental Hygienists' Association of Australia
- National Rural Health Alliance
- Public Health Association of Australia

¹ Council of Australian Governments - Health. Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. 2015.

² Refer to footnote 6.

Background

In May 2021, Member States of the World Health Assembly adopted the World Health Organizations' Resolution on Oral health. A Global Strategy on Oral Health is under development using the guiding principles.³

- Principle 1: A public health approach to oral health
- Principle 2: Integration of oral health in Primary Health Care
- Principle 3: Innovative workforce models to respond to population needs for oral health
- Principle 4: People-centred oral health care
- Principle 5: Tailored oral health interventions across the life course
- Principle 6: Optimising digital technologies for oral health

Australia is a Member State of the World Health Organization. NOHA urges the federal government to commit to, and make progress towards, the agreed actions of the 2015-2024 National Oral Health Plan, which are consistent with the recommendations of the draft Global Strategy on Oral Health.

Oral diseases can cause pain and discomfort and negatively impact general health and social participation. For people of working age, poor oral health status, especially loss of teeth, can have significant impacts on work capacity or the ability to gain and maintain employment. Poor oral health can have profound implications on self-esteem, mental health and quality of life. Multiple missing teeth can be literally one of the most in-your-face indicators of poverty and disadvantage in Australia. Some indicators suggest there is a seven teeth decay gap between Health Care Card holders and others – a gap that has doubled in the last 15 years.⁴

NOHA recognises that the promotion of oral health is the responsibility of both the Commonwealth and State/Territory Governments. The Commonwealth's contribution has reduced significantly in the last eight years. The current 2021/22 Budget includes \$107.8m for adult dental care via the National Partnership on Public Dental Services for Adults. This equates to a 44% decrease in crucial oral health funding since 2013-14, yet the population is 9% larger. By comparison, Commonwealth support for dental care via private health insurance grew by 2.7% a year.⁵

³ World Health Organization. Draft Global Strategy On Oral Health. 2021. Available from <https://www.who.int/publications/m/item/who-discussion-paper-draft-global-strategy-on-oral-health>.

⁴ Australian Research Centre for Population Oral Health. Australia's Oral Health: National Study of Adult Oral Health 2017–18. 2019. Adelaide: Adelaide University Press. 2019.

⁵ Australian Institute of Health and Welfare. Health Expenditure Australia 2017-18. Health and welfare expenditure series no.65. Cat. no. HWE 77. 2019. Canberra: Australian Institute of Health and Welfare.

Recommendations

1. Appointment of a Commonwealth's Chief Dental/Oral Health Officer (CDO).⁶

Australia is one of very few Organisation for Economic Co-operation and Development (OECD) countries yet to develop and appoint a Commonwealth CDO. In the absence of an appointment, there has been limited national leadership to advance Australia's oral health priorities. This would complement the existing Chief Dental/Oral Health Officer roles currently in place in most states and territories, we would envisage a Commonwealth Chief Dental Officer would work closely with these leaders for the benefit of Australian's oral health.

Refer to footnote 6 in relation to the ADA's position.

2. Align the National Partnership Agreement (NPA) for public dental services with the National Health Reform Agreement (NHRA).

The current model of Commonwealth funding of public dental care is via the NPA. This renewal process is costly and inefficient, resulting in significant delays, uncertainty, and interrupted oral healthcare planning and delivery of public dental care. Initially, the Commonwealth funding should be aligned with the NHRA, and indexed according to CPI. This five-year agreement will assist state and territory governments, public dental facilities and private practitioners in achieving patient-centred care and consistent service delivery. The current system's ad-hoc nature has resulted in short term patient outcomes and fragmented continuity of care. In the medium-term, oral healthcare planning should revisit the oral health policy options recommended by the National Advisory Committee on Dental Health.⁷

3. Scope the establishment of a Seniors Dental Benefits Scheme (SDBS).

A key recommendation of the Royal Commission into Aged Care Quality and Safety (RCACQS) was to establish a SDBS,⁸ which would operate in a somewhat similar way to the existing Child Dental Benefits Scheme. The objective would support people living in residential aged care facilities (RACF), those receiving aged care community packages or those who

⁶ The Australian Dental Association (ADA) has an alternative recommendation according to their National Oral Health Policy statement: https://www.ada.org.au/Dental-Professionals/Policies/National-Oral-Health/2-1-National-Oral-Health/ADAPolicies_2-1_NationalOralHealth_V1.aspx. As a result, the ADA does not adopt NOHA's recommendation 1.

⁷ Commonwealth of Australia. Report of the National Advisory Council on Dental Health. 2015. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/final-report-of-national-advisory-council-on-dental-health.htm>

⁸ Royal Commission into Aged Care Quality and Safety. Final Report: Care, Dignity and Respect. Available from: <https://agedcare.royalcommission.gov.au/publications/final-report>

receive the aged pension or qualify for the Commonwealth Seniors Health Card – this would ensure some of Australia’s most at-risk populations receive adequate and timely oral healthcare. Whilst the RCACQS did not specify the funding requirements, NOHA believes this scheme should focus on essential oral healthcare requirements to maintain a functional dentition as well as to maintain and replace dentures. NOHA views the establishment of the SDBS would be the next step towards universal access to oral healthcare.

Previous research through the Senior Smiles Program targeting RACF residents would generate a cost saving of \$3.14 for every \$1 spent within Australia’s healthcare system.⁹ In other words dedicated funding for these at-risk populations will have a direct impact on reducing overall government spending on avoidable hospitalisations and malnutrition issues attributed to poor oral health function.

NOHA urges the Commonwealth government to review its current oral health priorities and recommends implementing a funding model that is long-term focused, sustainable and most importantly patient-focused. The adoption of NOHA’s recommendations will help improve the oral health needs of Australia’s most at-risk populations.

Should you require additional information or would like to discuss the prevailing oral health issues affecting at-risk Australians, please feel free to contact myself directly.

Yours sincerely,



Tan Nguyen

NOHA Spokesperson

⁹ Wallace JP, Mohammadi J, Wallace LG, Taylor JA. Senior Smiles: preliminary results for a new model of oral health care utilizing the dental hygienist in residential aged care facilities. *Int J Dent Hyg.* 2016 Nov;14(4):284-288. doi: 10.1111/idh.12187.