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Budget Policy Division
The Treasury
Langton Crescent
PARKES ACT 2600

Via email: prebudgetsubs@treasury.gov.au

RE: Australian Dental Association 2022–23 Pre-Budget Submission

Thank you for providing the Australian Dental Association (ADA) with the opportunity to submit priorities for the 2022–23 Budget.

The ADA is the peak representative body for dentists in Australia. Our 17,000 members include dentists who work across both the public and private sectors, 14 specialty areas of practice, education and research roles, and dentist students currently completing their entry to practice qualification. The ADA understands the oral health of communities, any barriers in delivering dental care and factors responsible for providing sustainable, safe, and quality services, and the need for government interventions to improve the oral health status of Australians.

Background
Good oral health is pivotal for general health and well-being and should be available to all Australians. Conversely, poor oral health has a significant deleterious effect on general health and impacts people's welfare by affecting speech, eating, and socialising because of pain, discomfort, and appearance. Hence, early detection and treatment of dental disease and preventative measures improve oral health. Unfortunately, evidence suggests that many Australians experience poor oral health despite many advancements and improvements.

According to the recent AIHW web report March 2021[1],

- Around one-fifth of dentate adults aged 15 years and over avoided or delayed dental care in 2019–20 due to cost constraints.
- Adults aged 15 years and over had an average of 11.2 decayed, missing, and filled teeth in 2017–18.
- In 2017–18, earlier dental treatment would have prevented about 72,000 hospitalisations for dental conditions.

The National Oral Health Plan 2015-24 (NOHP) identified the groups with the most need and nominated them as a priority for care[2]. These include:

- People who are socially disadvantaged or on low incomes;
- Aboriginal and Torres Strait Islander Australians;
- People living in regional and remote areas;
- People with additional and specialised health care needs.

These priority groups experience poor oral health and face significant barriers in accessing primary dental care. Therefore, NOHP developed strategies in the national oral health plan to improve the oral health of these populations.

[1] Australian Institute of Health and Welfare. Oral health and dental care in Australia, 2021. Web report. Cat. No: DEN 231. Canberra: AIHW. Available at https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/introduction
[2] COAG Health Council. Healthy Mouths, Healthy Lives: Australian National Oral Health Plan 2015–2024. South Australia: COAG Health Council ; 2015. Xi p.

AIHW, in 2020 published the National Oral Health Plan 2015–2024 performance monitoring report to monitor the progress of the strategies against 26 KPIs[3]. Some key points from this report include

- the proportion of adults aged 15 and over with at least one tooth with untreated tooth decay has increased between 2004–06 and 2017–18[4].
- The number of adults aged 15 years and over who received an oral health check-up in the previous two years decreased in 2017–18 (71%) than in 2013(75%)[5].
- In 2017, the rate of FTE dental practitioners per 100,000 in major cities was nearly triple that in very remote areas[6].

The above evidence suggests a lag in utilisation and accessibility of dental health services by the people who most need care.

The ADA has repeatedly called on the Federal Government to address the urgent need for additional, targeted, and sustainable funding to meet vulnerable populations' oral and dental health care needs. This 2022–23 Federal Budget submission again proposes targeted, sustainable, and cost-effective initiatives and will assist in meeting that gap. There are three priority groups to whom these initiatives are targeted:

- Older Australians
- Rural and Remote Australians
- Low-Income Adults

Supporting these initiatives are proposals for oral health promotion activities that, if implemented, will increase oral health literacy and disease, therefore, reducing the demand for health services and the need for oral health treatment in the future.

Older Australians

The oral health of older Australians aged 65 and above has been neglected for many years because of decreased accessibility and poor affordability. Many older Australians who cannot afford private healthcare are reliant on public dental services, which have long waiting lists in every state and territory. In some rural areas, the waiting period is years. The increased wait times resulted in more older Australians suffering from pain, discomfort, and poor nutrition at an individual level, increased pressure on the public hospitals and increased costs at a system level. Residents of aged care facilities have the added complexity of physical and cognitive limitations, impacting their ability to be transported to public clinics to access primary oral care. The increasing evidence that demonstrates the links between poor oral health and many chronic conditions like diabetes, cardiac disease, etc., of the older populations further contributes to the health burden and the quality of life for many older Australians.

The Royal Commission into Aged care Quality and Safety, in its recent report, has proposed the following recommendations to improve the oral health of senior Australians. The ADA strongly supports the Royal Commission into Aged care Quality and Safety recommendations[7] and calls out to the Government to allocate budget to these areas. These are

[3] Australian Institute of Health and Welfare. Australia's National Oral Health Plan 2015–2024: performance monitoring report in brief. Canberra: Australian Institute of Health and Welfare; 2020. 5p. Cat. no. DEN 234.

[4] Australian Institute of Health and Welfare. Australia's National Oral Health Plan 2015–2024: performance monitoring report in brief. Canberra: Australian Institute of Health and Welfare; 2020. 7p. Cat. no. DEN 234.

[5] Australian Institute of Health and Welfare. Australia's National Oral Health Plan 2015–2024: performance monitoring report in brief. Canberra: Australian Institute of Health and Welfare; 2020. 24p. Cat. no. DEN 234.

[6] Australian Institute of Health and Welfare. Australia's National Oral Health Plan 2015–2024: performance monitoring report in brief. Canberra: Australian Institute of Health and Welfare; 2020. 31p. Cat. no. DEN 234.

[7] Royal Commission into Aged Care Quality and Safety. Final Report – Care, Dignity and Respect. Volume 1 Summary and Recommendations. Canberra: Royal Commission into Aged Care Quality and Safety; 2021.

- ***Aged Care Quality Standards Recommendation Point 19***[8] – That Aged Care Quality Standards are urgently reviewed and ultimately amended by the Australian Commission on Safety and Quality in Health and Aged Care (by 31 December 2022) to require a commitment to best practice oral health care. Aged care providers – both RACF and home care providers, must be mandated to meet oral care standards. This would best be included as a mandatory requirement under Standard 3, Requirement 3b. Personal Care and Clinical Care, where oral care would be identified as one of the high prevalence risks associated with the care of consumers.

- ***Better Access to Health Care Recommendation Point 60***[9] ***– Establish a Seniors Dental Benefits Scheme***
  The Royal Commission urged the establishment of this scheme by 1 January 2023. The scheme would fund the dental services required to maintain a functional dentition (as defined by the World Health Organization) and maintain and replace dentures. Without adequate funding, access to oral health services for many older Australians is unachievable.

- ***Residential Aged Care to Include Allied Health Care including an Oral Health Practitioner Recommendation Point 38***[10]
  The Commissioners also recognised increased engagement with dental practitioners by an aged care provider in residential and home care environments. In NSW, there are researched models of care such as the Senior Smiles™ program that demonstrate the health, social and economic benefits of improved oral health services provided to the elderly.

- ***The Aged Care Workforce Recommendation Point 79***[11] ***– Review of Certificate courses for aged care.*** ***Aged care is the responsibility of the Commonwealth, and the workforce providing care should be competent to maintain residents.*** Oral health training should be included as a core competency for aged care facility staff. Home care providers must be educated to provide appropriate daily oral care for the elderly. The Better Oral Health in residential care training package is recommended for carer education. It could upskill the aged care staff to perform routine daily oral hygiene procedures, including toothbrushing and denture cleaning. The Commonwealth funded the development of these resources. However, there was no funding provided to implement the program. Efforts should be made to support this training.

Rural & Remote Australians

It is well known that Australians residing in rural and remote locations experience poorer oral health outcomes than their metropolitan counterparts. Smoking, drinking alcohol and reduced access to fluoridated water also contributed to poor oral health. These are more pronounced in the rural areas contributing to the poor oral health of the rural populations.

As well as geographic locality, well-known social determinants, including access to services, cost, transport, health literacy, educational attainment, and the environment, including housing, and access to fluoridated water, are compounding factors. For residents of outer metropolitan regions, the latter determinants of cost, health literacy, transport, and educational attainment are likely to significantly impact accessing care, as they otherwise have a more extensive range of services at their disposal.

This situation is also compounded by the shortage of skilled dental workforce in the rural and remote areas.

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[8] Royal Commission into Aged Care Quality and Safety. Final Report – Care, Dignity and Respect. Volume 1 Summary and Recommendations. Canberra: Royal Commission into Aged Care Quality and Safety; 2021. 223p

[9] Royal Commission into Aged Care Quality and Safety. Final Report – Care, Dignity and Respect. Volume 1 Summary and Recommendations. Canberra: Royal Commission into Aged Care Quality and Safety; 2021. 249p

[10] Royal Commission into Aged Care Quality and Safety. Final Report – Care, Dignity and Respect. Volume 1 Summary and Recommendations. Canberra: Royal Commission into Aged Care Quality and Safety; 2021. 235p

[11] Royal Commission into Aged Care Quality and Safety. Final Report – Care, Dignity and Respect. Volume 1 Summary and Recommendations. Canberra: Royal Commission into Aged Care Quality and Safety; 2021. 261p

Workforce distribution in rural areas is a challenge across all health services, and dentistry is no different. Many studies have looked into how health practitioners might be encouraged to move to rural and remote areas to practice.

Dentistry is often forgotten when initiatives are introduced, as demonstrated by the recent decision to offer HECS forgiveness to medical practitioners, nurses, and midwives who commit to working in a rural or remote area after graduation.

More recently, an NSW Rural Health Parliamentary Enquiry recommended several strategies to address dental workforce shortages in NSW. These include:

1. Recommendations to directly improve patient-centred oral health services

- Increase access and funding to teledentistry services to improve access to diagnostic and specialist oral health care
- Continued support and development of the Indigenous oral health workforce to provide culturally appropriate care for the Indigenous Australians
- Better utilisation and active promotion of the Child Dental Benefits Scheme (CDBS) to deliver essential oral health care to children 0-17 years

2. Recommendations for dental and oral health practitioners and specialists

- Ensure adequate dental equipment and resources are available within rural communities to enable dental clinicians to engage in a broad range of clinical experiences to provide job satisfaction.
- Adequate funding to create effective public access to tertiary dental specialist services via outreach models involving private/general partnerships in regional and rural communities.
- Improved continuing professional development (CPD) courses in regional areas and funding support to attend urban CPD. Facilitation of professional connections and networks for dental clinicians working in regional locations.
- Provision of acceptable remuneration and career incentives to encourage dental practitioners to consider long-term employment in regional, rural, and remote locations.
- Provision of private health fund benefits for teledentistry consultations.

3. Recommendation for dental and oral health students and new graduates

- Continue to allocate a targeted percentage of students from Indigenous and regional backgrounds into dental and oral health training programs.
- Include dentistry and oral health in the HECS Reimbursement Scheme to provide dental or oral health tuition fees if 'bonded' to regional locations upon graduation (e.g. payment of a year's tuition fees for each year of service).
- Ensure adequate clinical equipment and experienced dental clinicians are available to train and mentor dental or oral health students on rural placements, in conjunction with the RHMT infrastructure program. This requires an integrated private/public model to support this program's ongoing development and success.
- Provide allowances and incentives for dental and oral health students to conduct placements in regional facilities, including transport, accommodation, and living expenses.

The ADA strongly supports these recommendations and calls on the Federal Government to extend eligibility to existing federally funded programs to dental practitioners to address existing disparities.

Low-Income Adults

In addition to meeting the needs of older rural and remote Australians, the ADA's Australian Dental Health Plan[12] provides a comprehensive framework for Australian government funding of dental services for low-income adults who cannot afford private dental services.

- **Adult Dental Benefits Schedule[13]**

This scheme targets low-income adults aged 18-64 who hold any type of Australian government-issued Health Care Card (including the Low Income Health Care Card) or Pensioner Concession Card, plus their eligible dependents.

In Australia, many people suffer from poor oral health. The burden of poor oral health is more pronounced in people from low socioeconomic status, rural and remote areas, Aboriginal people, and special needs people compared to the other populations. These populations rarely visit a dentist for preventative care, and by the time they see a dentist, the disease is already established.

In all the states and territories, public dental care is provided to eligible adults. However, variation in dental infrastructure and dental staffing availability leads to discrepancies in the services offered and increased waiting periods. In addition, in most states, people living on poverty-level income still have to pay co-payments to access public health services, even though they are eligible, further reducing access to care.

The Covid 19 pandemic has significantly impacted the dental industry in recent years. Governments across Australia have imposed several restrictions to prevent the spread of virus and community transmission. These restrictions affected accessing dental services during the Covid 19 pandemic and increased the waiting periods[14]. As a result, routine dental treatments like examinations, professional cleaning, and fillings have been deferred. Delaying and deferring the dental therapies increased the burden of oral disease and people's suffering, which is more pronounced in vulnerable populations.

The necessity for the Adult Dental Benefits Schedule is exacerbated by the lack of secure funding provided under the National Partnership Agreement. The current funding model of the National Partnership Agreement is extended on an annual basis towards the end of the funding period. Annual extension of the funding model will negatively impact skilled staff retention and recruitments, and this is more pronounced in rural and remote areas.

There was a considerable decrease in waiting lists when additional funds were available for dental care under the National Partnership Agreements (NPAs) between the Australian Government and the states and territories. Most jurisdictions used the excess monies provided under the NPAs to purchase services from private sector dentists in oversupply. Health Workforce Australia confirms that there will be an oversupply of private dentists for many years, and ADA believes this is a long-term sustainable model for dental service provision.

In the absence of an Adult Dental Benefits Schedule, the ADA calls for funding for dental care to be incorporated in the National Health Reform Agreements. These should be multi-year arrangements, recurrent, providing ongoing funding rather than being renewed annually.

[12] Australian Dental Association. The Australian Dental health Plan -Acheiving optimal oral health. Sydney: Australian Dental Association, 2019. 7p.

[13] Australian Dental Association. The Australian Dental health Plan -Acheiving optimal oral health. Sydney: Australian Dental Association, 2019. 8p.

[14] https://www.theage.com.au/national/victoria/pushing-towards-a-crisis-dental-waiting-lists-blow-out-to-record-levels-20210814-p58iph.html

Health promotion initiatives

The ADA notes underutilisation of current CDBS. As a result, not every child eligible to claim the services under the CDBS scheme utilises its services. According to the National Oral Health Plan 2015–2024 performance monitoring report (2020), the proportion of children aged 2-17 who accessed dental care through CDBS in 2016-2018 is 50% which was 46% in 2014-2016[15].

There is insufficient effort to promote the benefits and importance of maintaining oral health. Currently, there is a perception that oral disease is a normal part of aging. It is essential to highlight the importance of oral health for good oral function and aesthetics, good nutrition, and good overall health and well-being to older Australians and their families and carers.

The ADA believes that there is an opportunity for more children to access primary dental care if access to the CDBS was better promoted and therefore calls for a national oral health promotion campaign to educate Australians about the importance of oral health, highlight the impact of sugary beverages on oral and general health and encourage people to reduce their consumption. When introduced, this campaign should also increase the utilisation of the CDBS and other dental schemes.

Funding for a campaign could be funded by the

- Introduction of a health levy on sugary drinks to raise the price by 20%.
- Increase taxation on the sale of tobacco products and continue restrictions on the marketing of tobacco products.

Adjunct oral health promotion activities that should be considered include:

- Changing food-labelling laws, so that added sugars are listed on all packaged food and drink products through front-of-pack labelling.
- Continue subsidising TGA-approved smoking cessation products and raising awareness of the dangers of vaping/e-cigarettes and water pipes.
- To promote the benefits of water fluoridation to the Australian public and support state and local governments to extend access to fluoridated water to all Australian communities.

The ADA wishes to work with the Government to develop sustainable measures to ensure vulnerable populations with poor oral health have access to screening, prevention, and treatment when they need it. In addition, the ADA believes that by incorporating affordable and sustainable oral health care models, the Federal Government can play a significant role in supporting states and territories in the provision of oral health services.

Should you wish to discuss further any matters raised in this submission, please contact Mr Damian Mitsch, Chief Executive Officer of the ADA, at ceo@ada.org.au .

Yours sincerely

R. Mark Hutton
Federal President

[15] Australian Institute of Health and Welfare. Australia's National Oral Health Plan 2015–2024: performance monitoring report in brief. Canberra: Australian Institute of Health and Welfare; 2020. 26p. Cat. no. DEN 234.

Budget

Proposed Budget for Aged Care Oral Health

- **A Senior Dental Benefits Scheme: to remove the financial burden of oral health services**
  2.6 million people who receive the aged care pension in Australia
  $500 per person per year
  500 x 2.6 million = **$1.3 Billion per year**

- **Registered Dental Practitioners to be integral members of aged care teams to ensure the oral health needs of this vulnerable population are met**
  Dental Hygienist 4 hours per fortnight at each ACF
  $50 x 4 = $200 per fortnight
  $5200 per year per facility
  2672 ACF's (approx. 200 000 residents) x $5200 per ACF **= $13.9 Million per year**

Proposed Budget for Rural Oral Health

- **Increase tele-dentistry services**
  $35 per 15-minute session x 66 000 (National public rural waiting list)
  =$2 310 000 or $2.31 Million

- **Scholarships for Indigenous dental or oral health students over five years**
  100 students x $50 000 per degree
  = $5 000 000 or $5 Million

- **Scholarship funding for student placements in rural locations over five years**
  200 students x $5000 final year dentistry or oral health student placement
  = $1000 000 or $1 Million

- **Increase access to public dental care**
  373 259 (National public waiting list)
  $240 per person per year average cost of dental care
  240 x 373 259
  = $89 582 160 or $89.58 Million

- **Media campaign to promote the CDBS (Rural and Metropolitan)**
  $1 Million for multimedia CDBS Campaign

Proposed Budget 2022-2023	
Initiative	**Proposed Budget per year**
Senior Dental Benefits Scheme	$1.3 Billion
Registered Dental Practitioners to be integral members of aged care teams	$13.9 Million
Increase tele-dentistry services	$2.31 Million
Scholarships for Indigenous dental or oral health students over five years	$5 Million
Scholarship funding for student placements in rural locations over five years	$1 Million
Increase access to public dental care	$89.58 Million
Media campaign to promote the CDBS (Rural and Metropolitan)	$1 Million