

THE ORAL HEALTH ALLIANCE

WHO'S PUTTING THEIR MONEY WHERE YOUR MOUTH IS?

A REPORT CARD ON FEDERAL ORAL HEALTH POLICIES

ELECTION 2004

QUESTION 1. Reduce waiting lists

What is required = Increase funding for public oral health services and implement other plans for increasing access as described in the National Oral Health Plan

REQUIRES: \$200m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	Implement Plan titled: <i>Australian Dental Care</i> \$300m over four years. TOTAL: \$75m p.a.	Implement Plan titled: <i>Fairer Budget Balance for Health</i> \$20m over 4 years -concession card holders and schools \$100m over 4 years dental hygienists for aged care TOTAL: \$75m p.a.	National health plan, universal public health care scheme for dental treatment.

QUESTION 2. Increase supply of dentists

What is required = Increase undergraduate student places by 150 each year

REQUIRES: \$6m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	National Dental Workforce Strategy.	University places for allied health.	Abolish HECS and increase number of dental training places.

QUESTION 3. Rural and remote

What is required = Improve recruitment and retention of oral health professionals in rural and remote areas

REQUIRES: \$5m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	No relevant answer provided.	Services via Primary Care Divisions, community health centres.	Multidisciplinary community health centres, incentives for dentists

QUESTION 4. Aged, Indigenous and homeless

What is required = Targeted strategies as per the National Oral Health Plan

REQUIRES: \$60m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	<ul style="list-style-type: none"> • \$13m over 3 years for assessments at residential care • \$18m over 3 years for target programs for Indigenous communities – dental auxiliaries visits, trained Aboriginal dental care workers <p>TOTAL: \$10.3m p.a.</p>	<ul style="list-style-type: none"> • \$1b basic health care services in Aboriginal communities, including dental services • \$100m dental health assessments and follow up by dental hygienists to supplement the Commonwealth's contractual arrangement with aged care providers • Outreach for the homeless <p>TOTAL: \$1b for health (including oral health), plus \$100m</p>	<ul style="list-style-type: none"> • Increased funding for aged care facilities, provision of regular dental health services Increased funding for ACCHS • Address high rates of homelessness among people who experience mental health illness, increase funding for dental health services

QUESTION 5. Community based preventive programs

What is required = Various oral health promotion and disease prevention measures including fluoridation of public water supplies, and targeted health promotion resources for non-dental health workers and specific socio-economically disadvantaged groups.

REQUIRES: \$20m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	Fund dental health promotion and education campaigns.	Greater resources allocated to prevention and overarching national approach to oral health, importance of community based prevention	Develop a comprehensive program for dental health promotion initiatives

QUESTION 6. Incentives for dental care providers to contribute to public dental health services

What is required = Policy measures required, including indexation of benchmark (DVA) rates to ensure costs of service delivery are covered.

REQUIRES: 25m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	No references found in documents provided (see documents provided on website).	No relevant response provided (see document provided on website)	Work with unions and employers to ensure appropriate reimbursement and working conditions for all dental health providers and support staff in public dental health services.

QUESTION 7. Dental policy evidence based, independently evaluated and consumer participation

What is required = Various research and data dissemination activities

REQUIRES: \$2m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	Quality of services based on data collection and benchmarking.	National independent body to facilitate development, implementation and evaluation of dental policy and activities consistent with current evidence. Would include consumers and oral health experts. Plus independent health arbiter to manage the coordination and long term planning of services.	Dental health policy research, NHMRC funding for dental health. Community control and management of local health services.

OVERALL

What is required = \$317m p.a.

Australian Liberal Party	Australian Labor Party	Australian Democrats	Australian Greens
No response received	TOTAL: \$85m p.a.	TOTAL: \$75m p.a. plus part of \$1b plus \$100m	Not costed

The Oral Health Alliance is an informal non-politically aligned group of organisations with a common concern to improve the oral health of Australians. Its members are listed below. This Oral Health Report Card provides a summary comparison of the policy positions provided by each of the parties in response to seven questions posed by The Alliance. Also included are indicators of the types of measures and investment required to adequately address the serious issues in oral health throughout Australia, so that you can make a comparison.

For the full text of the parties' responses, as well as details of current Federal Government expenditure, see :

www.healthissuescentre.org.au

Members of the Oral Health Alliance include: Australian Dental Association Victorian Branch, Australian Dental Therapists Association, Brotherhood of St Laurence, Catholic Social Services Victoria, Council on the Ageing, Health Issues Centre, Public Health Association of Australia, Victorian Healthcare Association and the Victorian Council of Social Service.



Oral Health Alliance

ORAL HEALTH FACT SHEET

Almost all oral diseases are preventable. Yet millions of Australians require dental treatment for oral diseases each year. Both individuals and governments have a part to play in prevention of this unnecessary oral disease. Individuals need to accept more personal responsibility for their own dental health through ensuring good oral hygiene and diet. The role of governments is to increase investment in prevention and early intervention measures, including fluoridation and ensuring dental health treatment is accessible and affordable.

The facts: Oral health and treatment services

FUNDING and ACCESS

- There are over 4 million people in Australia who are eligible for subsidised healthcare. Of these, over 1 million, many of them pensioners, are currently on waiting lists for dental treatment.
- In some parts of Australia, people are waiting up to five years for treatment on public dental waiting lists.
- Aged, Indigenous and homeless people have special needs and require targeted strategies
- Data on hospital admission rates for 0-4 year olds shows that up to 90% of these admissions in some areas are due to high levels of dental decay.
- Rural areas (usually unfluoridated) have higher rates of decay and higher rates of hospital admission due to dental conditions, as well as fewer services and practitioners.
- The cost of the Commonwealth Dental Health Program in 1996 was around \$100m p.a. If a similar program were introduced today, it would cost \$200m p.a. to achieve similar results.
- The Commonwealth currently provides around \$55m p.a. direct funding for treatment for veterans. Medicare Plus will provide around \$5m p.a. for dental treatment of medically compromised patients. The indirect subsidy via the dental expenses taxation rebate is over \$23m p.a., while the proportion of private insurance rebate which covers dental care is estimated at around \$300m p.a.
- Fee rates for treatment of veterans tend to be the benchmark for State public dental schemes. Current rates are 33% below average dental fees, and this means that the fees do not even cover overheads.

WORKFORCE EDUCATION AND TRAINING

- All parts of the dental workforce are experiencing shortages, especially in rural and remote areas.
- By 2010 there will be 1,500 fewer oral health providers (general and specialist dentists, dental therapists, dental hygienists, oral health therapists, prosthetists and dental assistants) than will be needed just to maintain current levels of access.
- An additional 120 dental graduates p.a. are required from Australian Dental Schools to meet this shortfall.
- HECS fees for dental degree courses are in the highest band, with candidates in 2005 to be charged \$8004 p.a. or \$40,020 for the 5-year degree. Fees for other practitioners will cost \$24,012 for 3 years degree.
- Up to 35% of the undergraduate population can now be full-fee paying. A full-fee place for a dental student at Melbourne University in 2005 will cost \$30,000 p.a. or \$150,000 over the 5 years of the course.
- FEE-HELP, a Commonwealth Government loan scheme to assist full fee paying tertiary students, is capped at \$50,000 (indexed). Full fee dental students therefore have a \$100,000 gap in their course fees alone.

What can you do? Who's putting their money where your mouth is?

These facts about the current oral health situation in Australia clearly indicate a system under growing pressure. If you agree with the member organisations of the Oral Health Alliance, listed below, that the situation demands a more substantial response from Australia's next Commonwealth Government, we suggest that you ask your local candidates what their party is going to do to address these issues. Write them a letter or email, or if you meet them during the Federal Election Campaign, ask them personally, **what they intend doing to put their money where your mouth is.**

