

# Submission to Select Committee into the Provision of and Access to Dental Services in Australia

June 2023

## About ACOSS

The Australian Council of Social Service (ACOSS) is a national voice in support of people affected by poverty, disadvantage and inequality and the peak body for the community services and civil society sector.

ACOSS consists of a network of approximately 4000 organisations and individuals across Australia in metro, regional and remote areas.

Our vision is an end to poverty in all its forms; economies that are fair, sustainable and resilient; and communities that are just, peaceful and inclusive.

## Summary

The lack of universal dental health care presents a gaping hole in Australia's Medicare system. High costs and inadequate public dental services make oral health care unaffordable for most people with low incomes, leaving them in discomfort and pain for too long, and affecting their long term health.

It is difficult for people to live their lives well without affordable dental care— affecting their eating, employment and engagement in their communities. It is also a false economy, with dental conditions the second highest cause of preventable hospitalisations for adults and children<sup>1</sup>, and with proven direct links to heart disease, diabetes and other conditions.

ACOSS is a member of the National Oral Health Alliance and supports its submission and recommendations to this Inquiry. ACOSS also supports the policies, programs and increased funding explored by the Committee in its interim report. However, ACOSS contends that these measures should be introduced as pathway while transitioning to a universal oral health scheme, as part of Medicare.

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<sup>1</sup> Australian Institute of Health and Welfare (2020) *Disparities in potentially preventable hospitalisations across Australia, 2012-13 to 2017-18*, AIHW

## Discussion

### Medicare provides health care, except for the mouth

There is no logical reason to treat the mouth differently from the rest of the body, and very compelling reasons why it should be covered by Medicare, including that tooth decay and other oral conditions affect the parts of the body that are covered by Medicare.

A recent Grattan Report<sup>2</sup> found that cost prevented around two million people from seeing a dentist when they needed one. Reducing the costs of treatment would reduce the time taken to get dental care and improve overall population health.

### It takes too long to see a publicly funded dentist

With oral health not included in Medicare, people who cannot afford dental care must rely on limited Commonwealth, state and territory funded services. People's dental health deteriorates while they wait for more than a year to see a public dentist.

People waiting to see a publicly funded dentist often live in constant pain, limiting what they can eat – around a quarter of adults, increasing to one third of people with low incomes, avoid some foods due to toothache.<sup>3</sup> The condition of their teeth can diminish their chances of finding paid work, harm their mental health, cause or exacerbate physical medical conditions and limit their social engagement with family, friends and community.

It is not an unreasonable expectation that people receive the dental care they need in a country as wealthy as Australia. Income and wealth should not determine the health care – including dental health care – that people receive, or how long they must suffer pain and ill health before they can see a dentist.

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<sup>2</sup> Duckett, Cowgill, Swerissen (2019) *Filling the Gap: A universal dental scheme for Australia*, Grattan Institute

<sup>3</sup> Ibid, 3

## Difficulty in accessing dental care in rural and remote areas

As with other health services, there is a shortage of dentists in regional and remote areas, with an estimated 65 per cent of the dental workforce located in major cities<sup>4</sup>. Travelling to services in major centres can be costly, and is particularly prohibitive for people with low incomes when multiple visits are needed. As well as the direct costs of travel and (potentially) accommodation, barriers include:

- Lack of private or public transport options from many locations
- unavailability of adequate support and care options for parents and carers
- difficulties for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people in making appointments, completing forms, or learning how to access services.

While some targeted services are available, these are often location based, so that access can be a “lottery”. Pathways and access to dental care should be universal and should be free or low cost.

### Recommendation 1

Strengthen the oral health safety net through increased investment in public dental services.

### Recommendation 2

Transition to universal dental health care, provided through Medicare.

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<sup>4</sup> Patel et al. (2023). *The 5c model: A proposed continuous quality improvement framework for dental services in remote Australian Aboriginal communities.*