

# 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 flouridation 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 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? - whose 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?

