

# Oral Health Policy in Australia

## Where to from here?

Findings from *Looking Back Looking Forward Oral health in Victoria and Australia 1970 to 2022 and beyond*



Lessons from the past to plan a fairer future

Dr John Rogers and Dr Jamie Robertson  
Melbourne Dental School University of Melbourne

[jgrogers@unimelb.edu.au](mailto:jgrogers@unimelb.edu.au)

[jro24161@bigpond.net.au](mailto:jro24161@bigpond.net.au)

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# What should you know?

- Oral diseases cause pain and suffering. They have an adverse impact on overall health and yet, despite the well-meaning policy initiatives of some governments over the last half century, dental care remains out of the reach of many Australians. Poor oral health is usually one of the most obvious indicators of poverty.
- While often taken for granted, good oral health is fundamental to good health. Poor oral health precipitates and perpetuates low self-esteem and adversely affects a person's ability to eat a nutritious diet, find employment, and engage socially without embarrassment.
- Tooth decay has decreased over the last 50 years, but a large unequal burden of preventable disease remains. Decay is still one of the most common health problems with over 80 % of adults affected and over a third of younger children<sup>ii</sup>. More than half of all older people have moderate or severe gum disease<sup>iii</sup>.
- Inequality has increased. Poor older adults have six more decayed teeth than the general population. Disadvantaged young children have twice the tooth decay of other children<sup>iv</sup>.
- Australia's public dental system is a tattered safety net failing people on lower incomes, forcing them to face years waiting for general care as highlighted in the recently released Senate Inquiry<sup>v</sup>. Except for limited care for some children and eligible adults, dental care remains excluded from Medicare. The mouth has not been treated like the rest of the body.
- Governments have provided less than one fifth of the \$11 billion annual spending on dental services compared to two thirds for other health care costs<sup>vi</sup>.
- Oral diseases are among the easiest to prevent and yet most funding goes to post-disease treatment<sup>vii</sup>.
- More people are delaying or avoiding dental treatment because it is too costly<sup>viii</sup>. The problem is even more acute in rural and remote areas.
- Recent research shows how we have arrived at the current situation but also provides a compass indicating future trends and possible directions.

# What can you do?

Improving oral health and reducing inequalities require action particularly by the Australian and state and territory governments. Most require both governments to act. We all can advocate. Those actions which are the **Australian governments prime responsibility** are shown in bold.

There are six key areas for action based on the WHO 2022 Global strategy on oral health which was supported by Australia at the World Health Assembly in April 2022. This has been developed into the Global strategy and action plan on oral health 2023-2023<sup>ix</sup>.

## 1 Prevention and promotion

Advocate to expand successful oral health promotion programs (pages 225 and 226 in *Looking Back Looking Forward*). For example –

- Extend community water fluoridation<sup>x</sup>.
- Collaborate with health, education and welfare professionals who interact with young children and their families<sup>xi</sup>.
- Create oral health promoting environments in pre-school, school, and aged care settings<sup>xii</sup>.
- Extend preventive value-based dental care by employing minimal intervention<sup>xiii</sup>.
- **Introduce a national sugar beverages levy**<sup>xiv</sup>.
- **Mandate oral health support in residential care settings such as aged and palliative care and disability facilities**<sup>xv</sup>.
- **Strengthen the capacity of the national oral health unit**<sup>xvii</sup> (page 223).
- **Include oral health in the remit of the Australian Centre for Disease Control** (page 226).
- **Conduct periodic reviews of AHPRA's effectiveness and fund for faster responses to notification of practitioner harm** (page 226).

## 2 Access to oral health care

- Significantly increase ongoing national government funding for public dental care (page 229).
- **Phase integration of essential dental care into Medicare** (page 230).

## 3 Governance

- Integrate oral health into all relevant policies and public health programs<sup>xvi</sup> (page 223).

## 4 Workforce

- Periodically review and optimise the most effective and efficient use of the oral health workforce to meet community needs (page 228).
- Enhance partnerships with other health and welfare workers to include oral health promotion as part of their practice (page 228).

## 5 Oral health information systems (page 231)

- Enhance surveillance and information systems to improve targeting of programs.
- Further utilise ehealth<sup>xviii</sup>.
- Conduct oral health surveys regularly<sup>xix</sup>.

## 6 Research

- Increase funding for oral health research<sup>xx</sup>. (page 232).

## References

- <sup>i</sup> <https://doi.org/10.26188/23721969.v2>
- <sup>ii</sup> *Looking Back Looking Forward* page 200.
- <sup>iii</sup> *Looking Back Looking Forward* page 192.
- <sup>iv</sup> *Looking Back Looking Forward* page 200.
- <sup>v</sup> [https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000078/toc\\_pdf/AsystemindecayareviewintodentalservicesinAustralia.pdf](https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000078/toc_pdf/AsystemindecayareviewintodentalservicesinAustralia.pdf)
- <sup>vi</sup> *Looking Back Looking Forward* page 173.
- <sup>vii</sup> *Looking Back Looking Forward* page 133.
- <sup>viii</sup> *Looking Back Looking Forward* page 199.
- <sup>ix</sup> WHO Global strategy and action plan on oral health 2023-2030  
<https://www.who.int/publications/i/item/9789240090538> The guiding principles are – A public health approach to oral health; integration of oral health into primary health care; innovative workforce models to respond to population needs for oral health; people-centred-centred oral health care; tailored oral health interventions across the life course; optimising digital technologies for oral health. *Looking Back Looking Forward* page 222
- <sup>x</sup> In Victoria the current target is to provide 95% of rural and regional Victorians access to fluoridated drinking water by 2030 <https://www2.health.vic.gov.au/public-health/preventive-health/oral-health-promotion/oral-health-planning>
- <sup>xi</sup> Eg Maternal Child Health Nurses, midwives, and early childhood professionals. Pages 123 and 124.
- <sup>xii</sup> Eg **Further restrict advertising of sugar-rich foods to children** and remove the advertising of unhealthy food from government-owned property.
- <sup>xiii</sup> Eg Use fissure sealants, Hall crowns, silver diamine fluoride and community-based fluoride varnish programs.
- <sup>xiv</sup> Sowa, P. M., Keller, E., Stormon, N., Lalloo, R., & Ford, P. J. (2019). The impact of a sugar-sweetened beverages tax on oral health and costs of dental care in Australia. *European Journal of Public Health*, 29(1), 173-177.
- <sup>xv</sup> Eg **Conduct oral health assessment on entry; develop oral health care plans and provide oral health support.**
- <sup>xvi</sup> Eg Include oral health in local government Public Health and Wellbeing plans and **in the implementation of the *National preventive health strategy 2020-2030***  
<https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030#:~:text=National%20Preventive%20Health%20Strategy%202021-2030%20-%20Glossary&text=Description%3A,over%20a%2010%2Dyear%20period.>
- <sup>xvii</sup> Eg **Appoint a Chief Oral Health Officer supported by a National Oral Health Advisory Committee.**
- <sup>xviii</sup> Eg Use teledentistry to help address access to dental care and to extend oral health promotion to isolated groups.
- <sup>xix</sup> Every four years at a minimum, alternating between child and adult oral health.
- <sup>xx</sup> Less than 1% of National Health and Medical Research Council research funds are provided for oral health (page 232).