



Embargoed to 12.01am on 29 July 2010

Stop the Rot: Time to Fill the Gaps in Oral Health

Joint statement from the National Oral Health Alliance

More than one in three Australians delay or avoid dental treatment because they can't afford it and increasing numbers of people are sitting on long waiting lists for public dental care.ⁱ

- Public dental patients are more likely than other Australians to have dental decay.ⁱⁱ
- Nearly half of 6-year-old children have decay in their 'baby' teeth.ⁱⁱⁱ
- Aboriginal and Torres Strait Islander children aged between 4-15 years are more likely than other children to experience dental disease.^{iv}

People with particularly poor oral health least likely to be able to access proper care and treatment are those on lower than average incomes, people living in rural and remote areas, Indigenous people, aged care facility residents, people with disabilities, young adults on income support payments and sole parents.

The health and social impact of poor oral health is immense. Among people with serious oral health problems:

- 9 out of 10 experience pain or discomfort;
- 9 out of 10 have experienced embarrassment due to their teeth, contributing to poor self image, reducing their social interactions and limiting employment prospects;^v and
- Common dental diseases cause extensive tissue infection, resulting in an estimated 32,000 preventable hospitalisations per year.^{vi}

It is vital to improve accessibility so that all Australians have equitable access to oral health care.

National community, dental and health organisations have formed the National Oral Health Alliance to seek solutions to the poor access to services and oral health outcomes experienced by many Australians.

The Alliance is seeking a commitment from all political parties in the federal election for direct and effective action to address the following priorities in dental and oral health.

1. Timely access to oral health care:

Australians must be able to get oral health care when they need it. While Australians who receive social security payments are entitled to health benefits, long public dental waiting lists prevent them accessing dental care. Workers who are underemployed or on low wages are also more likely to have poor access to oral health care.

People in rural and remote areas commonly experience waiting times in excess of two years. Waiting lists for general treatment can go as high as three and a half years in some parts of the country.^{vii}

As a result middle aged and older adults with health care cards are twice as likely as other Australians to have had all their teeth extracted. Those card holders who have kept some natural teeth are twice as likely to have too few teeth for effective chewing and these teeth have nearly twice as much untreated decay.^{viii} The major cause for these startling inequalities is poor access to timely dental care.

2. A plan for the future

Australia must have a clear national plan with national leadership and coordination to enable Australians to achieve good oral health and the prevention of dental disease.

A national plan must incorporate oral health promotion. It must include oral health within primary health and aged care as well as in dental practice, and address workforce and affordability issues to ensure timely, equitable access to preventive and general dental care for all Australians.

A well-distributed, appropriate and sustainable dental workforce is essential. We need to enrol, train and support students and practitioners in ways that will ensure an equitable distribution of the dental and oral health workforce across the country. In particular, rural training infrastructure and incentives that are available to medical schools, practitioners and students should apply equally to dental schools, practitioners and students.

3. Prevention and education

The scale and severity of dental disease could be significantly reduced through national strategies for good oral health and disease prevention. Yet oral health has been left out of the nation's preventive health strategy.

The best therapy is prevention and national leadership and coordination are needed to ensure this.

For more information visit the National Oral Health Alliance at: www.oralhealth.asn.au

National Oral Health Alliance members



ⁱ Slade et al (eds) (2007) 'Australia's dental generations: the National Survey of Adult Oral Health 2004–06', *Dental Statistics and Research Series No. 34*, Australian Institute of Health and Welfare.

ⁱⁱ Brennan (2008) 'Oral health of adults in the public dental sector', *Dental statistics and research series no. 47*, AIHW.

ⁱⁱⁱ Armfield et al (2009) 'Dental health of Australia's teenagers and pre-teen children: the Child Dental Health Survey, Australia 2003–04', *Dental statistics and research series no. 52*, AIHW.

^{iv} Jamieson et al (2007), 'Oral health of Aboriginal and Torres Strait Islander children', *Dental Statistics and Research Unit*, AIHW.

^v Bond (2010) '[Public Dental Care and the teeth First Trial: A history of decay](#)', Brotherhood of St Laurence.

^{vi} Standing Committee on Social Issues (2006) 'Dental services in NSW (Report 37)', NSW Parliament, Legislative Council.

^{vii} Bond (2010) '[Public Dental Care and the teeth First Trial: A history of decay](#)', Brotherhood of St Laurence.

^{viii} National Survey of Adult oral Health (2007) '[Australia's dental generations: the National Survey of Adult Oral Health 2004-06](#)', *Dental statistics and research series no. 34*, Australian Institute of Health & Welfare.