

‘Denticare’ can reduce health care inequalities

The Public Health Association of Australia (PHAA) is calling on the Australian Government to commit to the introduction of the ‘Denticare’ program, as recommended by the National Health and Hospital Reform Commission’s (NHHRC). The PHAA believes that ‘Denticare’ should be seen as an integral part of primary health care and supports the NHHRC’s claim that the major inequities in Australians’ oral health need to be addressed, especially with mounting evidence of links between oral and overall health.

According to PHAA CEO, Michael Moore, “Introducing ‘Denticare’ in a deliberate, planned way would ensure appropriate support for all Australians and particularly for those who are disadvantaged. The Commission’s oral health proposals have the potential to improve Australians’ oral health and access to dental care, but we need an appropriately funded, detailed and accountable implementation process that provides a roadmap to reducing inequities”.

Mr Moore added: “Poor oral health is a key indicator of inequality in health care access. The high cost of private dental care presents a significant access barrier as do the waiting times for grossly under-resourced public dental services. Seventy-eight percent of medical services in Australia are government funded but only 18% of dental services receive government funding”.

In highlighting the opportunities presented by the NHHRC’s recommendation, Mr Moore stressed that, “Basic dental care should be an integral part of primary health care. It is important that the opportunity to improve Australians’ oral health and to redress significant inequalities is not lost”.

A deliberate and phased implementation of ‘Denticare’ will allow for the development of policies that take into account not only cost but other critical barriers to dental care. This is particularly important with regard to rural and remote areas as well as for Aboriginal and Torres Strait Islander peoples.”

The PHAA is working closely with Australian Healthcare & Hospitals Association (AHHA) and National Rural Health Alliance to encourage the Government to use the proposed the Commonwealth Dental Health Program combined with a refined Medicare Chronic Disease Dental Program as a first step towards the comprehensive vision for oral health in Australia that incorporates the NHHRC recommendations.

Members of our Oral Health Special Interest Group noted that the previous Government in its last budget provided \$384.6 million funding over four years for an expanded Medicare Chronic Disease Dental Program. In fact, the cost of the program without better management will be around \$1.8 billion over four years. This compares with the \$290 million over three years that the incoming Rudd government budgeted for the critically needed Commonwealth Dental Health Program (CDHP) to improve state and territory public dental services for disadvantaged adults across Australia.

The CDHP Bill simultaneously cut the Medicare Dental Scheme and therefore failed to gain Coalition and minor party support in the Senate. Since then, nothing has happened. Consequently, State and

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Territory Dental Services have received none of the additional \$97 million they were expecting last year. The result is no boost to public dental services for the 650,000 disadvantaged Australians who have been waiting years for basic dental care.

The PHAA is urging the Australian Government to proceed with the Commonwealth Dental Health Program and a reduced Medicare Chronic Disease Program while a detailed implementation plan is being developed. According to Mr Moore, "A carefully developed implementation plan will allow this vision for equitable access to dental care to become a reality – but such planning cannot be used as an excuse for delay. There are people who need improved oral healthcare now. Just as it is incumbent upon governments to ensure appropriate access, it is also incumbent on them progress these issues as a matter of urgency."

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