

Access to Oral Health Care

Background

Universal health care in Australia (Medicare) does not generally include dental care.¹

NSW Health offers free oral care to populations at higher risk of dental disease and to those who are less able to afford dental care delivered by private dental practitioners, but must meet certain eligibility to criteria.² Government enhancement funding for national dental health programs have generally demonstrated improvements in access to dental care.

All children under 18 years of age who are eligible for Medicare benefits are eligible for free dental care provided by the public sector. The Child Dental Benefits Schedule is a commonwealth-funded scheme enabling access to limited oral health care for eligible children by participating dental practitioners in the private sector. Adults are only eligible for public dental care if they hold, or are listed as a dependent on, a Medicare Card and a valid Australian Government concession card (Health Care Card, Pensioner Concession Card or Commonwealth Seniors Card).²

Access to dental care in both the private and public sectors of New South Wales is influenced by the location of residence and socioeconomic status of the individual.¹ The geographical distribution of public and private dental practices does not match areas of the greatest burden of dental disease and socioeconomic disadvantage.

Communities living in rural and remote NSW represent a greater proportion of people from lower socioeconomic backgrounds, carry a higher burden of oral disease and have significantly less access to dental care compared with higher socioeconomic groups who predominately reside in metropolitan areas.³ People living in rural and remote areas are more reliant on the government to fund or provide dental health care¹ or on other services such as the Royal Flying Doctor Service (RFDS).⁴

ADA NSW Position

ADA NSW believes that all members of the community should have ready access to high quality oral health care that enables maintenance of good oral health. The ability to regularly access dental services for preventive dental care is generally associated with good oral health.⁵ ADA NSW also affirms that good oral health is an integral part of good general health.⁶⁻⁸

Access to dental care should be affordable, timely, safe and effective. ADA NSW supports health policy and programs that aim to improve access to dental care and close the gap in oral disease experience between different population groups.

In 2016, the Federal Government noted inequities of access to dental care for several population groups across Australia.⁹ ADA NSW recommends that options for new models of care to improve access be explored through public and private partnerships in order to provide timely, affordable and appropriate oral health care to all Australians.⁹

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Facts:

- The majority (80-90%) oral care services are delivered by the private sector on a fee-for-service basis.^{5,10}
- Funding for public dental services covers treatment for approximately 20% of those eligible for public dental care. Approximately, 30% of card holders have private dental insurance and receive adequate dental care from the private sector, leaving a remaining 50% of those eligible without insurance and unable to access public dental care.⁵
- In a 2016-17 survey of patient experience, populations of least socioeconomic disadvantage were more likely to seek dental care than those with most disadvantage (59% compared with 38%).⁹
- People living in outer regional, remote or very remote areas were more likely to receive public dental care than those living in major cities (21% compared with 11%).⁹
- In 2016-17, the RFDS delivered 10,832 episodes of dental care across Australia.¹⁰

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