



Legislative Council Inquiry into The Department of Health and Human Services Cost Reduction Strategies

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ABOUT THE AUSTRALIAN DENTAL ASSOCIATION

The Australian Dental Association Tasmanian Branch (ADA) is the peak national professional body representing the vast majority of registered dentists engaged in clinical practice in Tasmania. ADA members work in both the public and private sectors.

The primary objectives of the ADA are:

- to encourage the improvement of the oral and general health of the public and to advance and promote the ethics, art and science of dentistry; and
- to support members of the Association in enhancing their ability to provide safe, high quality professional oral healthcare.

Thank you for the opportunity to submit to the Legislative Council Inquiry into the Department of Health and Human Services Cost reduction Strategies. Should you wish to discuss any of the matters raised in this response, please contact the Association.

ORAL HEALTH IN TASMANIA

In Australia's National Oral Health Plan (National Advisory Committee on Oral Health H, 2004), a definition of oral health was given that linked the concept of oral health to well-being and the quality of life:

"Oral health includes having healthy teeth and gums, but it also means that people's lives are not affected by a range of other conditions including diseases of the oral mucosa, cancers of the mouth and throat, malocclusion, birth defects (e.g. cleft palate), temporomandibular joint problems, or trauma to the jaw or middle of the face."

Oral Health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. The impact of oral disease on people's everyday lives is subtle and pervasive, influencing eating, sleep, work and social roles (National Advisory Committee on Oral Health, 2004). The prevalence and recurrences of these impacts constitutes a silent epidemic. Dental caries is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes (AHMAC 2001). Dental expenditure is substantial and amounted to some \$5.1 billion in Australia in 2004/05 representing 5.8% of total health expenditure (AIHW, 2006).

Tasmania has the worst adult oral health of any State or Territory in Australia as Tasmanians are more likely to have an inadequate dentition, (fewer than 21 teeth) than their mainland counterparts (Roberts-Thomson and Do, 2007). Tasmania does not have a dental school, and compared to mainland Australia has a relatively low number of dentists. It is more decentralized, has an older population, lower socioeconomic status (ABS, 2006), and a higher proportion of people eligible for public dental care than mainland Australia (Slade et al., 2007). Tasmanians from rural areas live in a different physical environment, are more likely to be poorer, older, and less educated (ABS, 2006), have poorer oral health (Crocombe et al. 2010) and suffer from poorer access to dental care than their metropolitan counterparts (AIHW, 2008).

ACCESS TO DENTAL CARE

In Australia, people eligible for public dental care are more likely than the rest of the population to have teeth missing due to pathology, but less likely to have those teeth replaced by a crown or a bridge. They are also almost 1.5 times as likely to have untreated dental decay and they have, on average, four more teeth affected by caries than ineligible people (Spencer and Harford, 2007). Similar comparisons are found in Tasmania (AIHW, 2008).

"This paints a picture of the public system (in Australia) as providing sporadic and problem-orientated care to a small percentage of the eligible population" (Spencer, 2004).

Prior to the recent cost reduction strategy, the dental care provided by the Tasmanian public sector was similar. Only 26% of eligible adults were actively attempting to access general dental care. Of those, only one third were successful (Tasmanian Auditor General, 2002).

"Dental resources are insufficient to provide general dental care and there was some evidence that in the Southern region the service is struggling to meet the demand for emergency care" (Tasmanian Auditor General, 2002)

For those who do continue to attempt to access public dental care in Tasmania the waiting time for public dental care is quite long. The Tasmanian Auditor General (2002) noted that:

"waiting times for general care are at unacceptably high levels with no reasonable chance of an adult obtaining general care in Tasmania's public oral health system."

THE EFFECT OF THE COST REDUCTION STRATEGIES ON THE ORAL HEALTH OF TASMANIANS

Since the introduction of the cost reduction strategy, the situation was gotten even worse for Tasmanians eligible for public dental care.

For example:

- 1/ Elective surgery cuts have resulted in a reduction in access to dental care under general anaesthetic. Although many dental procedures can be undertaken using local anaesthetic, people with the more extreme oral conditions require their dental procedures done under a general anaesthetic in a hospital theatre.
- 2/ The hospital dentist position at the Royal Hobart Hospital has been reduced to registrar trainee position. This means that there will not be dental, or oral and maxillofacial, emergency services available at the Royal Hobart Hospital 24 hours a day. One should hope you do not have a major facial accident after-hours.
- 3/ The full dentist complement will not be restored in the north west of the State. As noted above, oral health in outside capital city areas is poorer than in capital city areas. Further restricting access to dental care in the north west of Tasmania, where oral health poorest will only further extend the divide on oral health equality.
- 4/ Cuts have been made in the Emergency Dental Scheme and the Denture Voucher Scheme. An example of what can happen with such cuts is given below:

"I was constantly getting abscess. The whole top of my mouth would be full of them, which was horrible. I was not eating because of the

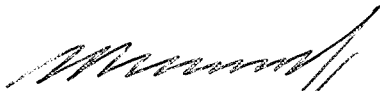
painI just put oil of cloves on it and ended up becoming quite ill. I think that it can be quite serious if you're constantly having mouth abscesses and not treating them because then you've got that sort of poison going into your system."

Unless she was one of the lucky few who was able to be seen in the depleted services, where would Fiona Morris go for dental care if she lived in north west Tasmania?

CONCLUSION

Tasmanians have the worst adult oral health and Tasmania has the most people eligible for public dental care in Australia. Within Tasmania, people from rural have poorer oral health and access to dental care than people from metropolitan areas. The Department of Health and Human Services Cost reduction Strategies have reduced this access even further. This will result in greater suffering and discomfort for a people who are already having difficulty with their oral health.

Please contact us if you have any questions,



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