



**Nothing to smile about: oral health and access  
to dental care for Low Income Tasmanians**

A Discussion Paper

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## ACCESS TO ORAL HEALTH CARE

### 1. Introduction

*“The indigent and socially disadvantaged in Australia today are not determined by their state of dress or even where they live, but by their poor oral health, exemplified by lack of teeth” (Schifter, 2004)*

Oral health status is increasingly recognised as the most significant marker of disadvantage in Australia and this is nowhere more true than in Tasmania. The poor dental and oral health of low income Tasmanians has been well documented. Anglicare has previously used both national and local research data to highlight the fact that adult Tasmanians have the worst dental health status in the nation (Anglicare Tasmania, 2001; Cameron, 2002). In 2003, Anglicare highlighted the particular and severe oral health problems experienced by people living with serious mental illness (Anglicare Tasmania, 2003; Cameron & Flanagan, 2004).

Generally, the factors which determine poor dental health are low income, particularly eligibility for health care and pensioner concession cards, reliance on the public dental service and living in a rural, remote or regional area. These factors are exacerbated by the experience of chronic illnesses such as diabetes and serious mental illness. Tasmania experiences the greatest disadvantage across all these factors compared to the other states. It has the highest proportion of low income households; the highest proportion of people eligible for public funded dental care and the highest percentage of the population living in regional areas (Carter & Stewart, 2003: 14).

It is therefore not surprising that the most recent National Dental Telephone Interview Survey 2002 again reveals Tasmanians lead the nation with the highest level of edentulism (missing all teeth), the highest average number of missing teeth and the greatest denture use (Carter and Stewart, 2003).

In a national comparison Tasmanians are more likely than people in other states to have:

- lost all their teeth, with a rate of 14.3% compared to the national average of 8.3%, across all age groups;
- the highest number of missing teeth at 5.8 compared to the national average of 5.1;
- dentures, with 19% of Tasmanians wearing dentures compared to a national average of 15.8%; and
- not seen a dentist for more than 5 years, with 15.4% of Tasmanians compared to the national average of 10%.

## **2. Tasmania Together Targets – Oral health waiting lists**

Tasmania *Together* addresses oral health in the community through Goal 6 which is 'to improve the health and wellbeing of the Tasmanian community through the delivery of co-ordinated services'. Indicator 6.1.1 specifically addresses the number of people on waiting lists for full or partial dentures for more than six months. This indicator also includes a measure for the number of people waiting for general dental services. *The 2004 Progress Report* shows that the number of Tasmanians waiting for full dentures has decreased from 1145 in December 2001, to 761 in December 2003. The general dental services waiting list has also decreased from 13,576 in 2001 to 9,070 in 2003. However the June 2004 figures indicate a slight increase to 9,743. There are currently 705 adults across the State waiting for dentures. However it is extremely unlikely that the 2005 targets for oral health can be met without significant Government investment.

Unfortunately none of the Tasmania *Together* Progress Reports have reported on Indicator 5.1.5 which measures the number of fillings and missing and decayed teeth in the population. This is an indicator for Goal 5 which is 'to improve Tasmanians' health through the promotion of a comprehensive approach to a healthy lifestyle' and clearly demonstrates the critical link between good oral health and general health. As the snapshot of Tasmanian oral health from the National Survey reveals, this is a vital issue for the health and wellbeing of the Tasmanian community.

## **3. Living with poor oral health: Translating the statistics into people's lives**

In August 2004, Anglicare asked a number of Tasmanians living on low incomes about the problems they experienced with their teeth and the impact this has on their lives. All the participants were eligible for public dental services, and all are on the public dental waiting lists. In addition to the pain and physical hardship suffered, the experiences described here highlight a number of barriers to accessing dental care including the cost of the co-payment charges at the Public Dental Service<sup>1</sup>; the inappropriately long waiting times for dentures; the inadequacy of a service which only treats one emergency at a time (ie. extract or fill one tooth at each appointment) and the lack of access to general dental care.

Anglicare asked an oral health specialist in private practice to examine and assess the oral health status of the participants in our project and to provide an estimated cost of the treatment they require. The cost of dental treatment in private practice is approximately one-third to a half higher than the fee schedule for the Commonwealth Department of Veterans'

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<sup>1</sup> \$25 per visit for emergency treatment; \$25 per visit minimum charge for general care treatment; \$9 minimum charge for assessment for denture replacement; \$209 for a full upper and lower denture; \$116 for a single full denture and a minimum charge of \$53 for a partial denture

Affairs, which is the bench mark for the costs of these treatments through the public dental service. Intraoral photographs of the participants' teeth are included in this paper. Anglicare advises that these pictures are quite shocking but they have been included to emphasise the fact that prolonged under-funding of the Tasmanian Public Dental Scheme has appalling consequences in the lives of many low income Tasmanians.

**Bob is 47, unemployed and living on the Newstart Allowance. He describes the severe problems and chronic pain he lives with:**

*Well, I have numerous broken teeth, continually breaking, gum problems; holes up through my gums, abscessing quite regularly. I have virtually continuous pain; eating problems, not being able to chew; that's pretty much it - a mouth full of trouble. I started having problems about four years ago now. Up until then I was employed and I was seeing a dentist regularly then, like twelve monthly, getting teeth rebuilt and that. But it just got to the stage when I became unemployed that I just couldn't afford it and my teeth just gradually fell to bits, leaving great holes up into the gum and a lot of pain. And I am 47 now, and I feel that I really shouldn't be going through this, you know, shouldn't be putting up with it.*

*Well your dignity takes a dive - your self-esteem and that. It is hard being out there in the public when you are going for a job and that. People wonder why you don't smile and that because you are too scared to open your mouth. It's gets to the stage where it is rather embarrassing. Then you've got the sleepless nights, with the pain and that. It's upsetting on the rest of the family too. It puts a big burden on the family life.*

*You can't really eat a lot of hard foods. Even apples I am a bit scared of biting into apples because I am too scared that my teeth are just going to fall out with the apple. Biscuits, stuff like that, anything hard or crunchy I am just too scared to bite into it. It's virtually got to be puree for me or very soft. Meat is a problem for me to chew, a real problem.*

*[When it comes to getting into the dental clinic] And again it comes back to the situation where if you are fortunate enough to get in on that day, nine times out of ten you haven't got the money. They ask for it then and there and the twenty-five dollars or whatever might as well be a thousand because what you get paid on the dole is pretty well gone.*



***An oral health specialist made the following assessment of Bob's dental problems:***

“Bob suffers from a medical condition which causes severe joint pain. As a result of this and the pain he experiences from his dental problems, Bob is prescribed regular doses of Panadeine Forte. Bob has active dental caries and extensive tooth destruction; gum inflammation and tooth abscesses. To address Bob's immediate problems the treatment option is a full clearance of his upper teeth which requires the extraction of 10 -12 teeth and fitting a full upper denture. In a private dental practice this treatment would cost approximately \$2,000. Additionally, Bob requires extractions and repairs on his low teeth to maintain as many teeth as possible at a cost of approximately \$800”.

The cost of this treatment represents almost 30% of Bob's annual income on Newstart Allowance. In the Tasmanian Public Dental Service, Bob will be waiting between 3 – 12 months after the extractions for his denture. The cost to Oral Health Services for Bob's treatment is approximately \$1,800.

**The impact on the State Budget of the Public Dental Service not treating Bob:**

- Repeated prescriptions for antibiotics to treat Bob's acute dental abscesses increases his susceptibility to adverse reactions and antibiotic resistant micro-organisms, thereby having a detrimental effect on his general health;
- Poor general health and ongoing poor nutrition will result in increased use on public health services with health costs increasing over time; and

- The cosmetic aspect of poor oral health makes it difficult to gain employment; access housing in the private rental market and creates barrier to general social participation. This produces increased reliance on community support services, and need for public housing.

**Harry is 37, a Disability Support Pensioner, married with two children. He has a serious mental illness.**

*The teeth sort of shatter, it's all gone away, there's only the root left. And when I try to chew on this side, its that one there its playing up and if I press on the back it's just the flat tooth, the root is there but no tooth, its just flat. The other side is all ripped out. I've got one down here that's completely flat with just the root left. This one's been a problem for about a year and a half and that one about six months. I take Panadol and sometimes I get a bad headache and have a sleepless night, I get a really sharp pain in my head like a migraine but that only lasts about 20 minutes.*

*Yeah well when I chew on this side, I probably chew my food in a kind of gritty, grinding sort of thing and it chips away even more tooth. Now that one up there is doing the same thing because I'm chewing on it that long it's starting to crumble.*

*[They said I have to wait for dentures for] a couple of years. I'm already on the waiting list, it's been 5 months. So, I can wait a couple of years and gum my food or I can keep some teeth, have some pain but at least be able to chew it. They want to take all of them out but I didn't want to because I'd have nothing to eat my food with, like my cornflakes, like my chips, I couldn't eat any of that if I had no teeth. I need full dentures, top and bottom. I will have to have them all out eventually; I just don't want to do it now because I wouldn't be able to eat my food.*

*Yeah, even when I'm going into a normal shop and I have to ask for something, I feel like I'm not like anyone else, like a second class citizen.*



***An oral health specialist made the following assessment of Harry's dental problems:***

“The medication Harry takes for his schizophrenia causes severe mouth dryness. He also takes Panadol for pain and headaches caused by his dental problems. He has had all the teeth removed on the left side leaving 4 lower front teeth and 6 upper front teeth. Harry was advised to return to have all the right side teeth out but on being told he may have to wait 12 months for dentures, he decided not to have the remaining teeth removed and be toothless for this period of time. In private dentistry, when a person has all their teeth removed a denture is constructed and inserted on the day of the final extractions. Over time the healing jaw shrinks and usually a reline or a new denture is made 3 - 6 months later. The Tasmanian Dental Service traditionally adopts the practice of extracting hopeless teeth and making people wait for 3 months or more before full dentures are made. This reduces the costs of either relining the dentures or making new dentures. The cost of providing Harry immediately with a full upper denture, including the extraction of 6 teeth and a reline or new denture would be approximately \$1,500 in a private dental practice. For full upper and lower dentures, the cost would be \$2,600”.

The cost to Oral Health Services for Harry's treatment is approximately \$830.00 for a full upper denture or \$1,600 for full dentures. By making Harry wait for up to 12 months after his teeth have been extracted and thereby avoiding the cost of a reline, the Oral Health Services is saving approximately \$460.00 for both dentures. This cost saving means that many Tasmanians go without teeth, suffering the pain, embarrassment and malnutrition that is

associated that decision. Harry has no option but to wait for months, in pain and unable to eat properly, until his name comes up on the waiting list for dentures.

**The impact on the State Budget of the Public Dental Service not treating Harry:**

- Pain and stress caused by poor oral health is likely to aggravate symptoms of schizophrenia resulting in increased need for intensive support from mental health services, including acute care services and community support services; and
- Poor nutrition and general health will result in increased costs on the public health services.

**Melissa is 30. She has four children and is pregnant with her fifth.**

*A picture is worth a thousand words. What can I say? They look like shit. I don't smile. I am missing heaps of teeth. I had overcrowding as a kid so I had heaps pulled out and then I had a drug problem so I lost some. Then I had a violent husband and he knocked the rest out. Now I need about four and half thousand dollars worth of work done and I was on private health cover and now I am on my own I can't afford that. Yeah, and everyone you see has got these shiny white teeth, everyone on TV, everyone in the street, everywhere. They have got all these veneers and all these new fandangle things that they are doing and I checked into that and I just can't afford it.*

*I've had these problems as long as I can remember. I had all these teeth pulled out and then I had fangs and that stuff as a teenager. Just recently since I had my last two children my teeth just fell out. And then I'll go into the clinic and this dentist says to me I am going to put a different coloured temporary tooth in so that you have to come back. But it is not as easy as that. And I end up with no front teeth. And then you have to be in absolute agony to get served otherwise it's a twenty year waiting list or something.*

*I am a vain person and I would like to have a lovely set of teeth. I hate looking like this. I am very conscious of it. I talk like this (hand over mouth) or else I give a big grin and then I realise 'oh shit I'm grinning'.*





***An oral health specialist made the following assessment of Melissa's dental problems:***

"Melissa is in her fifth pregnancy; she is anorexic, suffers from asthma and is anaemic. She is taking an antidepressant, high doses of diazepam and Panadeine Forte, all of which cause mouth dryness. Melissa has a history of dental decay. She has chronic abscesses, gum inflammation, missing teeth and root decalcification as a result of mouth dryness. Because of her pregnancy, Melissa needs urgent medical and dental reviews. Her immediate dental needs include temporary treatment for her front teeth and preventative programme of up to three visits to a dentist prior to the birth of her child. The cost of treatment for her front teeth, including nerve canal treatments and new fillings is estimated at approximately \$2,400 in a private dental practice. An ongoing preventive program of four dental visits a year costs approximately \$500 per year. This treatment could not commence while Melissa is pregnant and therefore the initial care would be aimed at keeping her pain-free until the baby is born."

The costs described here make these treatment options completely prohibitive for Melissa. Based on the Department of Veterans' Affairs fee schedule, Oral Health Services provides these treatments for approximately \$1,800 for the repair work and \$380.00 for the preventive program.

**The impact on the State Budget of the Public Dental Service not treating Melissa:**

- Cosmetic issues resulting poor oral health make it difficult for people to find employment, access, housing in the private rental market and participate in a range

of social activities, increased the need for public housing and a range of social support services;

- Poor maternal health is predictive of poor infant health. The State will be more likely to face an increased health burden for the infants of people with poor oral health; and
- Poor health and low self-esteem increases reliance on community and public health services over the longer term.

**Peter is 40, unemployed and living on the Newstart Allowance. He is single but has a daughter he cares for part-time.**

*[I have] general soreness and no bite, these ones are only hanging in by a thread, there's not much left now. It's more the gumming your food. I'd be a lot happier if I had dentures. People say 'oh no' but jeez I can't wait till the rest of them go now because then I'd actually be able to eat a bit of meat or something you know. You have troubles eating. And I reckon in turn that makes you unhealthy too because you're not actually getting your dietary requirements if you, you're only eating what you can eat.*

*[I can't eat] meat just because it hurts the teeth too much, getting caught in them. Anything that's hard, say even if you don't leave the milk in the rice bubbles for long enough and you hit the nerve. Like a rice bubble doesn't seem very hard but it is if you hit the nerve, so you've got to wait, not puree your food but you know. And then what happens is you start chewing on the other side and you find that as soon as this side starts to fix up you start to chew on that side again the other side goes because you've over-used it. It's like a lame leg, you overuse the other one and it transfers all the way through your mouth.*

*It's been like this for a few years now, quite a few years. I reckon four, five years easily. I pulled a wisdom tooth out there last year myself because I couldn't get into the dentist. I kept it in a jar. It's about that big.*

*I'm not going to get anything [a job] until I can get my teeth fixed because no one wants you in the public eye. No matter how good a talker or how well presented you are as soon as you open your mouth to smile at someone and they see your teeth... Sure they mightn't be worried about it but you are, so that affects your confidence for a start and I also reckon an employer looks at you and thinks from the look of you, is this guy going to be crook six months down the track, you know. They don't necessarily know the reasons for things themselves either and they might surmise for themselves that it reflects on you as to your laziness or something like that when it might be something else entirely.*

*You look at it from the Newstart point of view too; I think if my teeth were fixed I'd have a much better chance of getting a job. And therefore, I'm employed over the next 10 years and the Government haven't got that cost. I'm happy because I'm working and the Government is happy because I'm working. I'm happy because my teeth are fixed too and I'm eating properly, there's not a drain on the system. I've been put in the too hard bin. Maybe if the waiting list was shorter the unemployment list would be shorter. That's from a Newstart perspective, they are on my back to get a job but my job counsellor says I can't get you a job with teeth like that.*



***An oral health specialist made the following assessment of Peter's dental problems:***

“Peter has a history of facial fractures, suffers from double vision, epilepsy and fainting spells. He experiences chest pain on exertion and has depression, anxiety and sleep disorders. Peter has generalised gum inflammation, persistent apical (end of tooth) abscesses on his front teeth resulting in pain and a very poor aesthetic appearance. In addition to the immediate restoration of his front teeth, Peter requires a decay preventive programme and long-term recall and maintenance. In a private dental practice, the cost of repairing and restoring Peter's two front teeth, which includes nerve canal treatments and two fillings, is approximately \$2,400. The alternative of providing him with a partial upper denture is approximately \$850 but this is unlikely to be successful due to the poor state of Peter's mouth. This is because without quality oral health and a disease free status for the remaining teeth, ongoing disease and tooth destruction ensues with a total failure of the dental care plan”.

The cost to Oral Health Services for Peter's treatment is approximately \$1,500 for the repair and restoration of the two front teeth or \$600 for the partial upper denture.

**The impact on the State Budget of the Public Dental Service through not treating Peter:**

- The cosmetic issues caused through poor oral health make it difficult for people to get employment or housing in the private rental market, increasing the need for public housing;

- persistent pain has a debilitating effect which impacts on every aspect of daily life creating social isolation, poor mental health, pressure on personal relationships, low self-esteem and poor general health all of which increase the demand for community and public health services over the longer term.

**Penny is 38. She is a sole parent of three/ four children, living in public housing in Bridgewater.**



***An oral health specialist made the following assessment of Penny's dental problems:***

“Penny smokes up to 20 cigarettes per day, is allergic to the penicillins and is Hepatitis C positive. She also has some impairment in liver function. Prior to the commencement of a program of intensive preventive dentistry which she requires, Penny would need to undertake an antiviral drug therapy programme which may take up to 12 months. Penny has generalised gum inflammation and persistent end of tooth abscesses on her front teeth. Her front teeth have been poorly restored resulting in a poor aesthetic appearance. She needs intensive gum care and a decay prevention programme as well full restorations of both her front teeth. The cost of two endodontic therapies (nerve canal treatments) and two fillings and the restoration of Penny's two front teeth is estimated at \$4,000 in a private dental practice if porcelain crowns and gold posts were utilised to restore the teeth.”

The cost Oral Health Services for Penny's treatment is approximately \$1,600 and this would be more expensive if crowns were placed.

**Daryl is 46, single and living on the Disability Support Pension.**

*"Well I need about four false teeth...I got this one punched out in a fight, it would be about five years ago I think. My girlfriend and my mum keep telling me to go and get a haircut and get your teeth fixed. 'Daryl, get your teeth fixed', mum tells me all the time. You can't go out or anything, you know. You smile and your teeth are crooked and people won't look at you. But I can't get them fixed. It's the cost really and ...how long would I have to wait for? Two or three years? It's that waiting list and all I need is three front teeth but it's the bloody waiting list".*



**An oral health specialist made the following assessment of Daryl's dental problems:**

"Daryl has schizophrenia and may have a cardiac murmur. He takes the agent Zyprexa and he notes some involuntary movement in his jaw. Daryl has very poor oral hygiene with missing and fractured front teeth and extensive gum inflammation throughout his mouth. He requires a number of extractions and a partial upper denture in addition to a targeted preventive oral care programme. In private practice, the cost to deal with his upper jaw alone with extractions, a partial denture, fillings and gum care would exceed \$2,500. However to

place a partial denture in an unhealthy oral environment would be unwise. The yearly cost for a preventive dental care program is approximately \$480”.

The cost of this treatment to Oral Health Services is approximately \$1,500 however the public dental service does not provide the ongoing oral health maintenance that is vital to restore oral health in this case.

**Mary is over 55 years old. She is single, and lives on the Disability Support Pension and some part-time casual work.**

*I have got missing teeth and I had a abscess under two. One was actually a crown that I lost. I have got other problems too. Like I had a filthy taste in my mouth for a long time and that was the abscess forming. I had a dentist who just told me that I had to floss more. So I was trying the cloves and everything, and nothing worked and then I had to wait a week to see someone out at the clinic. And it's just been after that, pieces have fallen off, fillings have fallen out; cracked teeth. And you know when the fillings have fallen out they have taken teeth with them. You know, you can't get fillings renewed. I tried to get one tooth out at the back and they cracked a temporary crown and I now have a steel spike in the back of my mouth. And every time I bite something I usually get my tongue. I have been like this for three years – it's uncomfortable; it's uncomfortable. It's like everything else I suppose, you just get to accept it and live with it. I used to see a private dentist. I mean I had medical benefits but that is one of the first things that go when you can't work. There is no money for medical benefits.*

*Well you have to get your priorities straight and basically you think there is one area out there that can help you and basically there isn't. Not when you want the help. You know in some situations a week can make the difference between losing extra teeth and getting the help you need. There's not much within your reach really, even basic dental care. You can't. And you have got to rely on the system and there is no system there to rely on.*

*Well you don't smile. Or you smile and then you think ooh there are all those teeth missing and you think, ooh crumbs they've seen that. So as you said, your dignity goes and your self-confidence. I think everyone should be able to smile, or at least offer something that was friendly.*



**An oral health specialist made the following assessment of Mary's dental health problems:**

"Mary has significant abnormalities in the bite relationship requiring complex dental care planning. Due to the recent loss of teeth in the back Mary's bite has completely collapsed. This altered bite or excessive overbite presents major problems for oral health professionals. It is difficult to accurately cost this treatment because of the complexity of the problem and the time required to do the necessary work. The treatment would need to be constantly reassessed and adapted to the restoration process. Failure to implement an overall treatment plan will ensure further tooth loss and potential jaw joint dysfunction. If all the teeth were lost, denture construction would require extensive surgery without which denture construction would be unstable. In private practice this would require monthly dental visits over a 18 month to 2 year period at a cost of thousands of dollars".

**Tracey is 35. She is married with three children. Her main source of income is Family Benefit payments and the Worker's Compensation payment her husband receives. They are paying off their own home.**

*I've got chipped teeth caused from my diabetes. And at the moment I am suffering with a sore mouth and I want to get them out but it's going to take forever to get them out. I've got a sore mouth from an abscess that I had last week and I want to get the chipped teeth out. There's about four. My doctor says it's through my diabetes that's causing it from all the bits and pieces that I have*

*been on. I've had these problems ever since I've had diabetes, that's going on eight years ago.*

*You are in that much pain. I just growled at the kids because I was in so much pain and they weren't even doing anything wrong I was just yelling and screaming at them because I was in that much pain.*

*We used to have private health insurance but we had to let it go when my husband... now he is on compo we just couldn't afford it.*



**An oral health specialist made the following assessment of Tracey's dental problems:**

“Tracey is an asthmatic with Type II diabetes mellitus and she uses a range of medications to help treat these problems. She has broken teeth as well as gum infection and inflammation which is common when diabetes is not ideally controlled. Her poor oral hygiene increases the infection rate in her broken teeth and gums causing significant pain. Tracey requires extensive periodontal gum care, dental decay control and a number of fillings. She may also need root canal therapy on her front tooth. In private practice this treatment would cost in advance of \$2,500. An oral health preventive programme consisting of three dental visits a year is essential to ensure the optimum care in conjunction with her asthma and diabetes treatments. This would cost approximately \$500 per year.

Bob, Harry, Melissa, Peter, Penny, Daryl, Mary and Tracey are all on currently on the public dental system waiting list, along with 9,739 other low income Tasmanians.



#### **4. Children's Oral Health Services**

The very poor oral health of people living on low incomes extends to the oral health status of their children. The Australian Institute of Health and Welfare (2003) found that children of concession card holders have over 50 percent more decayed teeth than the dependants of non-cardholders. Australia-wide there has been a four-fold increase in caries in young people between the ages of 12 and 21 years. Significantly, young people aged 18 - 24 who are public dental patients had an average of 5 teeth with untreated decay.

There is widespread recognition that the fundamental key to good oral health is early intervention and in the pre-natal, infant and early childhood years. This includes regular check-ups and timely, preventative oral health care for all children and adolescents, which establishes healthy primary teeth and develops preventative oral health care practices for adult life. The National Oral Health Plan highlights the importance of school-based oral health care as an important mechanism for ensuring timely, appropriate and affordable oral health care for all school aged children. The Plan notes that there is evidence that this is threatened by "depreciating capital infrastructure, diminishing financial resources and decreasing availability" (Spencer 2001 cited in the National Advisory Committee on Oral Health, 2004:xxxvi). The growing need for a 'revitalisation of school dental services' is further emphasised in a recent paper by Spencer (2004: 51) in which he argues for a commitment to "expansion of the school dental service coverage among the child population especially lower socio-economic children who slip through the safety net."

It is therefore of some concern that in 1998 the Tasmanian School Dental Service was replaced by the Children's Dental Service which is provided through dental clinics based in community centres. Rather than the preventative approach of universal assessment and dental care that was previously provided through the schools program, the Children's Dental Service is appointment based. Adopting a philosophy of 'parental responsibility', the system now relies on parents to initiate contact with the services. Anglicare is concerned a consequence of this change is that the service is less likely to be used for general dental check-ups and, like the adult service, is more an emergency service. The most profound impact of this falls on the most disadvantaged Tasmanian families, who are less likely to have developed preventative dental practices themselves due to lack of resources, transport and communication costs as well as the barriers to general dental care through the public dental services. This system effectively reinforces the current situation in which the poor oral health of children from low income and disadvantaged families is carried into adult life.

Savings costs achieved by downgrading of the School Dental Services are a false economy. Poor teeth in childhood are directly related to poor oral and dental health in adulthood, poor general health, including greater risk of heart disease, and social and economic hardship. As

the current situation in Tasmania so clearly demonstrates, all of these factors place a heavy financial burden on the community, not to mention the pain and social exclusion experienced by those who have to live with these problems.

The Children's Dental Service is available to all Tasmanian children aged from 0 - 18. It provides free examinations for all children and free general treatment for children covered by a Health Care Card. It is not possible to obtain precise data for the number of children accessing the Children's Dental Service; however the performance output for 2002 - 03 was 72,000 occasions of service for children. This would cover approximately 58% of Tasmanian children aged 0 - 18 visiting the dental clinic, based on the very conservative assumption that each occasion of service represents a new individual visit. This remains below the target of 84,447 occasions of service set out in the State Budget Papers for 2004 - 05.

Anglicare argues that the State Government should act to ensure that all Tasmanian children have an annual dental visit and that it should provide the additional resources to the dental services and schools to ensure that this occurs. This is consistent with the *National Oral Health Plan 2004 – 2013* Action Area Two, which directs the states to 'ensure the continuation and/or expansion of school dental services to provide regular and timely check-ups and preventatively focused oral health care for children and adolescents' (National Advisory Committee on Oral Health, 2004).

## **5. Tasmanian Dental Workforce**

The State Government has pointed to dental health workforce issues as the fundamental cause of problems in the public dental service, in particular the lack of dentists in the State. Tasmania has the lowest practising rate for dentists in the nation with 25.3 dentists per 100,000 people compared to the national average of 45 (Teusner & Spencer, 2003). In June 2004, there were 13.87 dentists working in the public dental services (Llewellyn, 2004). This represents a practising rate of 8.7 dentists per 100,000 eligible adults or one dentist for 11,495 Tasmanian adults who are eligible for public dental care.

The State Government has been working to address the dental workforce issues for a number of years. Legislative changes encompassed in the *Dental Practitioners Registration Act 2001*, designed to increase the number of registered dental practitioners including dental therapists and dental hygienists have not produced the desired effect. The number of dental therapists has remained relatively stable. There are currently 59 dental therapists in the State, with 47 of those working in the Children's Dental Service. Since 2002 the age group on which dental therapists in Tasmania have been permitted to work was increased from 16 to 18 years. This provision is currently under review. The 2002-03 Budget allocated an additional \$5.3 million to be spent over four years for the development of a dental care plan to address the significant

problems in the provision of public dental care, predominantly focusing on recruitment and training. However, a national shortage of dentists, combined with the lack of a Dental School or training institutions for dental therapists, hygienists and prosthetists means that the barriers to recruitment are significant.

Quoting Mertz and O'Neil (2002) Spencer highlights the point that the issues are broader and more complex than simply a lack of dentists. They argue that "The standard response to the lack of dental services is to suggest increasing the number of dentists. Some increase may be warranted, and perhaps inevitable, but *it may be more useful to understand this problem less as a problem of supply of practitioners and more as a poor fit between part of the current model, patterns of disease and the people needing care*" (emphasis added) (cited in Spencer, 2004:57).

Anglicare acknowledges the work in this area being undertaken by the Oral Health Workforce Education Reference Group through the Partners in Health Project. Currently membership of the group is dominated by dental health professionals and policy specialists. Anglicare believes that there is the potential to utilise the perspective and experience of the community sector to increase the opportunity for innovative approaches to this issue. It therefore recommends that the State Government broaden the membership of the existing group or convene a new working group comprising of dental health professionals, community sector representatives and consumers to develop and implement strategies to improve access to public dental health care. Some of the options which may be examined could include:

- expanding the Southern Emergency Pilot scheme throughout the State;
- increasing pay and work incentives to dentists in the public dental system by providing fee for service contracts which would facilitate options for after hours and weekend services;
- improving efficiency levels of the public dental system
- establishing dental chairs in public hospitals;
- expanding options to work with the private sector dentists such as paying private dentists to provide a work roster in the private dental clinics; and
- training dental therapists to upgrade their skills to work on adults.

## **6. State Government Funding**

It is well documented that dental services nationally are one of the least subsidised areas of health (National Advisory Committee on Oral Health, 2004). In a submission to the Tasmanian State Budget Consultative Process 2002-03, Anglicare demonstrated that funding for the public dental service was significantly below the national average expenditure per adult card holder. Table 5.1 illustrates again that, based on the most current available national

figures, Tasmania continues to spend well below the national average and has the lowest expenditure per capita for eligible adults of any Australian state.

The funding allocation for Oral Health Services in the 2004-05 Budget was \$13.3 million (Parliament of Tasmania, Operations of Government Departments 2004-05 Budget Paper No 2, Vol 1: 135). Approximately 53.6% of the total budget is spent on adult services (\$7.07 million) and 46.4% on children's services (\$6.17 million). From these figures, it is estimated that Tasmania is currently spending \$44.45 per adult cardholder. While this does represent a gradual increase of expenditure over the period from 2000-01, the funding increase by the Tasmanian Government has not been sufficient for the state to reach even the national average expenditure in 2001-02. It represents only half the expenditure of Queensland's 2001-02 per capita expenditure.

**Table 1 National Public Dental Expenditure on adult card holders**

	<i>Expenditure per adult cardholder</i>		
	<b>2000 – 01</b>	<b>2001 – 02</b>	<b>2004 - 05</b>
NSW	\$35.10	\$44.22	
VIC	\$34.50	\$39.59	
QLD	\$73.40	\$77.14	
WA	\$49.20	\$39.59	
SA	\$49.90	\$55.76	
NT	\$105.00	\$90.46	
ACT	\$43.70	\$78.02	
<b>TAS</b>	<b>\$28.90</b>	<b>\$35.34</b>	<b>\$44.45</b>
<b>AUSTRALIA</b>	<b>\$44.80</b>	<b>\$53.55</b>	

## **7. Recommendations**

This submission has clearly demonstrated that, despite the recent increased funding, the public dental service in this State is failing to meet the needs of the people who are reliant on it. A significant investment of resources into Oral Health Services is essential to ensure that the service is able to provide emergency and general oral health care for adults and a fully effective preventative general oral health services for children.

Rather than continue to trail behind the other States in public dental health funding, Anglicare argues that the State Government is currently in a strong fiscal position to make a substantial investment into the public dental system which would make it one of the leading states, and provide the necessary funds to enable Oral Health Services to address the critical workforce

and structural problems it has laboured under for so long. Therefore Anglicare makes the following recommendations:

**Recommendation:**

**That the State Government allocate an additional recurrent \$10.4 million into Oral Health Services. This comprises an expenditure of \$5.6 million on adult dental services, representing \$80 per adult card holder, and \$4.8 million on children's dental services.**

**Recommendation:**

**That the State Government abolish the \$25 co-payment fee for public dental care. The revenue raised for emergency treatment visits in 2003-04 was approximately \$360,000. The removal of this fee would significantly decrease the barriers to access for emergency dental care for low income Tasmanians.**

**Recommendation:**

**That the State Government allocates the increased recurrent funding for Children's Dental Services to Oral Health Services and the Education Department for the provision of transport, oral health treatment and education to school age children.**

**Recommendation:**

**That the State Government allocate funds for a working group of dentists and dental professionals, community sector representatives and consumers to develop and implement strategies to improve access to public dental health care.**

## **8. References**

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