ISSN 1326-2963
Bulletin No: 6 - May 1998

CHANGING PRESSURES

A SOCIAL ACTION PROJECT BY THE BROTHERHOOD OF ST LAURENCE

- What are the dental health experiences of people on low incomes?
- Can they afford necessary dental treatment?
- Can they gain access to treatment when they need it?
- What is the future of public dental health services in Australia?

The Brotherhood of St Laurence wishes to express its appreciation to the Stegley Foundation, the Hector Waldron Pride Charitable Trust and the Lance Reichstein Foundation for their financial support for this project.

THE STEGLEY FOUNDATION

BROTHERHOOD
of St LAURENCE

DENTAL HEALTH FOR LOW INCOME AUSTRALIANS

PERSONAL PAIN & PUBLIC POLICY FAILURE

"... I've been eating on one side of my mouth for so long because the other side is all rotten. What happens when this side goes? Give up eating! At least it'll save money!.."

Good dental health is essential for our general health. Yet, while access to basic medical and hospital services is generally available through Medicare and public hospital funding, the same is not true for dental care. Low-income people are heavily reliant upon the provision of public dental services because they cannot afford private dental treatment. However, restrictions upon the level of service provision in the public sector means that they experience long waiting periods, user charges and limited points of service provision — all of which combine to affect accessibility.

The poor dental health of low-income people has been well documented by the Australian Institute of Health and Welfare in its evaluations of the now defunct Commonwealth Dental Health Program (CDHP). During its short existence, the CDHP was found to have had a positive impact upon the dental health of low-income people.

THIS BULLETIN

In previous *Changing Pressures Bulletins*, people living on low incomes have told of the practical difficulties of their daily existence in a period where governments are winding back spending on various services. In this Bulletin we look at the dental health experiences of 36 people living on low incomes in Melbourne who took part in small group discussions. Their views and experiences are set in the context of Victorian and nation-wide data on the dental health of low-income Australians.

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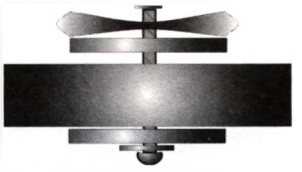
THE POLICY CONTEXT



DENTAL HEALTH - THE POLICY CONTEXT

Commonwealth Government involvement in the funding of public dental services has been extremely patchy. Prior to the introduction of the Commonwealth Dental Health Program (CDHP) in January 1994, Commonwealth assistance to adults was delivered primarily through the Department of Veterans' Affairs. In 1975, the Commonwealth introduced the Australian School Dental Program but had withdrawn from this program by the 1980s (Dental Health Services Victoria 1998). The majority of public dental health services have therefore been funded and delivered through the States and, as might be expected, vary considerably in their scope.

Precisely why this situation has arisen, in particular the distinction drawn between medical needs and dental needs, is not entirely clear although cost was a significant factor for not including dental services within the Medicare scheme (Spencer 1998). The lack of funding from the Commonwealth, combined with only small levels of funding from the States, has meant that issues such as access and affordability have long been recognised as barriers to good oral health outcomes for low-income adults.

In 1986, a Ministerial Review of Dental Services in Victoria was undertaken. The review found that:

'while dental disease is a widespread phenomenon it is more prevalent for some groups, and in particular those from low socio-economic backgrounds. Not only is the risk of disease heightened for such groups, but access is restricted. Barriers such as cost, distance or lack of information currently exist both within the private and the public dental market.' (p.31)

Whilst a number of reforms were implemented as a consequence of the Review, such reforms were necessarily confined to Victoria. It was not until the Commonwealth Government co-ordinated the National Health Strategy (NHS) in the early 1990s that attention was paid to the dental health needs of low-income people at the national level.

In 1992 Dr. Martin Dooland, from the South Australian Dental Service, prepared a background paper for the NHS. Dooland's findings and arguments were very similar to those of the Victorian Ministerial Review. People living on low incomes were found to visit dentists far less frequently than higher income people and, as a consequence, were more likely to receive compromised treatment such as the extraction of their teeth when they did finally visit a dentist. Dooland also found that overall 'the services, particularly the general dental services catering for low income people, are inadequate in that the coverage is relatively low and waiting times can be very long' (National Health Strategy 1992: 13).

On the basis of the findings, the National Health Strategy put forward a number of options to address the unmet dental needs of low-income adults. The first option was as follows:

'Introduce an emergency dental scheme in the first year to supplement existing state programs and allow immediate and economical improvements in access to appropriate restorative care as Health Card holders develop dental emergencies. This could be followed by an expansion in the availability of general dental care through community-based dental clinics and private dental practitioners on a contract basis. This stage would allow eligible adults to receive more complete dental care and provide a balance of treatment, clinical prevention and targeted dental health promotion' (National Health Strategy 1992: 54).

It was this option which was largely taken up by the Commonwealth Government and implemented as the Commonwealth Dental Health Program (CDHP). The CDHP was introduced in January 1994 with the following aims:

- to reduce barriers, including economic, geographical and attitudinal barriers, to dental care for eligible persons;
- to ensure equitable access of eligible persons to appropriate dental services;
- to improve the availability of effective and efficient dental interventions for eligible persons, with an emphasis on prevention and early management of dental problems; and
- to achieve high standards of program management, service delivery, monitoring, evaluation and accountability.

The first budget of the Coalition following its election in 1996 saw the termination of the CDHP in December of that year. Each State government responded differently to the loss of funding for public dental services. In Victoria, a co-payment was introduced in March 1997 in an effort to maintain the level of service provision.

Because the implementation of the CDHP occurred in stages — with first the introduction of the Emergency Dental Scheme and then the General Dental Scheme — the full year's funding of $100 million from the Commonwealth only occurred in the financial year 1995-96 of the program's operation. Thus, the program was cut in December 1996 at the point when it had only started to operate at full capacity.

The CDHP was evaluated several times by the Australian Institute of Health and Welfare (AIHW). The box on the following page illustrates the impact the CDHP had upon reducing extractions for Health Care Card holders.

WHO WE SPOKE TO

FEES FOR PUBLIC DENTAL SERVICES IN VICTORIA

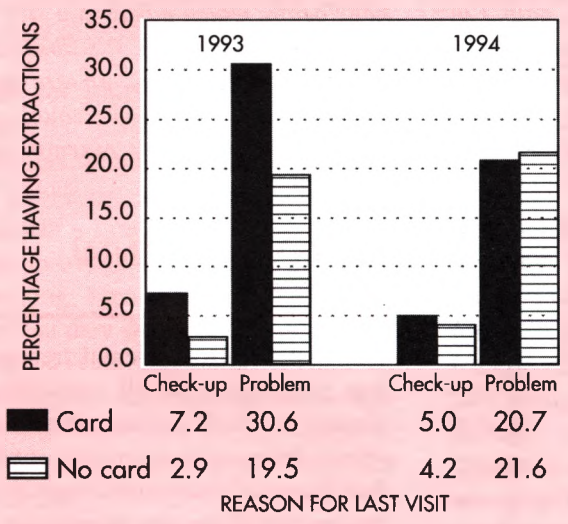
TYPE OF CARE	FEE CHARGED
Emergency care	$20
General restorative care	$20-$80
Dentures	25% of DVA
Specialist care	30% of DVA

DVA= Schedule, Department of Veterans Affairs.
Source: Department of Human Services (Victoria)

The demise of the CDHP has had a number of quite specific effects in Victoria upon low-income people. The purpose of this Bulletin is to explore those effects from the perspective of people living on low incomes. This exploration intends to highlight two key questions:

- First, whether the introduction of the co-payment acts as a barrier for low income people in terms of access to affordable and timely treatment.
- Second, if the revenues raised by the co-payments are sufficient to maintain the level of services that pertained under the CDHP and, if not, the possible impact this may have upon waiting times for treatment.

Percentage of people having extractions by reason for last visit, among dentate adults whose last dental visit was <12 months ago



Dentate = has own teeth
Source: AIHW Research Report No.3 (1996)

WHO WE SPOKE TO

In order to obtain first hand knowledge of the dental health experiences of people living on low incomes we organised five small group discussions (and two individual interviews) with a total of 36 people (22 women, 14 men). The participants were recruited through three main services: the Brotherhood's Just Essentials (a material aid service in Frankston), Prahran Mission (a psychiatric disability support service) and the North Yarra Community Health Service (with group discussions held at its Fitzroy, Collingwood and Carlton centres).

Most of those interviewed came from inner Melbourne suburbs. However, some also came from the southern and western metropolitan areas. Twenty-one of the participants were single, eight were married or in defacto relationships and seven were sole parents. Under half the participants (14) had dependent children. Participants ranged in age from 17 to 71 years.

All but one of the participants had a health care card and received some form of Department of Social Security pension or benefit. The most common payment was the Disability Support Pension (14) followed by Newstart Allowance (7), Sole Parent Pension (6), Age Pension (5), Mature Age Allowance (1) and Austudy (1). The main source of income for two of the participants was paid work, one of whom was on a low income and received a level of Family Payment sufficient to qualify for a health care card. None of the participants had private dental insurance.

THREE OF THE PARTICIPANTS

Nancy is a sole parent in her mid 30s with six children aged six to 15 years of age. Her dental heath problems include a dental plate that needs replacing and two broken teeth that need to be capped. Since the co-payment has been introduced she will no longer seek public dental treatment for herself, although she will try to find the money to have her children's teeth fixed.

Hilary is a single woman in her early 50s. She receives a Disability Support Pension. Because she has diabetes, Hilary suffers from abscesses, loose teeth, gum disease and has chronic teeth and gum infections which she feels are 'weakening' her heart. She cannot afford private dental treatment and she has been unable to get the intensive ongoing assistance she needs through public dental services. She related being distraught by the treatment she received at the Dental Hospital. She describes herself as being 'desperate' about what to do.

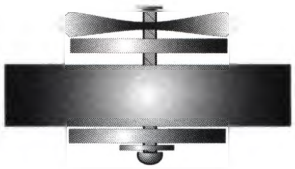
Mike is a single 50 year old man with a history of psychiatric illness. He describes his teeth as being 'perfect' before taking medication for his illness, and still attempts to look after his teeth with regular brushing and flossing and eating apples. He now describes his teeth as 'rotting' and being in a 'crumbling' condition as well as experiencing 'incredible pain'. He needs to have his molars extracted. He uses the services of the Dental Hospital and is currently on their waiting list.

The major issues raised by participants were:

- their poor dental health;
- the cost of dental services;
- difficulties in gaining access to public dental services; and
- variability in the quality of dental treatment.

Their experiences, in their own words, are provided in this Bulletin.

WHAT PEOPLE TOLD US



DENTAL HEALTH AND LOW INCOME

Most of those interviewed expressed concern about their poor dental health; these concerns involved loss of teeth, gum disease and frequent pain. The reasons for their poor dental health varied considerably and included long-term financial disadvantage, other major health problems that affected their teeth and, for a few, the use of medications such as psychotropic drugs which directly caused dental decay.

Results of long-term disadvantage

Several of the participants reported having experienced long-term dental problems as a consequence of having grown up in disadvantaged families.

I grew up in a poor family and we never really went to a dentist unless it was very urgent and that was to the Dental Hospital. I've got very little teeth and what I've got now nearly all of them need a filling. I've got a broken one that I feel's infected. I'm on the waiting list at [the Community Health Centre]. They told me two years.

I've got my top teeth out and false [teeth] put in because they were rotten. Later on I got my bottom teeth out, and I couldn't afford to put them [false teeth] in because I didn't have any money. So I ended up with no bottom teeth ... I was sixteen [when I had them out] because all my top teeth, they went rotten.

Inadequate income produces poor dental health

Other participants related their poor dental health directly to their current socio-economic status.

I haven't been to the dentist for eight years. The last time I went, they pulled two teeth out and told me to go and get braces. But I had to get private cover for that and then wait 12 months and then they were only going to pay for half of it ... I was unemployed at the time, so I didn't have the money for it. I haven't been since.

It was wonderful up until three years ago. My wife and I were both in good employment and our house payments were $500 per fortnight. And we managed with a struggle, but we managed it. But my wife was made redundant and my boss closed his business and we switched immediately in our total income — which is now the Age Pension. My wife has been for dental treatment since the new scheme when she has to pay $20 ... on two occasions she had to cancel her appointment because the $20 made a big difference at that particular time. Then she made a new appointment and ... had to cancel it later on.

Low income and chronic ill-health

For a number of the participants, trying to survive on a low income while having to take regular medication for chronic medical conditions had had a specific and direct impact upon their dental health.

I've got diabetes and had it for three or four years. Three or four years ago I had all my teeth, part of being diabetic is having periodontal disease and that means I've permanently got abscesses and loose teeth and gum disease ... So I sought of feel kind of desperate because I've got loose teeth, pain, I'm living on the edge of a precipice. I know it's weakening my heart having chronic infections, diabetes weakens your heart anyway, so I've got a duty to myself to get treated.

I had a lot of problems — psychological problems — and I was very depressed and I came out with phobias and didn't leave the home ... I found my teeth actually deteriorated rapidly when I was beginning to take medication. And I possibly had three or four different types of medication I had to change to through the last 10 years. The reason why I believe that my teeth have deteriorated because of the medication is because before I was taking any, I didn't suffer from any sort of dental problems ... My two back molars also totally disintegrated. One day I was just eating something and one just totally disintegrated. I could just feel the crunch. It was a bit of a shock. That was the first one. The second one was similar to the first, but further down the track. And my gums sometimes flare up too ... I really believe that I couldn't afford to seek any type of treatment.

My teeth just started to rot and crumble and decay. The teeth just break and they [dentists] just don't have to fill it, they've got to do root canals plus build the teeth up again or take the old teeth [out] because they've gone ... It's from reflux as well as from the medication, it can rot your teeth because of the acid ... I've been on four lots of medication, some are worse than the others ... Because you're on this medication they all go at once, you can be in incredible pain and embarrassment, the two teeth at the front just actually fell out, just broke off and fell out.

I have to go for antibiotics every time because I've got a heart murmur. The dentist won't do any work on me unless I do. And that takes more money and you've got to change antibiotics every time you go. So you've either got to take it over a period of time — a high dosage — or you take this liquid an hour before which makes you sick for a couple of days after. It's absolutely putrid and it really upsets your stomach. But they won't touch you because of the heart murmur and infection.

THE COST OF DENTAL SERVICES

The cost of private dental treatment was prohibitive for all participants, though a small number had used private dental services in the past when their financial situation had been better. The impact of the new charges for the previously free public dental services

WHAT PEOPLE TOLD US

did vary. Some had no major difficulties with the fees, others economised on goods and services or went without food to pay for it. Some went without treatment altogether or delayed it because they could not afford it, thereby leading to greater problems later on.

Private treatment too costly

Low-income people now find themselves in a very difficult position where they cannot afford to pay for private treatment and yet are also finding it harder to afford public treatment since the introduction of the co-payment.

I've got about 10 holes in my teeth, I got told, which I need to get ripped out — especially the back ones. But two years ago I went private for one of my back teeth, being in a lot of pain, and that cost me $500 and that's including metal caps ... After that I went to the Community Health Centre ... I got in within six months for emergency [treatment].

I've got two root fillings that I need plugging that I can't do because I haven't got the money [for private treatment] so ... again, you've got to wait about 12 months or something to get into the Royal Dental [Hospital].

When I was working I was okay then ... .at least if I was in pain I could go to the dentist, and pay for it. But since I became ill I couldn't keep a job.

Fees for public services

When the CDHP was abolished, the Victorian Government introduced fees for public dental services in order to maintain a similar level of services to those provided when the CDHP was operating. Many of those interviewed said that they would not be able to use public services any longer because of the charges; others said that they would sacrifice their own dental health in order that their children received treatment.

I'm a supporting parent, I have two children. Until now because of the free dental service I've been able to keep their teeth looking absolutely wonderful. But with this paying system, unless they're really in pain it's going to be difficult to take them in. Last year I went myself because I suffer from gum problems as well, and I was always seen at the Royal Melbourne [Dental] Hospital over something like eleven years ... Since that's [free treatment] stopped I'd only go in when I was in severe pain and because of that I've lost two front teeth.

I need some work done on a couple of back teeth, and also the two front teeth ... so I've been thinking of getting it done, but when I heard about the charges it would be virtually impossible to get the money together to have them seen about.

Since the payment, obviously you've got to pay all the time, you don't go in to see them, and even the dentists think twice about giving you another time. They actually apologise to you at the Dental Hospital, they really apologise to you when they ask you to come in.

If it was for me, I wouldn't worry about [getting treatment] but for the kids, fair enough. You can always find some money for them. But when it comes to yourself, you just don't bother looking.

Financial impact of fees

Participants also explained that paying fees would mean going without other important items.

It [$20] means a lot, especially if you're on a pension, $352 a fortnight we get. Out of that, my auntie and I we pay rent, we buy our food and a few bits and pieces, pocket money for ourselves. Then if I have to pay for the Dental Hospital that cuts back on anything I need during the week for myself.

There's always something that comes up — the washing machine needs fixing or the fridge packs up or the necessities in the household.

Now, the $20 is half of an 'Easy Way" payment for the light. I'm two or three [payments] behind. But the payments that we pay are $40 instalments ... if you've got $20 and you've got an appointment at the dentist in three days time, and something crops up, you might use some of the $20 or something along the way. We won't always be as badly off because the house will be finished — it needs to be at my age. But at the same time, sometimes $20 is a fortune. The day you get your pension, or perhaps the day after, perhaps it doesn't count so much but at the end of a fortnight it might make a big difference.

WAITING TIMES

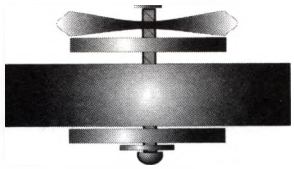
Apart from cost considerations, the main problem limiting access to public dental services was lengthy waiting periods for treatment. Many participants appeared to delay dental treatment until they were in pain. This was often because they found it difficult to afford services; but delay also reflected the waiting times they encountered. Thus, people living on low incomes frequently find themselves in a 'Catch-22" situation whereby they cannot afford private treatment when they first realise they have a dental problem and so seek treatment in the public sector but by the time they manage to see a dentist their dental health will have deteriorated. A number of participants contrasted access to the public system unfavourably with the private system.

Waiting for treatment

Participants spoke of the frustration of having to wait for badly needed dental treatment.

When I was working I was dental insured so there was never any problem, you could ring up at any time and get an appointment at any time ... in contrast to the present situation where I have to, because I'm unemployed, now visit the community health

WHAT PEOPLE TOLD US



system ... When you can get access it's very good, I find, excellent, terrific treatment, but it's so hard to get access. I found, every obstacle is put in your way, you've just about got to be dying.

If we were able to get easier access to the dentist who will give us a thorough check up, who will follow up — not 12 months later when our teeth are even worse, I'm sure everyone here would probably have done something about the pain, without the expense and the stress.

I have more confidence in that it [private dentist] will be available when I need it ... whereas I don't have any confidence in the public sector, like when you need the service you've just got to wait a long time and I'm just not prepared to do that.

I rang up and I harassed them 'cause I had had it [problem with wisdom tooth] for about a year and they said. 'Oh ... we're going to put you on the waiting list' ... Then I started ringing them up all the time saying I was in pain ... I got in and got it ripped out and it was done.

I had two fillings done at the Community [Health] Centre. I had them cleaned and in the middle of it I had to have a wisdom tooth extracted. I'm hoping to get one that's been knocked out and one that's been pulled out filled in ... there is a 12 month waiting list in [Community Health Centre] as far as I know, it was four months but they increased it to 12.

The waiting periods are too long, I would like the waiting period to be cut down. When she [daughter] went to the hospital she had to wait for a very long time and they weren't very attentive towards her and that was very bad for her because she didn't like it.

Consequences

The long waiting times, in conjunction with not being able to afford private treatment, meant that a number of participants we spoke to either used their doctors or sought alternative methods of pain relief. Doctors, however, can only treat the symptoms — not the cause — of dental problems.

The doctor was sympathetic, he was understanding of the situation because he — the doctor — when I started having these abscesses ... he took my situation down ... he knew my medical history as far as being ill and all that and he did suggest to me to go to the dental hospital ... and when I would go to him, I was in extreme pain ... Like, I mean, I would listen to him but I just wanted a prescription to get rid of the pain.

I used to go to the chemist to get some Codeine or something and just pack it all up — some drops — anything at all.

Yes, once the abscess has started to come up you end up with pus on your gum. I started rinsing with salt water because I knew that would ease the pain.

I just don't go [to the dentist]. I'll take aspirin, I'll take Panadol. I'll take whatever rather than go to the dentist because I can't afford it.

I've tried cloves with hot water. Putting it on and swilling it around. It numbs your gum for a while, gets rid of the pain. I was going to bed in pain. In between times, things are breaking down.

Other access problems

Participants mentioned a range of other factors adversely affecting their access to public dental services, including health and transport difficulties.

No, I haven't [recently used dental services]. The reason for that is that when I was ill I wasn't thinking logically at all ... If I really thought about it, I was in that much agony I should have gone, but I was just totally catatonic and that's really my reason for not going to a dentist.

I just find it's a bit of a hassle to get down here to the dentist at the health centre. I have to rely on public transport. I live in North Frankston. I can get up to the top of Frankston but I have to walk from there ... It's a journey that turns you off.

The only time I've been told to go to the Dental Hospital is if all their [Community Health Centre] emergencies are booked out and they send you up for an emergency — if you can't cope with the pain — to go to the Dental Hospital. But I always think I can't afford the time, in between school hours, petrol — you just can't get back in time.

QUALITY OF DENTAL SERVICES

Most participants' experiences of public dental services related to the Dental Hospital or Community Health Centres. Some participants had particularly good experiences in using these services and were very satisfied with the quality of treatment they received. The main contrast made between private and public dental services concerned the poorer access, lack of choice of dentists and lack of continuity of care in the public system.

Private dental services

Participants reported both positive and negative experiences of private dentists.

So the next ones I had out at [a private dentist] and he's wonderful, local, and adjusts his fees, and really tries to be helpful. But still it cost a lot of money and I had to have a plate and then I need more teeth out and that costs more ... I've had to pay over $10,000 and it's taken me about 3 years to pay off.

I actually bled when I went to the private one two years ago and she's [daughter] screaming and carrying on and I was in very bad pain. That was my back tooth and that was two years after I had it capped and it's one of the teeth I had to get out ... There's no guarantee when you have it done privately.

WHAT PEOPLE TOLD US

Community Health Centres

In Victoria, the restructuring of public dental services has led to a decline in emphasis upon the Dental Hospital as a general source of treatment and an increase in emphasis upon service delivery in local areas through Community Health Centres. Experiences varied but participants were generally pleased with both the quality of the service and the accessibility in terms of location.

My teeth are healthy, thanks to the Commonwealth scheme which has since been abolished. I came here, I waited for about five or six months originally and I had four separate visits for fillings, there may have been five or six fillings altogether, and they were done successfully. It was wonderful.

I came up then and got the tooth done and they discovered several other fillings that needed doing and it was over a period of seven or eight weeks and they were done. Then I got a letter early last year for a check and there was nothing needed doing again, and I've had no trouble since and haven't been to a dentist since.

Well, I've always had good teeth ... I had a real sore tooth ... Two or three days, waiting, in pain, I had no pain-killer, I had no money on me and I couldn't get any treatment from a GP or hospital ... She [dentist at Community Health Centre] said 'what's wrong' when I made a noise. She said 'have you got pain' and I said 'yes I've got pain' and she put another needle in and she does a good job, she always does a good job.

The one at the Health Centre to be honest was a very good dentist and I was very happy with him, but I don't believe all the dentists are the same. I've heard from some of my friends that they [other dentists in the service] really hurt them.

On the whole, I've found the [Community Health Centre staff] are very helpful. One particular dentist I see regular, he's excellent, good dentist on your teeth. I managed to get a relieving one and my cap broke and I had to go back and fix it again.

So I had those two fillings fixed by a female dentist there [Community Health Centre] and within two weeks that one had fallen out, and that one had broken away, so I had to ring up and say: 'look the dental work I had done has fallen out, can I come back'? So they put me back in pretty much straight away and I had another dentist and he was quite good, and this filling has stayed put, and so has that one. My teeth are okay at the moment.

The Dental Hospital

Participants' experiences of the Dental Hospital were quite different from Community Health Centres. These differences related partly to the fact that they were there for emergency, rather than general, treatment and were therefore more likely to be in pain. They also related to being within a large, and somewhat impersonal, organisation.

I had my first tooth out at the Dental Hospital, it was the most horrific experience. I vowed I'd never do it again, I got there first thing in the morning and I wasn't seen 'til 4.00 pm and I had nothing to eat and was really quite severely ill by the time I was seen, and they broke it [the tooth] as they took it out. They X-rayed it and they couldn't work out which tooth needed taking out and proposed to take out two to be safe. So you know it was really just ghastly

Well there were six chairs in a row in the Dental Hospital with these little curtains between them and you can see everyone with their feet up and their mouths open, terrible, the atmosphere is so demoralising, I cried for days afterwards. I had blood and tears going down into my ear while I was lying there.

When I was a child I was very frightened. Going to the Dental Hospital was like a regular thing — there was always another big hole in my tooth. And very rough — when I was a child they were very rough. I used to see people in the hallways — grown people — crying, scared to go in. And that fear was in me.

I went to the Dental Hospital it was New Year's Day, I had a real bad toothache, I was in real bad agony. I went to the counter and the lady said 'what's wrong'? I said I've got a real bad toothache, that needs to be pulled. I felt like I was going to grab someone around throat and just strangle them and then I had to wait six hours just to get it pulled out. Well, they should have had a couple more people working there, there was a lot of people just sitting there in agony for one dentist to pull one tooth out.

[I] bang my head against the wall until I'm ready to go into the Dental Hospital, then you've got to be there early because of the public transport, have to get a tram all the way up and have to get another tram to drop you outside. Then you've got to queue up [for] six hours.

PUBLIC DENTAL WAITING TIMES IN VICTORIA - DECEMBER 1997

Type of assistance	No. of people waiting	Average waiting times
General dental care	119,300	19.6 months
Dentures	16,110	21.3 months

Source: Dental Health Services Victoria

IMPLICATIONS

THE FUTURE FOR PUBLIC DENTAL HEALTH SERVICES

The experiences recounted in this Bulletin provide illustrations of the poor dental health of people who cannot afford effective treatment and prevention services. These are individual stories of pain and suffering, associated poor health and low self-image. When combined with Victorian and nation-wide data they provide a picture of public dental services that are unable to meet the level of demand within the community. The table on the previous page gives an illustration of the times people are having to wait for public treatment.

Of particular concern are the inefficiencies which are associated with lack of access to affordable and timely dental treatment. This has resulted in additional costs to the public sector because of the fact that so many people living on low incomes seek dental pain relief from their local doctors instead of gaining access to the dental treatment they require at that time. When people do finally get to see a public dentist it means that public funds have already been expended through the Medicare system. Whilst we are unable to quantify the amount of Medicare funds expended on pain killers and antibiotics for dental problems, this is an issue which requires urgent attention because of the Government's concerns about rising Medicare costs.

In our submission to the recent Senate Inquiry into Public Dental Services the Brotherhood argued that there needs to be established a national dental program which:

- is targeted at particularly vulnerable groups within society, for example low-income people, sole parents and people with disabilities;
- can ensure continuity of care for young people who are making the transition from school dental services; and
- can respond in the short to medium term to the backlog of dental health needs of those older adults who have experienced long-term disadvantage.

To implement such a program, Commonwealth funding should be available for:

- the expansion of public dental services, through such measures as intern schemes, to cope with the anticipated longer-term but more stable demand from low-income people;
- the inclusion of private dental practitioners in a capped, targeted scheme to overcome the immediate demand for services; and
- the investigation of the potential for the expansion of Medicare, with additional contributions, for the provision of non-cosmetic dental services.

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