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TIME FOR A NEW COMMONWEALTH DENTAL HEALTH PROGRAM

It is almost a decade since the cessation of the Commonwealth Dental Health Program (CDHP). Introduced in 1994 and lasting for a period of two years, the CDHP was lauded for its many achievements which included:

- improving access to dental care for people on low incomes;
- demonstrating the capacity and willingness of public and private sector dentists to work together to achieve positive oral health outcomes; and
- highlighting the benefits of leadership by the Commonwealth Government.

Waiting lists

An evaluation of the CDHP¹ found that it significantly reduced waiting lists for publicly-funded dental care. Before the introduction of the CDHP 47.5% of those with health care cards waited less than one month for care while 21.1% waited for more than 12 months. Following the introduction of the CDHP, 61.5% waited less than one month and only 11.3% waited beyond one year. This was achieved for a relatively low cost (approximately \$100m per year), however, with cessation of the CDHP waiting lists grew significantly. Estimates put the growth in waiting lists between 20%² and 55.42%³ in the 12 to 24 months after the CDHP ended. Today, it is estimated there are over 600,000 people on public dental waiting lists in Australia, with waiting times, in some areas, stretching beyond three years.⁴

Current situation

In recent years a series of reports have highlighted the poor oral health of certain groups relative to the broader population. This has been referred to by Spencer⁵ as the 'polarisation of oral health' in Australia. These groups include people disadvantaged by their socioeconomic status,⁶⁻⁸ Aboriginal and Torres Strait Islander peoples,^{9,10} older people,¹¹ migrants¹² and people living in rural and remote areas.¹³

As well as these inequalities in oral health, recent

research suggests a reversal of the positive progress Australia made in child oral health in the early 1990s.^{14,15} This comes at a time when the link between oral health and disease and general health and disease has been clearly established.¹⁶

A question of responsibility

Despite this, Commonwealth and State/Territory Governments have consistently argued that responsibility for dental care lies with the other party. For example, the leader of the Opposition and the Shadow Health Minister have argued:

*"The Minister for Health, Tony Abbott, has called dental services a 'nightmare' ... He knows full well dental services are a Commonwealth responsibility under the Constitution ... It is time the Howard Government stopped trying to pass the buck and showed the national leadership necessary to get Australians the dental care they need and deserve."*¹⁷

On the other hand, the Prime Minister has argued:

*"Now [dental care] has traditionally been an area of State responsibility. It has never been [a Federal responsibility] until ... one programme that was introduced by the former Government as it has always been an area of State responsibility."*¹⁸

What needs to be done?

The ADA urges the Commonwealth Government to take a leadership role in the provision of targeted oral health care to Australia's most disadvantaged groups.

Evidence is strong that:

- many people have difficulty accessing dental care and this is detrimental to their oral health and general health; and
- a program, such as the CDHP, improves access to dental care for those Australians genuinely in need.

The ADA has identified what is required and would be happy to work with the Commonwealth Government to formulate a comprehensive plan.

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