

ORAL HEALTH AND PEOPLE WITH SPECIAL NEEDS

Whilst the oral health across the Australian general population over the last 20 years has seen overall improvements, the gap between the oral health status of the advantaged and the disadvantaged is substantial and increasing. People with special needs experience much higher levels of oral disease with considerably less access to treatment, yet it seems little is being done by Governments to redress this.¹

“*Special needs* refers to people with intellectual or physical disability, or medical or psychiatric conditions, that increase their risk of oral health problems or increase the complexity of oral health care.”²

As special needs patients often lack the resources to obtain appropriate dental treatment, Governments must ensure that these patients are targeted for publicly-funded services as this group deserves the best possible health and dental care.

Australia’s National Oral Health Plan highlights the following points:³

- Approximately 2.4 million people are aged less than 65 years of age in Australia with at least one disability or long-term health condition.⁴
- 6% of Australians are reported to have severe/profound disabilities.⁵
- Whilst there is no published data to support accurate estimates of the numbers whose disability would increase the risk of oral health problems or the complexity of oral health care, expert opinion estimates that around 1 million people would be in the “special needs” category for oral health.
- People with special needs experience higher levels of oral health disease and poorer access to oral health care than the general population.
- For many people with special needs, socio-economic disadvantage adds to their risk of oral disease and difficulties in accessing dental care.
- Access to dental care is difficult for those with special needs, particularly for those in community-based housing.
- Treatment can also be more difficult when care is obtained due to complex medical conditions, physical and behavioural barriers to oral health.

The current situation

Special needs patients have been identified as having inequity in access to oral health care and these barriers have been established. The dental professions’ limited ability to provide care to certain special needs groups exacerbates this inequity in access to care in so far as currently special needs groups are receiving predominantly emergency care, not general dental care.

The situation is further aggravated as treatment required by many special needs patients is beyond the capacity of the private surgery setting of dental practitioners. More patients are therefore requiring treatment through hospital admission or under general anaesthesia (GA). Public sector health services information has revealed there is limited access to GA facilities/theatre sessions/specialist anaesthetist staff often required to provide such treatment.

Public sector oral health services are state funded, with no dedicated funding for special needs patients. Very limited reimbursement is currently available for patients with chronic conditions or complex care needs through the Enhanced Primary Care Scheme. However, a Parliamentary inquiry was recently told that chronically ill patients could miss out on federally subsidised dental care if they were too sick to sit in a dentist’s chair.⁶

Under a federal government scheme likely to commence in November 2007, persons with a chronic or complex illness will be able to access up to \$4,250 of dental care every two years on referral from their Medical GP. The Department of Health and Ageing has confirmed the scheme will not cover any treatment carried out in public hospitals, making

special needs patients ineligible for their treatment under this Scheme.

The ADA is appalled at this outcome as special needs patients whose needs to access dental care is greater and who are already finding it increasingly difficult to receive the complexity of treatment required are now ineligible for benefits under this Scheme.

What can be done?

To ensure people with special needs can enjoy improved oral health the ADA calls for additional government funding directed to the delivery of dental care to this group by:

- Training carers/health workers in oral hygiene and diet for people with special needs.
- Funding dentists and hygienists to provide dental services for people with special needs in clinics, institutions and in their homes.
- Subsidising such dental treatment in private practice.
- Building special facilities.
- Educating and developing the capacity of the dental workforce (including fostering of a multidisciplinary approach) to provide care to people with special needs.



References

1. National Advisory Committee on Oral Health (2004) Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013, p 31.
2. Ibid, p 30.
3. Ibid, p 31.
4. AIHW 2003a in Ibid, p 31.
5. AIHW, 2007.
6. Transcript of evidence taken by the Senate Standing Committee on Community Affairs hearing, 27 August 2007 – Health Insurance Amendment (Medicare Dental Services) Bill 2007.

