

Close the Gap: dentistry

Enhancement of public dental services will improve dental care to the most disadvantaged

Aboriginal and Torres Strait Islander peoples have higher levels of dental disease, including more untreated tooth decay and gum disease, than other Australians. Those who do receive treatment have fewer preventive appointments and many more extractions. The impact on general health of dental disease is significant. When inadequately treated, dental diseases can result in higher rates of malnutrition, low birthweight, preterm births and cardiovascular disease. Many Indigenous Australians have insufficient teeth to eat nourishing foods.

To close the gap in oral health for Indigenous Australians requires:

- fluoridation of community water supplies;
- more Indigenous dentists, dental therapists and dental hygienists;
- coherent oral health promotion strategies and an Indigenous oral health dataset; and
- high-quality, comprehensive and culturally appropriate oral health care services organised and coordinated on a regional basis.

These goals require federal government resources and coordination.

The proposal of the National Health and Hospitals Reform Commission to provide Medicare funding for dentistry will not help close the gap. Schemes based upon universal access, such as



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Medicare, do not serve disadvantaged groups well. Pharmaceutical Benefits Scheme data, highlighted by the Close the Gap campaign, show per-capita spending on Indigenous health to be half that of spending on non-Indigenous health, despite an incidence of ill health three to four times higher for Indigenous Australians. Medicare-funded dentistry will primarily benefit the better-off in Australian society, and Indigenous Australians will be, in relative terms, further disadvantaged.

To provide dental care to the most disadvantaged, current government spending of \$1.5 billion on dentistry must be used to build up public dental services. Funds made available by ending the Medicare Enhanced Primary Care dental program, the Medicare Teen Dental Plan, and the private health insurance rebate would, along with existing resources, enable the reinvention of public dentistry.

Indigenous Australians could then access the culturally appropriate, comprehensive, high-quality care that ought to be a hallmark of public dentistry.

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