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## AMA submission into the Provision of and Access to Dental Services in Australia

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### Introduction:

The Australian Medical Association (AMA) welcomes the opportunity to make a submission to the *Inquiry into the Provision and Access of Dental Services in Australia*, being undertaken by the Senate Select Committee into the Provision of and Access to Dental Services in Australia.

Good oral health is important for our overall health and wellbeing. Having a healthy mouth allows us to eat and speak without pain and discomfort and allows us to confidently show a wide range of emotions in social settings.<sup>1</sup> Yet, a significant proportion of the Australian population have experienced oral health problems, particularly tooth decay.<sup>2</sup>

Australia consists of many diverse communities, with differing needs in relation to their health. The AMA notes that that a person's health is shaped by the social, economic, cultural, and environmental conditions they live in. Health inequities typically arise because of inequalities within society, they are avoidable and can be associated with forms of disadvantage such as poverty, discrimination, and access to goods and services.

In order to achieve health equity, the focus must not only be on treating disease and modifying risk factors, but on the underlying social determinants of health that influence population health and wellbeing. To counter potential inequities that can arise from the social determinants of health, Commonwealth, State and Territory governments must collaborate and devise targeted investments and programs that provide health care service that are designed based on need.

Our submission is responding to the following Term of Reference:

**g. pathways to improve oral health outcomes in Australia, including a path to universal access to dental services.**

The AMA takes this opportunity to restate the primary calls made in our 2019 [Report Card on Indigenous Health](#) *NO MORE DECAY: addressing the oral health needs of Aboriginal and Torres Strait Islander Australians* (Report Card).

At the time, we urged governments to improve the oral health outcomes of Aboriginal and Torres Strait Islander people in Australia and this call remains relevant in 2023. Aboriginal and Torres Strait Islander children and adults have much higher rates of dental disease than their non-Indigenous counterparts and are also less likely to receive the dental care that they need.<sup>3,4</sup> The social determinants of health, such as poverty, racism, and colonialism contribute to a large proportion of the oral health gap between Aboriginal and Torres Strait Islander people and their non-Indigenous peers.<sup>5</sup>

Fundamentally, governments must ensure that Aboriginal and Torres Strait Islander peoples have access to affordable, culturally appropriate<sup>6</sup> oral health care programs. Many Aboriginal and Torres Strait Islander consumers rely on public oral health services, where they exist. However, the availability of these services depends on government funding, which is often short-term. Consequently, a significant proportion of high needs population groups live without regular dental care, which has adverse health outcomes.

The AMA reiterates our five main recommendations from the 2019 Report Card, that if enacted, would help improve the oral health of Aboriginal and Torres Strait Islander people in Australia:

#### **Water Fluoridation**

- Governments must commit to a minimum standard of 90 per cent population access to fluoridated water.

#### **Dental Workforce**

- A strategic approach and additional investment are required to increase Aboriginal and Torres Strait Islander participation in the dental practitioner workforce.

#### **Oral Health Promotion**

- Australian Government investment in oral health promotion should be reinstated and evidence-based initiatives implemented.
- The Australian Government should introduce a tax on sugar-sweetened beverages.

#### **Data**

- The availability of comprehensive oral health data for Aboriginal and Torres Strait Islander people must be improved to enable effective monitoring and performance measurement.

#### **Service Provision**

- Service models must be developed and implemented in collaboration with Aboriginal and Torres Strait Islander peoples and communities.
- Funding arrangements must reflect the varying costs of providing services in regional and remote areas.

Evidence of the links between poor oral health and general health also continues to mount.<sup>7</sup> For example, dental caries and periodontal disease is linked to increased risk of heart disease, including cardiovascular disease (CVD) and endocarditis, stroke, pregnancy and birth complications and pneumonia.<sup>8</sup> Prevention and treatment of poor oral health is particularly important in those with chronic kidney disease (CKD), with Aboriginal and Torres Strait Islander Australians almost 2.8 times as likely to die with CKD as a cause of death than non-Indigenous Australians.<sup>9</sup> This highlights that universal dental services must be accessible to Aboriginal and Torres Strait Islander communities.

The AMA asks the Standing Committee to consider the full suite of recommendations made in the 2019 Report Card (attached) to ensure that Aboriginal and Torres Strait Islander Australians have access to preventive dental care as well as affordable and culturally appropriate treatment and services.

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<sup>1</sup> Healthy Mouths Healthy Lives – Australia’s National Oral Health Plan 2015-2024, Retried 20/02/23 from: [http://iaha.com.au/wp-content/uploads/2016/02/Australias-National-Oral-Health-Plan-2015-2024\\_uploaded-170216.pdf](http://iaha.com.au/wp-content/uploads/2016/02/Australias-National-Oral-Health-Plan-2015-2024_uploaded-170216.pdf)

<sup>2</sup> AIHW (2023) *Oral health and dental care in Australia*. Retrieved 17/04/23 from: <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/about..>

<sup>3</sup> AIHW (2023) *Oral health and dental care in Australia, Aboriginal and Torres Strait Islander Australians*. Retrieved on 17/04/23 from: <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-australians> .

<sup>4</sup> Ibid.

<sup>5</sup> Ha DH, Xiangqun J, Cecilia MG, Jason A, Do LG, Jamieson LM. (2016) Social inequality in dental caries and changes over time among Indigenous and non-Indigenous Australian children. *Australian and New Zealand journal of public health*. 2016;40(6):542-7.

<sup>6</sup> Australian Medical Association (2021) *Cultural Safety*. retrieved 17/04/23 from: <https://www.ama.com.au/articles/ama-position-statement-cultural-safety-0> .

<sup>7</sup> ADA (2019) *The Australian Dental Health Plan* retrieved: <https://www.ada.org.au/Dental-Professionals/Australian-Dental-Health-Plan/Download-your-copy-of-the-Dental-Health-Plan/Australian-Dental-Health-Plan-2019.aspx>

<sup>8</sup> Australian institute of Health and Welfare (2023) *Chronic Conditions and oral health*. Retrieved 22/05/23 from: <https://www.aihw.gov.au/reports/dental-oral-health/chronic-conditions-and-oral-health/contents/summary>

<sup>9</sup> Australian Institute of Health and Welfare (2023) *Aboriginal and Torres Strait Islander Health Performance Framework- kidney disease*. Retrieved 22/05/23 from: <https://www.indigenoushpf.gov.au/measures/1-10-kidney-disease>