CHF Australia's Health Panel

RESULTS

Results of Australia's Health Panel survey on dental and oral healthcare in 2023

April 2024

Consumers Health Forum of Australia (2023)
Results of Australia's Health Panel survey on dental and oral care in 2023,
Canberra, Australia

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Contents

Introduction

Oral health is integral to overall general health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment. Dental conditions and oral diseases place a considerable burden on individuals, families and the community. According to recent data, in 2021-22 approximately 78,800 people were admitted to hospital due to preventable dental conditions, including 29,381 children aged under 15 years[1]. This places a huge burden on consumers, carers and the broader healthcare system.

On 8 March 2023, the Australia Senate established a 'Select Committee' to examine the provision of and access to dental services in Australia. This Committee was tasked with understanding the current issues with dental and oral health care in Australia and recommending solutions to those problems.

> *"Dental is cost prohibitive for majority of people. In Australia we are reactive and not proactive in preventative health measures. If basic dental care would be financially accessible to everyone, it would be cost effective for the economy & improve quality of life in reducing associated long term health complications."*
>
> *— AHP Panellist*

Method

The findings in this report were obtained through Australia's Health Panel (AHP); an initiative of the Consumers Health Forum of Australia (CHF). AHP is an interactive platform that is dedicated to collecting the views of Australians about the state of the nation's healthcare system. It was designed to survey the general public on a range of current and topical health issues to assist CHF in their health policy advice and advocacy.

Participants are registered to the online platform and receive a notification via email when there is a new survey available. This is an opt-in panel, and registered members can complete any number of the surveys that are available throughout the year.

In April 2023, we asked Australia's Health Panel what their experience had been getting dental or oral care and what their views were on the issues and solutions facing the provision of this care. For the purposes of this survey 'dental and oral care' was defined as referring to health care delivered by a range of different practitioners including dentists, dental specialists, dental therapists, dental hygienists, oral health therapists and dental prosthetists.

[1] Australian Institute of Health and Welfare. 2023. Oral health and dental care in Australia. *Australian Institute of Health and Welfare*.

Demographics

This survey was completed by 221 panellists, of whom 70% identified as female. A minority (12%) were aged 26-45 years, with most aged 46-65 years (42%) or 66+ (41%). Panellists came from every state and territory (see Figure 1) and mostly lived in major cities of more than 250,000 people (53%), with 30% living in regional areas and 10% in remote areas.

Panellists reported being generally healthy; most reported they were in good (45%) or fair (25%) health with only 11% reporting they were in poor health. One per cent of panellists identified as a First Nations person, 6% as LGBTIQA+, 3% as being from a culturally or linguistically diverse background, 14% as a person with a disability, 11% as a person with a mental health experience and 28% as a person living with a chronic illness.

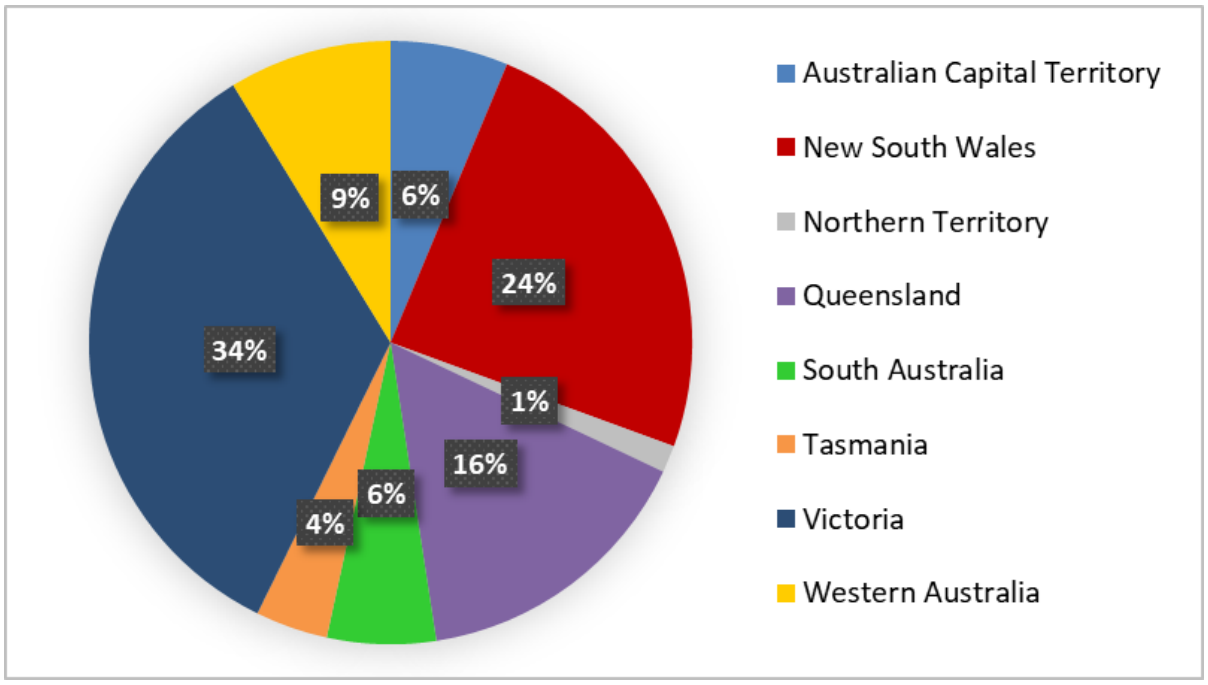

Figure 1- State of residence of participating panellists (n=221)

Personal Dental Experience

The majority of panellists (79%) had attended a dental or oral healthcare appointment within the last 12 months, most of whom (87%, n=151) had visited a private provider. A minority (11%, n=19) visited a public provider, such as a State or Territory funded facility, and Aboriginal Community Controlled Health Organisation or the Royal Flying Doctor Service.

Most panellists (60%) reported that their most recent dental visit was for a regular check-up. Those using the public system were far less likely to report that their last dental visit had been for a check-up (32%), compared to those who visited a private provider (65%). Users of the public system were more likely have attended their most recent dental appointment because of a problem, such as for a planned procedure, or due to pain.

What prompted your recent dental or oral care visit?	All (n=174)	Private Provider (n=151)	Public Provider (n=19)
It was a regular check-up	60%	65%	32%
It was a planned procedure e.g. filling, tooth extraction/removal	14%	14%	21%
I had pain or a toothache	12%	10%	26%
Other	12%	11%	21%

Table 1. Reason for dental visit for private and public patients

Affordability

Panellists who had attended a dental appointment in the past year, were asked how affordable their most recent visit was. Over a third (37%) of all panellists reported that the service was 'just affordable', while 29% reported difficulty in affording the service.

Around half (53%) of the panellists who attended public providers had the service provided for free. Almost a third (32%) found their public dental service to be either easy to afford or just affordable, while 16% found the service to be difficult to afford. Notably, panellists who had seen a private provider were much more likely to report difficulty affording the service (see Figure 3), even though the majority of (61%) also had private health insurance that paid for all or some of the cost (see Table 2).

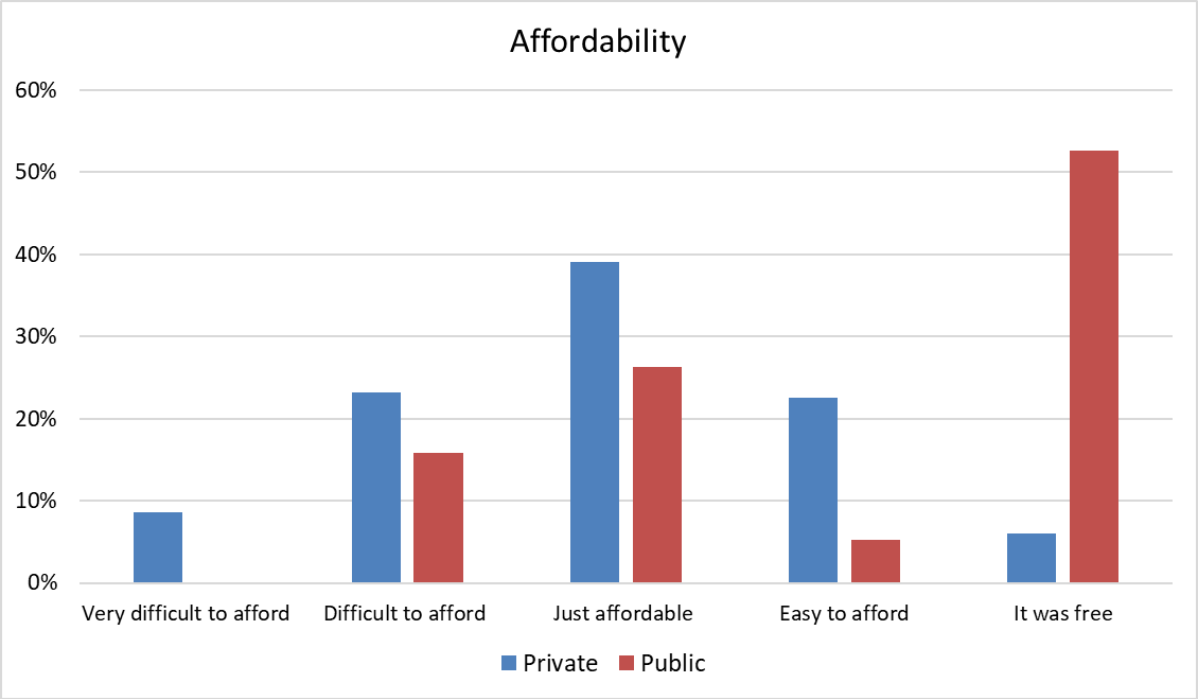

Figure 3. Affordability of recent dental service

Did you have private health insurance (PHI) that covered the cost?	Private Provider
Yes I had PHI and it covered all of the cost	11%
Yes I had PHI and it covered some of the cost	61%
Yes I had PHI but it covered none of the cost	6%
No I don't have PHI	21%
Unsure/can't recall	1%
Did not respond	2%

Table 2. Private health insurance coverage amongst private patients (n=151)

While 70% of panellists who had most recently attended a private dental practice reported having private health insurance, only 9% had insurance that covered all of their appointment costs. The majority (54%) had private health insurance that covered some of the costs associated with the service.

Wait-times

When asked how long they had to wait to be seen, most panellists (66%) reported having been seen within a month of making their appointment. On average, waiting times for public providers were longer than for private dental services (see Figure 2).

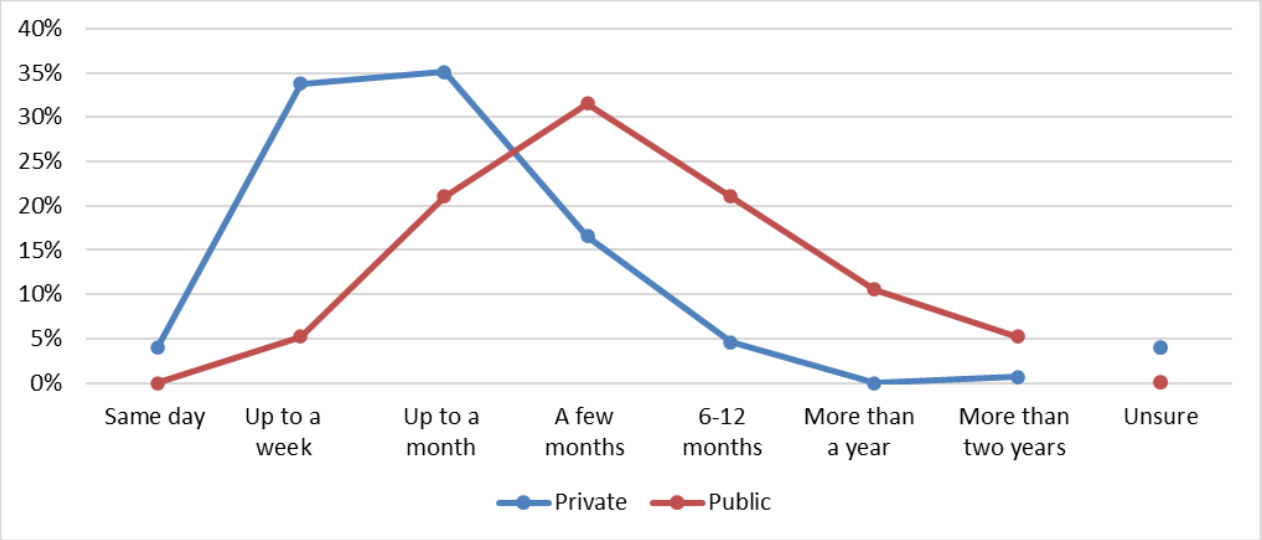

Figure 2. Wait time for appointment for private and public patients (%)

Whilst almost 40% of panellists who had accessed services via a private provider were able to get an appointment within a week, only 5% of panellists accessing public facilities were able to attend an appointment within this timeframe.

Service ratings

Most panellists (79%) rated the overall accessibility of their most recent dental appointment as either excellent or good. There was a marked difference between the responses of public and private patients. Less than half (47%) of panellists rated their public provider was having excellent or good accessibility, while 85% of panellists who had attended a private provider rated the accessibility as excellent or good. Of concern was that one-in-five (21%) of those who accessed public providers rated their provider as poor or unacceptable for overall accessibility. Comparing the ratings for private providers and public providers showed that panellists who had attended private practices were far more likely to provide positive ratings across all accessibility measures (see Figures 4 and 5).

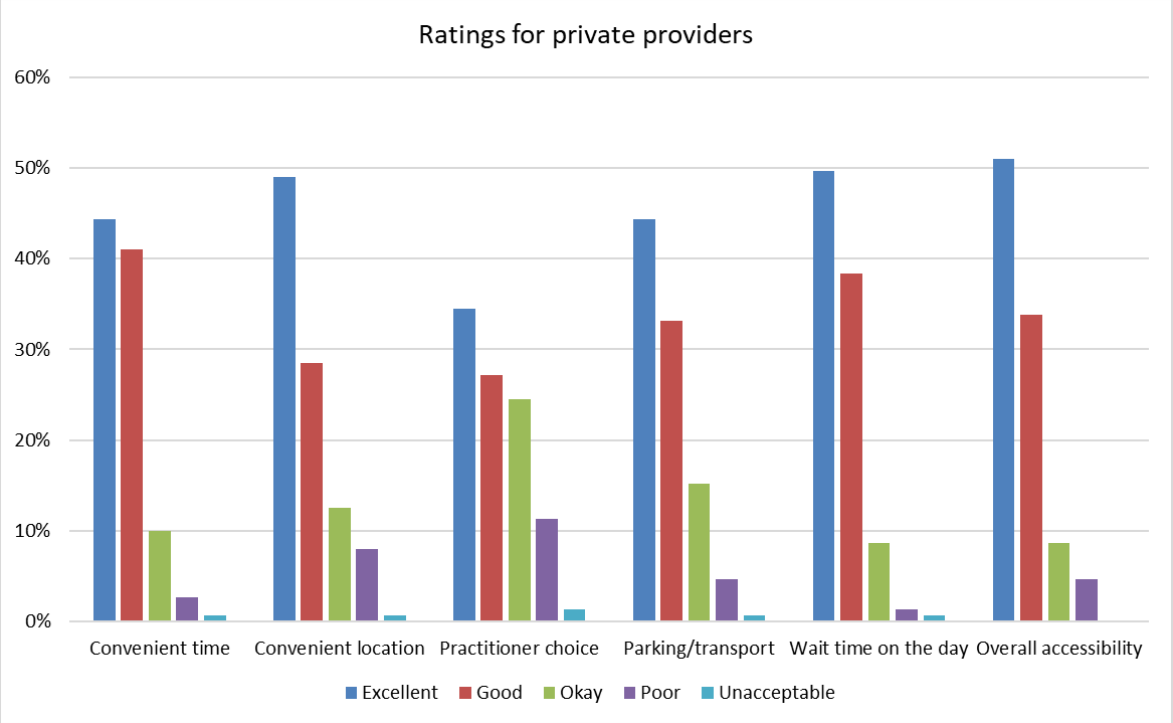

Figure 4. Ratings for private dental providers across measures of accessibility – private (n=151)

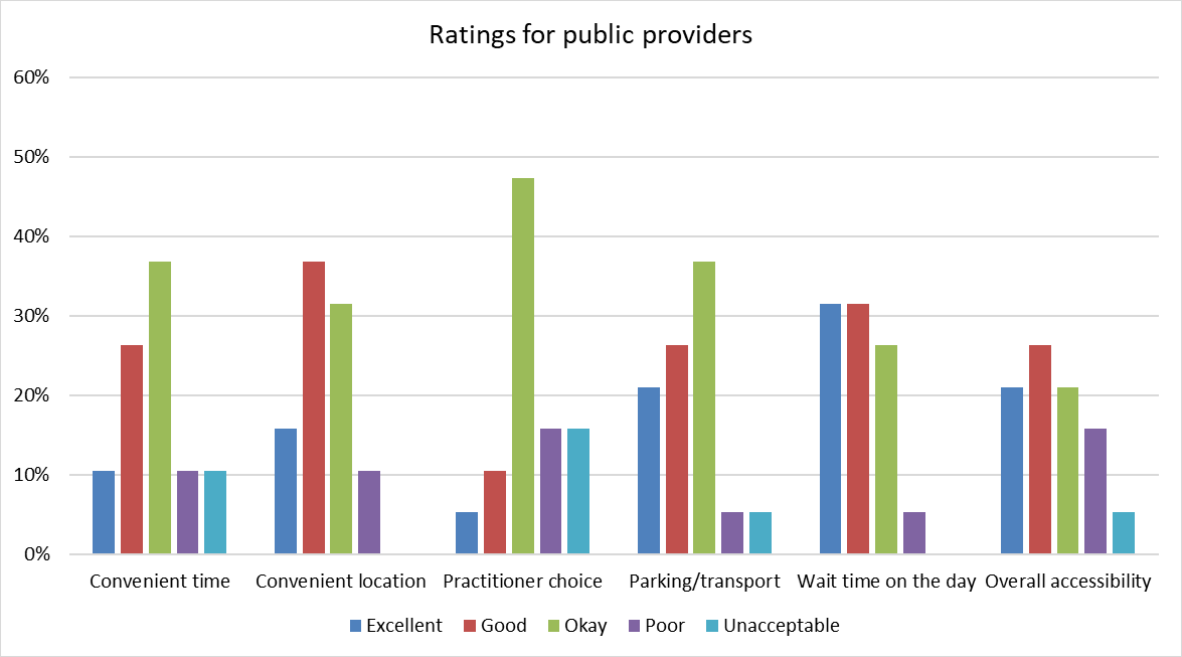

Figure 5. Ratings for public dental providers across measures of accessibility – public (n=19)

The ability to get an appointment at a convenient time and having a choice of practitioner received notably high proportions of poor or unacceptable ratings amongst panellists who had attended a public practice (21% and 32%, respectively).

Finally, panellists were asked if they were happy with the overall oral or dental care service they had received. The majority, (81%) of panellists who had received oral or dental care during the past year reported being happy with the health service they had received. This satisfaction was mirrored across both private (84%) and public (74%) providers.

Children's Dental Experience

A small number of panellists (15%, n=33) had organised dental or oral care for a child within the past year. Most (70%) had taken their child to a private provider (70%), whilst 15% had taken their child to a public provider. Most child visits had been for a regular check-up (58%) (see Table 3), while other reasons included for an oral device, a broken tooth, or due to a free in-school check-up.

What prompted your child's recent dental or oral care visit?	
It was a regular check-up	58%
It was a planned procedure e.g. filling, tooth extraction/removal	12%
I had pain or a toothache	6%
Other	24%

Table 3. Reason for child's most recent dental or oral care visit (n=33)

Around half of panellists (52%) reported their child had been seen within a month from booking the appointment, whilst a quarter (27%) reported waiting up to 12 months. One in five (21%) panellists stated their child's recent dental or oral care visit was difficult or very difficult to afford, while 24% of panellists found the service easy to afford (see Table 4).

How affordable was the service?	
Very difficult to afford	9%
Difficult to afford	12%
Just affordable	21%
Easy to afford	24%
It was free	0%
Did not respond	33%

Table 4. Affordability of child's recent dental or oral care visit (n=33)

No recent dental services

For those panellists who reported they had not seen a dental or oral healthcare practitioner in the last 12 months (21% and n=47), the most commonly cited reason was cost (49%). The next most common reason was due to COVID concerns (17%), access issues (including being on a wait list) and a lack of need for dental services (13%).

Concerningly, those who had not seen a dental or oral healthcare provider in the previous 12 months indicated quite lengthy periods since they had last had a check-up (see Table 5).

When did you last have a dental or oral health check up?	n=47
1-2 years ago	23%
2-5 years ago	51%
6-9 years ago	17%
10+ years ago	4%

Table 5. Time of last dental or oral health check-up among people who had not seen a dentist within the past year (n=47)

> *"Too expensive - cost of living priorities take precedence over dental care"*
>
> *– AHP Panellist*

General views

All panellists, (including those without a recent dental experience) were asked to consider various aspects of accessibility to dental services in their local area, including convenience of appointments, choice of practitioner, wait times and affordability (see Figure 6). Panellists were also asked about their awareness of public dental providers locally, the overall quality of dental services in their area, their longest wait for an appointment and the importance of certain aspects of dental services. Additionally, panellists were then asked to provide written responses on what other issues they considered to be important in dental or oral care.

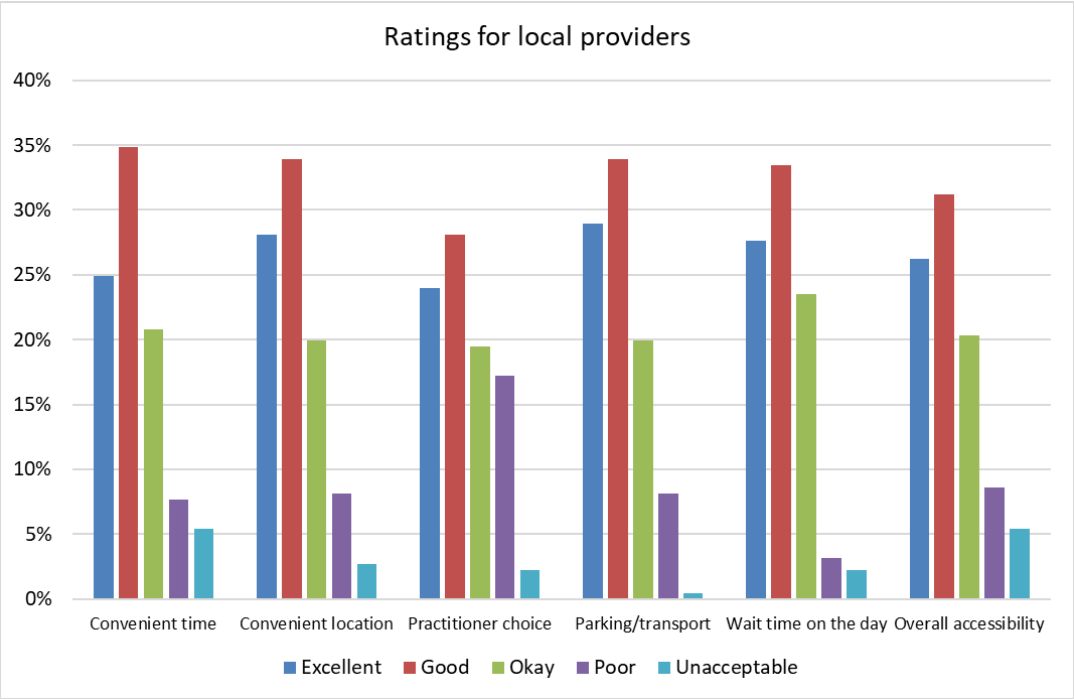

Figure 6. Ratings for local dental providers across measures of accessibility (n=221)

Accessibility

While all measures for local providers were mostly rated as excellent or good, of concern were panellists' ratings of practitioner choice, with almost 20% of panellists rating this measure as either poor or unacceptable. Through their additional comments, panellists noted their frustrations with some private health insurers that would only provide dental rebates if they visited certain practices, limiting their choice of practice and practitioner. Overall accessibility was rated largely positively, with 58% of panellists stating that accessibility was excellent or good. However, when reviewing responses from those in regional and remote areas, overall accessibility was rated more poorly when compared with panellists from major cities, with ratings becoming poorer with increased degrees of remoteness (see Table 6).

	Excellent	Good	Okay	Poor	Unacceptable
Major city (n=117)	31%	35%	18%	8%	5%
Regional (n=66)	24%	35%	20%	11%	5%
Remote (n=22)	14%	23%	36%	14%	14%

Table 6. Ratings of overall accessibility by region

When asked about their awareness of public dental services in their area, 49% of panellists said that they were aware of public dental services in their area, however 43% did not know about or were unaware of public dental services in their area. When asked if they were eligible to use public dental services in their local area, 27% said they were, 29% they were not eligible, while 33% were not sure.

Further details about the accessibility of dental and oral care services were provided through text responses. Panellists called for more flexible appointment times as well as greater access to mobile dentists, oral therapists, dental therapists and dental hygienists, particularly in rural or remote areas where there can be no choice in local provider. Specific population groups were

identified as needing increased access to dental services, including Aboriginal and Torres Strait Islander people, those in aged care facilities, and bedbound and housebound individuals. Additionally, panellists called for greater consideration of neurodiverse people and people with special needs with regards to accessibility, with panellists noting that the process of visiting a dentist placed increased demands upon them and their children.

> *"Accessibility outside where I live, for people who are poorer than me and for people who aren't able to access such care, such as Aboriginal and Torres Strait Islander people, low income people in rural and remote Australia, and people in aged care. This concerns me far more than my own access."*
>
> *— AHP Panellist*

Affordability

When panellists were asked how affordable they thought local dental services were, 77% felt it would be either very difficult or difficult for someone without private health insurance to afford. When considering someone with private health insurance, 30% of panellists still felt dental services would be either very difficult or difficult to afford.

The cost of dental services was prohibitive for some panellists, with some individuals stating that cost was the single biggest factor in deciding whether to have preventative health care or dental treatment. Some panellists called for increased treatment options of varied costs, or the ability to set up a payment plan with their provider to assist with the cost of services. There were great concerns amongst panellists over the connection between oral health and overall health and wellbeing, with many panellists indicating that due to cost, they were not able to attend preventative oral health appointments and were, in some cases, only able to treat oral health issues as they arose. There was a strong feeling that oral health should be considered part of general health and this was supported by the many panellists who called for dental health services to be covered under Medicare.

> *"Dental or oral care services are integral to overall health and should be included in the Medicare health care system."*
>
> *— AHP Panellist*

Additionally, panellists were concerned that the rising costs of their appointments could be due to over-servicing on the part of the dental practitioner. Panellists with private health insurance also noted this, stating that they felt as though dentists were only providing some services in order for health funds to provide a rebate to the practice. Panellists perceived the monitoring of dental services to be poor at present, with some panellists calling for an audit of services and associated costs.

In line with responses where almost one-third of panellists indicated that dental services would be difficult to afford with private health insurance, many panellists provided additional feedback on this point. Some stated that without private health insurance, they would not be able to have dental check-ups. Others noted that while private health insurance was able to cover the cost of check-ups, they remained out of pocket for other services. Many reported that the gap payment they made was often exorbitant.

> *"I am fortunate that I have private health insurance, that covers some costs associated with going to the dentist. However, even I am reluctant to attend because the costs for procedures (e.g. fillings, crowns, etc) are exorbitant. I honestly do not know how many people - with or without private health insurance do it. Yet, the evidence strongly shows a link between oral health and other health conditions."*
>
> *— AHP Panellist*

Quality

When asked their views on the quality of dental and oral health services in their local area, most (62%) panellists described the overall quality as either excellent or good, 17% reported that they were okay, while 9% stated that the overall quality was poor.

Wait-times

When asked what was the longest period of time they had ever had to wait for a dental or oral care service, almost one third of panellists (31%) said they had waited weeks, 27% stated that they had waited for days, 22% for months, while 8% had waited for years. Some panellists reported that despite the significant cost of maintaining private health insurance, they felt it was beneficial in order to avoid the extensive wait times for appointments in the public system. While private health insurance covered check-ups and cleaning services, some panellists noted more complex treatments were not covered, and as a result had put these off for many years. Panellists also discussed the distress that excessive wait times had caused them. Excessive wait times for some had led to an inability to take preventative action for oral health matters and in some cases, panellists reported that they had elected to remove teeth entirely rather than pay for necessary treatments.

"I have private dental cover because I know that the public system is deplorable. The waiting times are totally unacceptable for adults and children. The importance of good oral care for a healthier population is just ignored. So many health conditions are caused and /or exacerbated by lack of oral hygiene and professional dental care."

— AHP Panellist

Dental practitioners

Many panellists commented on their preferences for dental practitioners. A preference for kind and clear, easy-to-understand communication from staff in dental practices was expressed, and the value of building rapport with dental practitioners noted. Other panellists emphasised the importance for dentists to be up-to-date on new research, trauma informed practice, pain management and evidence-based best practices. Additionally, panellists indicated that dentists should focus on health over cosmetics and also create an environment of shared decision-making with consumers.

Most important factors

Panellists were also asked how important certain aspects of dental or oral care were to them. The quality of dental services was commonly identified as an important factor with 91% of panellists saying this was important or very important. The affordability of services and speed at which appointments could be made were also regarded as very important.

"The most important aspect is the quality of the service. Poor dental service is almost not worth having. Then it needs to be affordable and convenient."

— AHP Panellist

Support for Potential Solutions

Panellists were presented with 18 proposals to improve dental and oral health care services in Australia and were asked the extent to which they agreed with each of these suggestions. The 18 proposals are listed below in Table 7 in order of those that were most supported to the least supported.

	Support	Oppose
Medicare items for "Basic Dental" services e.g. check ups, diagnosis, cleaning, fluoride treatments etc (to allow practitioners to bulk bill for services)	93%	1%
Medicare items for "Emergency Dental" services e.g. tooth extraction/removal, pain relief procedures etc (to allow practitioners to bulk bill for services)	90%	2%
Providing funding for dental and oral care practitioners to operate mobile facilities that can travel to underserviced areas	89%	1%
Establishing a Senior Dental Benefits Scheme to provide timely and affordable care for older Australians, such as those on the Aged Pension or living in an Aged Care facility	89%	2%
Incentivising dental and oral care practitioners to operate facilities in rural/regional/remote locations	88%	1%
Medicare items for "Complex Dental" services e.g. fillings, dentures, gum disease management, wisdom teeth removal etc (to allow practitioners to bulk bill for services)	88%	3%
Incentivising dental and oral care practitioners to operate as part of other facilities e.g. in Aged Care homes, as part of primary care 'super clinics' etc	86%	3%
Education programs in schools and community centres e.g. on proper brushing and flossing techniques	85%	2%
Expanding the Child Dental Benefits Scheme so that it covers all dental procedures for all children (i.e. remove or reduce the current caps and limits)	76%	5%
Establishing mandatory oral health care training as part of the curriculum for health care and personal support students more broadly e.g. GPs, nurses, disability workers, allied health workers etc	74%	5%
Establishing a Chief Dental Officer who is responsible for the national co-ordination of population oral health	74%	7%
Expanding access to fluoridated water in rural/remote communities	73%	7%
Making a Certificate III in Dental Assisting mandatory for all dental assistants	68%	3%
Medicare items for "Specialist Dental" e.g. orthodontics (braces), crowns etc (to allow practitioners to bulk bill for services)	63%	11%
Making dental and oral care education and training courses 'fee free'	60%	8%
Subsidies or GST exemptions for general consumer dental products e.g. toothbrushes, floss	58%	10%
Subsidies or GST exemptions for specialised consumer dental products e.g. fluoridated toothpaste	53%	12%
Medicare items for "Cosmetic Dental" e.g. teeth whitening etc (to allow practitioners to bulk bill for services)	11%	62%

Table 7. Support for proposed solutions to improve dental and oral health services (n=221)

Of the 18 proposals put forward to panellists, 17 were supported by a majority of panellists. The most strongly supported proposals related to increasing the scope of Medicare. Specifically, 93% of panellists supported the addition of Medicare items for basic dental services such as check-ups, diagnoses, cleaning and fluoride treatments, 90% supported the addition of Medicare items for emergency dental services, such as tooth extraction and pain relief procedures while 88% provided support for the establishment of Medicare items for complex items such as fillings, dentures, gum disease management and wisdom teeth removal.

Other proposals such as funding a mobile dental facility, establishing a Senior Dental Benefits Scheme, incentivising practitioners in rural and remote locations, providing education programs in schools, expanding oral health care training for healthcare workers and increasing access to fluoridated water were also supported by a large majority of panellists.

The proposals to introduce subsidies or GST exemptions for dental products were also supported, however to a lesser extent than the abovementioned proposals. The one proposal that was opposed by the majority of panellists was to create a Medicare item for cosmetic dental services such as teeth whitening, with 62% of panellists opposing this proposal.

Suggestions from panellists

Panellists were asked to provide any other ideas or solutions that they would support to improve dental or oral care in Australia. Panellists provided some of the following ideas, including further suggestions related to Medicare, governance, scope of practice, access, education, rural and remote areas and suggestions on including dental health care as a part of a more holistic view of health (see Table 8).

Table 8. Suggestions from panellists on how to improve dental and oral health care in Australia

Funding
• Support an increase to the Medicare levy to allow dental care to be funded under Medicare • Means tested bulk billing of dental services • Low cost or interest free loans for dental work • Fund more public dental clinics • More availability for dental vouchers for emergency dental • More support for veterans to attend dental services • Mandate aged care facilities to have free oral health checks • Allow consumers to access payment plans for dental care • Full dental services for housebound • Support for First Nations communities to receive dental services • Support dental services in schools
Governance
• Establishing First Nations Chief Dental Officer for national coordination • Monitor over-servicing of dental services • Increase transparency in dental costs, review and standardise service costs
Scope of practice
• Increase scope of practice for dental therapists to conduct services without the current requirement for supervision by a dentist.
Access
• Support practices to extend their opening hours • Improve coverage of dental and oral care in rural and remote areas • Increase dental telephone support in rural and remote areas • Incentivise dental graduates to work in rural and remote areas
Education
• Increase dental education in primary schools • Incorporate teeth brushing as a part of school breakfast programs • Support campaigns to improve the quality of food and reduce sugar intake • Improve health literacy to understand the importance of good oral health • Support campaigns that increase public awareness of public dental services • Support training for existing dentists in supporting people with a disability, people who are bedbound and neurodiverse individuals.
Dental as part of greater health
• Support measures that integrate dental health into the general health system. • Conduct further research into the social determinants of health, understand what causes poor oral health. • Collaboration between mental heal services and oral health services. • Integration of digital health platforms, support dental information and diagnostics to be uploaded to My Health Record

What improved accessibility and affordability would mean to panellists

When asked what improved accessibility and affordability would mean to them, panellists mentioned a range of physical health, mental health and social considerations.

Panellists reported that having improved accessibility and affordability would mean that they would not wait to attend the dentist, they could have more regular visits to the dentist, giving them the ability to focus on preventative care rather than serious reactive care. Additionally, panellists noted that increased affordability would also help to alleviate other medical issues that are associated with their ongoing dental issues.

> *"I would go for checkups and treatments more often which would result in me having better health and needing more treatment later."*
>
> *— AHP Panellist*

Having access to affordable dental care in the past would have meant that some panellists avoided irreversible alternatives. For example, a panellist reported that their use of dentures was a direct result of unaffordable dental care, while other panellists reported that some of their teeth had now been extracted due to the cost of dental treatments. Other panellists noted that more affordable dental care would mean that they would not have to choose what healthcare issues to attend to, as they currently have to weigh up or delay the cost of other medical treatments, appointments or medications, or in some cases, forgo them entirely.

Many panellists reported anxieties over their dental health with advancing age. Individuals noted that improved access and affordability of dental care would support healthy ageing and result in less anxiety of the future. Many panellists were concerned about the increasing gap payments with their private health insurer and others felt concern over the prospect of moving to a residential aged care facility where there was no dental service.

Panellists detailed many psychological benefits that would arise from having better access and affordability to dental services. Responses showed that dental care is a major anxiety for many people, and alleviating this stress would decrease fear, anxiety, depression and make a big difference to many individuals' quality of life. Some panellists reported that due to their current dental conditions, they experience embarrassment and low self-worth, feelings of shame when they speak or smile, as well as social isolation that has led to loneliness and mental distress.

> *"I don't smile anymore, how would you feel in this situation, for the rest of your life?? I'm depressed and go out less and less. I am crying just writing this because it is so upsetting that as an average Australian, this is the situation I find myself in. Teeth fixed or feed the family - as a mother - you feed the family."*
>
> *— AHP Panellist*

Improving access and affordability would allow many people to communicate more freely without embarrassment, improve capacity to engage with their communities, increase food choices, and would improve emotional wellbeing and provide individuals with a peace of mind. Panellists also noted that improvements to these two measures would help with social inequalities, noting that in some cases they had observed those with poor oral health struggle to gain employment, leading to poverty and therefore further difficulties in accessing health services. Improving access and affordability of oral health would have considerable flow on effects, from individuals' physical health, mental health, financial situation and emotional wellbeing.

Impact of COVID-19 and the cost-of-living crisis

CHF was interested to hear from panellists as to whether the COVID-19 pandemic and the increased cost-of-living had impacted upon the accessibility, affordability and quality of dental and oral health services. Around half of panellists (54%) reported that dental and oral care-related health services were equally accessible when compared to before the COVID-19 pandemic, while 22% said that they had become less accessible and just 3% reported an improvement. When asked about affordability over this time, one third of panellists said that dental and oral health services were less affordable than prior the pandemic and 40% said they were the same level of affordability. Most (65%) panellists felt as though dental services were of the same level of quality as prior to the pandemic, however 9% felt the quality had worsened over this time. Only 3% of panellists reported that dental services had become more accessible since the pandemic, 1% reported they had become more affordable, and 3% reporting a higher quality of service.

Panellists were asked to discuss any other additional effects that the COVID-19 pandemic or the cost-of-living crisis have had on their experiences of dental or oral care services. With regards to the COVID-19 pandemic, several issues were raised spanning from the beginning of the pandemic through to the ongoing effects felt today by panellists. Panellists reported that in the era of restrictions and lockdowns it was significantly harder to see a dentist, with dentists only offering emergency services. Regular services such as check-ups and cleaning services were not available. Additionally, the restrictions on travel meant that many delayed their visits to see their dental practitioners. Numerous panellists detailed how they delayed visiting their dentists due to the risk of catching COVID-19. Some had safety concerns over the lack of adherence by dentists to COVID-safe measures which had either caused them to delay their visit or had put them off visiting their dentist entirely.

The effects from the dramatic changes to healthcare due to the COVID-19 pandemic are still being felt by panellists today. Panellists reporting feeling that the health system has been compromised and is not yet back at pre-pandemic levels. For example, panellists indicated that they currently experience increased difficulties in obtaining a dental appointment, due to the large backlog of patients who were unable to access services during the pandemic. Due to the delays in being able to access dentistry, several panellists stated that this has compromised their oral care and that the lack of access had exacerbated dental issues.

Additionally, panellists noted changes in the dental workforce, with some practitioners ceasing to work in dentistry. Other panellists reported experiencing over-servicing by their dental practitioners, which they believed to be to make up for the financial losses incurred during the

pandemic. In addition to these issues, some panellists also noted that the physical effects of catching COVID-19 had caused an increased strain on their financial situation, brought about by a loss of employment due to the effects of long-COVID.

The ongoing effects to dental care from the pandemic are also intertwined with the effects of the cost-of-living crisis. Panellists reported that due to the lack of access during the pandemic and now the added financial strain from increased cost-of-living, they have very limited money available for dental services. This means that these individuals are only able to attend to emergency issues, rather than preventative care, which further perpetuates the cycle of disadvantage.

> *"[During COVID] I could not access the community due to immune deficiency, so I had much longer delays in accessing food, medicine, medical care, and other items needed for daily living, including access to allied health (dental). I had to put off the appointment for years till I was able to ensure safety in the community.*
>
> *The cost of having everything outsourced in some way dramatically increased my cost of living, in order to maintain safety and minimise disease exposure during that time, and the lack of access to appropriate care resulted in significant exacerbation of all health conditions, including the state of my teeth."*
>
> *— AHP Panellist*

Panellists stated that the cost-of-living crisis has had several impacts on their ability to access dental care. Many stated that the cost of dental work has escalated, with many panellists choosing to delay dental check-ups and other care. Having to delay a visit to an oral or dental practitioner was reported as the number one impact caused by the cost-of-living crisis. 38% of panellists said they had delayed a dental visit, 21% had either not visited a dental practitioner or had not completed a procedure they otherwise would have, 17% reported that they had forgone dental treatment in order to afford other healthcare and 15% had forgone dental treatment in order to afford essentials such as their rent or mortgage, utilities or food. These effects were also observed in terms of children's dental health with some panellists stating they were reassessing their child's need for braces due to the pressures felt from increased cost-of-living.

> *"I want to prioritise my teeth, however it often comes down to whether I will purchase essential groceries or pay for electricity that week - or visit the dentist".*
>
> *— AHP Panellist*

Cost-of-living pressures such as unstable housing, increased fuel prices and vehicle registration, has caused many to be unable to afford to travel to the dentist. While panellists without private health insurance reported that the cost of dental was moving further out of reach, those with private health insurance also reported feeling the pinch. Many stated that insurance is too expensive and that the out-of-pocket costs are unaffordable.

> *"The cost-of-living crisis has forced me to delay a regular check-up and my poor financial circumstances prevent me from getting some dental care I need."*
>
> *— AHP Panellist*

Discussion

The results of this survey highlighted significant issues associated with access and affordability of dental and oral care services in Australia. Further to this, the results also spoke to a large divide in the experiences of people attending public dental providers compared with those attending private dental providers.

A greater proportion of the panellists surveyed had attended private practices over public practices. The reason for the dental visits differed between the two systems. Those attending private practices more likely to have attended for preventative dental care (such as for a check-up), while those attending public practices were more likely to have done so for problems, such as for treatment or tooth pain. Ratings of accessibility measures such as convenient appointment time, location, choice of practitioner and wait time on the day, were markedly lower amongst panellists who had attended a public provider compared with responses of those who had attended private providers. Public providers received substantially lower ratings for the measure of practitioner choice. Lack of provider choice was also identified among the panellists who had attended private providers, in some cases due to limitations imposed by private health insurers. Geographical location was also a factor that affected accessibility ratings. Ratings of overall accessibility to dental and oral health services decreased with increasing remoteness, highlighting the need for increased funding of services and incentives to better support remote communities.

An additional barrier to public dental care was that people on average waited far longer for appointments with public providers compared with private providers. These longer wait times for public providers are particularly notable given that the individuals using them were more likely to be wanting to see the provider for a time sensitive dental issue, such as tooth pain or a to fix a filling.

The findings from this survey also indicated that there is room for improvement with regard to the general public's awareness of public dental providers. 43% of panellists reported that they did not know about or were unaware of public dental services in their local area, and one-third reported that they were unsure if they were eligible to use public dental services. Taken together

these findings suggest that there is a significant gap in many Australians' knowledge of potentially available dental services in their local area. Having access to a public provider may be the difference in whether someone attends a dental appointment or forgoes it entirely.

The findings from this survey suggest that there is a systemic issue around the affordability of dental and oral care in Australia. With regards to children's oral health, one in five panellists reported that their child's dental visit was difficult or very difficult to afford. Some panellists reported that they were reconsidering oral health treatments such as braces for their children due to cost. While most panellists had personally visited a dentist or oral care practitioner in the past 12 months, one-fifth of panellists had not. The number one reason panellists provided for not attending a dental service recently, was due to cost. This is concerning given that the majority of panellists had not seen any dental practitioner in over two years and 20% had not seen a practitioner in over six years. The cost of dental was prohibitive to many people. Sadly, some panellists reported major declines in their oral health, or the need to resort to measures such as tooth removal because of the burgeoning cost of dental health treatments.

Compared with those attending public providers (of whom over half received services at no cost), individuals attending private providers were more likely to report difficulty in affording the dental services. This is despite the majority of panellists having private health insurance that paid for all or some of the cost. Many panellists reported that private health insurance was very expensive, and for those who had it, many used it to be able to reduce wait times and to be able to afford preventative check-ups. Some panellists noted that the out-of-pocket costs for treatments were too high and therefore they had to delay or forgo necessary dental services. Overall, these findings indicate that many Australians are not accessing dental and oral care for long periods of time, with cost as the primary barrier. This means that many easily treatable or preventable conditions are not being treated promptly, leading to worse health outcomes and higher costs over the long term.

Many of the issues surrounding accessibility and affordability were exacerbated by the COVID-19 pandemic and the cost-of-living crisis. These two issues have both had significant impacts on panellists' ability to access timely dental appointments as well as individuals' ability to afford dental appointments. Factors such as lockdowns and safety concerns have had significant impacts on wait lists and access to dental services over the pandemic, with some panellists reporting having to wait years to access dental services. Some panellists cited ongoing concerns about catching COVID-19 at dental practices as a reason for not having attended a dental service recently. It is positive to consider that for the many panellists, despite the challenges of the COVID-19 pandemic, many felt as though the accessibility, affordability and particularly the quality had remained steady over time. Of concern, is the finding that many panellists had found accessibility and affordability had decreased over this time. Additionally, it is important to note that there was only a very small proportion of panellists who perceived that there had been improvement to the accessibility, affordability and quality of services compared to before the pandemic.

While the abovementioned issues around the affordability and accessibility of dental and oral care in Australia are concerning, a positive finding was that dental care itself was of a high quality. This is particularly notable given that quality was deemed to be the most important aspect of dental and oral care services. The quality of services received from both public and private providers was reported to be high and perceptions of dental services in panellists' local

areas were also viewed positively. The majority of panellists reported that overall, they were happy with the dental service they had received in the past 12 months, with satisfaction high across both private and public providers.

Panellists were highly likely to be supportive of potential solutions to improve dental services in Australia. Nine-out-of-ten panellists supported more dental services being made available through Medicare. There were also very high levels of support for improving services available to aged care residents through the provision of a Senior Dental Benefits Scheme or by incentivising practitioners to work in other facilities, such as aged care. Panellists were also highly likely to support improved access to dental services in under serviced areas, via mobile services or incentives to practitioners to work in rural and remote areas.

Support for education programs in schools was strong; three-out-of-four panellists backed expanding the Child Benefits Scheme to cover all dental procedures for all children. Around three quarters of panellists supported mandatory oral health training for health care workers (such as GPs, disability and allied health workers), establishing a Chief Dental Officer to co-ordinate population oral health and improving access to fluoridated water.

Many panellists also gave their own proposals for improving oral health care, such as scoping better funding, better governance, improved access, better education and taking a more holistic view of oral health as being essential to general health. Many panellists noted the linkages between good oral health and physical, social and mental health. There is an urgent need to focus on preventative dental and oral care, to provide more accessible and affordable options for all Australians.

Conclusion

In summary, this Australia's Health Panel survey found that dental health services are out of reach for a significant proportion of Australians. In 2023, the rising cost-of-living and the effects of the COVID-19 pandemic were being felt by many consumers, both with and without private health insurance.

Consumers of dental services were very supportive of proposals to improve dental care. In response, CHF calls for a more integrated health system, with dental and oral care included under Medicare, the integration of dental care in aged care facilities, the introduction of incentives and programs to address the inequality in access to dental services and increased education for consumers across the lifespan, as well as for dental practitioners on best practice approaches.

The results of this research will inform our advocacy and partnerships around ensuring all Australians have dental and oral care that is affordable, accessible and timely. These results informed our submission to the Australian Senate Inquiry which can be found here.

The Consumers Health Forum of Australia would like to thank all panellists for giving up their time to participate in this survey. Any questions about this survey and its findings can be directed to info@chf.org.au.

"The inequity in dental care is unsustainable. Public dentistry is so hard to access that people can be on waiting lists for years and years even when problems require immediate attention. This is unacceptable. The system needs to change."

— AHP Panellist