

Seminar Themes

- Australian inequalities
- Rooted in National Policy chaos over 30 years
- Lack of access to early intervention
- More than Card holders
- But health promotion is important too
- Inconsistent advice to Government
- Lack of internal public dental capacity in DoHA

Seminar themes

- UK experience
- They seem to be getting better bang for the buck
- The concepts of standards
- Making the service available doesn't mean high need groups will use it

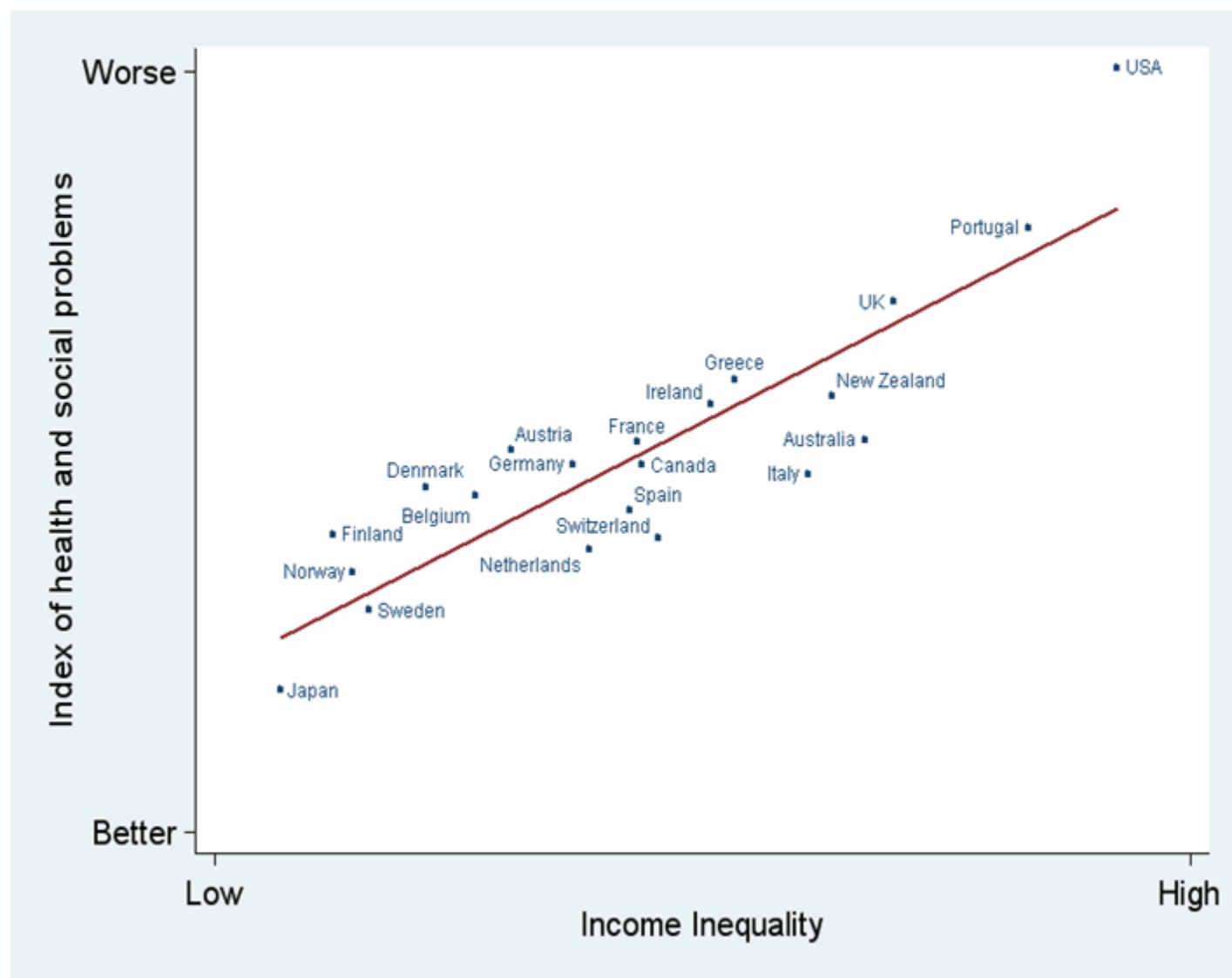
Seminar Themes

- A number of highly creative targeted programs for high need groups (ATSI, SRF, Aged, Pres-school etc)
- Collaborative approaches key-body back in the mouth
- Active not passive programs also important
- Impressive ability of the sector to drive change in difficult circumstances
- Creativity v Duplication (do some things only once)

Health and Social Problems are Worse in More Unequal Countries

Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



Recognition that

- Oral health is an integral part of general health
- Improved oral health outcomes and access to oral health services can only be brought about through a coordinated national approach to addressing the complexity of the determinants of health disparities.
- Commonwealth and State/Territory Governments, community & health advocates, dental professions, academics and health economists have over the past decade contributed substantially to providing options for reforming the local and national components of the Australian oral health system. These have culminated in the National Oral Health Action Plan (Healthy Mouths Healthy Lives, 2004) and the National Health and Hospitals Reform Commission Report of 2009.
- The Commonwealth Government has set out series plans and interventions for Health, Education and Economic Reform within which oral health services and prevention of diseases can be linked and moved forward.
- The ultimate goal of the oral health reform agenda must be the improved oral health of all Australian citizens and access to dental care on the basis of need.

Asserts that

- Four pillars are needed to build a national oral health framework
 - The provision of high level national leadership, expertise and coordination of oral health advice and programs.
 - Funding enhancements to support the Implementation of the National Oral Health Action Plan
 - Partnerships with States and Territories to provide an integrated managed infrastructure for public sector dental services.
 - A national oral health promotion campaign linked to chronic diseases prevention, population health improvements and prevention of oral diseases
- Priority within the National Oral Health Action Plan should be given to
 - Infrastructure developments in areas of need to support new models of dental service delivery (private/public clinics in rural and regional areas; workforce innovation; student scholarships through cost relief)
 - Innovations in oral health programs for Aboriginal and Torres Strait Islander peoples; those in residential and supported care; nursing mothers and pre-school children; people on low and fixed incomes
 - Coordination of a mid-long term Action Plan for a national dental health insurance scheme.

What do we want?

- A position that the Government may adopt
- Can we have joint position with key groups including ADA
- Roxon has said no to Denticare (expense and ADA attitude)
- The ADA is now supportive of the CDHP
- I think Dental Schools like the intern or foundation year
- ADA opposes universality and so opposes the MCDDP
- AHHA supports universality-Greens, PHA- desired end
- But ADA opposed significant reductions in scope of the MCDDP
- Universality is not possible until there is more dental workforce

So staging of universality is a given

- Consensus position (AHHA, ADA, PHA etc)
- CDHP Gold- minimum
- Working poor-desired-maybe less support-how to define?
- Staging by age?
- Targeted programs-so many options
- Health promotion (is a lot more than education)

Funding

- MCCDP reductions
- MCCD Ceassation/ Scope management/scope reduction
- Approvals
- Rebates
- Caps
- ADA?

Want do we want

- Simple
- One page
- Supported by Stakeholders (who)
- Limited resources to achieve this is short time

Possibilities –for this year

- CDHP Gold
- Low income support (define?) **or** age based universal program
- Quarantined Targeted programs
- Quarantined Health Promotion
- Reduced MCCDP (but not close)
- Voluntary intern/foundation year
- (As first step to a universal program for later decision?)

Possibilities –for this year

- Can we model the proposal for costing?

Questions for a position to the Federal Parties for the next election

- Is a universal dental program the goal? Now? Medium term(with first stages)?
- Would we make compromises to achieve a joint position with ADA, PHA etc- what compromises
- What are the components of the joint position? CDHP? Working Poor? Targeted?(which targeted groups) Health Promotion?
- Are these presented stages to universality?
- Where does the internship year fit in priorities?
- Where do funds come from? Levy, savings in dental programs, savings in health costs.