SUBMISSION ON THE DRAFT FRAMEWORK OF THE NATIONAL ORAL HEALTH PLAN 2025-2034

Thank you for the opportunity to provide a submission on the draft framework for the *National Oral Health Plan 2025-2034* (National Plan).

We welcome the commitment by governments across Australia to develop a new National Plan and we look forward to opportunities to work together to achieve better oral health for Australians.

About FRED

Friends of Really Excellent Dentistry (FRED) is a national health promotion charity working towards a future where all Australians enjoy good oral health and the many benefits it brings.

When people have good oral health, they have better overall health and wellbeing.

We believe that everyone should have access to evidence-based preventive oral health information and support, to help maintain their oral health throughout their lives.

That's why we work collaboratively with people with lived expertise, health professionals, community organisations, researchers, and governments to:

- Leverage new technologies to enable and empower communities to improve their oral health.
- Build the capacity of health and community service professionals to provide simple and effective oral health supports.
- Engage in advocacy to strengthen systems to prioritise prevention and equity in oral health care.

In all that we do we have a strong focus on prevention and equity in health outcomes.

Oral health in Australia

Oral health is integral to overall wellbeing, but the way oral health care is delivered in Australia remains fragmented, inequitable, and overly focused on treatment rather than prevention. This gap has lasting consequences for individuals, families, communities, and the broader economy, especially for those who already face barriers such as cost, location, or systemic disadvantage.

There is no systematic approach in Australia to promoting preventive oral health which offers the clearest and most cost-effective path forward.

Australians spend over $11 billion a year on dental services, with 60 per cent of that being paid for by individuals, making cost a major barrier to care. As a result, many people skip regular checkups or put off treatment until the pain becomes too much to ignore.

Every year, around 83,000 Australians end up in hospital for preventable dental conditions. These hospitalisations are most common in children, people living in very remote areas, and Aboriginal and Torres Strait Islander Australians.

Poor oral health also puts pressure on other parts of the healthcare system. An estimated 750,000 GP visits every year are for dental issues like toothache or infections. That's around $30 million spent just on GP consults, not to mention prescriptions for antibiotics or pain relief that don't address the root cause.

Oral disease also leads to around 2.4 million lost work or school days annually. The cost of reduced workforce participation is estimated at over $550 million per year, though that figure is likely higher today.

One of the drivers of this cost is because Australia's oral healthcare system is fragmented and inequitable. Dental services aren't covered by Medicare, except for children through the Child Dental Benefits Schedule and a few other narrow targeted programs. For most people, dental care is either paid out-of-pocket or through private health insurance, if they can afford it.

The public dental system faces long waitlists, workforce challenges, and can lack integration with general health services making it hard for people to get timely, affordable care. It is unable to play a meaningful preventative role currently.

Prevention is the most cost-effective approach to reducing oral disease, but it remains chronically underfunded. Around 2 per cent of the total health budget is spent on preventive care, including oral health, despite overwhelming evidence of its long-term benefits.

Comments on the Draft Framework

Overall, the framework provides a great foundation for expanding the way that we view and think about oral health in Australia. We are an organisation that is focused on prevention, evidence, equity in health outcomes and using digital technology to improve health outcomes.

We are particularly pleased to see the increased focus on prevention, equity, improving health outcomes for Aboriginal and Torres Strait Islander peoples and people living in rural and remote communities, and the need for improved oral health across the lifespan.

Comments on the Vision statement

We support the aim of 'better oral health' for the National Plan. However, it is unclear as to whether the vision supports improvements in oral health across the population, or a focus on equity in outcomes for people who have poorer oral health outcomes.

When looking at dental health for example, the tension between a targeted approach to dental health care (eg. through public dental schemes) and universal access, has existed for many years. This creates a challenge in prioritising policies and programs.

As it stands in Australia, there is very little focus on overall oral health as part of broader health and wellbeing. In relation to dental health, the focus remains largely on addressing oral health disease when it arises or providing preventive dental health services for people who can afford it.

In the absence of programs focusing on maintaining oral healthcare at the population level through population-based and targeted health promotion, this creates a chasm in outcomes between people who can afford care and people that are unable to afford care.

A vision which articulates the intention for 'better oral health for all' will clarify that this plan has a focus on all Australians improving their oral health, and maintaining it across their lifespan. This supports the principles having a strong focus on equity, alongside a population health approach.

Recommendation 1. *Update the vision to specify 'Better oral health for all'.*

Comments on the principles

We broadly support the principles outlined in the Draft Framework, particularly the focus on prevention, person-centred care and optimising technologies.

We have outlined some recommendations below for further strengthening the principles.

Within the principle of 'A population health approach to oral health, emphasising prevention and promotion', we are pleased to see mention of the 'socio-economic and cultural determinants of health', as this clearly stipulates that there are broader factors that influence people's oral health outcomes. We recommend that the 'commercial determinants of health' are also listed here.

The *World Health Organization's (WHO) Global oral health action plan 2023-2030* (Global Plan) describes commercial determinants as 'the strategies used by some private-sector actors to promote products and choices that are detrimental to health. This includes marketing, advertising and sale of products that cause oral diseases and conditions, such as tobacco products and food and beverages that are high in free sugars.'

The second strategic objective of the Global Plan is 'Oral health promotion and oral disease prevention - Enable all people to achieve the best possible oral health and address the social and commercial determinants and risk factors of oral diseases and conditions.'

To be consistent with the Global Plan, we recommend that commercial determinants are specified in the National Plan within this principle.

Recommendation 2: *For consistency with the 'WHO Global oral health action plan 2023-2030', include the commercial determinants of health within the description of the principle for 'A population health approach to oral health, emphasising prevention and promotion'.*

Within the principle of 'A sustainable and affordable oral health system', we recommend that this is expanded beyond the health sector, to include other sectors that can play a role in providing oral health services and supports.

For example, community organisations are best placed to reach people who are experiencing the greatest levels of disadvantage and often at risk of higher levels of poor health, including poorer oral health outcomes. By thinking about the oral health system as going beyond the dental health sector and the health sector, we can reach more people, helping to achieve the vision outlined in the Draft Framework.

Similarly, within the principle of 'An oral health workforce for contemporary and future needs', there is a need to ensure that the workforce is defined as spanning beyond the health sector to include the community sector and other people who can help in improving oral health literacy and providing care.

The Global Plan includes within it the role of community-based organisations. For example, the Global Plan specifies that oral health promotion programs be expanded to settings including community-based organisations. Community organisations meet people where they are, in a relevant and targeted way, to support them with their health and wellbeing.

The principles of the National Plan should better incorporate the role of community organisations in supporting people with their oral health or consider including an additional principle that specifies the importance of community organisations in achieving the vision.

Recommendation 3: *For consistency with the 'WHO Global oral health action plan 2023-2030', develop a new principle specifying the role for community organisations in achieving the outcomes of the National Plan, or ensure that the principles relating to a 'sustainable and affordable oral health system' and the 'oral health workforce', include within them the role of community organisations.*

We strongly support the principle of 'Optimising technologies and innovation for oral health'. We believe that digital technology can be used to help to create more equitable oral health outcomes.

FRED develops digital oral health tools, resources and platforms for communities, health and community sector professionals to help to strengthen oral health outcomes. We would welcome the opportunity to partner with government to increase the reach of these programs.

Comments on the focus areas and outcomes

We broadly support the focus areas outlined in the Draft Framework, particularly the focus on prevention, equity and improving health outcomes for Aboriginal and Torres Strait Islander peoples. We have outlined recommendations for further strengthening the focus areas below.

Within focus are 2 'Improve the effectiveness of oral health prevention and promotion', we strongly support the need to 'Extend oral health promoting environments in key settings'. As stated previously in this submission, it is vital that community organisations are partners in improving oral health because of their reach across Australia, particularly with people who experience the greatest levels of disadvantage.

Within focus area 2, we recommend that an outcome should be added that specifies 'greater reach in programs through digital innovation'. There have been significant advancements in digital tools across health and mental health. Within oral health, there is a need to provide further resources to make better oral health more accessible to more Australians and to increase literacy in oral health care.

Recommendation 4: *Add a further outcome within Focus Area 2 for 'increased reach in oral health prevention and promotion through digital innovation' to specify the important role that digital resources have in prevention.*

Within focus area 4 'Improve equity of oral health access', it is important that access goes beyond dental health care and beyond the health sector. Many community organisations engage with people through the delivery of services and supports throughout their lives. This is particularly the case for people who are experiencing disadvantage and may be at risk of having poorer health outcomes.

There is not only a role for community organisations in prevention, but also in supporting improvements in oral health care. Similarly, within focus area 5 'Align and integrate oral health across the health system', there is an opportunity to extend this beyond the health system.

Recommendation 5: *Ensure that community organisations are specified as key actors in achieving focus area 4 and 5.*

Within focus area 6 'Support a sustainable and skilled oral health workforce', it is important that the workforce is defined as going beyond oral health and health in general.

It is also important that opportunities are provided for professional development across the oral health workforce. This includes training on trauma-informed care and in overcoming stigma which is a significant barrier for people in accessing care.

Recommendation 6*: Ensure that the oral health workforce has access to training and development in trauma informed care and overcoming stigma.*

Implementing the *National Oral Health Plan (2025-2034)*

Funding needs to be provided to resource the National Plan when it is launched. This includes funding for prevention.

Recommendation 7: Invest in the National Plan, including providing funding for prevention programs.

The National Plan needs to have clear targets and indicators and ongoing governance oversight with clear reporting time periods to track the progress of the Plan when it is launched.

The Health Ministers Governance Group which has been established to develop the Plan, could continue beyond this initial mandate and act as the oversight body into the future. We would also recommend that the Governance Group is expanded to include input from people with lived experience and community organisations.

Recommendation 8: *Provide a robust framework for measuring the outcomes of the plan and a governance structure that includes people with lived experience.*