

Policy 1.03 AOHPI Position on the Child Dental Benefits Schedule

Ensuring that eligible families are aware.

Oral health is a critical component of overall health and wellbeing, particularly for children. In Australia, poor oral health contributes significantly to potentially preventable hospitalisations (PPH). For children, the negative impacts of poor oral health are known to include chewing and speech impairment, school absenteeism and decline in academic performance, psychological issues, problems with sleep and irritability.ⁱ

Daily in Australia children undergo general anaesthesia within a hospital to have multiple decayed, infected and painful teeth extracted or filled. Premature removal of teeth due to decay and infection in turn affects the future oral health of these children as they become adults. Almost all oral diseases are preventable. Low awareness of the impacts of poor oral health, high cost of accessing dental treatment, lack of timely access to dental services and competing priorities, remain the major barriers to oral healthcare for families and therefore children. Addressing these barriers and improving access to early and preventive oral healthcare within the community is essential in reducing this burden on the healthcare system and improving the health outcomes of young Australians.

Background

- In 2021–22, dental conditions were the most common health condition leading to PPH.ⁱⁱ Approximately 79,000 hospitalisations for dental conditions could have been avoided with earlier treatmentⁱⁱⁱ.
- Children aged 5-9 had the highest rate of PPH during this period. In total, 29,381 children aged 0-14 were hospitalised for dental conditions that may have been prevented with timely oral health care^{iv}.
- Reducing PPH due to dental conditions is a key performance indicator of the National Oral Health Plan 2015–2024^v.
- Cost is one of the most significant barriers to access for dental care, with many people avoiding or delaying oral health check-ups and treatment^{vi}.

Facts about the Child Dental Benefits Schedule (CDBS)

The Child Dental Benefits Schedule was introduced in 2014. It provides eligible children across Australia access to essential dental care in either the private or public sector in their community. The program aims to promote early and preventive dental care for children, reducing the risk of severe dental issues later in life. This not only benefits children's oral health but potentially reduces demand on the public healthcare and hospital system.

The CDBS helps cover the cost of basic dental services for eligible children in Australia. Eligibility is determined by families receiving a qualifying Centrelink payment, such as Family Tax Benefit A. The CDBS is available to eligible children aged 0-17 years. Eligible participants can claim up to \$1095* in dental services over a two-year calendar period.

Approximately three million children (approx. 50% of all children aged 0-17 years)^{vii} are eligible for the CDBS nationwide. Despite the significant benefits, the uptake of the CDBS remains low. At full participation, the CDBS would cost around \$1.5 billion annually but the actual spend on CDBS is only approx. \$350 million each year, projected from historical usage data. This leaves over \$1 billion annually, of unused funds that could be accessed to improve the oral health and wellbeing of children across the country.

A national CDBS awareness campaign targeting priority groups and communities could help reach and treat the eligible children who are currently missing out, leading to reduced hospitalisations and vastly improved oral health outcomes, including changing their teeth's trajectory throughout their lives into adulthood.

Improving the Oral Health of Children in Australia

The Issue: Low Uptake of the CDBS

Currently, the CDBS program is underutilised, with a significant portion of eligible families not accessing the available funding for their children's oral health care. The Fifth Review of the Dental Benefits Act 2008^{viii} showed that many children do not reach the benefit cap, indicating that most items of service are preventive items. This data suggests that the children who do access the CDBS may not be from the highest risk groups. Many families remain unaware of the CDBS as a whole or are not aware of their eligibility or the benefits provided by the scheme. The low awareness and low utilisation contribute to higher rates of hospitalisations for dental conditions that could have been prevented with earlier care.

The Solution: Raising Awareness

The Australian Oral Health Policy Institute (AOHPI) recognises the potential of the CDBS to make a measurable difference in children's oral health across the nation.

A motivational awareness campaign for CDBS utilisation targeting high risk families, including those from low socio-economic backgrounds, culturally and linguistically diverse communities, living in rural and remote regions, Aboriginal and Torres Strait Islander children and those with disabilities is urgently required. It is crucial to ensure that participation in the CDBS increases incrementally over time and that the available funds are increasingly utilised. A campaign budget of \$50 to \$100 million, representing just 3-7% of the annual CDBS allocation at full participation, could significantly enhance the reach of the program and see more eligible children from high-risk groups receiving the dental care they need.

Conclusion

AOHPI strongly supports a national, targeted awareness campaign to boost participation in the CDBS. Increased awareness of the CDBS will lead to improved oral health outcomes for children living in Australia, reduced hospitalisations, and a more efficient healthcare system. By ensuring that eligible families are informed, motivated and empowered to access the CDBS within dental services in their communities then significant impacts on oral health outcomes that extend throughout the lifespan can be achieved.

* The cap amount of \$1095 was valid at the time of the policy development in 2024. The cap amount is indexed annually to CPI.

References

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- ⁱⁱ AIHW Potentially preventable hospitalisations in Australia by small geographic areas, 2020-2021 to 2021-2022
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- ⁱⁱⁱ AIHW Potentially Preventable Hospitalisations 2020-2022
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- ^{iv} AIHW Dental and Oral Health Care in Australia. Potentially Preventable Hospitalisations.
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- ^{vi} AIHW Dental and Oral Health Care in Australia. Costs
<https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/costs>
- ^{vii} Senate Community Affairs Committee. Questions on notice. Additional Estimates 2021-22 on Public dental services. 24 February 2022.
[https://www.aph.gov.au/api/qon/downloadestimatesquestions/EstimatesQuestion-Committeeld2-EstimatesRoundld13-Portfoliold12-QuestionNumber9#:~:text=The%20total%20population%20of%20children,were%20eligible%20for%20the%20CDBS.&text=The%20percentage%20of%20children%20aged,2021\)%20was%2019.8%20per%20cent.](https://www.aph.gov.au/api/qon/downloadestimatesquestions/EstimatesQuestion-Committeeld2-EstimatesRoundld13-Portfoliold12-QuestionNumber9#:~:text=The%20total%20population%20of%20children,were%20eligible%20for%20the%20CDBS.&text=The%20percentage%20of%20children%20aged,2021)%20was%2019.8%20per%20cent.)
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<https://www.health.gov.au/resources/publications/report-on-the-fifth-review-of-the-dental-benefits-act-2008?language=en>