



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

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# Fifth Review of the Child Dental Benefits Schedule

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Submission to the Dept of  
Health and Aged Care

August 2022

## ABOUT NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides \$4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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## Recommendations

NACCHO recommends:

1. Needs-based resourcing of ACCHOs to improve access to dental services and increase uptake of CDBS, including the provision of programs that promote preventative child dental health and assist clients with access to the CDBS.
2. Increase remote loading for the CDBS to address the higher costs of remote service provision.
3. Aboriginal and Torres Strait Islander Health Practitioners and other key staff should have access to the CDBS items for fluoride applications and other preventative measures.
4. ACCHOs and community-controlled RTOs are resourced to co-design and deliver training to support Aboriginal and Torres Strait Islander Health Practitioners to deliver preventive dental services.
5. The Commonwealth increase the number, and financial value, of the Puggy Hunter Memorial Scholarship to ensure sufficient financial support for Aboriginal and Torres Strait Islander people studying to become dental practitioners.
6. In line with Priority Reform 3, there is monitoring of and public reporting around cultural safety accreditation for dental schools.
7. Mainstream dental providers ensure all clinical and non-clinical staff undertake cultural-safety training.
8. The Department work with NACCHO to determine the level of unmet demand for dental services in ACCHOs.
9. CDBS access and outcomes data for Aboriginal and Torres Strait Islander children and their families in an accessible format should be made available for Aboriginal and Torres Strait Islander people and communities to inform local decision-making.
10. Implementation of outcomes-based performance indicators for the CDBS, which account for Aboriginal and Torres Strait Islander children.

## Introduction

NACCHO welcomes the opportunity to provide a submission to the Fifth Review of the Child Dental Benefits Schedule (CDBS). NACCHO would like to acknowledge the valuable input received from the Aboriginal Medical Services Alliance Northern Territory in this submission.

Aboriginal and Torres Strait Islander children have much higher rates of dental disease than their non-Indigenous counterparts across Australia, which can be largely attributed to the social determinants of health.<sup>1</sup>

The impacts of oral disease on Aboriginal and Torres Strait Islander people's lives are especially pervasive given higher rates of comorbidity. Dental caries and periodontal disease cause significant morbidity through pain, infection and tooth loss, resulting in deteriorating function.<sup>2</sup> Oral disease also contributes to the chronic disease burden through worsening of cardiovascular disease<sup>3</sup> and diabetes mellitus<sup>4</sup> outcomes – two prevalent causes of death and disability among Aboriginal people.<sup>5</sup> Early intervention in oral health is therefore important. However, Aboriginal and Torres Strait Islander people are and also less likely to receive the dental care that they need than other Australians.

The lower access to dental care in Aboriginal and Torres Strait Islander children and more specifically younger Aboriginal and Torres Strait Islander children warrants innovation and policy reform. Whilst the structure and administration of the CDBS has improved access for sections of the community, there remains a gap for Aboriginal and Torres Strait Islander communities who require urgent additional support to access dental services.<sup>6</sup>

Policy interventions should respond to and be implemented in accord with the National Agreement on Closing the Gap (National Agreement). They should be designed in partnership with Aboriginal and Torres Strait Islander people, support the Aboriginal and Torres Strait Islander community-controlled sector, address racism, support culturally-safe service provision and improve data availability to Aboriginal and Torres Strait Islander people and organisations. It is worth briefly expanding on the intent and scope of the National Agreement, to clearly delineate government commitments and ongoing obligations.

## National Agreement

In July 2020 the Australian Government, all state and territory governments, and the Coalition of Peaks signed the *National Agreement on Closing the Gap* (National Agreement). The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians. All governments have committed to the implementation of the National Agreement's four Priority Reform Areas, which

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<sup>1</sup> Australian Medical Association (2019) 'AMA Report card on Indigenous health. No more decay: addressing the oral health needs of Aboriginal and Torres Strait Islander Australians'. AMA

<sup>2</sup> Slade GD et al (2007) 'Australia's Dental Generations: The National Survey of Adult Oral Health 2004-06. Canberra' Australian Institute of Health and Welfare

<sup>3</sup> Demmer RT et al (2006) 'Periodontal infections and cardiovascular disease: The heart of the matter.' J Am Dent Assoc. 137: pp145-205.

<sup>4</sup> Taylor GW (2008) 'Periodontal disease: Associations with diabetes, glycaemic control and complications.' Oral Dis. 14(3) pp191-203.

<sup>5</sup> Centre for Epidemiology and Evidence (2012) 'The Health of Aboriginal People of NSW: Report of the Chief Health Officer. New South Wales Ministry of Health;

<sup>6</sup> Storman et al (2022) 'Has the Child Dental Benefits Schedule improved access to dental care for Australian children?' Health Soc Care Community.

seek to bring about structural change to affect ways in which governments work with Aboriginal and Torres Strait Islander organisations, communities, and individuals. The four Priority Reforms are:

**Priority Reform Area 1 – Formal partnerships and shared decision-making**

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

**Priority Reform Area 2 – Building the community-controlled sector**

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people, and are often preferred over mainstream services.

**Priority Reform Area 3 – Transformation of mainstream institutions**

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

**Priority Reform 4 – Sharing data and information to support decision making**

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

## Response to the review questions

**Question 4: Do you think the Child Dental Benefits Schedule is useful and accessible for First Nations children especially, those in rural or remote Australia?**

In 2015, some 45,396 Indigenous children received dental services under the CDBS, representing 20% of those eligible for these services. In comparison, 35% of eligible non-Indigenous children had received these services.<sup>7</sup> A 2019 study reported a decline in service utilisation by 16.3% after the first year of the CDBS.<sup>8</sup>

Between July 2015 and June 2017, Indigenous children aged 0–4 were hospitalised for dental conditions at 1.7 times the rate of non-Indigenous children (6.2 and 3.7 per 1,000, respectively) and those aged 5–14 were hospitalised at 1.3 times the rate (6.1 and 4.6 per 1,000, respectively).<sup>9</sup>

Data from the 2018–19 Health Survey shows that 6% of Indigenous Australians aged 15 and over were reported to have complete tooth loss, and a further 45% having lost at least one tooth.<sup>10</sup> More recent research, though based on only limited data, estimates Indigenous children are 73% less likely to have

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<sup>7</sup> AIHW (2020) 'Indigenous Health Performance Report' p5

<sup>8</sup> Putri et al (2019) 'Retrospective analysis of utilisation of the Australian Child Dental Benefit Scheme.' Australian Health Review, 44(2), pp 304–309.

<sup>9</sup> AIHW (2020) op cit, p6

<sup>10</sup> Ibid p6

adequate dental visiting habits than non-Indigenous ones<sup>11</sup>, and that the gap between utilisation of childhood preventive services shows ‘persistent inequalities’ with no evidence of convergence.<sup>12</sup>

These data are not unknown to the Department, yet there remain significant and persistent issues around access to the CDBS for Aboriginal and Torres Strait Islander children. These issues are compounded for people in regional, rural and remote areas where access to professional services is limited, and the cost of delivering services increased. Improvements are urgently needed.

### **Question 5: How could the Child Dental Benefits Schedule be improved to deliver effective dental services to First Nations children?**

The issue of improving effective dental services to Aboriginal and Torres Strait Islander children is less one of changing the CDBS (though some amendments are needed), than of structural reforms to address the inequities that the Schedule operates within. These are discussed below.

#### Support for ACCHO dental services

Aboriginal and Torres Strait Islander oral health and access to the CDBS is a key area requiring a partnership approach with Aboriginal and Torres Strait Islander people and organisations. In June 2019, the Department of Health commissioned NACCHO, in partnership with the Royal Australian College of General Practitioners (RACGP), to develop a national Core Services and Outcomes Framework (CSOF) for the Aboriginal and Torres Strait Islander community-controlled primary health care sector. The CSOF makes oral health a high priority within its domains of ‘community health promotion and empowerment’ and, ‘evidence-based clinical services’.<sup>13</sup> To inform partnerships, an adequate funding model is needed to ensure core clinical services can address unmet community need for dental treatment and dental hygiene.

The beneficial health outcomes for Aboriginal and Torres Strait Islander patients who are cared for by Aboriginal and Torres Strait Islander health staff are well documented<sup>14</sup> and recognised in key policy documents, including the *National Aboriginal and Torres Strait Islander Health Plan*, and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework*<sup>15</sup>. ACCHOs are the preferred model for delivery of Aboriginal and Torres Strait Islander primary care. Over 50% of Aboriginal and Torres Strait Islander people prefer to attend an ACCHO over a non-Indigenous practice and this number is growing. Though they are nascent, dental services are increasingly offered by ACCHOs. Improving the resourcing of and access to ACCHO dental services will support increased uptake of CDBS.<sup>16</sup>

ACCHOs are trusted by Aboriginal and Torres Strait Islander people and provide excellent opportunities for dental health promotion. Improving community perception of need through health

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<sup>11</sup> Storman et al (2022) ‘Has the Child Dental Benefits Schedule improved access to dental care for Australian children?’ Health Soc Care Community.

<sup>12</sup> Orr et al (2021) ‘Inequalities in the utilisation of the Child Dental Benefits Schedule between Aboriginal and non-Aboriginal children’. CSIRO

<sup>13</sup> NACCHO (2021) ‘Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care’. NACCHO Canberra.

<sup>14</sup> Daws K et al (2014) ‘Implementing a working together model for Aboriginal patients with acute coronary syndrome: an Aboriginal Hospital Liaison Officer and a specialist cardiac nurse working together to improve hospital care.’ Aust Health Rev; 38(5): 552–6

<sup>15</sup> Australian Government (202?) ‘National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework’

<sup>16</sup> Putri et al (2019). ‘Retrospective analysis of utilisation of the Australian Child Dental Benefit Scheme.’ Australian Health Review, 44(2), pp 304–309.

promotion is important for the enhancement of the CDBS<sup>17</sup> and can be achieved by leveraging the work done in other health programs. ACCHOs' roles in improving Aboriginal oral health would be strengthened by the development of transparent, long-term funding solutions that respond to community need,<sup>18</sup> including recognition of the higher costs of delivering services in rural and remote areas.

**NACCHO recommends** need-based resourcing of ACCHOs to improve access to dental services and increase uptake of CDBS, including the provision of programs that promote preventative child dental health and assist clients with access to the CDBS.

**NACCHO recommends** an increased remote loading for the CDBS to address the higher costs of remote service provision.

### Workforce development for multi-disciplinary, preventative child dental care

The ACCHO holistic model of care operates as a multi-disciplinary model of integrated care well suited to preventative child dental care. Central to the ACCHO model of care is the critical and trusted role of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner in supporting preventative care and improving community health literacy.

We know that levels of utilisation of preventative dental measures are significantly lower among Aboriginal and Torres Strait Islander people than non-Indigenous people across all child years.<sup>19</sup> In addition, numerous studies have found early oral health screening by non-dental professionals to be effective in the prevention of early childhood caries.<sup>20</sup> Yet, access to CDBS items is restricted to dental practitioners (dentists, dental hygienists, dental therapists, oral health therapists and dental prosthetists) reducing access for Aboriginal and Torres Strait Islander people. In the ACCHO context, screening and preventative oral care services such as topical application of remineralisation and cariostatic agents could be provided by a Aboriginal and Torres Strait Islander Health Practitioners, speech pathologists and other early childhood practitioners.<sup>21</sup> Appropriate non-accredited training is required to support effective delivery of preventative dental services, as well as strong pathways to accredited VET and tertiary training to support workforce development.

**NACCHO recommends** Aboriginal and Torres Strait Islander Health Practitioners and other key staff should have access to the CDBS items for fluoride applications and other preventative measures.

**NACCHO recommends** ACCHOs and community-controlled RTOs are resourced to co-design and deliver training to support Aboriginal and Torres Strait Islander Health Practitioners to deliver preventive dental services.

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<sup>17</sup> Storman et al (2022) 'Has the Child Dental Benefits Schedule improved access to dental care for Australian children?' Health Soc Care Community.

<sup>18</sup> Campbell et al (2015) 'The oral health care experiences of NSW Aboriginal Community Controlled Health Services' Australian and NZ J. of Public Health, p1

<sup>19</sup> Orr et al (2021) 'Inequalities in the utilisation of the Child Dental Benefits Schedule between Aboriginal and non-Aboriginal children'. CSIRO

<sup>20</sup> Heilbrunn-Lang et al (2019) 'Family-centred oral health promotion through Victorian child-health services: A pilot.' Health Promotion International, 35(2), 279–289.

<sup>21</sup> Storman et al (2022) 'Has the Child Dental Benefits Schedule improved access to dental care for Australian children?' Health Soc Care Community.

## Shortage of Aboriginal and Torres Strait Islander dentists

Representation of Aboriginal and Torres Strait Islander people within the dental practitioner workforce is very low. Limited access to Aboriginal and Torres Strait Islander dental-professionals within ACCHOs is a particular challenge.

Australian dental schools have been slow to embed cultural safety for Aboriginal and Torres Strait Islander People within their curricula, affecting their ability to recruit and graduate Aboriginal and Torres Strait Islander students.

Support for Aboriginal and Torres Strait Islander dental students is lacking. Despite a range of available scholarships, accessing them can be complex and their support insufficient. Between 2010 and 2019 only 29 Aboriginal and Torres Strait Islander students graduated as dental practitioners with support from the Puggy Hunter Memorial Scholarship (PHMS). Each year, half the dental students who apply for a PHMS miss out because there are insufficient scholarships available, and these are spread across the health sector.<sup>22</sup>

**NACCHO recommends** the Commonwealth increase the number, and financial value, of the Puggy Hunter Memorial Scholarship to ensure sufficient financial support for Aboriginal and Torres Strait Islander people studying to become dental practitioners.

In 2020, the Australian Dental Council introduced a new domain of cultural safety to the accreditation standards for dental practitioner programs in Australian dental schools. However, additional catalysts are needed.<sup>23</sup>

**NACCHO recommends** that in line with Priority Reform 3, there is monitoring of and public reporting around cultural safety accreditation for dental schools.

## Cultural Safety outside ACCHOs

Low uptake of the CDBS by Aboriginal and Torres Strait Islander children may also be impacted by reluctance to visit the dentist due to a lack of culturally safe care. This might include language and cultural barriers, lack of culturally appropriate services and a distrust of institutional care due to personal and historical experiences of systemic and interpersonal racism.

ACCHOs are therefore well suited to provide dental services for Aboriginal and Torres Strait Islander peoples, and the focus should be on increasing their capacity and capability to do so. However, whilst Aboriginal and Torres Strait Islander people have a clear preference for using Aboriginal and Torres Strait Islander services, the reality is that the limited availability of ACCHO dental services will mean that many will need to access a mainstream service. Mainstream workforces must therefore be sufficiently culturally competent to provide services to Aboriginal and Torres Strait Islander peoples.

**NACCHO recommends** mainstream dental providers ensure all clinical and non-clinical staff undertake cultural-safety training.

## Data limitations and the need for performance indicators

Data availability for Aboriginal and Torres Strait Islander people's access to the CDBS is limited.

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<sup>22</sup> Ibid p46

<sup>23</sup> Bourke, C et al (2021) 'Addressing the oral health workforce needs of Aboriginal and Torres Strait Islander Australians' Australian Health Review, p45



The limited data NACCHO has available on the provision of dental services indicates that in 2020-21, there were approximately 70,000 ACCHO dental-service client contacts nationally. These services were provided by around 140 paid dentists and dental support staff, of whom around 60 were Aboriginal and/or Torres Strait Islander. However, some 40 unpaid staff also provided dental services.<sup>24</sup> The latter estimate suggests that ACCHOs may be shifting resources from other areas of need to cover high demand for dental-services, and are doing so without any corresponding funding. This is supported by a 2015 study of ACCHO dental services in NSW.<sup>25</sup> If this demand were adequately satisfied by ACCHOs, it is likely that awareness of, and assistance with accessing the CDBS would increase.

**NACCHO recommends** the Department work with NACCHO to determine the level of unmet demand for dental services in ACCHOs.

An audit of the CDBS after its first year of implementation recommended that performance indicators needed to be defined; simply monitoring the number of children accessing the schedule was not sufficient to demonstrate the performance of the schedule.<sup>26</sup> The Department of Health agreed to this recommendation, however, no action against it has been published to date.

**NACCHO recommends** CDBS access and outcomes data for Aboriginal and Torres Strait Islander children and their families in an accessible format should be made available for Aboriginal and Torres Strait Islander people and communities to inform local decision-making.

**NACCHO recommends** implementation of outcomes-based performance indicators for the CDBS, which account for Aboriginal and Torres Strait Islander children.

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<sup>24</sup> NACCHO (2020) unpublished data.

<sup>25</sup> Campbell et al (2015) 'The oral health care experiences of NSW Aboriginal Community Controlled Health Services' Australian and NZ J. of Public Health.

<sup>26</sup> Australian National Audit Office (2015). 'Administration of the Child Dental Benefits Schedule.' Commonwealth of Australia, Canberra