Oral Health Care System in Australia

Posted on September 22, 2018

Introduction

Taking care of oral hygiene is an important part of an individual's life. Good oral hygiene helps maintain good breath, keeps the teeth from decaying, and prevents gum diseases. Gum diseases can prove to be risky as they cause severe health problems. Oral health care institutes play an important role in providing good dental care to people and in spreading awareness regarding diseases that can be avoided. The current paper analyzes the oral health care delivery system in Australia. The discussion will begin with the current structure of oral health care systems in Australia and how it impacts oral health outcomes for Australian citizens. The policies and guidelines associated with oral health care systems will also be discussed. The present paper will also analyze the adverse effects on the delivery of dental care that is provided to individuals. It will provide knowledge regarding funding for oral health as well as the factors on which oral health is dependent in Australia. This paper will also highlight the determinants of oral health in Australia.

Description

Before delving into the discussion of the oral health care system present in Australia, a definition of the health system will be provided. The World Health Organization has defined health systems as the activities performed with the purpose of promoting, restoring, and maintaining health. According to this definition, a good healthcare system is one that is efficient in providing quality services to people everywhere, in any place, and at any time. The Australian healthcare system is an ambidextrous network that consists of settings and services with the involvement of private and public care providers, funding systems, regulators, and legislative bodies (Chrisopoulos et al., 2016). While looking at the oral health workforce in Australia, it is evident that the workforce is based on a wide range of people who provide care and support to the citizens through both private and public sectors (Brennan et al., 2008). There are various professional roles in Australia found in the occupations that provide healthcare services to the population, such as dentists (both general and specialists), dental hygienists, dental therapists, oral health therapists, and dental prosthetists. All these professionals work towards providing quality services to the population of Australia, whether through private institutes or public healthcare systems (Chrisopoulos et al., 2016).

There are two kinds of healthcare systems such as primary health care which is based on an individual's initial contact with the health system and covers care that is not associated with hospital visitation (Brennan et al., 2008). The primary health care system incorporates a wide range of activities such as promoting health, prevention, and intervention, treating various diseases, and also

managing chronic illnesses. This system also provides services that can be either community-based or patient-centered by sending a group of health experts. Such services make primary health care the best provider for treating and handling any severe or complicated health conditions. Different professionals from various fields are involved in the healthcare system, such as dentists, oral hygienists, dental specialists, and so on and so forth (Chrisopoulos et al., 2016). The primary health care system does not work in isolation, instead, it is involved in the larger picture where it operates with other services and acts as a gateway to the broader health system (Chrisopoulos et al., 2016). The secondary health care service consists of hospitals that are part of the bigger facility. Patients go to these facilities after being recommended by a specialist from the primary healthcare sector (Chrisopoulos et al., 2016).

The healthcare services provided by Australia constitute universal access to public hospitals and other funded services. Despite the problems that people have when it comes to accessing medical services in some areas, the service provided does lie close to the level of demand (Chrisopoulos et al., 2016). However, in the case of dental services, it should be kept in mind that oral health care is privately funded with a little help from private health insurance and government funding. Those people who seek private dental care rely on the system created by the public, while people with low earnings do not have access to such facilities (Brennan et al., 2008). A report on dental health was formulated by the National Advisory Council, which showed that the barriers created by the system prevent the majority from attaining dental care services as they do not have enough income or funds to support them. Over the years, there has been a clash between the workforce supply and the demand for services, which shows that the oral healthcare system was in a state of influx (Chrisopoulos et al., 2016).

However, while analyzing the current structures of oral healthcare systems in Australia, it should be noted that the demand for healthcare systems is being worked on to meet the demands of the growing population, such as the increasing tooth retention in senior citizens (Chrisopoulos et al., 2016). Healthcare services are being expanded to meet the requirements of people everywhere in Australia, and efforts are being carried out to spread awareness regarding the significance of oral health. Australian healthcare institutes are also working to make people aware of advanced restorative methods and technologies.

It should be noted that medicine and oral care are the two practices that have been treated differently by the health care systems, insurance funding companies, policy-making institutes, and public leads. Such attitude toward dentistry has led to a divide in the said field on a financial basis and the setting (Chrisopoulos et al., 2016). The current report on the Australian oral health care system highlights that dental care has become costly, and the patients, despite having private health insurance facilities, pay for most of it. Few Australian citizens are able to pay for the routinely dental checkups and extractions or fillings, however, for the majority of the citizens, it is difficult to visit a dentist and is most often considered a luxury. Under such conditions, people mostly look for pain relievers from pharmacists and emergency units, which adds more pressure on the health care services. It has also been reported that the state provides the public with dental care while, in the

case of private dental services, practitioners provide dental services. The Australian Future Health Workforce team works on gathering data and planning projects along with providing information on the Australian oral healthcare systems and the need for their services among a diverse population such as children, adults, the elderly, people with special needs and disabilities, low-income earners, people from urban and rural areas.

Aside from the structure of the oral healthcare systems, considering the expanses of dental services is important, especially for Australian citizens (Schwarz, 2006). The report from 2011 to 2012 shows that a total of $8.3 billion was spent on dental services, of which about $6.3 % was based on total health expenditure. It has been noted from past reports that the citizens have been responsible for providing funds for most of the dental services expenditure. However, from 2013 to 2014, around $155 billion was spent on healthcare services in Australia. A total of $145 billion from the mentioned number amounts to healthcare expenses. It has been observed that Australia has slowly and gradually started to show progress in working towards having a healthy population. Funding for healthcare systems is carried out by governmental institutes and nongovernmental agencies that work towards providing healthcare services to the people (Schwarz, 2006). The governmental sector includes local, state, and federal institutes that fund oral healthcare institutions. The government is in control of public hospitals, while private clinics are under the jurisdiction of the private sector that funds them, and the government still monitors them.

The government of Australia has put forward a set of policies related to the healthcare system. The regulation of these policies includes obedience to the rules, educating the practitioners and training the healthcare professionals, and providing assistance to the researchers to modify and improve the healthcare services that are needed by people all over Australia (Schwarz, 2006). The Public Health Association of Australia supports dental care by advocating that a universal and equitable dental service be created that is provided to all Australians. It also works towards utilizing an approach that encompasses the whole population of Australia, with the aim of integrating oral health care within the sphere of the primary healthcare system. The Public Health Association of Australia works towards providing assistance to those programs that are focused on formulating an oral health workforce and resources in the case of children and adult services. They also work towards providing healthcare services to remote areas, to people with special needs and disabilities, and to people belonging to various ethnic groups. Different strategies are created to keep the oral health care system flexible and free from any biases towards the diverse groups that are found in the population of Australia (Schwarz, 2006). The goal of this policy is to provide equal access to Australian citizens so that no group is left behind or prejudiced against when it comes to giving medical assistance. In addition to this, there are increased risks of oral disease in the disadvantaged groups. Therefore, they should be treated first so that their problems can be solved accordingly.

There are various factors that have an adverse effect on the delivery of oral health care services. People have reported that they have been discriminated against and faced inequality in oral health (Humphreys and Wakerman, 2008). Oral disease has been prevalent among the Aboriginal and Torres Strait Islander peoples, affecting them greatly. People with low incomes or people belonging to rural

areas with little to no access to oral healthcare facilities and immigrant groups from diverse backgrounds, along with older people who are dependent on others, have been facing problems in attaining oral healthcare services. Various barriers can be found that hinder the attainment of oral health care services for people belonging to middle to low-income areas (Humphreys and Wakerman, 2008). People who utilize public dental facilities are faced with the problem of waiting in line for hours all day, which mostly results in people giving up on dental checkups (Humphreys and Wakerman, 2008). Aside from this, those people who live in rural areas have little to no access to either the primary or the secondary healthcare systems. An estimated 46 percent of the adult Australian population has been observed making routine visits to oral healthcare institutes for dental checkups, while 22 percent of the population visits the dental clinic only when in need of medical assistance. This then points towards those people who have to go for more extractions due to not having regular checkups, which results in gum diseases and tooth decay (Humphreys and Wakerman, 2008). Aside from financial issues that have been ailing people, non-financial issues include people having to wait in lines all day due to having funds provided by the public sector (Humphreys and Wakerman, 2008). There are other barriers as well, such as people not being able to visit the dental clinics, as in the case of older people or people with special needs who need to be treated at home but cannot get access to any professional.

Conclusion

From the above discussion, it is clearly evident that maintaining good oral hygiene is essential as it prevents the decay of the tooth and also protects the gum from diseases that might become harmful. For someone who does not care about their oral health, it should be noted that it can lead to severe problems like stroke and even diabetes. Oral healthcare systems play an important role in helping individuals maintain good oral health. They spread awareness among the public about the harms of not maintaining oral care and also make people aware of the different methods that can be used for extraction and low-level fillings. Australian healthcare systems work on both private and public levels to provide individuals with medical assistance. The healthcare system web consists of practitioners, general dentists, dental specialists, oral hygienists, etc. The oral health care system is mostly privately funded, with little funding from the government and health insurance funds. Practitioners from primary health care centers provide services to Australian citizens everywhere. At the same time, secondary healthcare systems provide medical assistance to the general public who is able to go for routine dental care and extractions or low fillings. There are various factors that can affect the delivery of oral healthcare services, such as low financial income, which stops people from getting assistance from the proper healthcare centers. People who have health insurance have the benefits of availing the dental services, which shows that only a minority of the Australian population has access to these facilities. The needs of the diverse population should be addressed, such as the elderly and people with special needs and disabilities also deserve to receive oral health care services. The oral health care system in Australia needs to expand to meet the requirements of both urban and rural populations and address the issues that have been hindering dental visits.

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