Friends of Really Excellent Dentistry (FRED)
Submission to the Productivity Commission
Inquiry into Delivering Quality Care More Efficiently

Executive Summary

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. Less than two per cent of the health budget is currently directed to preventive health, despite clear evidence of the benefits for population health, economic productivity, and health system sustainability. Our research shows that there is a strong demand for education from the Australian community.

Friends of Really Excellent Dentistry (FRED) supports the Productivity Commission's focus on prevention and urges that oral health be embedded within the Commission's proposed National Prevention Investment Framework, collaborative commissioning models, and broader health system integration reforms. FRED is building digital health tools and platforms for individuals, health care and community service professionals to advance the oral health of all Australians.

The Australian Government has recently released its interim consultation framework for the new *National Oral Health Plan 2025–2034*. The draft vision of "Better oral health" is underpinned by principles of prevention, equity, system integration, workforce development and innovation.

Seven focus areas have been identified, including reducing the burden of oral disease, improving the effectiveness of prevention and promotion, closing the gap in oral health outcomes for Aboriginal and Torres Strait Islander peoples, improving equity of access, aligning and integrating oral health across the health system, supporting a sustainable workforce, and strengthening oral health research and data.

It is important that these priorities are built into the work of the Productivity Commission so that better oral health for all Australians can be realised.

We recommend:

1. Explicit inclusion of preventive oral health programs in the National Prevention Investment Framework, with dedicated funding to meet the Government's own 2030 prevention investment targets.
2. Investment in national digital health promotion platforms, such as FRED's, which deliver low-cost, high-reach preventive support and integrate seamlessly with existing services.

3. Integration of oral health into primary care through workforce training and Medicare-funded preventive services, consistent with recommendations of the Senate Select Committee Inquiry into the Provision of and Access to Dental Services in Australia.[1]
4. Strengthening of national oral health data collection to better inform policy and investment decisions.
5. Embedding equity in all oral health initiatives, with a particular focus on Aboriginal and Torres Strait Islander peoples, people living in regional and remote areas, and people on low incomes.

FRED stands ready to serve as a funded case study of how preventive digital health interventions can deliver measurable benefits across multiple government portfolios to improve health, boost productivity, and reduce downstream costs.

By investing in prevention, governments can reduce pressure on the health system, improve equity, and unlock long-term economic and social gains.

The case for preventive oral health

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.[2] 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.[3] 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.[4] 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.[5]

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.

---

[1] https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices

[2] AIHW, Health Expenditure Australia 2020–21

[3] AIHW, Potentially Preventable Hospitalisations 2020–21

[4] Grattan Institute, Filling the Gap Report (2019)

[5] Ibid

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. Less than 2 per cent of the total health budget is spent on preventive care, including oral health, despite overwhelming evidence of its long-term benefits.[6]

The Productivity Commission's interim report calls for a stronger focus on prevention, collaborative commissioning, and better system integration. Preventive oral health is a clear candidate for inclusion in these reforms.

An effective national framework for prevention must include oral health. Investment in preventive oral health programs will reduce preventable hospitalisations, improve health literacy, and reduce downstream costs to the health and aged care systems.

This aligns with the National Preventive Health Strategy 2021–2030 and Interim Framework on the *National Oral Health Plan 2025-2034,* which emphasises addressing chronic disease risk factors and reducing inequity through system-wide preventive action.[7]

Collaborative commissioning

Primary Health Networks, Local Hospital Networks, and Aboriginal Community Controlled Health Organisations have a central role to play in integrating preventive oral health into the programs they already deliver.

FRED's proposed digital tools and platforms will be the first of their kind: low-cost, scalable educational modules supported by digital tools designed for use by non-dental professionals in existing care settings. This includes bite-sized, evidence-based education, culturally safe resources, and tailored prompts that help people working in aged care, disability support, emergency housing, and family and domestic violence services to deliver brief preventive oral health interventions.

Each of these interactions are small but powerful, supporting timely identification, prevention and referral, and reducing long-term treatment costs and health system strain. As part of its development, the platform will also explore the safe and responsible use of AI to support personalised prevention, consistent with government priorities around digital innovation.

This solution aligns strongly with the Federal Government's five productivity pillars: it supports a more dynamic and resilient economy by addressing preventable disease; invests in human capital and workforce capacity by equipping frontline services; it harnesses the power of digital technology; and it supports more efficient delivery of high-quality, preventive support.

It also responds directly to system gaps identified in the Senate's report, *A system in decay: a review into dental services in Australia* (the Senate report), particularly the need for preventive and culturally safe care that meets people where they are.

---

[6] National Preventive Health Strategy 2021–2030

[7] https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030

Breaking silos and system integration

The Australian Government has formally recognised oral health as an essential part of general health. However, practical integration into the broader health system remains limited.

FRED's model supports this integration by equipping non-dentally trained health professionals with the knowledge and tools to provide preventive oral health support as part of their everyday practice.

This approach is consistent with the Senate report's recommendations that call for expanding the scope of practice across the health workforce to include basic oral health care. By embedding oral health into routine health and community services, we can ensure that preventive support reaches more Australians in a cost-effective and sustainable way.[8]

FRED's mission and activities strongly align with the priorities set out in the Australian Government's interim consultation framework for the new *National Oral Health Plan 2025–2034*:

- Our digital education platform responds directly to *Focus Area 2* by improving the effectiveness of prevention and awareness raising through evidence-based tools that can be used in schools, aged care, disability, and other frontline settings.
- Our emphasis on workforce upskilling is consistent with *Focus Area 6*, supporting a sustainable and skilled workforce able to work to its full scope of practice.
- By leveraging new technologies to embed oral health into primary care and community services, FRED advances *Focus Area 5* on integration across the health system.
- Our commitment to culturally safe, equity-driven approaches aligns with *Focus Areas 3 and 4*, ensuring that people on low incomes, in regional and remote areas, and Aboriginal and Torres Strait Islander communities are prioritised.
- In addition, FRED's prevention-first, digital model supports the Plan's call for better data and evaluation under *Focus Area 7*.

By capturing real-world insights on oral health literacy and service access through our digital platform, we can contribute to building a stronger national evidence base. In this way, FRED is well placed to serve as an implementation partner and demonstration project within the new National Oral Health Plan, showing how digital, community-led prevention initiatives can help achieve the 2034 outcomes of reduced disease burden, improved equity, and better integration of oral health into the broader health system.

Evidence of cost-effectiveness

Preventive oral health measures are among the most cost-effective investments available in health. Each year, there are more than 67,000 hospitalisations for dental conditions that could have been prevented with earlier intervention.[9]

---

[8] https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000078/toc_pdf/AsystemindecayareviewintodentalservicesinAustralia.pdf

[9] https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/summary

Low-cost preventive measures such as fluoride varnish, dietary advice, and early screening have been shown to deliver substantial returns on investment by reducing the need for expensive treatment later.

The NSW Special Commission of Inquiry into Healthcare Funding observed that "It is nothing less than basic economics and logic that, if government aspires to provide (and fund and resource) what can properly be described as a universal healthcare system for its citizens, that healthcare system should seek to keep to a reasonable minimum the number of people who need costly acute care by providing services that significantly contribute to keeping people healthy."[10]

The Australian Health Promotion Association (AHPA) has highlighted that every dollar invested in prevention delivers a conservative $14.30 in avoided healthcare and societal costs.[11] However, institutional barriers, short-term political cycles, and fragmented responsibilities across government continue to impede long-term investment in prevention.

FRED's focus on prevention tackles the root causes of oral disease before escalation into complex and costly health issues. By investing in education, timely preventive intervention, and community-led programs, we aim to reduce avoidable hospitalisations, emergency visits and the need for costly restorative treatments.

We believe that prevention of oral disease (affecting teeth, gums, soft tissues and jaw system) includes not just primary prevention of tooth decay (stopping disease ever starting in teeth) but also lifelong preventive strategies for all parts of the mouth, to ensure the best functional, cosmetic and general health outcomes. Even when a person has no teeth, a healthy oral environment, and the health of any artificial teeth is important for their general health and wellbeing.

This prevention-first approach is not only better for people's health and wellbeing, it has the positive flow on effect of easing pressure on our overall public health system, and boosting productivity by keeping people healthier, at work and in school.

Research shows that Australians lose an estimated 2.4 million workdays each year due to oral disease, with over $550 million in lost productivity annually.[12]

Our focus on developing solutions grounded in prevention will not only benefit the health and wellbeing of Australians, it will mean fewer days lost, fewer hospital beds taken, and significantly less strain on household budgets and public spending.

Recommendations

To fully realise the benefits of preventive oral health, FRED recommends several key actions.

Recommendation 1

Preventive oral health programs should be explicitly included in the National Prevention Investment Framework, with dedicated funding attached. This will support delivery of the National Preventive Health Strategy target of allocating 5 per cent of total health expenditure to prevention by 2030.

---

[10] https://www.health.nsw.gov.au/Reports/Publications/special-commission-inquiry-funding.pdf
[11] https://healthpromotion.org.au/common/Uploaded%20files/Resources/Why%20invest%20in%20HP.pdf
[12] Senate Interim and Final Reports (2023); Grattan Institute, *Filling the Gap*

Recommendation 2

Governments should fund and scale digital health promotion platforms, such as FRED's, which can deliver low-cost, high-reach oral health education in ways that integrate seamlessly with existing services.

Recommendation 3

Integrate oral health into primary care, supported through workforce training and Medicare-funded preventive services, consistent with recommendation 4 of the Senate Select Committee Inquiry into the Provision of and Access to Dental Services in Australia:

Recommendation 4: The committee recommends that the Australian Government establishes a taskforce within the Department of Health and Aged Care, overseen by a Chief Dental and Oral Health Officer, to identify and progress opportunities to integrate oral and dental health care into primary health care. [13]

Recommendation 4

National oral health data collection should be strengthened, in line with recommendations from the Senate Select Committee Inquiry into the Provision of and Access to Dental Services in Australia, for regular population studies, to ensure policy decisions are informed by accurate and timely evidence:

Recommendation 1: The committee recommends that the Australian Government considers commissioning biennial national oral health studies—incorporating consistent measures of oral and dental health, habits and practices, service utilisation and outcomes—alternating between adults and children.

Recommendation 2: The committee recommends that the Australian Government commissions research using data from the Longitudinal Study of Australian Children (LSAC), the Longitudinal Study of Indigenous Children (LSIC), and the Household, Income and Labour Dynamics in Australia (HILDA) to provide insights into:

- *oral health status, habits and practices, service utilisation, knowledge and awareness according to demographic factors;*
- *the way in which dental habits, oral health issues and dental service access interact with demographic factors;*
- *how habits and practices change across the life-course; and*
- *long-term outcomes and impacts.*

The research should be used to inform design and promotion of dental programs for children and to better target funding. [14]

---

[13] https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Dental_Services_in_Australia/DentalServices/Final_report/List_of_recommendations

[14] Ibid

Recommendation 5

Equity must be embedded in all oral health initiatives by prioritising preventive programs for Aboriginal and Torres Strait Islander peoples, people in regional and remote areas, and people on low incomes.

Conclusion

Australia has the knowledge and tools to prevent most oral disease. What has been missing is the investment in prevention and the integration of oral health into broader health reforms.

The Productivity Commission's inquiry into delivering quality care more efficiently presents a timely opportunity to address this gap. By embedding oral health into prevention frameworks, commissioning models, and integration reforms, governments can reduce costs, improve equity, and ensure better health outcomes for all Australians.

FRED stands ready to work with governments, Primary Health Networks, Local Hospital Networks, Aboriginal Community Controlled Health Organisations, and community organisations to make preventive oral health a cornerstone of Australia's care economy.

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.

Maintaining good oral health requires access to trusted information and lifelong support, which isn't available to all Australians. This is due to cost, lack of access to appropriate services, and a system that treats oral health as separate from the rest of health care.

Every year, over 80,000 Australians end up in hospital with preventable dental conditions. Tooth decay remains one of the most common chronic diseases in the country - affecting one in three adults and one in four kids aged 5 to 10.

People on low incomes, people living outside cities, and Aboriginal and Torres Strait Islander peoples are more likely to experience avoidable pain, infection, and complications.

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.

Contact

Dr Alexandra Jones, BDS (Hons I), BSc Dent (Hons I), PhD, FRACDS, FICD
Chair and Co-Founder
Friends of Really Excellent Dentistry

E | hello@fred.org.au

www.fred.org.au