



Submission

National Oral Health Plan 2025-2034 Framework Consultation

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Submitted by

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<https://wwwa.org.au/>

Acknowledgement of Country

The Working with Women Alliance (WwWA) acknowledge the Traditional Owners of the land on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present and future. We value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We extend our respect to Aboriginal and Torres Strait Islander women who for thousands of years have preserved the culture and practices of their communities on country. This land was never surrendered, and we acknowledge that it always was and always will be Aboriginal land. We acknowledge the strength of Aboriginal and Torres Strait Islander people and communities. We acknowledge that Australian governments have been complicit in the entrenched disadvantage, intergenerational trauma and ongoing institutional racism faced by Aboriginal and Torres Strait Islander people. We recognise that Aboriginal and Torres Strait Islander people must lead the design and delivery of services that affect them for better life outcomes to be achieved.

About Us

The Working with Women Alliance (WwWA) represents two key portfolios: National Women's Safety (NWS) and National Women's Equality (NWE). The WwWA connects the critical areas of gender-based violence prevention and the advancement of women's economic equality and leadership, bridging these important policy fields for greater impact. We work with members and stakeholders, including the Australian Government, to provide expertise and advice on gender equality and women's safety.

What are the strengths of the way oral health is supported in Australia?

A key strength in Australia's approach to oral health is the development of targeted programs that address the specific needs of priority populations.

In Western Australia, the Healing Smiles¹ program has shown how trauma-informed care can support recovery for women affected by family and domestic violence. By linking caseworkers with volunteer dentists and specialists, the program has provided free treatment to more than 240 women, including a significant number of Aboriginal women, and created pathways back to health and community.²

Other initiatives show the value of collaboration and innovation in reaching those most excluded from mainstream services. Filling the Gap uses a network of volunteer practitioners to provide both treatment and education for women escaping violence, migrant and refugee women, and other population groups who would otherwise go without.³ Similarly, the Smile Mum Program has demonstrated how integrating oral health into prenatal care can improve health outcomes for pregnant women and children.⁴

What could be improved in the way oral health is supported in Australia?

Oral health in Australia requires a more intersectional approach to better support women across different life stages and circumstances. Without this, any improvements under broad policies like 'equity of oral health access' or 'oral health prevention and promotion' will likely overlook the unique barriers to dental support that women face.

Gender-Based Violence

Gender-based violence (GBV) has a direct impact on oral health, with injuries from physical violence, stress-related conditions, and dental neglect all common outcomes.⁵ Yet dental professionals report feeling unprepared to recognise or respond to signs of

¹ Healing Smiles, 2024, <https://healingsmiles.com.au/our-story/>

² Hon. Simone McGurk, 2022, *State Government supports dental program healing smiles*, Government of Western Australia, <https://www.wa.gov.au/government/media-statements/McGowan%20Labor%20Government/State-Government-supports-dental-program-healing-smiles-20221210>

³ Filling the Gap, <https://www.fillingthegap.org.au/about-us/>

⁴ Elizabeth Russell, *Smile Mum Study*, https://www.heti.nsw.gov.au/__data/assets/pdf_file/0009/455616/Elizabeth-Russell-Final-Report.pdf

⁵ Snehasish Tripathy, Dilip Kumar, Vini Mehta, Ahmad Neyazi, Prakasini Satapathy, Sarvesh Rustagi, Shakila Momtaz, Bijaya Kumar Padhi, 2024, *Bearing the marks: understanding how domestic violence affects oral health*, International Journal of Surgery: Global Health, https://journals.lww.com/ijsglh/fulltext/2024/01010/bearing_the_marks__understanding_how_domestic.5.aspx

GBV.⁶ Many victim-survivors do not disclose abuse due to time pressures during consultations, the presence of other staff, language barriers, or fear of being judged.⁷ Further, while the public health system provides a basic level of care, major oral health needs are not typically covered, leaving many victim-survivors facing significant costs for treatment. Initiatives to integrate GBV into dental services remain limited, despite their value in equipping future and current dentists with the skills to recognise and respond appropriately.⁸ Without adequate training and clear referral pathways, the dental profession is unable to fulfil its potential role in supporting women experiencing violence. Providing trauma informed care to survivors of violence is a crucial step in healing from the trauma of violence.

Pregnancy

Pregnancy is another critical area where oral health support falls short. Hormonal changes, dietary shifts, and morning sickness increase the risk of dental problems,⁹ while poor maternal oral health is linked to adverse pregnancy outcomes.¹⁰ Despite this, pregnant women underutilise dental services, with cost and ineligibility for subsidised care posing major barriers.¹¹ Many report receiving no oral health advice from antenatal providers,¹² missing an important opportunity for promotion and prevention. Greater collaboration between dental and maternity care is needed to address this gap and provide women with the information and access they need.

Economic Security

Financial insecurity compounds existing barriers to dental care, especially for women facing financial abuse or coercive control who often lack the independent resources

⁶ Danielle Toccalino, Cyndirela Chadambuka, Isabel Arruda-Caycho, Navya Arora, Margaret Powell, Carlos Quiñonez, Beverley M. Essue, 2025, *Roles of dentistry in identifying and supporting individuals who have experienced gender-based violence: a scoping review*, <https://bmjpublichealth.bmj.com/content/3/1/e001770>

⁷ *ibid.*

⁸ Felicity Croker, Ann Carrington, S Baker, William Shield, Casey Burmeister, Winson Chan, 2017, *Recognising and responding to domestic violence: exploring the role of student dentists*, https://www.ruralhealth.org.au/14nrhc/sites/default/files/Crocker%2C%20Felicity_E4_0.pdf

⁹ Andrew Cramb, 2021, *Women's oral health through the life stages*, James Cook University, <https://www.jcu.edu.au/this-is-uni/health-and-medicine/articles/a-smile-for-life-womens-oral-health-through-the-life-stages>

¹⁰ University of Sydney, 2021, *Good oral health in pregnancy could help reduce risk of premature birth*, <https://www.sydney.edu.au/news-opinion/news/2021/11/18/oral-health-in-pregnancy-could-help-reduce-risk-of-pre-term-birt.html>

¹¹ Annika Wilson, Ha Hoang, Leonard Crocombe, Heather Bridgman, Silvana Bettiol, 2023, *Exploring the experiences and perspectives of women on oral health during pregnancy: A qualitative study in Tasmania, Australia*, <https://onlinelibrary.wiley.com/doi/full/10.1111/cdoe.12900>

¹² *ibid.*

necessary to afford dental treatment. Women, particularly Indigenous women, are more likely than men to struggle with a \$200 dental bill.¹³ Due to extensive waiting lists for public dental services, there is an increasing reliance on credit cards, Buy Now Pay Later schemes, and no-interest loans to finance dental care.¹⁴ This trend places women, who are already overrepresented among low-income earners,¹⁵ at greater risk of accruing debt and experiencing financial hardship. In the past five years alone, over 1,100 no-interest loans have been taken out for dental treatment, the majority by women.¹⁶ Others are forced to withdraw from their superannuation under compassionate grounds, with the amount accessed for dental care increasing exponentially in recent years.¹⁷ No one should incur debt or compromise future retirement savings to meet essential oral health needs.

What single change would most improve oral health?

Putting dental care into Medicare would make significant improvements to oral health outcomes in Australia by making dental care more accessible. Currently, many delay dental treatment due to high out-of-pocket costs. Medicare coverage would reduce or eliminate these costs, encouraging regular check-ups and early intervention, which are critical for reducing preventable dental emergencies and complications.

Is there anything you would change about the framework?

While the proposed framework provides a strong foundation, there are several areas that need to be changed to ensure the next National Oral Health Plan reflects an intersectional and inclusive approach.

¹³ AIWH, 2024, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/costs>

¹⁴ Brotherhood of St Laurence & Good Shepherd, 2023, *Joint Submission to the Senate Select Committee into the Provision of and Access to Dental Services in Australia*, https://library.bsl.org.au/bsljspui/bitstream/1/13356/1/Joint_subm_Senate_Dental_services_inquiry_Jun2023.pdf

¹⁵ Department of the Prime Minister and Cabinet, *Women's economic equality*, <https://www.pmc.gov.au/office-women/womens-economic-equality#:~:text=Australia%27s%20industries%20and%20occupations%20are,when%20participating%20in%20the%20workforce.>

¹⁶ Brotherhood of St Laurence & Good Shepherd, 2023, *Joint Submission to the Senate Select Committee into the Provision of and Access to Dental Services in Australia*, https://library.bsl.org.au/bsljspui/bitstream/1/13356/1/Joint_subm_Senate_Dental_services_inquiry_Jun2023.pdf

¹⁷ Australian Taxation Office, 2024, *Applications received and approved*, <https://www.ato.gov.au/about-ato/research-and-statistics/in-detail/super-statistics/early-release/compassionate-release-of-super/applications-received-and-approved>

- Focus Area 2 should adopt a broader, intersectional lens to recognise how oral health promotion and prevention intersects with a range of factors like gender, housing, employment, and experiences of violence.
- Focus Area 4 does not adequately address the wide range of disparities in access. Focus Area 4.2 is vague on how equitable and affordable programs will be delivered and what specific inequities will be targeted. Focus Area 4.4 should explicitly name all groups who experience a higher burden of disease and more difficulty accessing oral healthcare to ensure they are not overlooked in policy or implementation. Any improvements under Focus Area 4.4 should be targeted to each specific population group instead of a one-size-fits-all approach.
- Focus Area 5.5 should reconsider reliance on voluntary accreditation. Voluntary schemes are unlikely to deliver consistent improvements in the safety and quality of services. Mandatory accreditation can be linked to licensing or tied to eligibility for funding or grants.
- Focus Area 6.3 currently refers to ‘cultural, structural and funding change’ in very broad terms. Consultation and co-design requirements should be explicitly included for any change in service delivery.
- Focus Area 7 should require data be disaggregated by gender, life stage, and socioeconomic status to address current evidence gaps.

Any other comments or suggestions on the framework?

The WwWA welcomes the suggested extension of oral health promotion into the community sector, noting that oral health cannot be addressed in isolation from the other systems that shape women’s lives. The following case study, provided with approval from the GoGo Foundation’s *Inclusive Work Program*, reflects the realities of many women – where long-term disadvantage, marginalisation, and experiences of family and domestic violence have resulted in severe oral health issues.

Case Study 3: Addressing Complex Oral Health Needs for Recovery and Employment

Childhood trauma, years of substance abuse, and domestic violence left one Inclusive Work Program participant with 90% of her teeth rotting or missing. She lived with constant pain in her teeth and gums, could only eat soft foods, and permanently covered her mouth when speaking due to shame. These oral health challenges led to social withdrawal, declining physical health, and a complete loss of self-confidence, creating a major barrier to gaining employment. Through advocacy, she was referred to SA Dental and was also supported to access an Indigenous oral health service as an Aboriginal woman. For immediate pain relief, she accessed private dental care through a referral coupon that

provided free emergency treatment. With further support, she attended an initial SA Dental appointment to begin the process for dentures. Due to the severity of her oral health issues, she will require hospital-based surgical removal of all her remaining teeth, followed by a healing period and then the denture process — a treatment pathway expected to take up to 12 months. Without consistent support to attend these appointments, she would likely disengage from treatment due to fear and the overwhelming nature of the process. Her case highlights that oral health is not just a clinical issue but a barrier to recovery, participation, and social and economic inclusion.

Public Dental Care

A key gap in this framework is the explicit investment in the public dental system. While Focus Area 4.3 acknowledges the long wait times for public oral health services – which can be as long as over 600 days¹⁸ – there is little mention of the necessary sustained funding models that would expand the capacity of the public system. Current Government investment in public dental care is inadequate to meet demand, resulting in consumers paying 60% of dental costs, a burden that has risen by \$1.4 billion over the past decade.¹⁹ Any framework that commits to reducing wait times for public dental services and ensuring programs are accessible should also outline resourcing and funding mechanisms.

Further, expanding eligibility of public dental care to include women affected by family and domestic violence is one concrete way the framework can immediately remove barriers and reduce preventable hospitalisations, in line with Focus Area 1.2.

Finally, the framework should provide a foundation for a long-term reform pathway towards including dental care under Medicare. By building equity and resourcing into the current framework, the Government can ensure budget sustainability through prevention and reduce cycles of poor oral health.

¹⁸ Olivia Willis, 2025, *Australians delay dental care and remain on long public wait lists, leading to more in hospital: report*, ABC News, <https://www.abc.net.au/news/health/2024-10-04/hospitalisations-dental-conditions-dentist-oral-health-report/104425230>

¹⁹ *ibid.*