

15 February 2022

Ms Natalie Suleyman  
Chair  
Legislative Assembly Legal and Social Issues  
Committee  
Parliament of Victoria  
Parliament House, Spring Street  
EAST MELBOURNE VIC 3002  
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Dear Chair,

**Re: Inquiry into Support for Older People from Migrant and Refugee Backgrounds**

I am writing to respond to the question taken on notice when cohealth appeared at the hearing for the Inquiry into Support for Older People from Migrant and Refugee Backgrounds on Monday 31<sup>st</sup> January 2022.

The question from Mr Neil Angus asked 'How many or what percentage of your clients are affected by long wait times to access dental care?'

In response, as at 31 December 2021 there were 5,999 clients waiting for general dental care at cohealth with an average waiting time of 43 months.<sup>1</sup> 3,479 clients have been waiting 24 months or longer.

The Committee may also be interested to know that in the 2020-21 year 42% of our oral health clients were over the age of 65. In the same year 77% of oral health clients over the age of 65 were born outside Australia.

Factors contributing to the increased waiting times have included:

- Clinic closures and the limitation of oral health service provision to emergency care only during COVID lockdowns, and
- reduced capacity due to density requirements and the additional time needed for cleaning, reducing the number of available appointments per day.

Since December 2021 cohealth has been able to offer approximately 1,200 clients vouchers to access care through a private dental practitioner, thereby reducing the number of people waiting on our general dental care waiting list, and reducing

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<sup>1</sup> <https://adavb.org/advocacy/campaigns/public-dental-waiting-times>

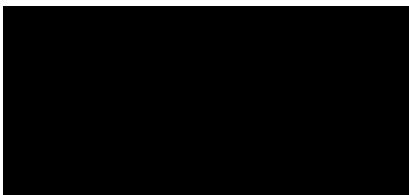
waiting times. Dental Health Services Victoria provided an additional funding grant in December 2021 to enable this to occur. While the use of vouchers has assisted us to address some of the immediate need, this approach fails to correct the underlying systemic issue of inadequate Federal and State funding for public oral health care.

It is also noted that cohealth presently has latent capacity in our Oral Health infrastructure, ie we are not funded to operate all of our dental chairs at full capacity. Access to additional funding would enable us to provide increased offers of care, thereby reducing waiting times.

In addition, preventative approaches to oral health care have the potential to reduce the number of people on the waiting list for general dental care. Innovative screening models, if supported by policy and funding, would see all clients waiting contacted and spoken to about their care needs. Using our bicultural and health concierge workforce, the most appropriate response for the person based on their clinical and social circumstance would be facilitated. It is expected this would improve both health outcomes and system efficiency with individuals receiving timely access to the right care, in the right way.

I would welcome the opportunity to further discuss these matters with you and can be contacted on [REDACTED].

Yours sincerely

A large black rectangular redaction box covering the signature area.

Christopher Turner  
Deputy Chief Executive