

Prevention Pays: Cutting the cost of dental hospitalisations

Key Insights Report

October 2025

Scan for full report



Good oral health is critical to a person's overall wellbeing and quality of life. It lets people eat, speak and feel confident without pain and discomfort. In NSW, not everyone has the same chance to enjoy good oral health. More people are ending up in hospital due to dental issues that could have been prevented through better access to dental care.

NCOSS worked with Mandala Partners to understand the scale of this problem, who it impacts most, and what it is costing our state.

Dental conditions are now the leading cause of preventable hospitalisations in NSW.

\$147m

\$147 million
annual cost to the
NSW public and private
health system



24,300
hospitalisations in 2022



13%
of total preventable
hospitalisations

If we don't act now, it will get worse.



\$212 million
Costs will reach \$212 million
annually by 2033, an
increase of 44%



35,100
hospitalisations in 2033

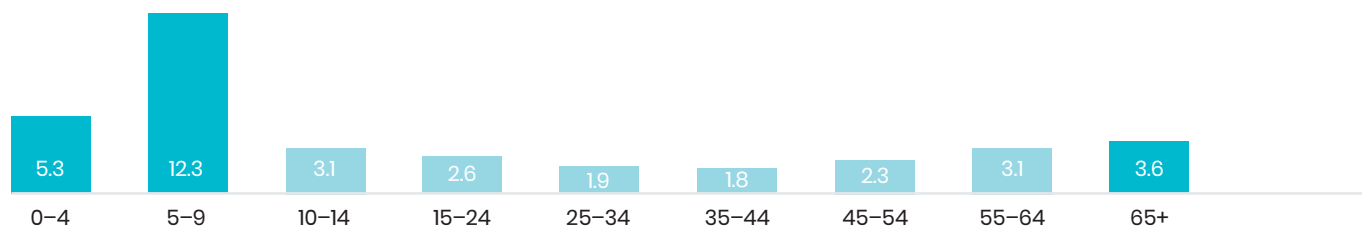


\$80 million
annual cost for children
0-14 alone

Young children, older people, First Nations people and remote communities go to hospital the most.

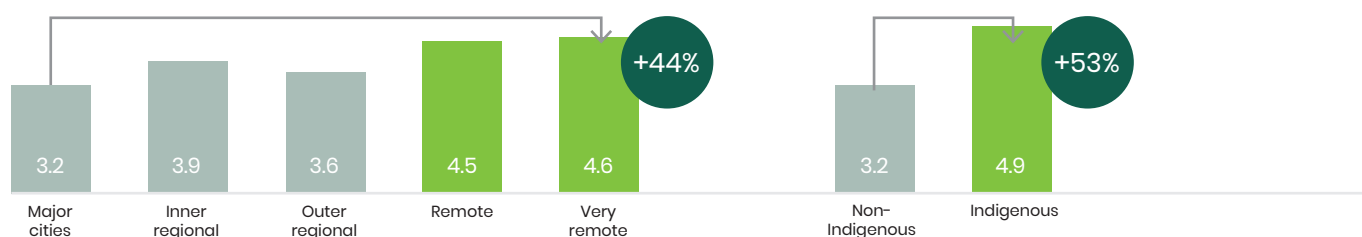
Potentially preventable hospitalisations by age group

Population rate per 100,000 of potentially preventable hospitalisations, 2022/23



Potentially preventable hospitalisations by demographic characteristic

Population rate per 100,000 of potentially preventable hospitalisations, 2022/23



Most of these preventable hospital visits occur because of complications from untreated tooth decay and cavities.

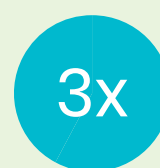
For children 0-14, tooth decay and cavities lead to hospital visits:



more than dental injury



more than other infection of teeth or gums



more than development disorders of teeth



Older people 65+ are **1.5x** more likely (than the next most common cause) to go to hospital for tooth decay and cavities.

Preventing tooth decay and cavities in groups most at risk is the solution.

WHAT Intended outcome	HOW Priority options include	COST Estimated funding needed (\$ million)
 Better awareness and access to dental care	 Expand public mobile dental programs in primary schools and remote communities	\$54.5m
	 Increase uptake of the Child Dental Benefits Schedule	\$3m
 More financial support to access private dental care	 Introduce one-off voucher for pensioners	\$65m
	 Provide travel & accommodation subsidies for general dental care through the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)	\$20m
 Culturally safe dental care and clean drinking water for First Nations communities	 Increase funding for First Nations-led dental care	\$4.6m
	 Provide clean, fluoridated drinking water in all First Nations communities in NSW	\$7m per community