

# **Narrowing the inequality gap in oral health and dental care in Australia**

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**Australian Health Policy Institute 2004**

**Poorer Australians have poorer oral health, leaving them with a range of adverse consequences for their everyday lives.**

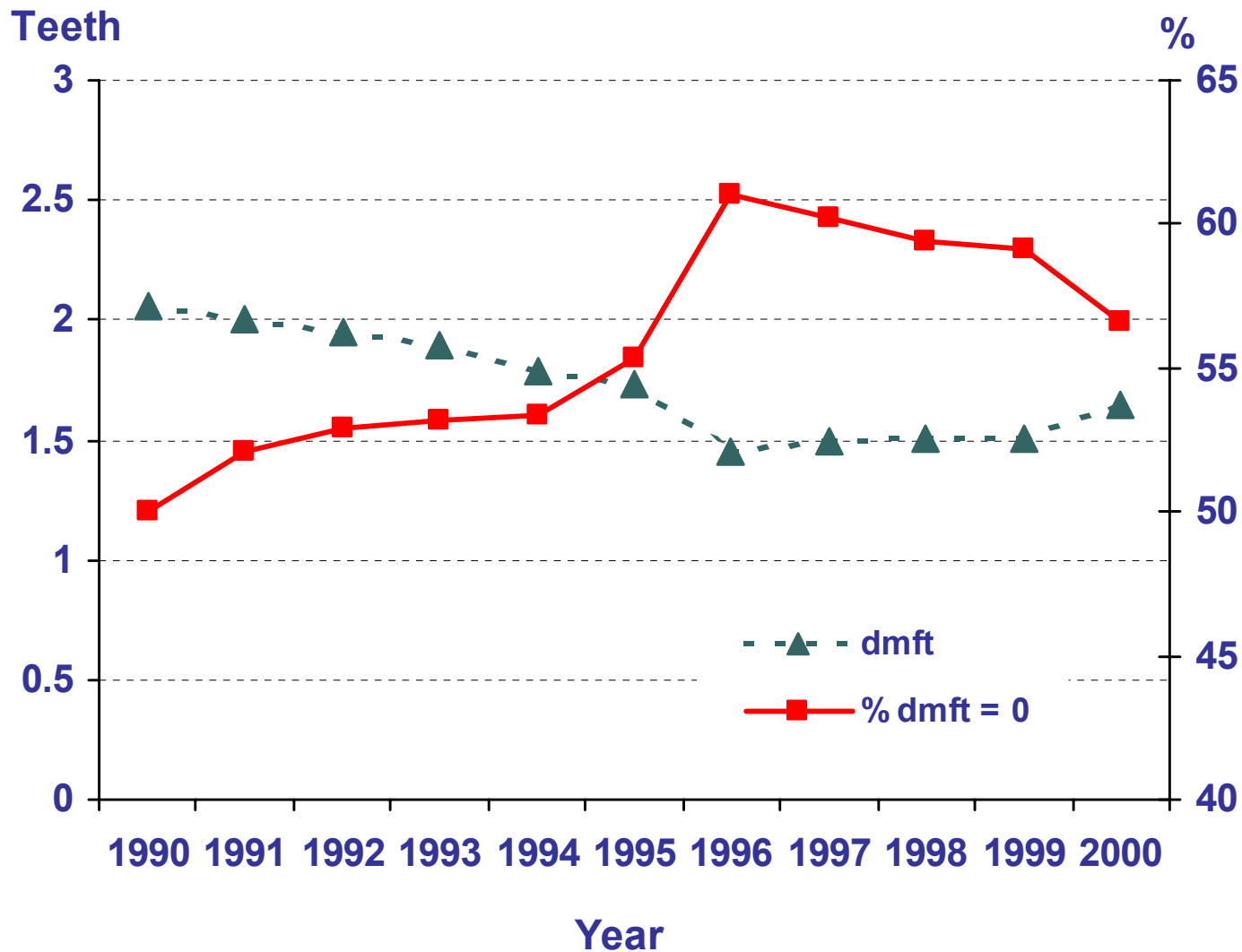
**Yet, poorer Australians have been penalised and the rich favoured in access to dental care.**

**A change in policy is required that will narrow the gap between rich and poor and produce a fairer, more equitable environment in which people strive for better oral health and fewer consequences of oral disease, aided by a supportive dental care system.**

# The purpose of this paper was:

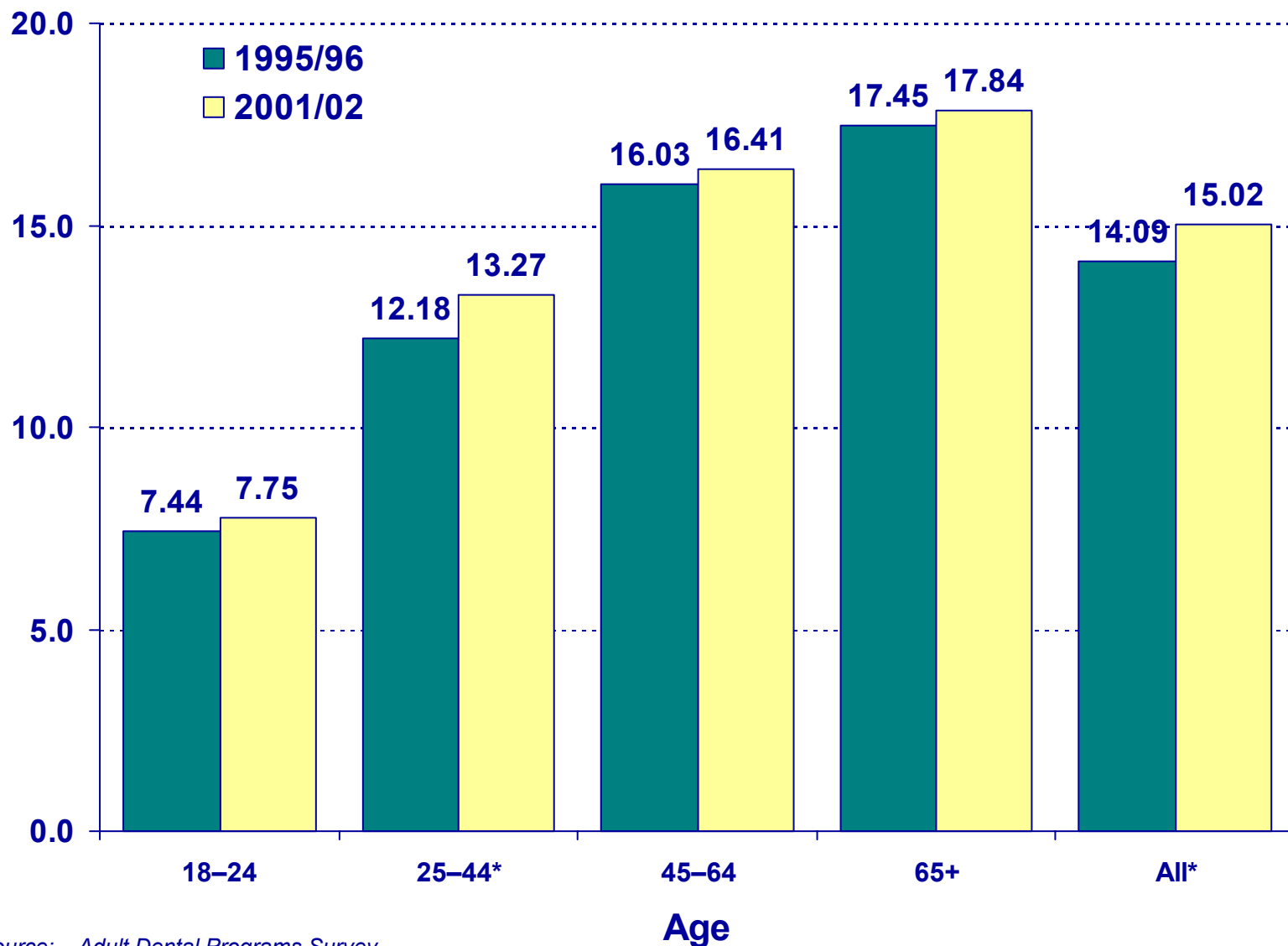
- to describe changes in oral health and social gradients in self-rated oral health, self-reported oral health and consequences of oral disease
- to describe changes in access to dental care
- to describe dental expenditure and how public subsidy varies by household income
- to discuss the inter-relatedness of oral and general health, and
- to discuss policy directions that could be pursued.

# Changing deciduous decay experience among Australian 6-year old children using the school dental service



Source: *Child Dental Health Survey*  
Armfield et al, 2003; 2004

# Changing decay experience of adults attending public dental services in Australia 1995–96 and 2001–02

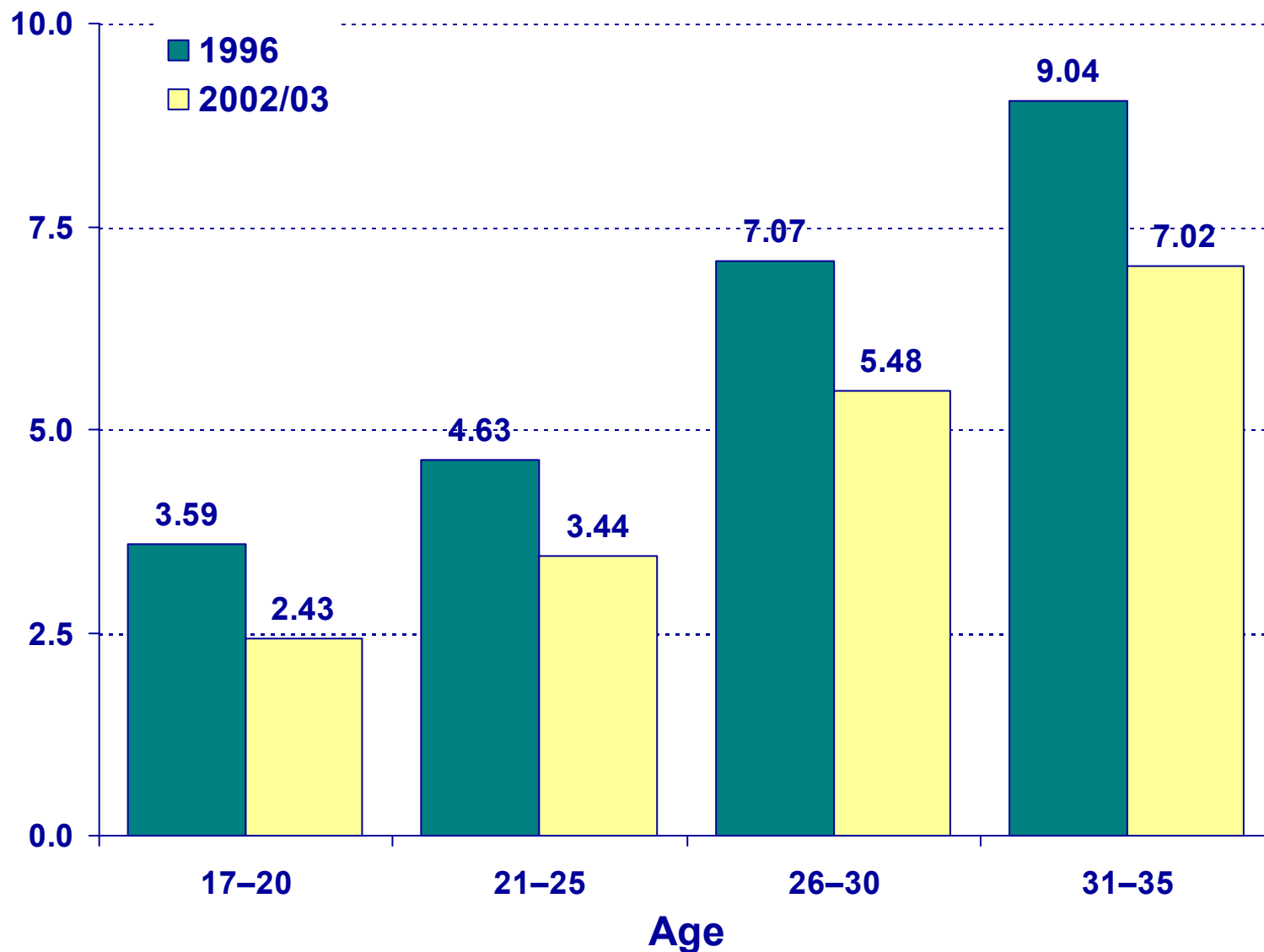


Source: *Adult Dental Programs Survey*  
Brennan and Spencer, 2004

**For the 50% of Australian children who visited the school dental services, decay experience deteriorated since 1996.**

**For the 34% of adults who were eligible and 30% of whom visited public dental clinics, decay experience deteriorated since 1995–96.**

# Changing decay experience of Army recruits between 1996 and 2002-03



Source: Hopcraft and Morgan (2003; unpublished data)

**Given the evidence of deterioration of one group and improvement in oral health in another group of the young adult population, it is tempting to propose that there has been a polarization of oral health occurring – poorer people's oral health was deteriorating while richer people's oral health was improving.**

# Social inequality in oral health

## Self-rated oral health

- global rating

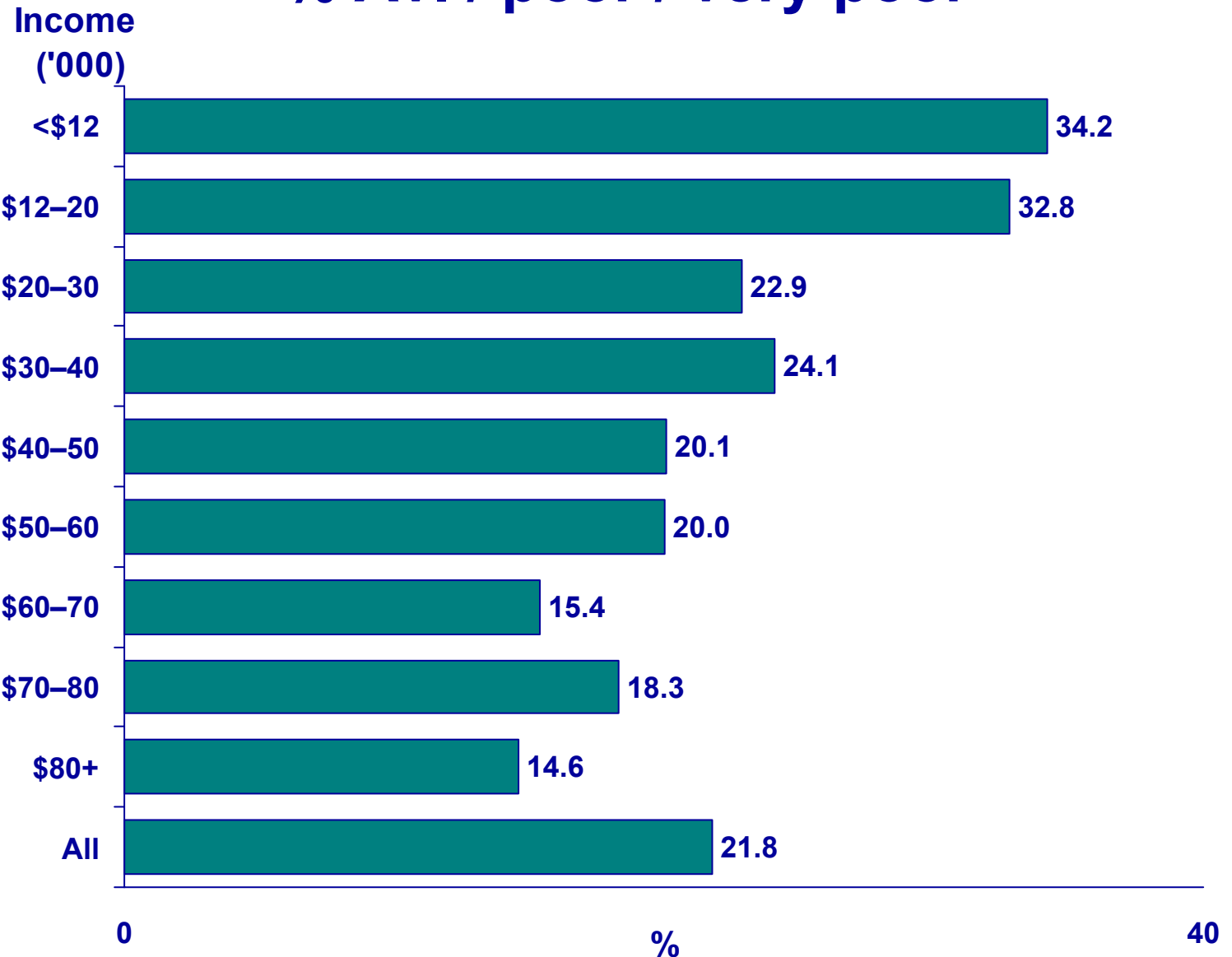
## Self-reported oral health

- edentulism
- missing teeth

## Reported social impacts

# Social inequality in self-rated oral health

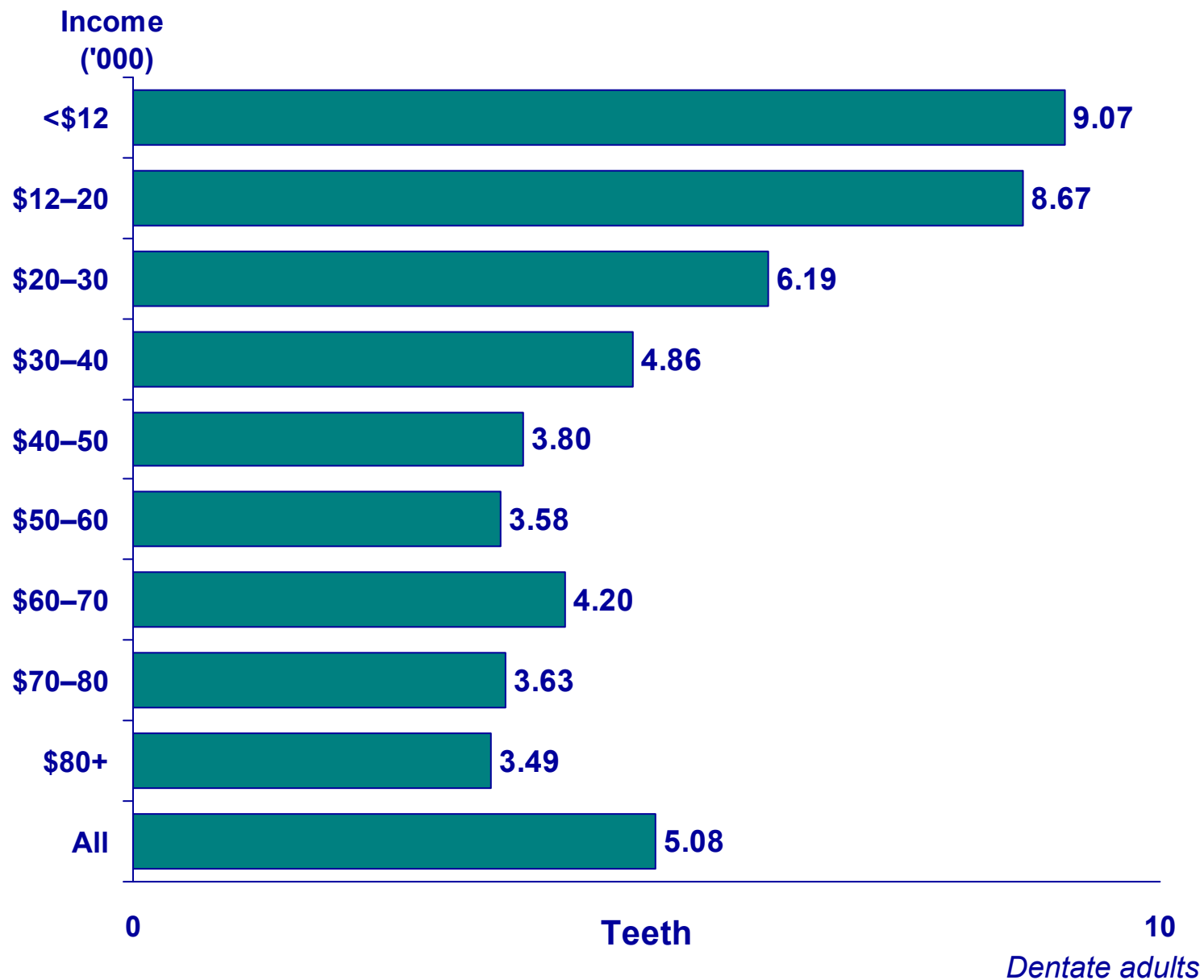
## % Av. / poor / very poor



Source: National Dental Telephone Interview Survey 2002  
Social Impacts, Risk and Costs Survey 2002

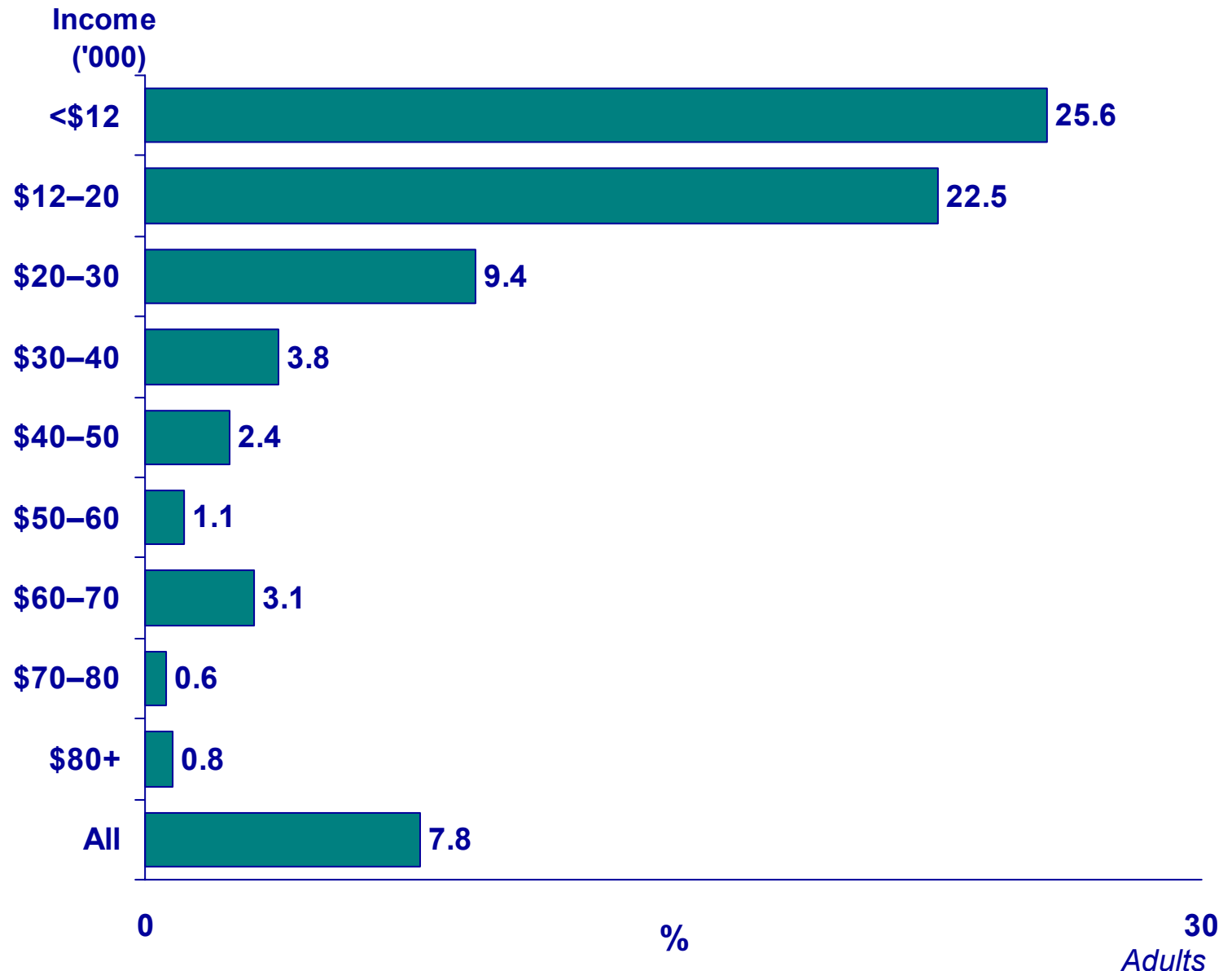
Dentate adults

# Social inequality in tooth loss

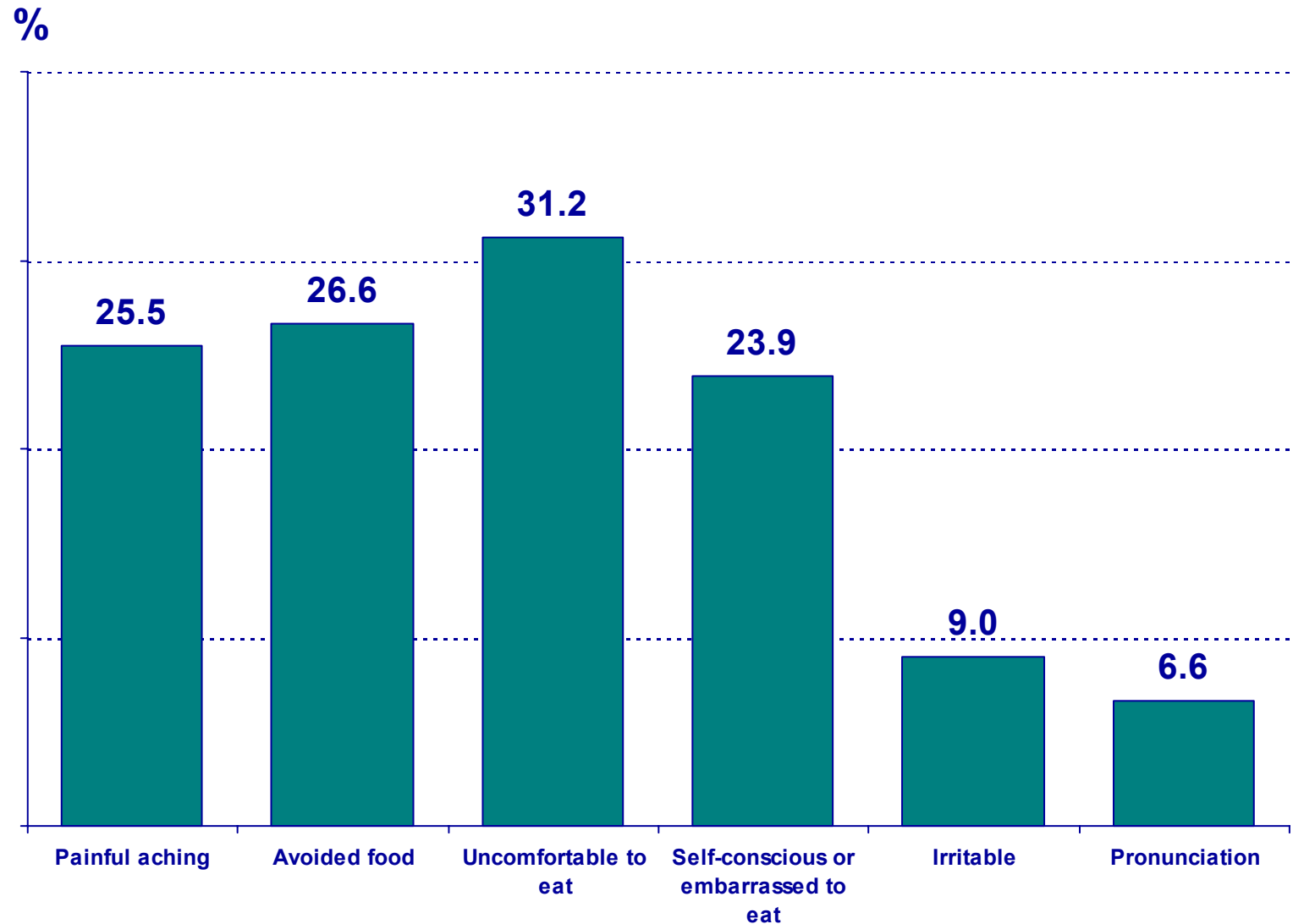


Source: National Dental Telephone Interview Survey 2002

# Social inequality in edentulism



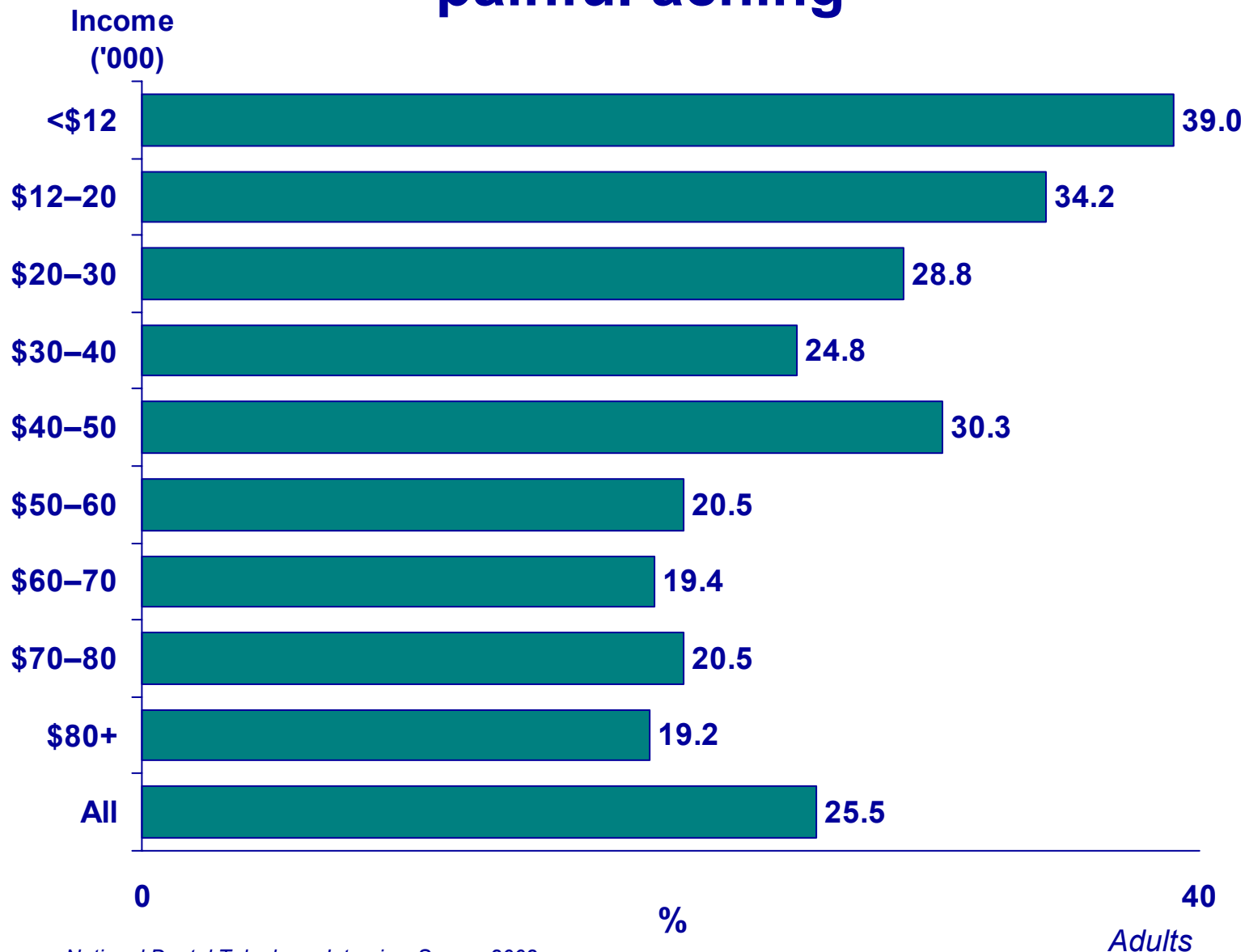
# Social impacts experienced 'occasionally', 'fairly often' or 'very often' in the last year because of problems with teeth, mouth or dentures



Source: *National Dental Telephone Interview Survey 2002*  
*Social Impacts, Risks and Costs Survey 2002*

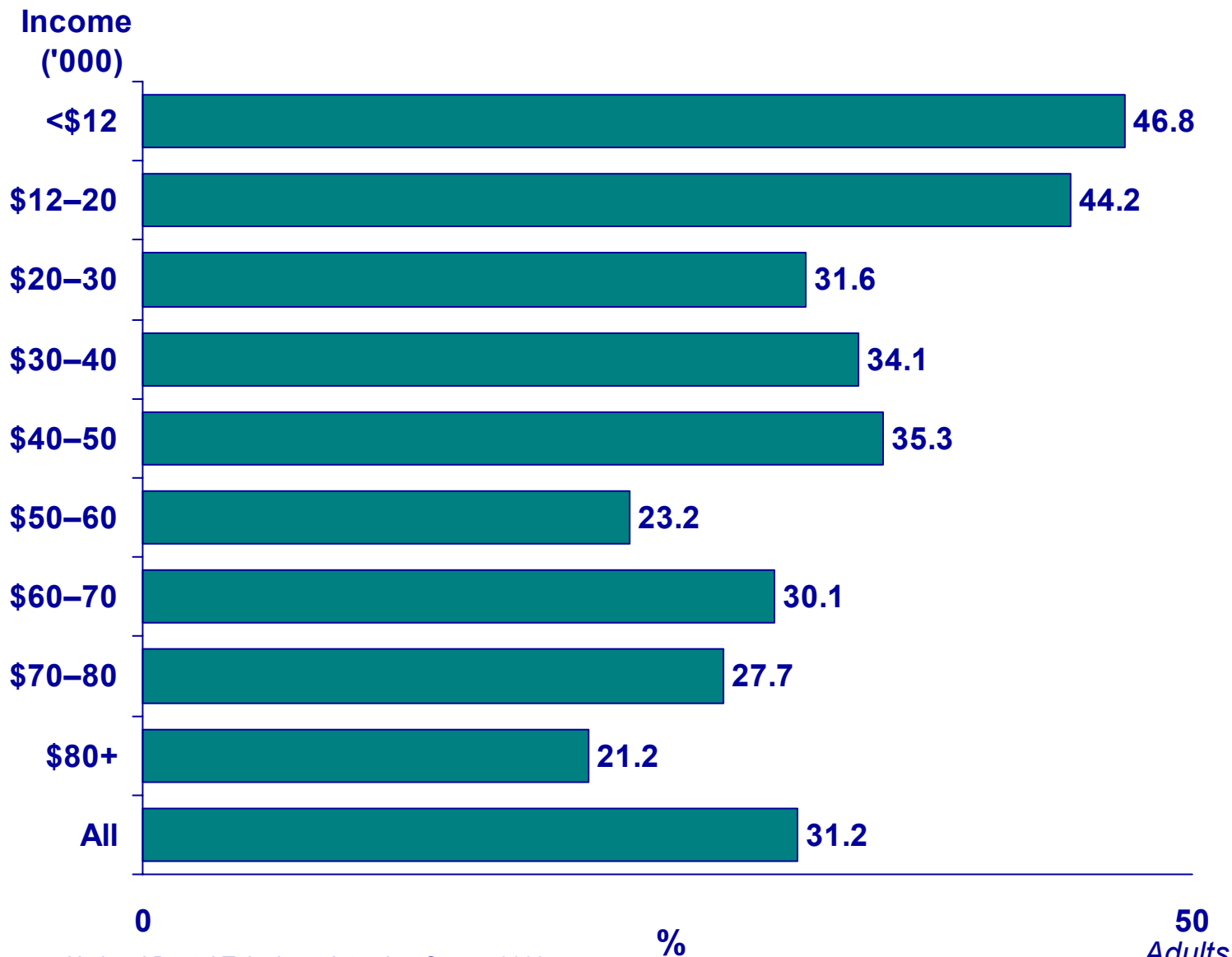
*Adults*

# Social inequality in social impacts: painful aching



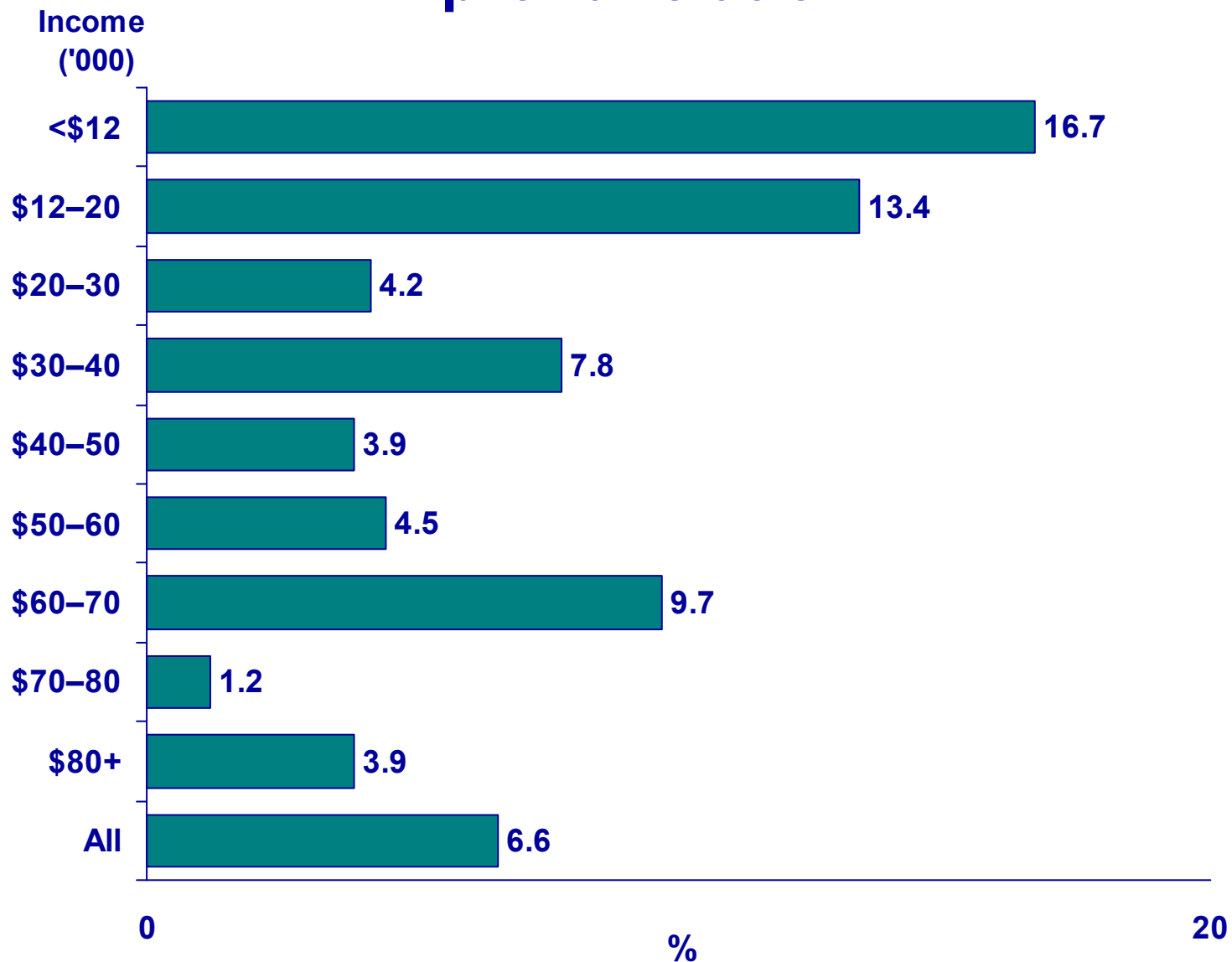
Source: National Dental Telephone Interview Survey 2002  
Social Impacts, Risks and Costs Survey 2002

# Social inequality in social impacts: uncomfortable to eat



Source: National Dental Telephone Interview Survey 2002  
Social Impacts, Risks and Costs Survey 2002

# Social inequality in social impacts: pronunciation



Source: National Dental Telephone Interview Survey 2002  
Social Impacts, Risks and Costs Survey 2002

## The inequality gap in access to dental care between the affluent and health card holders who last visited public dental services, Australia 2002

Performance indicator	Affluent	Health card holders	Gap
Perceived need for treatment	32.4	53.4	21.0
Experienced a toothache in last 12 months	8.2	27.0	18.8
Visited dentist 5+ years ago	4.9	11.3	6.4
Last visited for a problem	40.9	73.5	32.6
Avoided or delayed because of cost	16.5	41.2	24.7
Waited more than 6 months for appointment	0.4	31.3	30.9
Cost prevented recommended treatment	8.4	21.8	13.4
Received extractions in last 12 months	11.7	42.7	31.0
Received fillings in last 12 months	39.6	53.8	14.2

*Adults*

## Change in the inequality gap in access to dental care between the affluent and health card holders who last visited public dental services, Australia 1994–96 and 2002

Performance indicator	% health card holders worse off than the affluent		
	1994–96	2002	
Perceived need for treatment	16.9	21.0	↑
Experienced a toothache in last 12 months	9.1	18.8	↑↑
Visited dentist 5+ years ago	3.8	6.4	↑
Last visited for a problem	41.5	32.6	↓
Avoided or delayed because of cost	20.1	24.7	↑
Waited more than 6 months for appointment	17.3	30.9	↑↑
Cost prevented recommended treatment	15.2	13.4	↓
Received extractions in last 12 months	22.0	31.0	↑↑
Received fillings in last 12 months	-9.2	-14.2	↑

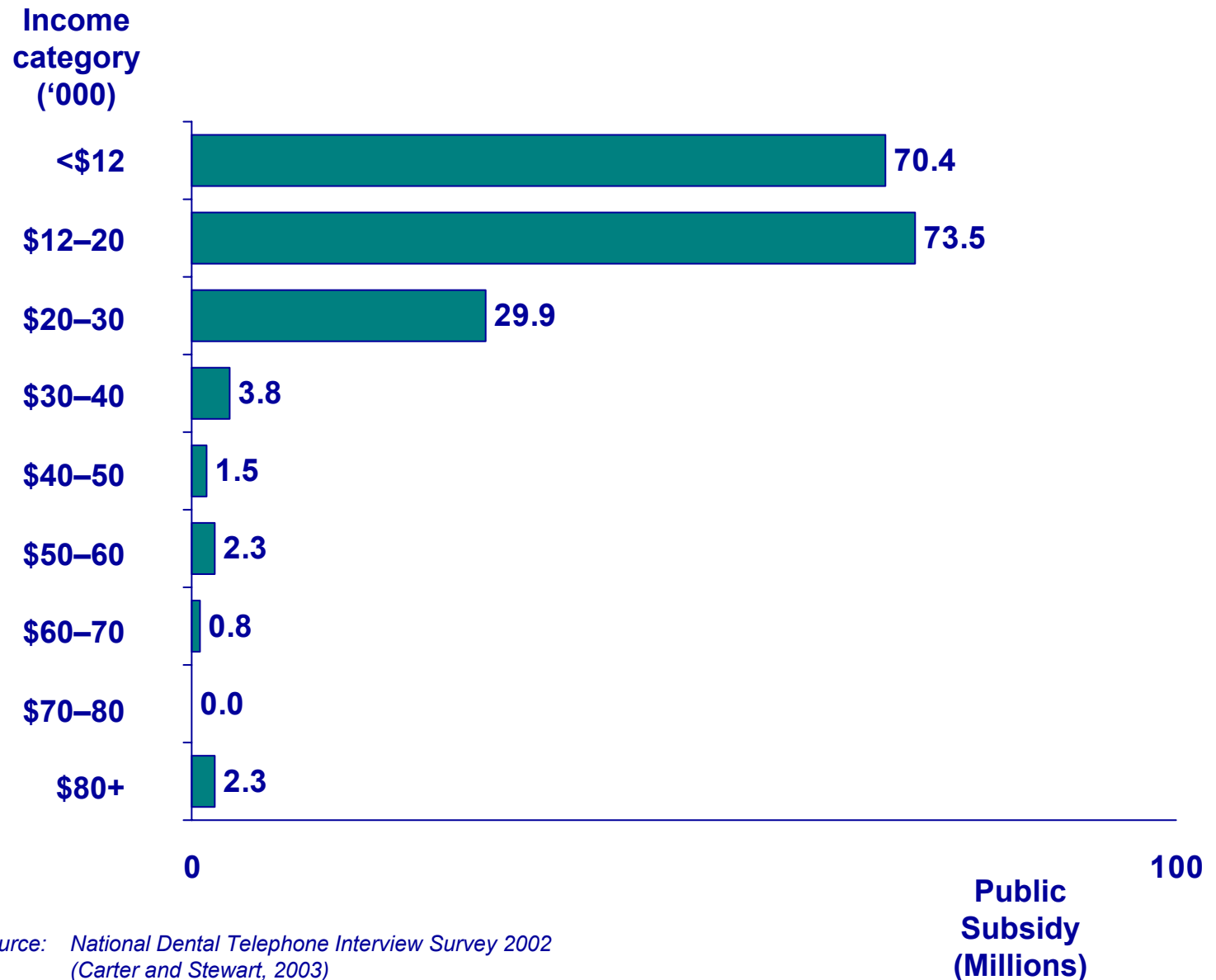
# Expenditure on dental services, Australia 1993–94 to 2001–02

	1993–94	1995–96	1997–98	1999–2000	2001–02
<b>Australian</b>					
<b>Direct</b>	58	152	44	70	75
<b>Premiums</b>	-		32	170	262
<b>State and local</b>	137	205	328	373	365
<b>Sub Total</b>	195	357	404	613	702
<b>Health insurance</b>	539	564	600	635	946
<b>Premiums</b>			32	170	262
<b>Net</b>			568	465	684
<b>Individuals</b>	1,089	1,444	1,611	1,699	2,293
<b>Other</b>	6	10	8	11	10
<b>Sub total</b>	1,634	2,018	2,187	2,174	2,987
<b>Total</b>	2,051	2,373	2,591	2,788	3,689

# State and local expenditure on dental services, 2001–02

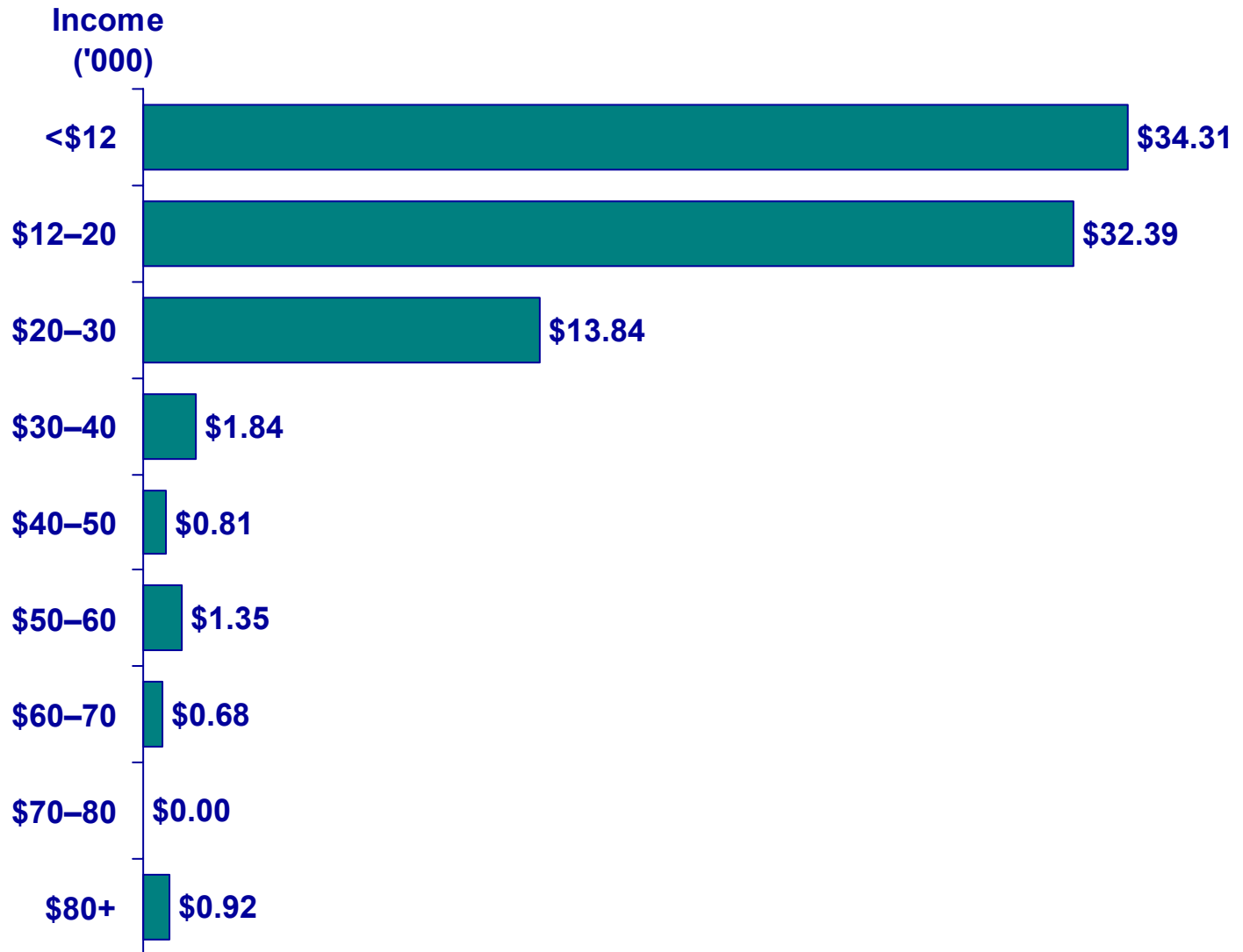
	Million
<b>Adult dental care</b>	<b>\$184</b>
<b>Denture schemes</b>	<b>\$36</b>
<b>School dental services</b>	<b>\$75</b>
<b>Dental education</b>	<b>\$26</b>
<b>Corporate</b>	<b>\$44</b>
<b>Total</b>	<b>\$365</b>

# Total direct subsidy public dental services Australia 2001–02 by household income



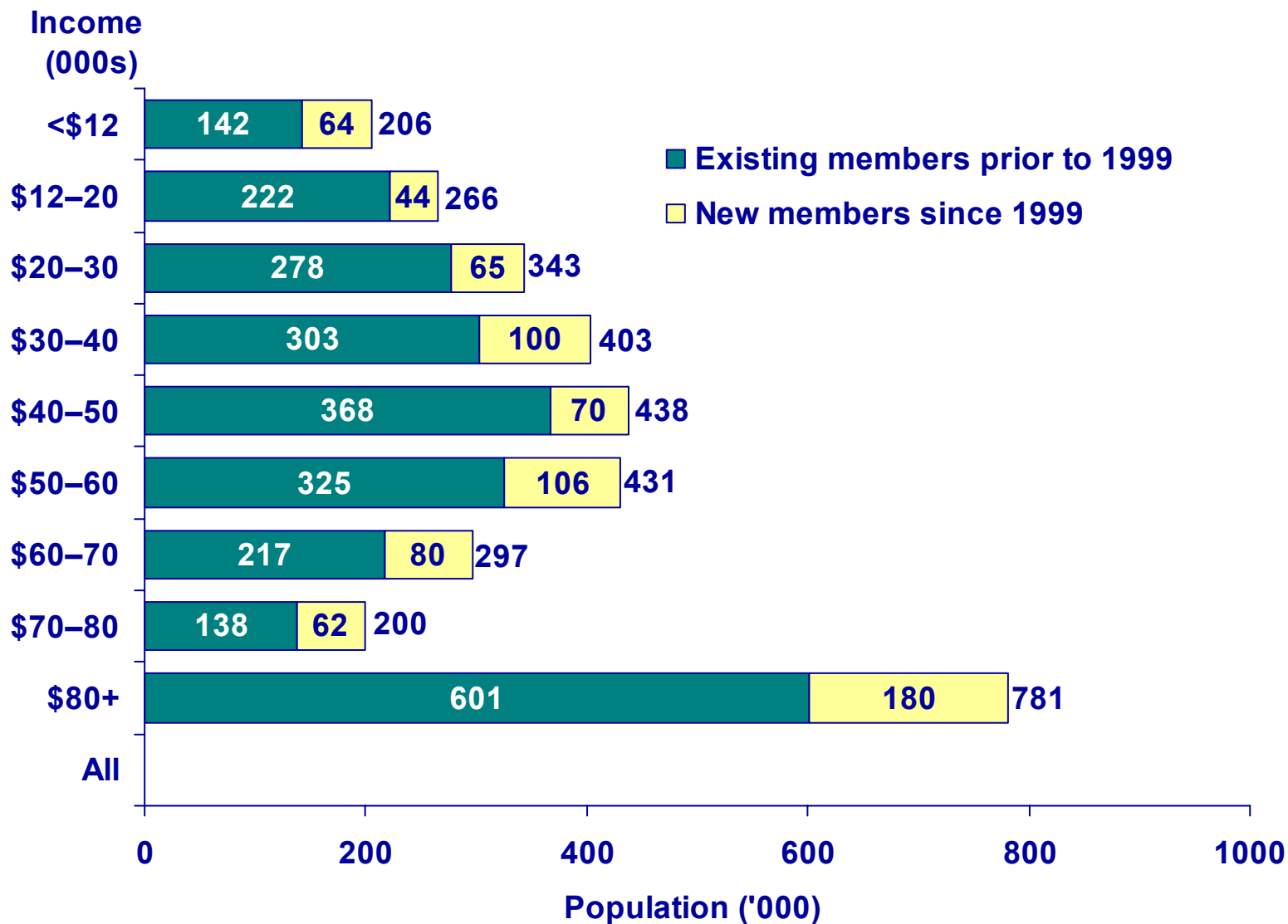
Source: National Dental Telephone Interview Survey 2002  
(Carter and Stewart, 2003)

# Direct subsidy public dental services per adult Australian 2001–02 by household income



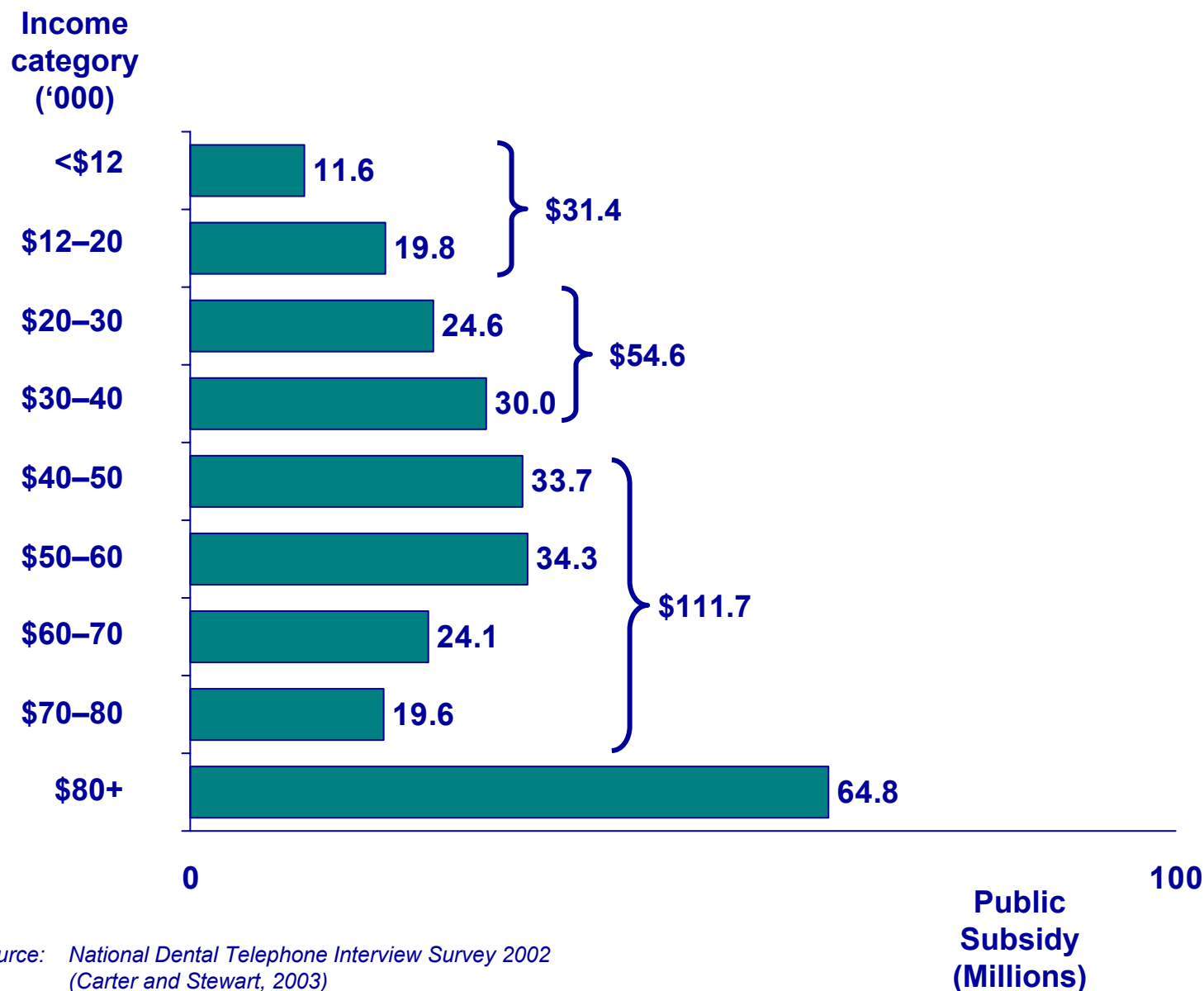
Source: *National Dental Telephone Interview Survey 2002*  
(Carter and Stewart, 2003)

# Contributors receiving the 30% private dental insurance rebate in 2002 by household income

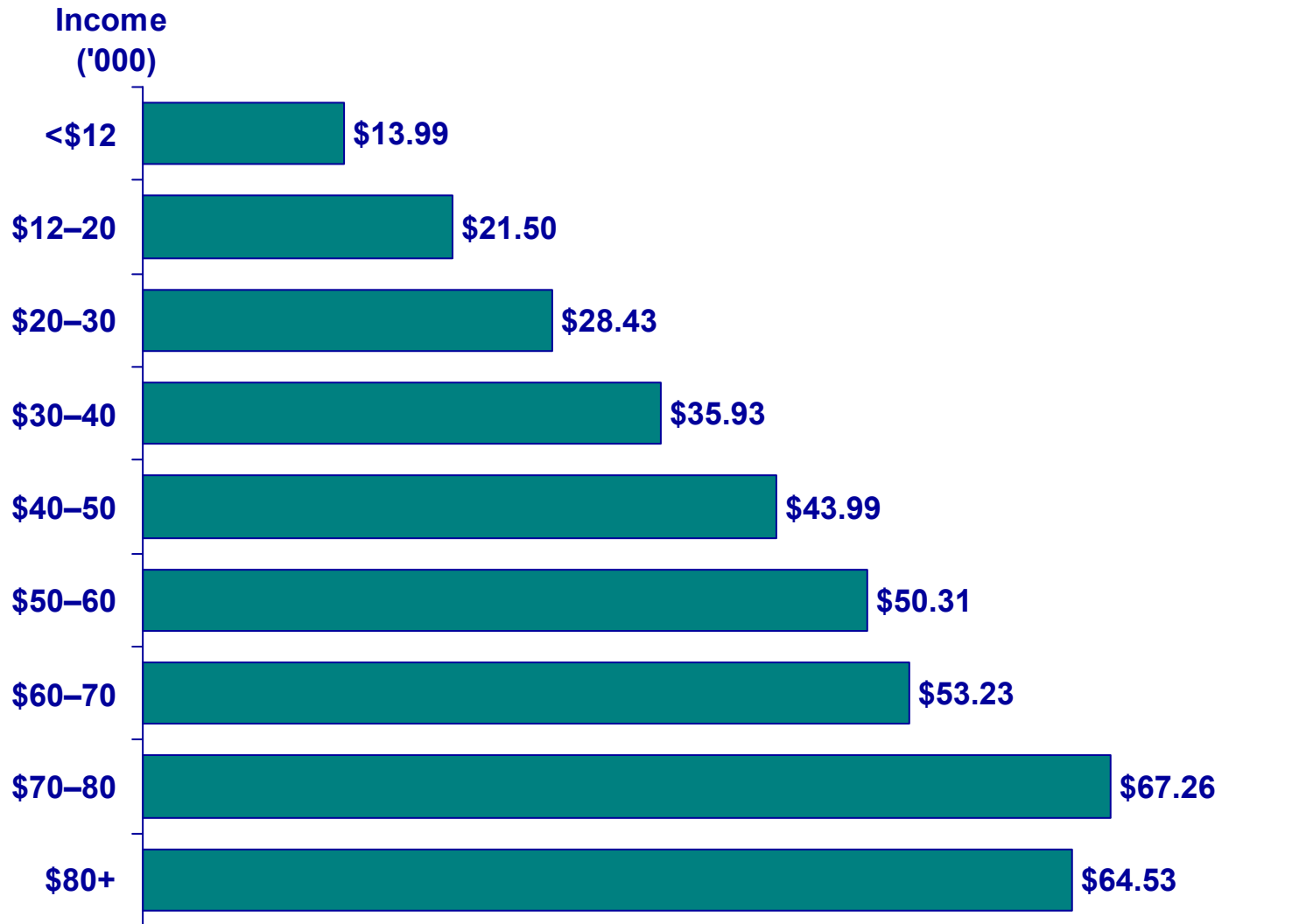


Source: National Dental Telephone Interview Survey 2002  
 (Carter and Stewart, 2003)

# Total indirect subsidy for dental services through the private dental insurance rebate Australia 2001–02 by household income

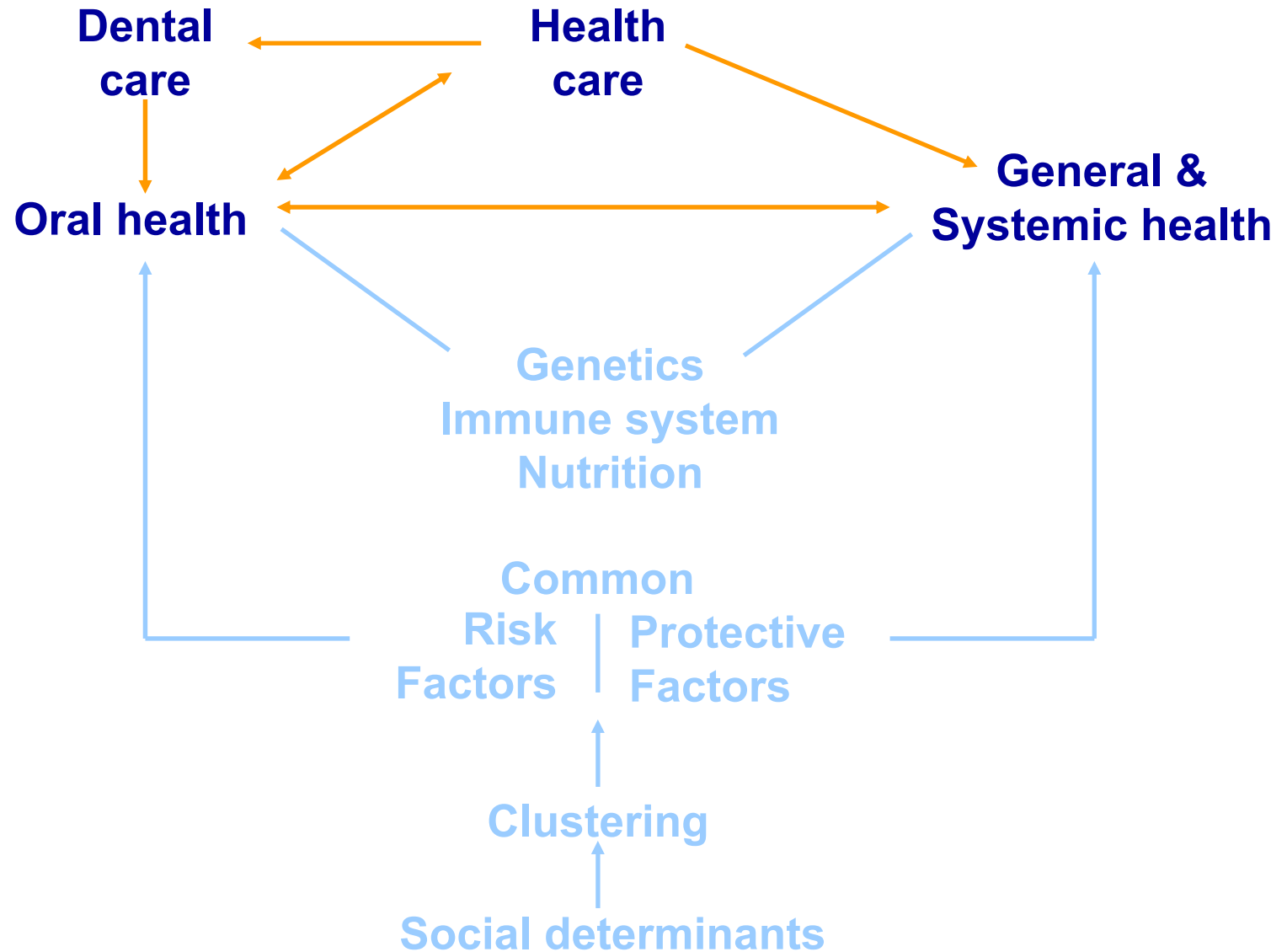


## Indirect subsidy for private dental insurance per household Australia 2001–02 by household income



Source: *National Dental Telephone Interview Survey 2002*  
(Carter and Stewart, 2003)

# Links between oral and general health and care



**Inter-relatedness**



**A more positive policy environment**

# Policy directions

- **Extend the coverage of water fluoridation**
  - **Cost-sharing agreements on capital and recurrent costs**

# Policy directions cont...

- **Engage in health promotion**
  - **Integration of oral health promotion with general health promotion eg obesity, healthy ageing**
  - **Development and maintenance of discipline-specific expertise and networking**

# Policy directions cont...

- **Revitalise the school dental services**
  - **Commitment to child oral health promotion**
  - **Expansion of coverage**
  - **Emphasis on clinical prevention**
  - **Reform of targeting and prioritisation of clinical services**
  - **Emphasis on wider mission**

# Policy directions cont...

- **Reform the public dental services**
  - **Beneficial interaction between public and private sectors**
  - **Prioritise among persons seeking public dental care**
  - **Targeted programs within eligible adults (health promotion, outreach and dental care)**

# Policy directions cont...

- **Reshape funding arrangements for public dental care**
  - **Benchmark state/territory expenditure**
  - **Set minimum state/territory expenditure targets on adult dental care**
  - **Australian government expenditure on public dental care should match that of states and territories, ensuring an Australian government leadership role**
  - **Expenditure above minimum should be linked to additional Australian government expenditure**
  - **A portion of all public subsidy should be quarantined for extension of water fluoridation, health promotion and targeted programs**

# Policy directions cont...

- **Expand the dental labour force**
  - **Coordinated, national dental labour force plan**
  - **Increase the number of dentists**
  - **Recruit or place dentists in underserved areas, off 'the-main street'**
  - **Increase education in allied dental areas**
  - **Flexibility for non-traditional practice**

# National Oral Health Plan “Healthy mouths, healthy lives”

- **Endorsed by AHMC July 2004**
- **Released at**  
[www.health.sa.gov.au/Default.aspx?tabid=59](http://www.health.sa.gov.au/Default.aspx?tabid=59)  
**October 2004 and hard copies from SA Department of Health November 2004 (contact Sarah Venner, Project Officer, Drug Policies and Programs, Metropolitan Health Division, Sa Department of Health, Tel 08-8226 6272 Fax 08- 8226 6959 Email [Sarah.Venner@health.sa.gov.au](mailto:Sarah.Venner@health.sa.gov.au)**
- **Many actions encouraged are not dissimilar to those presented in the paper**

**The National Oral Health Plan and the policy directions presented here will have no teeth unless there is a real commitment across all jurisdictions.**

**There is an urgent need to pursue such directions to reverse the deepening inequalities in oral health and access to dental care in Australia.**

