

Private dental insurance and use of dental care by Australian adults

Dana Nicole Teusner

Australian Research Centre for Population Oral Health (ARCPOH)
School of Dentistry
The University of Adelaide
Adelaide, South Australia
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Supervised by:

Professor David S. Brennan

Emeritus Professor A. John Spencer

ARCPOH, School of Dentistry, The University of Adelaide

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Abbreviations

Acronyms

ABS	Australian Bureau of Statistics
ADA	Australian Dental Association
AIHW	Australian Institute of Health and Welfare
APRA	Australian Prudential Regulation Authority
ARCPOH	Australian Research Centre for Population Oral Health
CI	Concentration indices
COB	Country of birth
DI	Dental insurance
DMFT	Decayed, Missing, Filled Teeth
DSRU	Dental Statistics and Research Unit
DIPS	Dental Insurance Programs Survey
DVA	Department of Veteran Affairs
HWA	Health Workforce Australia
NDTIS	National Dental Telephone Interview Survey
NHHRC	National Health and Hospitals Review Commission
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NPA	National Partnership Agreement
NSAOH	National Survey of Adult Oral Health
OHIP	Oral Health Impact Profile
OR	Odds ratio
PAF	Population Attributable Fraction
PAHI	Private Ancillary Health Insurance
PHI	Private Health Insurance
PHIO	Private Health Insurance Ombudsman
PHIAC	Private Health Insurance Administration Council
PR	Prevalence ratio
SES	Socioeconomic status
SDS	School Dental Service
SIS	Standard information statements
95%CI	95% Confidence interval

Definitions

Access to dental care

Refers to the opportunity or capacity to make a dental visit and receive dental services provided by a registered clinical oral health practitioner in a clinical setting (unspecified time period).

Dentate

Having one or more natural teeth.

Dental visit

A patient visit to a registered clinical oral health practitioner in clinical setting.

Dental visiting

A pattern or quantum of visits made in a specified time period.

Dental services

Services provided by a registered clinical oral health practitioner in clinical setting.

Dental service use

Received dental services, provided at a dental visit, in a specified time period.

Edentulous

A state of complete loss of natural teeth.

General treatment insurance

Prior to 2005 general treatment insurance was referred to as 'ancillary' or 'extras cover'. Depending on the structure of the plan, general treatment insurance provides varying cover for services delivered by allied health professionals (e.g. physiotherapists, optometrists, podiatrists, chiropractors, psychologists, acupuncture, dental practitioners).

Dental insurance

Insurance covering services provided by dentists, dental hygienists, dental prosthetists, dental therapists and oral health therapists. In Australia, dental insurance is typically bundled in a *general treatment health insurance* policy. During the time period of this thesis, there were very few separate dental insurance policies offered by Australian private health insurance funds.

Favourable visiting pattern

A pattern of dental care use that is considered important for maintenance and/or attainment of satisfactory oral health status. A pattern of regular dental visiting, which includes receipt of preventive and maintenance dental care. In addition, favourable dental visiting may also refer to continuity of care, that is, regular dental visiting to a usual dental provider.

General dental insurance

Provides varying levels of cover for less complex treatments and services such as simple restorations, non-surgical extractions, preventive and diagnostic care.

Major dental insurance

Provides varying levels of cover for complex treatments such as complex restorations, crown and bridge, and specialist services.

Registered clinical oral health practitioner

Includes dentist, dental hygienist, dental therapist, oral health therapist (OHT) or dental prosthetist registered with the Australian Health Practitioners Regulation Agency.

Statement of original work

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

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Abstract

Objectives:

To describe associations between dental insurance and use of dental care by Australian adults. Two studies were conducted, the first assessed whether dental care use varied by level of dental insurance cover. The second study examined attitudes to dental care and tested whether these attitudes explain associations between dental insurance and dental visiting.

Methods:

The level of dental cover study sourced data from a nationally representative surveillance data collection and follow-up survey. Participant's dental policies were examined and categorised by level of cover (i.e. generosity of cover). Dental care use and level of cover were described, and predictors of dental insurance status were assessed. Multiple variable models, accounting for participant characteristics and predictors of insurance, assessed associations between level of cover and various dental care use variables.

The attitudes to dental care study sourced data from a two-year cohort study on dental care use by middle-aged adults. A follow-up survey on attitudes to dental care was mailed to the cohort participants. Descriptive analysis of the sample's dental care use and attitudes were reported. Multiple variable models assessed associations between dental insurance and dental care use accounting for dental care attitudes.

Main results:

Level of dental cover study: On average, dental cover held by insured adults was relatively limited in generosity. Having dental insurance and having a relatively higher level of cover was associated with higher socioeconomic status and some health-related variables. After accounting for explanatory variables, the pattern of associations with various measures of dental visiting indicated that insured adults (with any level of cover) had a more favourable pattern of dental visiting. Adjusted prevalence ratios of dental visiting increased as the level of insurance cover increased, but effect sizes were small and not significant (based on 95%CI). Insurance effects were modified by socioeconomic status, significant interactions observed indicated that insurance effects were slightly larger for adults in lower income groups. Adults with high level cover had a 20% higher prevalence of receiving a scale and

clean than uninsured adults; other service types assessed were not associated with insurance status.

Attitudes to dental care study: In unadjusted analysis, attitudes to dental care were positively associated with having dental insurance and positively associated with higher prevalence of regular and recent dental care use. After adjusting for dental care attitudes, associations between having dental insurance and dental visiting persisted and were only slightly attenuated. Insured adults had a 46% higher prevalence of having regular visits and 17% higher prevalence of a recent visit than uninsured adults.

Conclusion:

Among Australian adults, visiting patterns considered favourable for maintaining oral health were associated with having dental insurance. Among insured adults, use of dental care did not vary by level of cover. Accounting for oral health status and attitudes to dental care did not attenuate the associations between insurance and use of dental care. Insurance effects appeared larger for adults from lower socioeconomic groups than higher socioeconomic groups broadly indicating that universal insurance may not necessarily increase inequalities in access to dental care.

Keywords

Dental services, private health insurance, dental insurance, dental visiting, dental attitudes and dental public health.