

Access to dental care in Australia

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Introduction

A range of factors including awareness of the need for a check-up or recognition of a dental problem prompts dental visits. The potential benefits of the visit are weighed against the costs including time, inconvenience, anxiety and monetary cost. The mix of costs and benefits each person faces influences their pattern of dental visiting, including frequency and whether they visit for a check-up or because they have a problem. Four parameters that reflect the ease of access to dental care for the Australian population are reported here by age, sex and household income. These parameters are time since last dental visit, place of last dental visit, usual reason for making a dental visit and usual frequency of visiting.

Methodology

Patterns of access to dental care in Australia are described using data collected in the 2002 National Telephone Interview Survey (NDTIS 2002). This survey involved a random sample of 7312 Australian residents aged five years and over in all states and territories and was conducted between June 2002 and May 2003. Telephone numbers for the survey were randomly sampled from Australia on Disk, an electronic white pages listing.¹ Adding a random digit to each sampled telephone number, which was then matched back against the electronic white pages to obtain addresses where possible, ensured that unlisted numbers were included in the survey.² The survey followed methods advocated by Dillman³ and Groves *et al.*⁴ Thirteen separate strata were sampled. Data reported here have been weighted to account for differing sampling probabilities inherent in the sampling design used in the survey and to ensure that the sample for each stratum reflected the estimated resident population age/sex distribution. Further detail of data collection methods and data weighting can be found in the National Telephone Interview Survey 2002 Technical Report.⁵

Participants in NDTIS 2002 were asked up to 95 questions about their oral health, access to dental care and a range of demographic matters. Data reported here are for dentate adults aged 18 and over.

Results

Where attention is drawn to age, sex and household income differences in this report the results are statistically significant at the 5 per cent level unless indicated otherwise.

Time since last dental visit

Figure 1(a) presents the time since last dental visit by age and sex. In 2002 57.6 per cent of the dentate adult population had made a dental visit in the last 12 months and 10 per cent of most age groups had not visited for five years or more.⁵ Older age groups were more likely to have visited a dental professional in the last 12 months. The main difference was seen between those aged under 45 and those aged over 45 where there was a 10 percentage point difference in having visited in the past 12 months. This difference was largely due to higher percentages of under 45 year olds visiting between one and two years. Similar percentages of people had not visited a dental professional in the past five years in all age groups except the 45-64 age group, which had a smaller proportion whose last visit was five or more years ago.

There was a marked difference in the distribution of time since last visit by sex. Females were more likely to have visited a dental professional in the last 12 months and males were more likely to have not visited in the last five years.

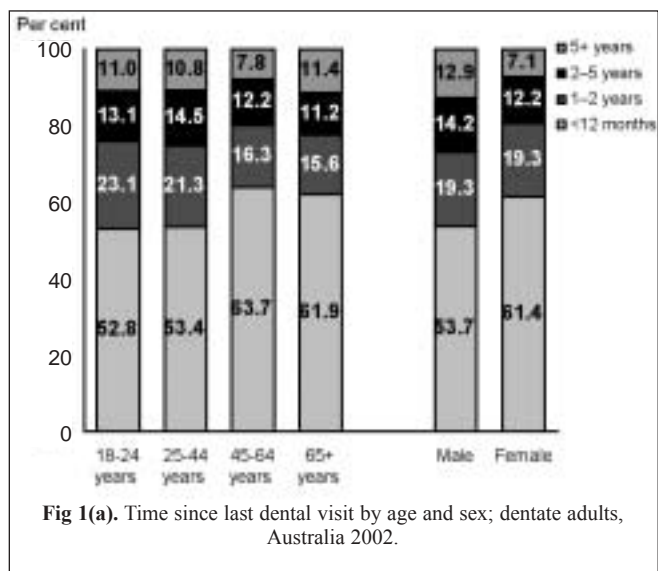
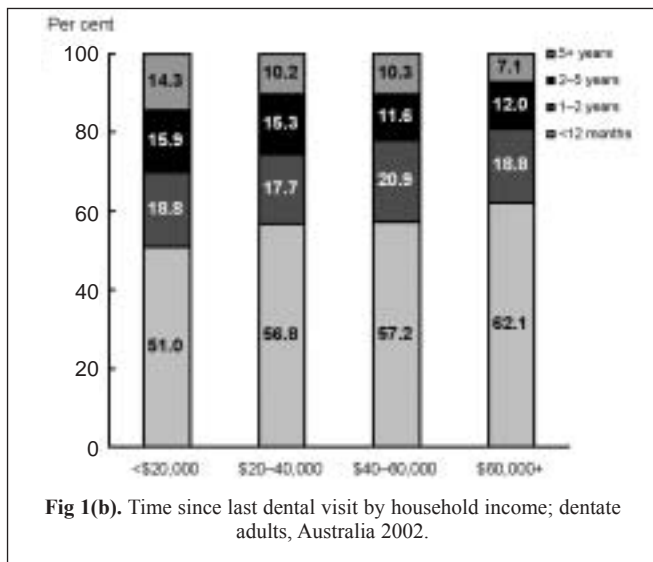


Fig 1(a). Time since last dental visit by age and sex; dentate adults, Australia 2002.

Figure 1(b) presents time since last dental visit by household income. It shows a steady increase in the percentage of people who visited in the last 12 months as household income rises with a statistically significant difference between the highest and lowest income groups. Adults in the lowest income category were more likely to have not visited a dentist in the last five years than adults in the highest income category.

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Place of last dental visit

Figure 2(a) presents the place of last dental visit by age group and sex. Overall, 89.9 per cent of people who had made a dental visit in the last 12 months saw a private provider.⁵ Adults aged 25-44 years and 45-64 years were the most likely to have had their last dental visit with a private provider with over 90 per cent having done so. However, younger adults, those aged 18-24 years, and especially adults aged 65+ years were less likely to have visited a private provider. In these age groups, 15.1 per cent of 65+ year olds and 10.5 of 18-24 year olds last attended a public dental provider.

Males and females were equally likely to have last visited a private dental provider. Other providers included defence force dental services with 3 per cent of males utilizing these providers.

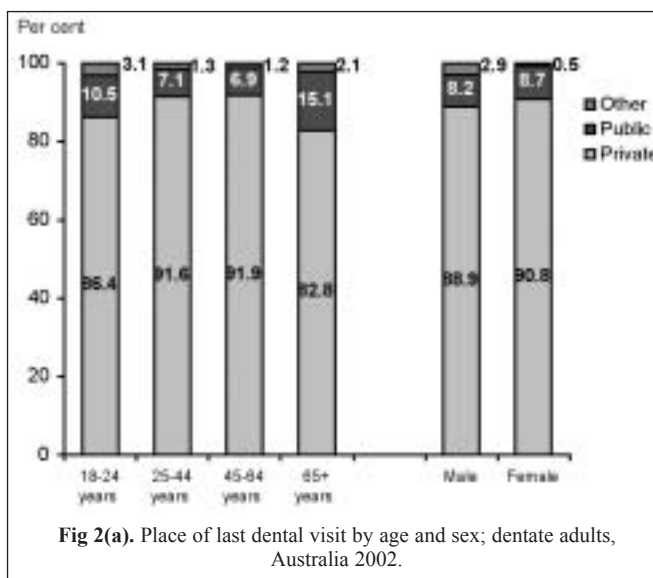
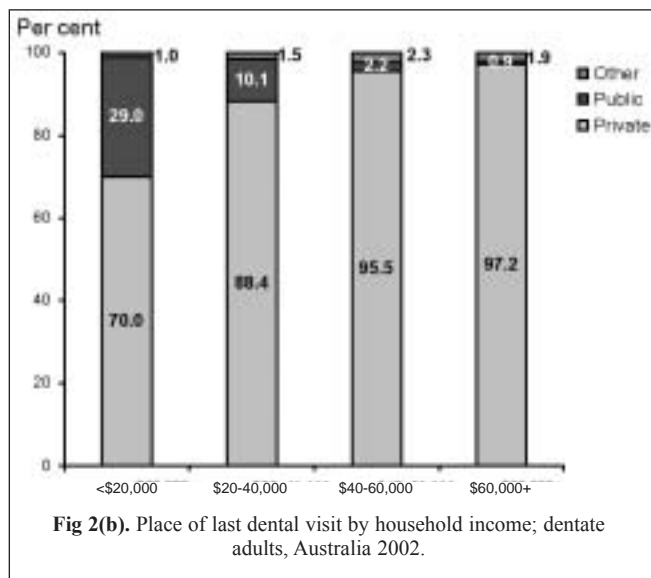


Figure 2(b) shows place of last dental visit by household income. The percentage of adults visiting a private provider increased with income. For adults in households with incomes less than \$20 000 per year, 70 per cent last attended a private provider compared with 97.2 per cent from

households with incomes of \$60 000 or more. Adults in the lowest income category were far more likely to attend a public provider.



Usual reason for a dental visit

In 2002, 53.1 per cent of the population reported that they usually made a dental visit for a check-up.⁵ Figure 3(a) presents the usual reason for a dental visit by age group and sex. The 18-24 year old group were more likely to visit for a check-up than adults in older age groups. There was also a large difference between the reason males and females usually make a dental visit with 51.1 per cent of males visiting for a problem compared to 42.7 per cent of females.

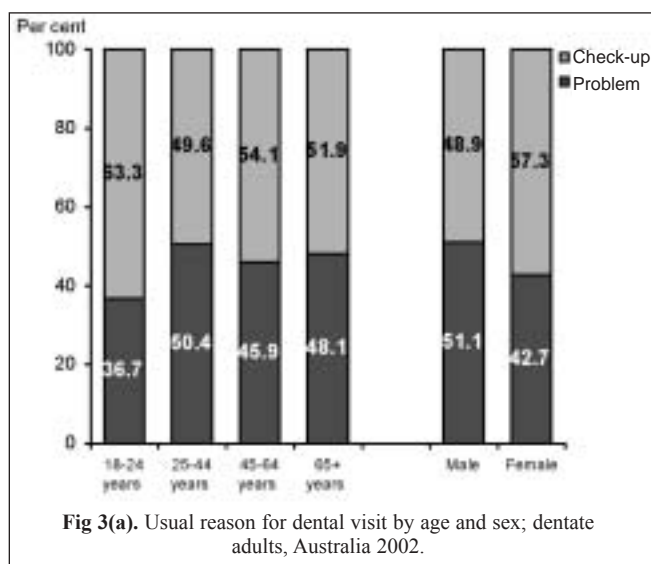


Figure 3(b) shows the usual reason for dental visit by household income. There was a consistent inverse relationship between household income and the percentage of the population who usually visit a dentist for a problem. People in the lowest income group were 1.7 times more

likely to report usually visiting for a problem than people in the highest income group.

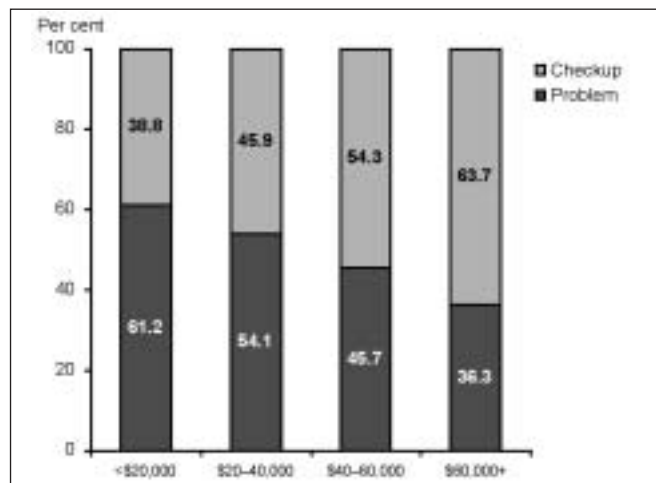


Fig 3(b). Usual reason for dental visit by household income; dentate adults, Australia 2002.

Usual frequency of visiting

Figures 4(a) shows the usual frequency of dental visits by age and sex. Almost 55 per cent of people reported that they usually make a dental visit at least once per year,⁵ with little variation across the age groups. However, almost 62 per cent of women, but only 48 per cent of men reported that they usually made a dental visit at least once per year. Thirty-four per cent of males and 21 per cent of females reported visiting less often than every two years, while equal proportions (17.5 per cent) reported that they usually visit once in two years.

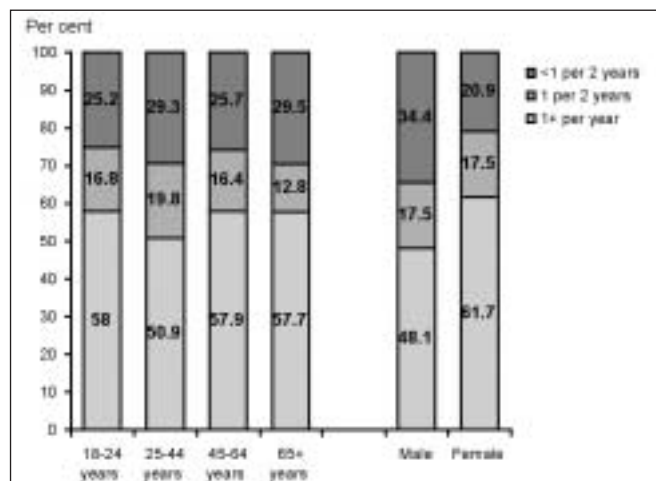


Fig 4(a). Usual frequency of visiting by age and sex; dentate adults, Australia 2002.

Figure 4(b) shows the reported usual frequency of dental visits by household income. Once again, there was a consistent relationship between household income and the proportion of the population who reported usually visiting a dentist one or more times per year. This ranged from 48.6 per cent in the lowest income group to 60.3 per cent in the highest income group. These differences were significant when those with

household incomes of less than \$40 000 were compared with those with an income of more than \$40 000.

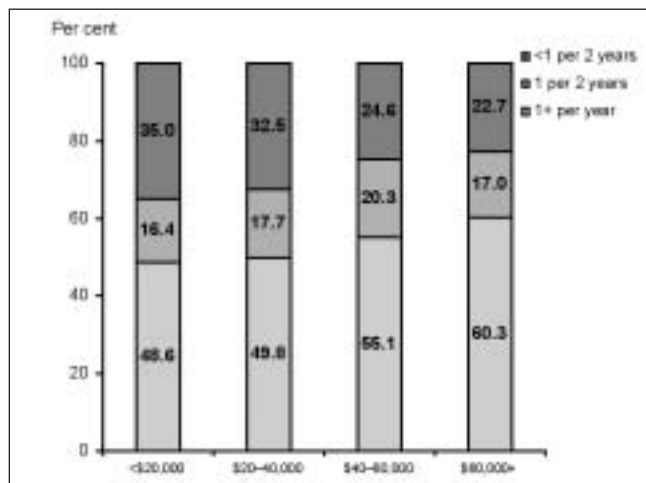


Fig 4(b). Usual frequency of visiting by household income; dentate adults, Australia 2002.

Discussion

Wide variations in visiting patterns are evident in the data presented in this report. Older adults were more likely to have made a dental visit, to have used a public clinic and less likely to have visited for a check-up than younger adults. Females were more likely to have made a recent dental visit, to visit at least once a year and visit for a check-up than were males. People from households with higher incomes were more likely to have made a recent dental visit, to visit a private provider, to visit for a check-up and to visit at least once per year than people from households with lower incomes.

Differences between males and females, different age groups and income groups reflect the economic, social and cultural barriers to access to dental care for different groups in the community. Place of visit, reason for seeking care and usual frequency of care are all associated with the type of care received. Visits for check-ups and frequent visits are more likely to yield benefits from early detection and treatment, and ongoing preventive care. They are associated with lower rates of tooth extraction as are visits to private providers.⁵

References

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