



# Trends in access to dental care among Australian adults

This report investigates trends in access to dental care among Australian dentate adults during the period 1994–2008. Data were collected by a telephone interview survey. Comparisons in the use of dental services by eligibility for public dental care are presented. Those eligible for public dental care are referred to as cardholders and had either a pensioner concession card or a health care card at the time of the survey.

## Main findings

During the period 1994–2008, cardholders were less likely than non-cardholders to:

- make a dental visit in the 12 months prior to the survey
- visit a private dentist
- visit for a check-up
- receive a scale and clean
- report that they usually visited a dentist once a year or that they usually visited for a check-up.

Cardholders were more likely than non-cardholders to:

- receive a dental extraction
- report that they avoided or delayed dental care due to cost or that cost had prevented them receiving recommended dental treatment.

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## Data collection and reporting

Data presented in this publication were sourced from the National Dental Telephone Interview Surveys (NDTIS) conducted in 1994, 1996, 1999, 2002, 2005 and 2008. Each survey consisted of a random sample of Australian residents listed in the electronic White Pages. Approximately 6,000 dentate adults participated in each survey, with 13,000 participating in the 2005 NDTIS.

Data were weighted to represent the age and sex distribution of the Australian population at the time of each survey. Where attention is drawn to significant differences, the results are statistically significant at the 5% level ( $p \leq 0.05$ ).

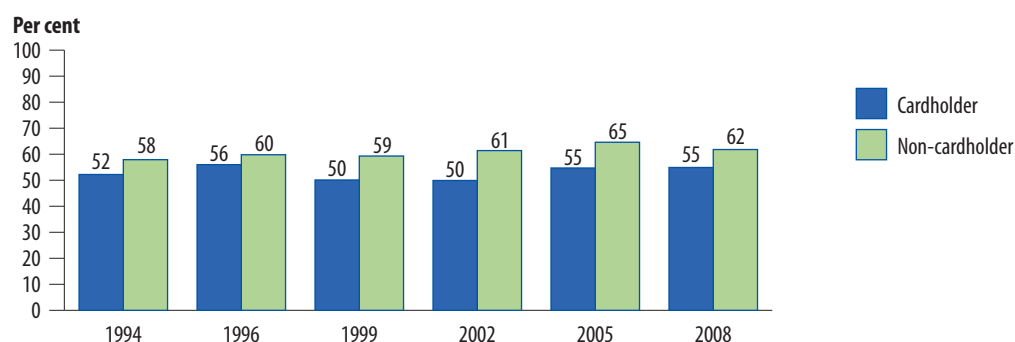
As comparisons are made over time and across population subgroups with different age distributions, data was age-standardised using the direct age-standardisation method. The 2001 estimated residential population from ABS data was used as the reference population.

This document reports on dentate (those who have at least one natural tooth) adults, aged 18 years and over. While the Indigenous status of the client was collected during the survey, the quality of these data was not sufficient to enable their analysis and reporting in a way which would contribute to our understanding of the dental health of Indigenous Australians.

## Time since last dental visit

Regular dental visits can help prevent or control dental disease. The percentage who reported that they had visited a dental professional in the previous 12 months is presented in Figure 1.

In all years, cardholders were less likely than non-cardholders to have visited a dental professional in the previous 12 months. Differences by cardholder status were largest in 1999, 2002 and 2005 (by 10 percentage points) and statistically significant.

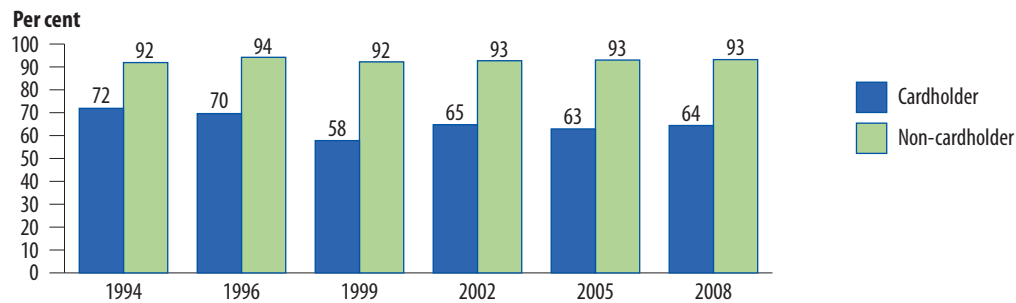


Source: National Dental Telephone Interview Survey 1994–2008

Figure 1: Visited a dental professional in the previous 12 months

## Place of last dental visit

Respondents were asked what type of dental practice they attended at their most recent dental visit. The percentage who attended a private dental practice is presented in Figure 2.



Source: National Dental Telephone Interview Survey 1994–2008

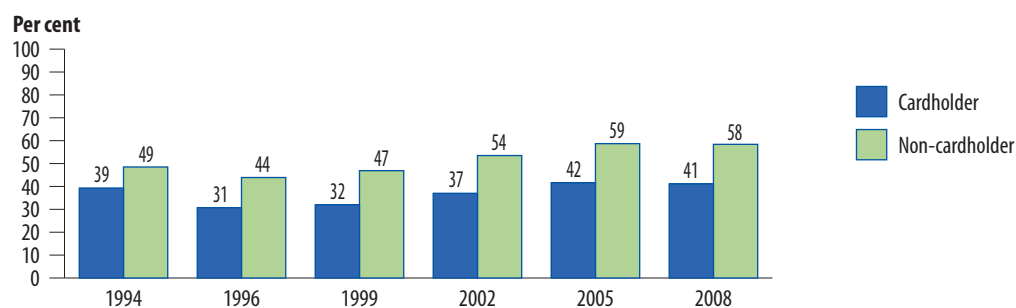
**Figure 2: Visited a private dental practice**

During the period 1994–2008, over 90% of non-cardholders visited a private practice. Despite being eligible for public dental care, a significant number of cardholders also visited a private practice at their last dental visit. Usage of private clinics by cardholders peaked in 1994 at 72% and declined to 64% in 2008.

## Reason for last dental visit

A person's reason for seeking dental care influences the type of care they receive. Those seeking care for a check-up benefit from early detection and receive preventive services, while those who seek care for a problem may receive less complete treatment and fewer preventive services. Respondents who had visited a dentist in the previous 12 months were asked whether their most recent dental visit was for a check-up or for a dental problem. The percentage who visited for a check-up is presented in Figure 3.

In all years cardholders were significantly less likely than non-cardholders to report that they had visited for a check-up at their last dental visit. The percentage of non-cardholders who visited for a check-up increased significantly, from 49% in 1994 to 58% in 2008. In contrast, prevalence among cardholders was approximately 40% during the majority of this period. This resulted in an increase in the difference between the two groups from 10 percentage points in 1994 to 17 percentage points in 2008.



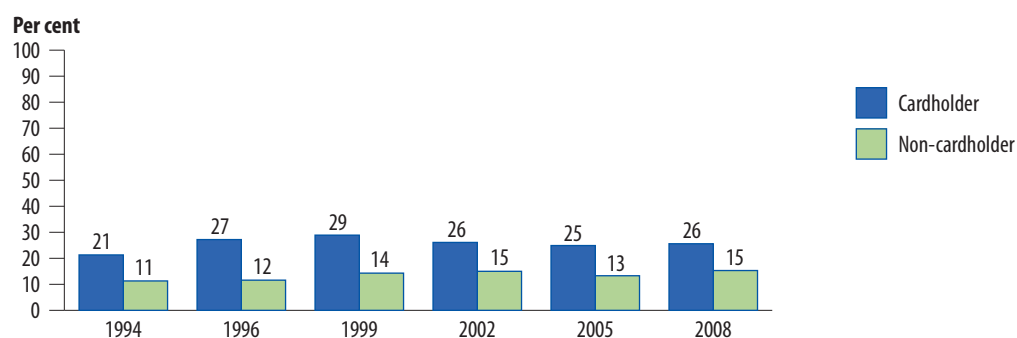
Source: National Dental Telephone Interview Survey 1994–2008

**Figure 3: Visited for a check-up—adults who visited in the previous 12 months**

## Extractions

Adults who made a dental visit in the previous 12 months were asked about the treatment they received. Generally, extraction of a tooth indicates that there has been no previous intervention for disease or that any previous preventive or restorative treatment has failed. The percentage of adults who received an extraction is presented in Figure 4.

In all years cardholders were significantly more likely than non-cardholders to receive an extraction. During the period 1994–2008 approximately 26% of cardholders and 13% of non-cardholders who visited a dentist in the previous 12 months received an extraction.



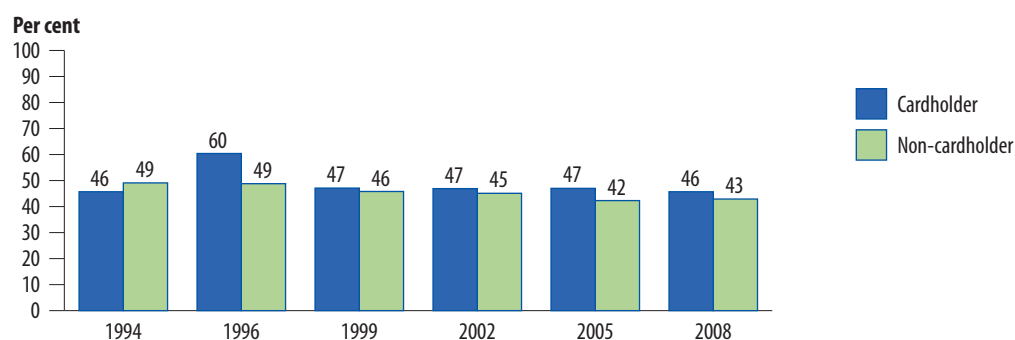
Source: National Dental Telephone Interview Survey 1994–2008

**Figure 4: Received an extraction—adults who visited in the previous 12 months**

## Fillings

The percentage who received a filling in the previous 12 months is presented in Figure 5.

With the exception of 1996, similar percentages of cardholders and non-cardholders reported that they had received a filling in the previous 12 months.



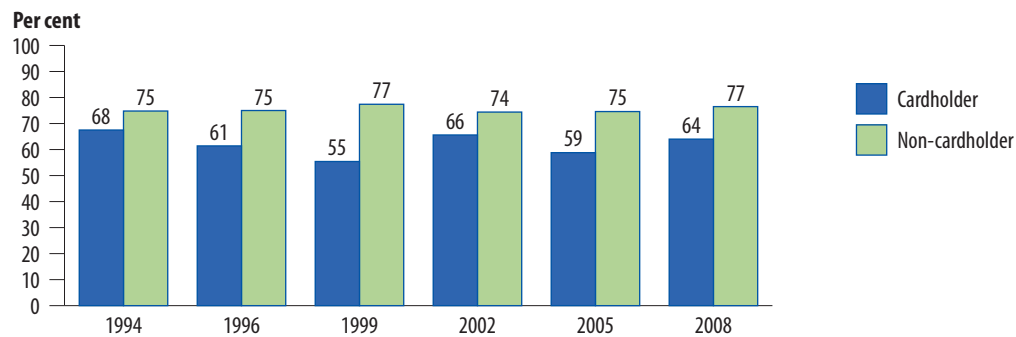
Source: National Dental Telephone Interview Survey 1994–2008

**Figure 5: Received a filling—adults who visited in the previous 12 months**

## Scale and clean

The percentage who received a professional scale and clean in the previous 12 months is presented in Figure 6.

In all years cardholders were significantly less likely than non-cardholders to have received a scale and clean. The percentage of cardholders receiving this preventive treatment was highest in 1994 at 68% and lowest in 1999 at 55%.



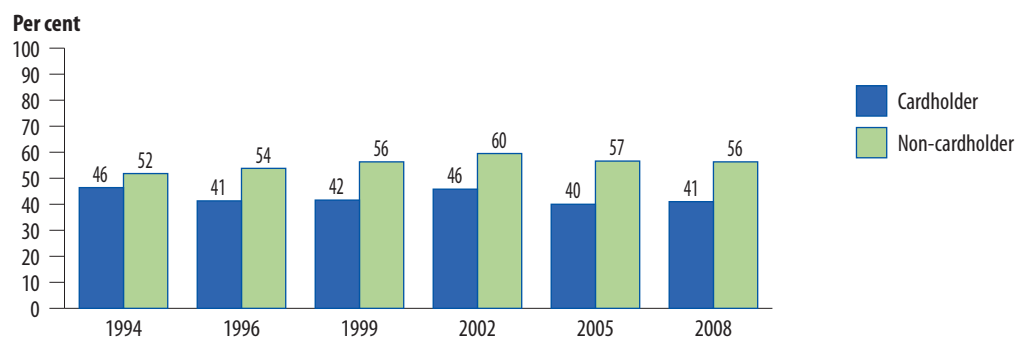
Source: National Dental Telephone Interview Survey 1994–2008

**Figure 6: Received a scale and clean—adults who visited in the previous 12 months**

## Usual frequency of dental visits

While the characteristics of a person's last dental visit provide a snapshot of recent visiting behaviour, usual dental attendance patterns reflect longer term behaviour and intentions. Respondents were asked how often they usually seek care from a dental professional. The percentage who reported that they usually visit at least once a year is presented in Figure 7.

From 1996 onwards cardholders were significantly less likely than non-cardholders to report that they usually visited the dentist at least once a year. Differences by cardholder status increased slightly from 13 to 17 percentage points over the period.



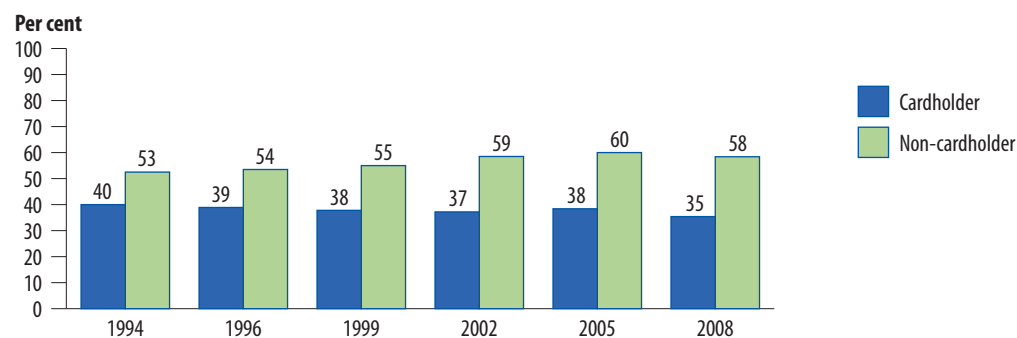
Source: National Dental Telephone Interview Survey 1994–2008

**Figure 7: Usually visit a dentist at least once a year**

## Usual reason for dental visit

Respondents were asked whether they usually seek dental care for the purpose of a check-up or for a dental problem. The percentage usually seeking care for a dental check-up is provided in Figure 8.

In all years, cardholders were significantly less likely than non-cardholders to report that they usually visit the dentist for a check-up. Prevalence among cardholders decreased from 40% in 1994 to 35% in 2008, and increased slightly for non-cardholders (53% to 58%) in the same period. This resulted in an increase in the difference between the two groups from 13 percentage points to 23 percentage points over the same period.

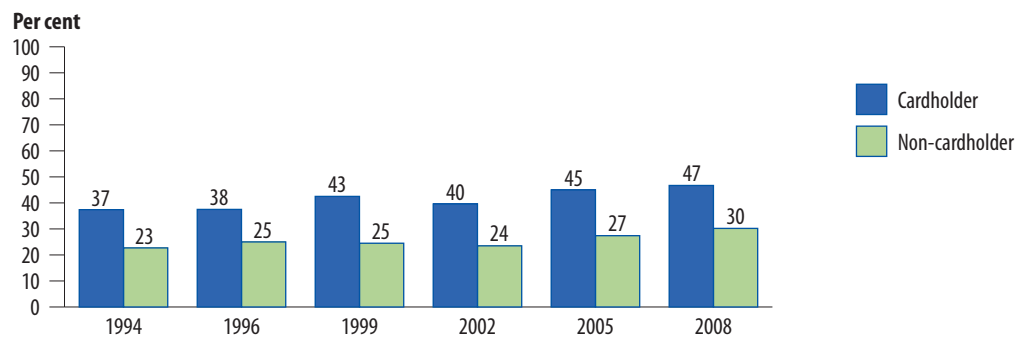


Source: National Dental Telephone Interview Survey 1994–2008

**Figure 8: Usually visit for a dental check-up**

## Affordability of dental care

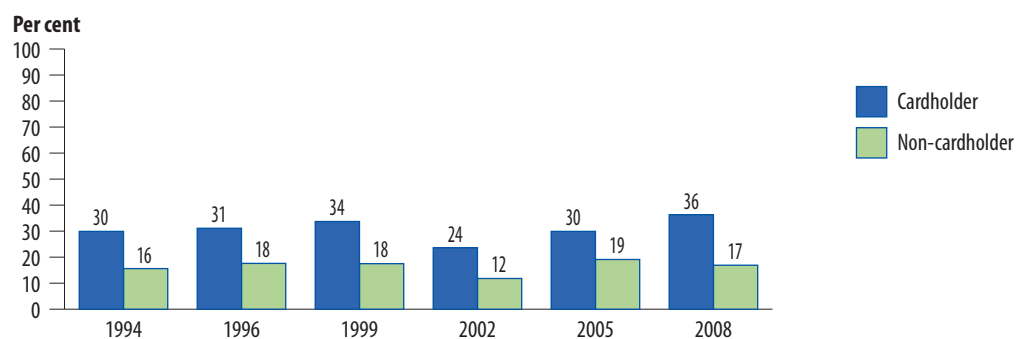
Respondents were asked a range of questions relating to affordability of dental care, including whether they had avoided or delayed dental care due to cost and whether cost had prevented them from receiving recommended dental treatment. The percentage who reported that they had avoided or delayed dental care in the previous 12 months due to cost is presented in Figure 9.



Source: National Dental Telephone Interview Survey 1994–2008

**Figure 9: Avoided or delayed dental care due to cost**

In all years cardholders were significantly more likely than non-cardholders to report that they had avoided or delayed dental care due to cost. Prevalence among cardholders increased from 37% in 1994 to 47% in 2008, and from 23% to 30% over the same period for non-cardholders.



Source: National Dental Telephone Interview Survey 1994–2008

**Figure 10: Cost prevented recommended treatment—adults who visited in the previous 12 months**

The percentage who made a dental visit in the previous 12 months and reported that cost had prevented them from receiving recommended dental treatment is presented in Figure 10.

In all years cardholders were significantly more likely than non-cardholders to report that cost had prevented them receiving recommended treatment. The percentage of cardholders who reported this increased from 30% in 1994 to 36% in 2008. Among non-cardholders prevalence varied slightly from 12% to 19% over the same period.

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