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Australian Institute of
Health and Welfare

AIHW

Australia's National Oral Health Plan 2015–2024: performance monitoring report

in brief



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Australia's National Oral Health Plan: trends

Trend legend

			
Favourable	Unfavourable	No change	No data/sufficient data

NOHP Key Performance Indicators		Comparison to baseline report	
1	Caries experience in children		No new data available for children
2	Untreated caries prevalence		No new data available for children
			Unfavourable increase for adults
3	Periodontitis prevalence		Unfavourable increase
4	Edentulism prevalence		Favourable decrease
5	Inadequate dentition prevalence		Favourable decrease
6	Mean number of missing teeth		No change
7	People experiencing toothache		Unfavourable increase
8	Food avoidance due to dental problems		Unfavourable increase
9	People feeling uncomfortable with appearance of mouth and teeth		Unfavourable increase
10	Oral cancer relative survival rate		Favourable increase
11	Access to optimally fluoridated drinking water		No new national data available
12	Adults who smoke daily		No change
13	Free sugar consumption		No baseline data available Proxy data presented in this report
14	People who have received an oral health check-up in the previous two years		No change for children
			Unfavourable decrease for adults
15	Daily brushing with fluoride toothpaste		No change for children
			No change for adults
16	People who report avoiding or delaying visiting a dental practitioner in the last 12 months		Favourable decrease
17	Children accessing oral health care through a government funded oral health program		Favourable increase *interpret with caution
18	Adults accessing oral health care in the public sector		Favourable increase *interpret with caution
19	Potentially preventable dental hospitalisations		Unfavourable increase
20	Private dental practices and services accredited to National Safety and Quality Health Service standards		No baseline data available
			Recent data shows a Favourable increase
21	Newly registered dental practitioners, by division		No baseline data available
			Recent data shows an Unfavourable decrease
22	Registered clinically active dental practitioners		No change
23	Non-oral health vocational education and training sector enrolments successfully completing oral health units of competency		No change
24	Students enrolled in dental and oral health courses who have a rural background		Unfavourable decrease
25	Patient experience visiting a dental professional		No change
26	Adult daily alcohol consumption		No change

Background

The goal of [Australia's National Oral Health Plan 2015–2024](#) (NOHP) is 'to improve health and wellbeing across the Australian population by improving oral health status and reducing the burden of poor oral health' (COAG 2015).

The NOHP outlines guiding principles that underpin Australia's oral health system and provides national strategic direction including targeted strategies in six Foundation Areas and across four Priority Populations.

Achievement of the foundation area goals will contribute to improving the oral health of the majority of Australians.

Table 1: Australia's National Oral Health Plan 2015–2024 foundation areas

Foundation area:

1. Oral health promotion
2. Accessible oral health services
3. Systems alignment and integration
4. Safety and quality
5. Workforce development
6. Research and evaluation

The priority populations highlight the groups that experience the most significant barriers to accessing oral health care and the greatest burden of oral disease.

Table 2: Australia's National Oral Health Plan 2015–2024 priority populations

Priority populations:

1. People who are socially disadvantaged or on low incomes
2. Aboriginal and Torres Strait Islander People
3. People living in regional and remote Australia
4. People with additional and/or specialised health care needs

In order to monitor progress of the strategies of the NOHP, a set of 26 core Key Performance Indicators (KPIs) were developed; it is intended that they will be reported against every two years for the life of the plan.

In 2019, the Australian Health Ministers Advisory Council (AHMAC) endorsed a [report](#) (COAG 2019) that provided the baseline data for the 26 core KPIs, and included some further explanation of each of the KPIs and the rationale for their inclusion.

This report is the next in the series and presents the most up-to-date data currently available for each of the 26 core KPIs.

Our oral health—a national perspective

Oral health refers to the condition of a person’s teeth and gums, as well as the health of the muscles and bones in their mouth. Poor oral health—mainly tooth decay, gum disease and tooth loss—affects many Australian children and adults.

KPI 1

Caries experience in children

 No new data available for children

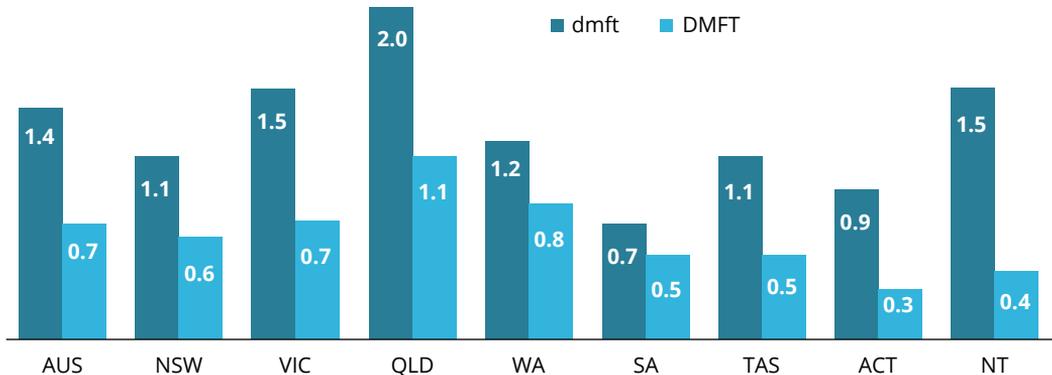
The **dmft** and **DMFT** score counts the number of teeth that are decayed (d), missing due to caries (m) or filled because of caries (f)—‘dmft’ refers to primary teeth, ‘DMFT’ refers to permanent teeth. When a person has a dmft or DMFT score that is greater than zero, this is known as having **caries experience**.

In Australia, national survey data shows that:

- children aged 6 have an average of 1.4 dmft
- children aged 12 have an average of 0.7 DMFT.



dmft/DMFT scores vary across Australia



KPI 2

Untreated caries prevalence

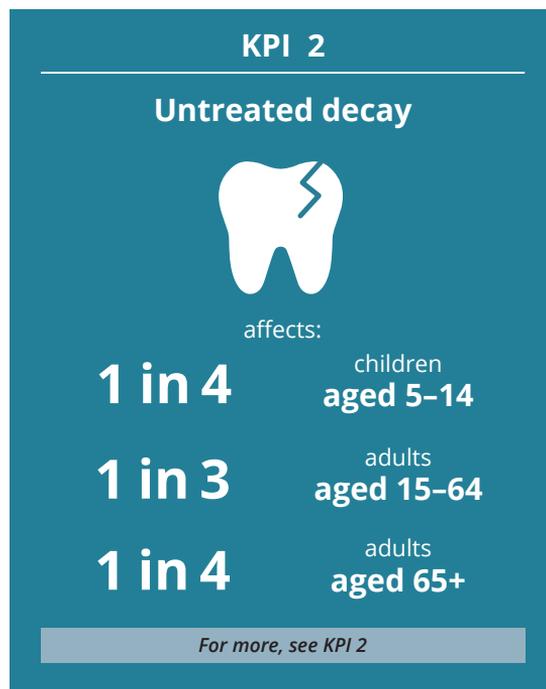
- No new data available for children
- Unfavourable increase for adults

The proportion of people with **untreated tooth decay** reflects both the prevalence of dental decay in the population and access to dental care for treatment.

In 2017–18, around

- 1 in 4 (26%) children aged 5–14
- 1 in 3 (33%) adults aged 15–64
- 1 in 4 (27%) adults aged 65 and over

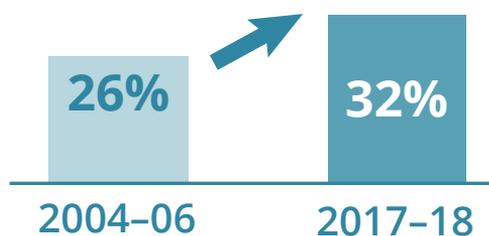
had at least one tooth with untreated decay.



The proportion of adults aged 15 and over with at least one tooth with untreated decay has increased over time



Aged 15+



KPI 3 Periodontitis prevalence

X Unfavourable increase

Periodontitis, or advanced stage gum disease, damages the soft tissue and bone supporting the teeth which can cause the teeth to become loose, which in turn can lead to tooth loss.

- Around one-third (30%) of adults aged 15 and over had moderate or severe periodontitis in 2017–18, compared to around one-quarter (23%) in 2004–06.
- In 2017–18, the proportion of adults with severe to moderate periodontitis increased with age, from 8.6% in those aged 15–24 to 59% in those aged 65 years and over.

KPI 3

Moderate or severe gum disease

affects:

1 in 3 people aged 15+



For more, see KPI 3

The proportion of adults with severe to moderate periodontitis varies across Australia



KPI 4 Edentulism prevalence

✓ Favourable decrease

Tooth loss can affect both oral function and appearance, and therefore negatively impact on quality of life. Limited oral function is also associated with deteriorating diet and compromised nutrition, which can adversely impact on overall health (NACDH 2012). Adults who have no natural teeth are classified as **edentulous**.

In 2017–18, around

- 1 in 12 (8.1%) adults aged 45 and over
- 1 in 7 (15%) adults aged 65 and over

had lost all of their natural teeth. This is an improvement from 2013.

KPI 4

Complete tooth loss

affects:

1 in 12 people aged 45+



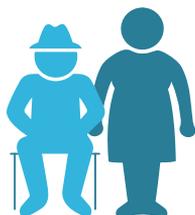
For more, see KPI 4

Proportion of adults aged 45 and over with no natural teeth



45–64 years old

In 2017–18, **1 in 25** (3.7%) were edentulous



65+ years old

In 2017–18, **1 in 7** (15%) were edentulous

KPI 5

Inadequate dentition prevalence

Favourable decrease

Tooth loss can result in an inadequate dentition, that is, fewer than 21 natural teeth. A person with inadequate dentition is unlikely to have enough teeth that have a partner tooth on the opposite jaw to be able to chew properly.

In 2017–18, around 1 in 7 (15%) adults aged 18 and over had fewer than 21 natural teeth, compared to around 1 in 6 (16%) in 2013.

In 2017–18, the proportion of adults with fewer than 21 natural teeth increased with age, from 0.7% in 15–24 year olds to 46% in those aged 65 and over.

KPI 5

Inadequate dentition

1 in 7 people aged 18+



had fewer than 21 natural teeth

For more, see KPI 5

The proportion of adults with fewer than 21 natural teeth varies across Australia



KPI 6

Mean number of missing teeth

~ No change

Losing teeth is undesirable and is generally the result of disease, such as tooth decay and periodontal disease, or injury, such as mouth trauma. Some teeth may be extracted because extensive disease precludes other treatment.

The average number of missing teeth in adults aged 18 and over has remained relatively stable from 6.5 in 2013 to 6.4 in 2017–18.

KPI 6

Number of missing teeth

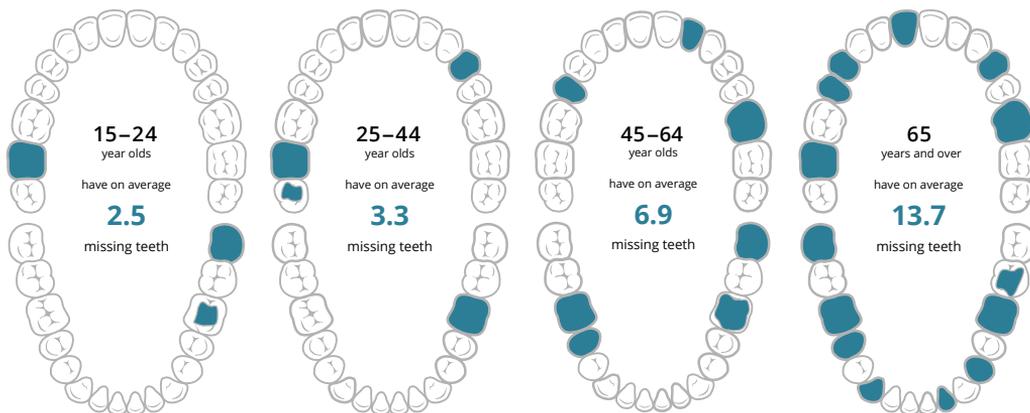
On average:

6.4 for adults aged 18+



For more, see KPI 6

The average number of missing teeth increased with age, 2017–18



KPI 19

Potentially preventable dental hospitalisations

 Unfavourable increase

Hospital separation rates for potentially preventable hospitalisations provide important information about the extent to which timely and adequate non-hospital dental care has been provided.

In 2017–18, the rate of potentially preventable dental hospitalisations per 1,000 population was:

- 7.2 for children aged 0–9, which is a slight increase from 6.9 in 2013–14
- higher for children aged 5–9 (9.5) than children aged 0–4 (4.9)
- higher for Indigenous children (10.4) than Other Australians (7.0).

KPI 19

Potentially preventable hospitalisations

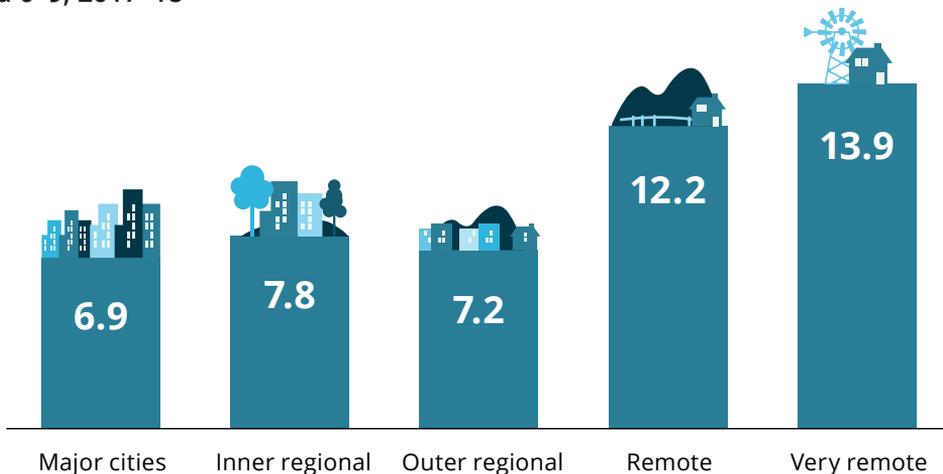


around
22,900 children aged 0–9

were hospitalised for dental conditions that may have been prevented with earlier treatment

For more, see KPI 19

Potentially preventable hospitalisations per 1,000 population of children aged 0–9, 2017–18



How oral disease impacts our wellbeing

Oral disease can impact on an individual's ability to eat, speak and socialise resulting in pain, discomfort and embarrassment. Measures of social impact give insight into the effect of oral conditions on day-to-day living from the individual's perspective. Experience of social impact reflects not only the level of oral disease experienced, but also whether that disease had been treated in a timely fashion.

KPI 7	People experiencing toothache	<input checked="" type="checkbox"/> Unfavourable Increase
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KPI 7

Toothache

affects:

1 in 9

children aged 5-14

1 in 5

adults aged 15+



For more, see KPI 7

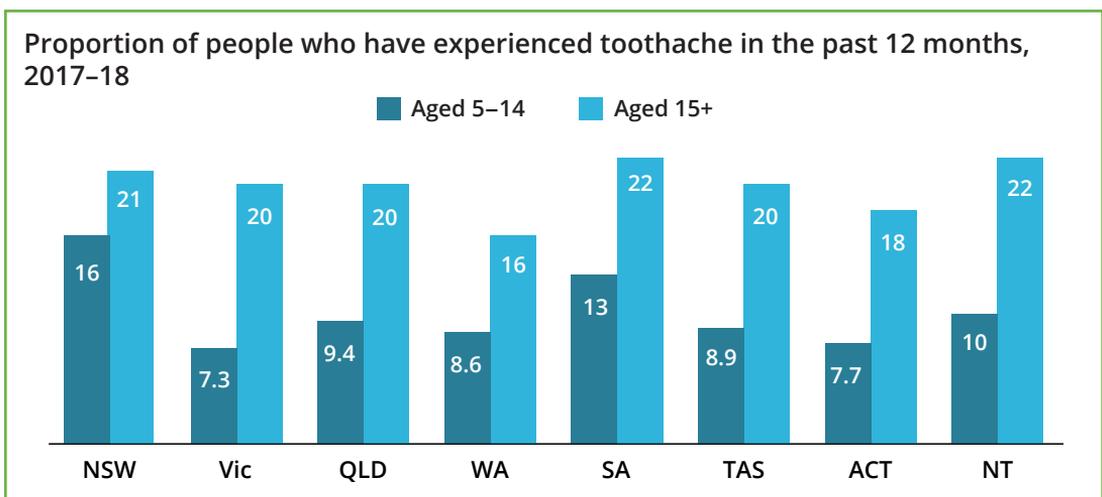
Pain from toothache can disrupt daily activities such as eating, and is often the first symptom of oral disease.

In 2017-18:

- around 1 in 9 (11%) children aged 5-14
- around 1 in 5 (20%) adults aged 15 and over

had experienced toothache in the previous 12 months.

The proportion of children aged 10-14 who experienced toothache in the previous 12 months increased from 4.3% in 2013 to 13% in 2017-18.



KPI 8

Food avoidance due to dental problems

X Unfavourable Increase

KPI 8

Food avoidance

1 in 7 children aged 5-14

1 in 4 adults aged 15+

avoided eating some foods because of problems with their teeth



For more, see KPI 8

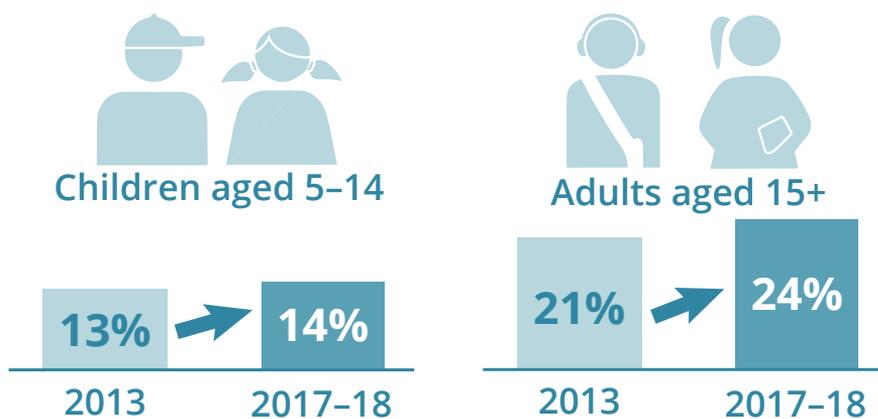
People may avoid eating some foods due to dental problems such as tooth sensitivity, inadequate dentition or being reliant on the use of dentures to chew.

In 2017-18:

- around 1 in 7 (14%) children aged 5-14
- around 1 in 4 (24%) adults aged 15 and over

had avoided eating some foods in the previous 12 months due to problems with their teeth.

Proportion of people who have avoided eating some foods due to problems with their teeth, mouth or dentures



KPI 9

People feeling uncomfortable with the appearance of mouth and teeth

Unfavourable Increase

KPI 9

Feeling uncomfortable

One-third of adults aged 15+



felt uncomfortable with the appearance of their mouth and teeth

For more, see KPI 9

Poor oral health, such as broken or missing teeth, can damage a person's self-esteem and overall wellbeing by affecting the way they look, speak, eat and socialise.

In 2017–18:

- 33% of adults aged 15–24
- 37% of adults aged 25–44
- 38% of adults aged 45–64
- 29% of adults aged 65 and over

reported feeling uncomfortable with the appearance of their teeth, mouth or dentures in the previous 12 months.

Proportion of adults aged 15 and over who reported feeling uncomfortable with the appearance of their teeth, mouth or dentures, 2017–18



Preventative strategies to reduce the risk of oral disease

Preventing oral disease is fundamental to improving the oral health of Australians. Preventive strategies, such as daily toothbrushing, aim to reduce the likelihood of an individual developing oral disease or interrupt or slow the progress of existing oral disease. Oral health promotion initiatives at both the individual level and population level are an important part of disease prevention.

KPI 10	Oral cancer relative survival rate	<input checked="" type="checkbox"/> Favourable increase
---------------	-------------------------------------------	---------------------------------------------------------

Cancer was the leading cause of total disease burden in Australia in 2015 (AIHW 2019). Treatment can be more effective when cancer is detected early, and dental practitioners play an important role in this. Cancer of the lip, tongue, mouth, salivary glands and oropharynx are those cancers that are detectable in an oral examination by a dental practitioner. Early detection is one of the factors associated with better cancer survival.

- The 5-year relative survival rate in 2011–2015 for all selected oral cancers was 75%, compared to 69% for all cancers combined.
- The age-standardised 5-year relative survival for all oral cancers improved from 66% in 1986–1990 to 73% in 2011–2015.

KPI 10

Survival rate for oral cancer

3 in 4 people diagnosed with oral cancer are **alive after 5 years**

For more, see KPI 10

Incidence of oral cancers, 2015

The **most commonly diagnosed** cancers in **males** were:



- 675** lip cancer
- 579** tongue cancer
- 547** oropharynx cancer
- 347** mouth cancer
- 198** salivary glands cancer

in **females** were:



- 286** tongue cancer
- 260** lip cancer
- 251** mouth cancer
- 133** salivary glands cancer
- 131** oropharynx cancer

KPI 11

Access to optimally fluoridated drinking water

 No new national data available

Community water fluoridation is a safe strategy to improve oral health by reducing the risk of dental caries. The National Health and Medical Research Council (NHMRC) found that water fluoridation reduces tooth decay by 26% to 44% in children and adolescents, and by 27% in adults (NHMRC 2017).

In 2017, the NHMRC estimated that around 89% of Australians have access to fluoridated drinking water. The proportion of people with access to fluoridated drinking water varies across Australia, from 99% in the Australian Capital Territory to 72% in Queensland.

KPI 11

Fluoridated drinking water

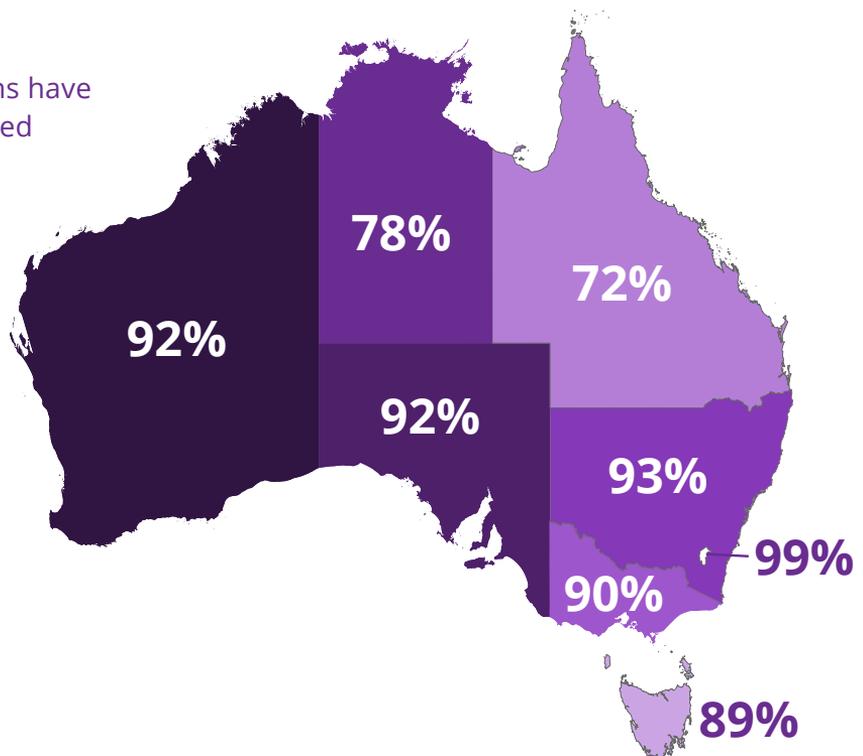
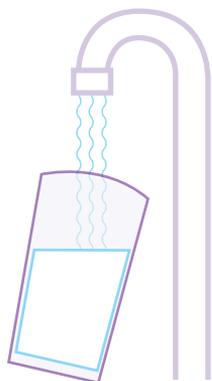
can be accessed by

9 in 10 Australians



For more, see KPI 11

89% of Australians have access to fluoridated drinking water



KPI 15

Daily brushing with fluoride toothpaste

~ No change for children

~ No change for adults

Brushing your teeth (ideally, twice per day) with a fluoridated toothpaste is effective in preventing tooth decay.

In 2013, almost all children aged 5–14 (96%) and adults aged 15 and over (98%) reported brushing their teeth daily. These proportions remained relatively stable over time with 97% of children aged 5–14 and 97% of adults aged 15 and over reporting brushing their teeth daily in 2017–18.

In 2017–18, the proportion of children aged 5–14 and adults aged 15 and over who brushed their teeth daily was consistent across the country (refer Figure)

KPI 15

Toothbrushing

97%
of children
aged 5–14

97%
of adults
aged 15+



brush their teeth daily

For more, see KPI 15

Proportion of people who brush their teeth daily, 2017–18



Behaviours that increase the risk of oral disease

A person's health is influenced by many factors, and these are collectively known as determinants of health. Determinants that increase the likelihood of a person developing a disease or health disorder are commonly referred to as risk factors. There are different groups of risk factors. Behavioural risk factors are those that individuals have the most ability to modify, such as tobacco smoking and alcohol consumption.

KPI 12	Adults who smoke daily	 No change
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KPI 12

Smoking



1 in 7 adults aged 18+
smoke every day

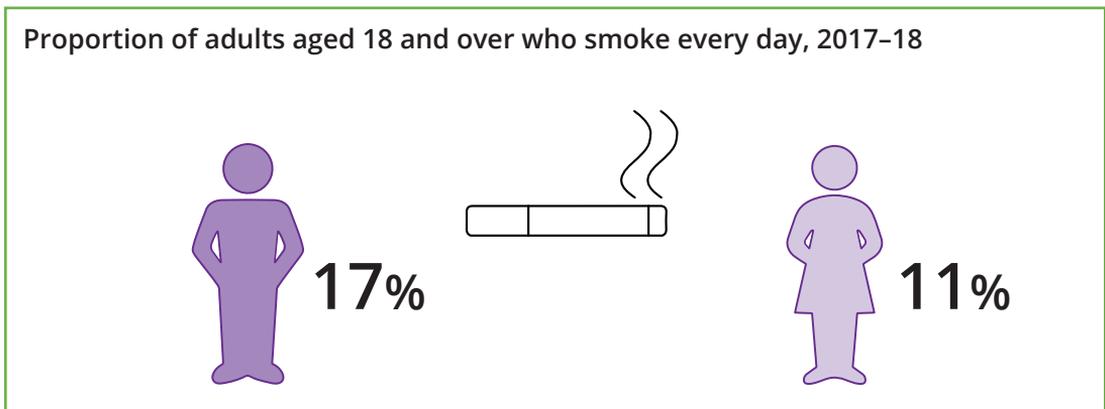
For more, see KPI 12

Tobacco smoking is the single most important preventable cause of ill health and death in Australia. People who smoke are at higher risk of gum disease, tooth loss and oral cancer (DHSV 2011).

In 2017–18:

- Around 1 in 7 (14%) of adults aged 18 and over smoked daily.
- Adults aged 45–54 were more likely to smoke daily than adults aged 18–24—17% compared to 14%.

After adjusting for age, the proportion of daily smokers has remained stable between 2014–15 and 2017–18, at 15% and 14% respectively.



KPI 13 Free sugar consumption

 No baseline data available

KPI 13

Consumption of sugar



Selected sugar sweetened beverages are consumed daily by:

7.1% of children aged 2-17

9.1% of adults aged 18+

For more, see KPI 13

The consumption of free sugars is a significant risk factor for dental caries (COAG 2019).

The available data presented here is not fully matched to the KPI that specifies consumption of sugar sweetened beverages and/or confectionary. Data presented are self-reported from the 2017-18 National Health Survey and relate to the consumption of selected sugar sweetened drinks only (ABS 2018).

In 2017-18:

- around 1 in 14 (7.1%) of children aged 2-17
- around 1 in 11 (9.1%) adults aged 18 and over consumed selected sugar sweetened drinks on a daily basis.

Proportion of people who consume selected sugar sweetened drinks on a daily basis, 2017-18



KPI 26

Adult alcohol consumption

~ No change

KPI 26

Alcohol consumption



On average:

1 in 6 adults aged 18+

consume more than two standard drinks daily

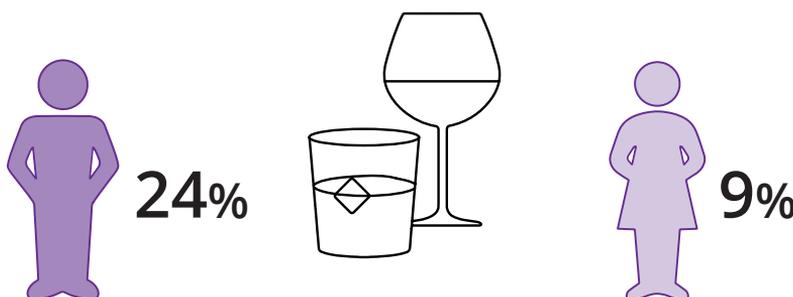
For more, see KPI 26

The consumption of alcohol is widespread within Australia and entwined with many social and cultural activities. However, harmful levels of consumption (consuming more than two standard drinks per day on average) are a major health issue, associated with increased risk of disease including oral cancers (DHSV 2011).

In 2017–18, 16% of adults aged 18 and over consumed more than two standard drinks per day. Older adults aged 45–54 (19%) and 55–64 (19%) were more likely to consume more than two standard drinks per day than younger adults aged 18–24 (11%).

After adjusting for age, the proportion of adults at risk of long-term harm from alcohol has remained stable between 2014–15 and 2017–18, at 17% and 16% respectively.

Proportion of adults aged 18 and over who exceed the guidelines for the consumption of alcohol, 2017–18



Access to oral health services

Being able to access oral health services when needed is central to the performance of the oral health system. Understanding who is accessing oral health services and how they are accessing them is critical for evaluating whether targeted programs and strategies are effectively reducing access barriers and improving dental visiting patterns.

KPI 14	People who have received an oral health check-up in the previous two years	<input type="checkbox"/> No change for children
		<input checked="" type="checkbox"/> Unfavourable decrease for adults

A dental visit can provide an opportunity for the provision of preventive dental care to maintain existing oral health, as well as treatment services that may reverse disease or rehabilitate the teeth and gums after damage occurs.

In 2017–18:

- around 9 in 10 (91%) children aged 5–14
- around 3 in 4 (75%) adults aged 15 and over

had received an oral health check-up from a dental practitioner in the previous two years.

Adults aged 25–44 were least likely to have received an oral health check-up in the previous two years than any other age group in 2013 (75%) and 2017–18 (71%).

KPI 14

Oral health check-up

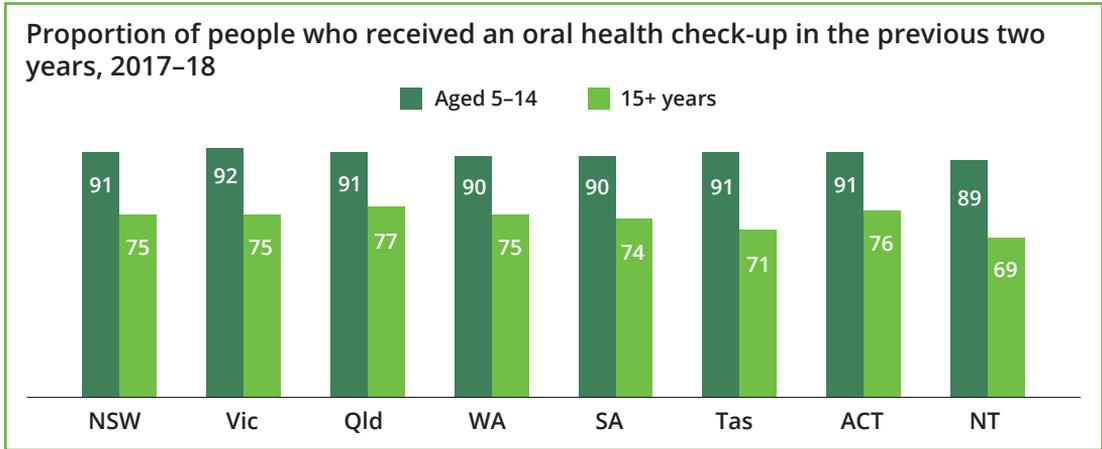


9 in 10 children **aged 5–14**

3 in 4 adults **aged 15+**

had an oral health check-up in the previous two years

For more, see KPI 14



KPI 16

People who report avoiding or delaying visiting a dental practitioner in the last 12 months

Favourable decrease

People may avoid or delay visiting a dental practitioner for a variety of reasons, including cost, fear or because of difficulties accessing services.

In 2018–19:

- 28% of adults aged 15 and over avoided or delayed visiting a dental practitioner, compared to 33% in 2014–15.
- 18% avoided or delayed visiting a dental practitioner due to cost, compared to 20% in 2014–15.
- More adults aged 25–34 avoided or delayed visiting a dental practitioner than any other age group (37%).

KPI 16

Avoiding the dentist

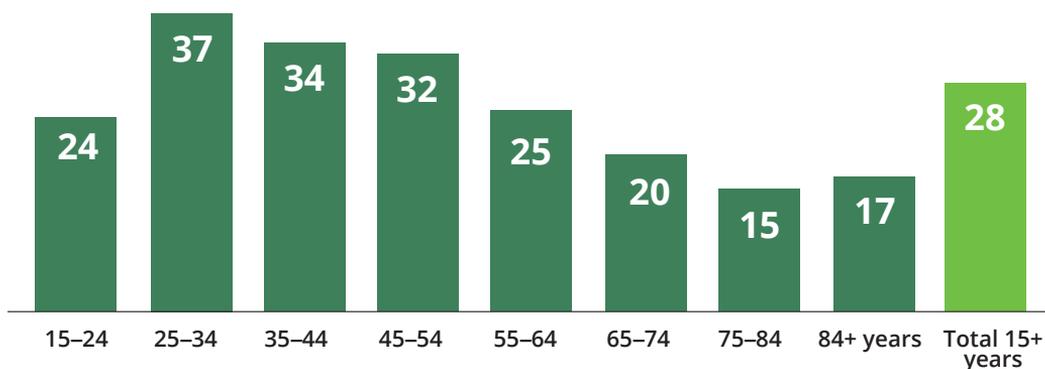
Around
one-third of adults **aged 15+**



avoided or delayed visiting the dentist

For more, see KPI 16

Proportion of people who report avoiding or delaying visiting a dental practitioner in the last 12 months, 2018–19



KPI 17

Children accessing oral health care through a government funded oral health program

Favourable Increase

*interpret with caution

A range of government funded public dental programs have been established in an attempt to redress financial barriers to receiving oral health care, particularly for priority populations.

This indicator measures the total number of children accessing government-funded oral health care, either through state and territory funded public dental services or the Australian Government funded Child Dental Benefits Schedule, as a proportion of the total child population.

Based on the available data, the proportion of children aged 2–17 who accessed oral health care through a government funded oral health program was:

- 46% in 2014–2016
- 50% in 2016–2018.

It should be noted that not all states and territories were able to provide data for the 2016–2018 period so the national estimate should be interpreted with caution.

KPI 17

Government funded oral health care

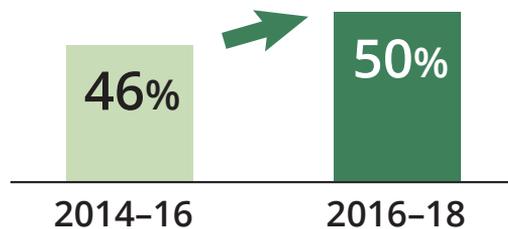


1 in 2 children aged 2–17

accessed oral health care through government funded programs

For more, see KPI 17

Proportion of children accessing oral health care through a government-funded oral health program



KPI 18**Adults accessing oral health care in the public sector, by jurisdiction**

✓ Favourable Increase

*interpret with caution

Publicly funded dental services play a role in helping eligible Australians who might find it difficult to access dental care in the private sector to receive such care, either free of charge or at a subsidised cost. Public dental services are operated by states and territories, with eligibility for services and the organisation of services varying greatly across the jurisdictions.

Based on the available data:

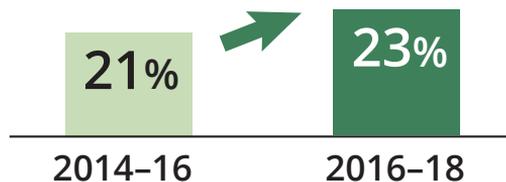
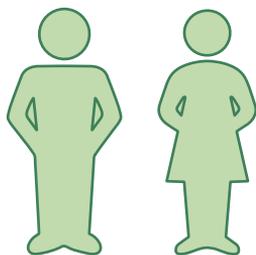
- around 1 in 5 (21%) adults aged 18 and over accessed public dental care during 2014–2016
- around 1 in 4 (23%) adults aged 18 and over accessed public dental care in 2016–2018.

It should be noted that not all states and territories were able to provide data for the 2016–2018 period so the national estimate should be interpreted with caution.

KPI 18**Public dental care**

1 in 4 eligible adults
accessed public dental care

For more, see KPI 18

Proportion of adults accessing oral health care in the public sector

Safety and quality of oral health services

Information about the safety and quality of oral health services can be very useful for service providers and others who are interested in driving continuous improvement in oral health services.

KPI 20	Private dental practices and services accredited to national safety and quality standards	<ul style="list-style-type: none"> <input type="checkbox"/> No baseline data available <input checked="" type="checkbox"/> Recent data shows a favourable increase
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KPI 20

Accredited dental practices

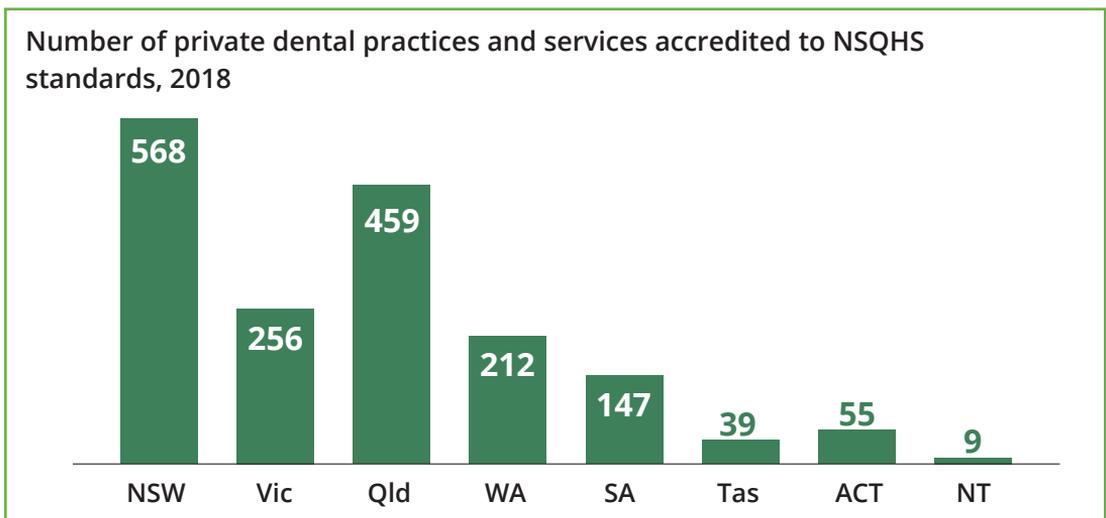
The number of private dental practices accredited to **NSQHS Standards** increased from **633** in 2016 to **1,745** in 2018



For more, see KPI 20

The National Safety and Quality Health Service Standards aim to protect the public from harm and to improve the quality of health service provision. Accreditation against these standards is mandatory for public dental services but remains voluntary for private dental practices.

In 2016, 633 private dental practices and services were accredited to the National Safety and Quality Health Service (NSQHS) standards. This number increased to 1,745 in 2018.



KPI 25

Patient experience visiting a dental professional

☒ No change

KPI 25

Patient experience

96% of adults reported their dental professional **listened carefully**, and

97% reported their dental professional showed **respect** and **spent enough time with them**



For more, see KPI 25

Patient experience surveys obtain patients' views and observations on aspects of health care services they have received. This includes their views on the accessibility of services and the physical environment, and aspects of the patient-clinician interaction.

In 2018–19:

- 96% of patients reported that their dental professional always or often listened carefully
- 97% of patients reported that their dental professional always or often showed respect
- 97% of patients reported that their dental professional always or often spent enough time with them.

Patient experience surveys show:



Proportion of patients who that their dental professional always or often **listened carefully**

95% → 96%
2014–15 2018–19



Proportion of patients who that their dental professional always or often **showed respect**

96% → 97%
2014–15 2014–15



Proportion of patients who that their dental professional always or often **spent enough time with them**

96% → 97%
2014–15 2014–15

The oral health workforce

Data on the size, distribution and characteristics of the oral health workforce is required to understand the current workforce and its capacity to meet the community's needs for prevention and treatment of oral disease.

KPI 21	Newly registered dental practitioners, by division	<input type="checkbox"/> No baseline data available
		<input checked="" type="checkbox"/> Recent data shows an unfavourable decrease

The aim of this indicator is to monitor trends in dental practitioner initial registrations to assist in future oral health workforce planning strategies.

- The proportion of newly registered dental practitioners has declined slightly over time, from 5.0% in 2014 to 4.0% in 2017.
- The dental practitioner division which showed the greatest decline in newly registered practitioners was that of Oral Health Therapists, dropping around 10 percentage points from 16% in 2014 to 5.8% in 2017.

KPI 21

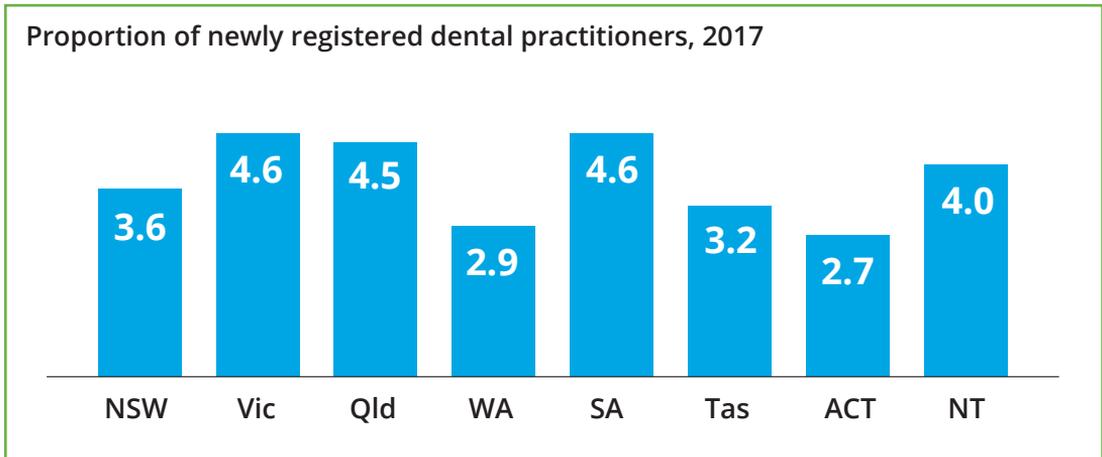
Newly registered dental practitioners

In 2017:

- 4.0%** of **all dental practitioners**
- 4.3%** of **dentists**
- 2.4%** of **dental hygienists**
- 3.7%** of **dental prosthetists**
- 0.4%** of **dental therapists**
- 5.8%** of **oral health therapists**

were newly registered

For more, see KPI 21



KPI 22

Registered clinically active dental practitioners

 No change

One of the Foundation Area goals of the National Oral Health Plan 2015–2024 is to build more equity in the distribution of the oral health workforce to improve accessibility to oral health care.

- The full time equivalent (FTE) rate of dental practitioners in Australia has remained relatively stable, ranging from 71.4 per 100,000 in 2015 to 72.9 per 100,000 in 2017 .
- The FTE rate of dental practitioners varied across Australia, ranging from 56.2 per 100,000 in the Northern Territory to 82.8 per 100,000 in the Australian Capital Territory.

KPI 22

Clinically active dental practitioners



In 2017, there were
72.9 dental practitioners
for every 100,000 people

For more, see KPI 22

In 2017, *Major cities* had the highest FTE rate of dental practitioners compared with other remoteness areas.

	 Major cities	 Inner regional	 Outer regional	 Remote	 Very remote
FTE rate of dental practitioners	82.3	61.2	53.7	43.2	25.8

KPI 23

Non-oral health vocational education and training sector enrolments successfully completing oral health units of competency

 No change

A key strategy of the National Oral Health Plan 2015–2024 is to increase the oral health competency of the broader health workforce by including oral health units in vocational education sector training courses.

The proportion of non-oral health vocational education and training (VET) sector enrolments successfully completing oral health units of competency in 2018 was 0.6%.

KPI 23

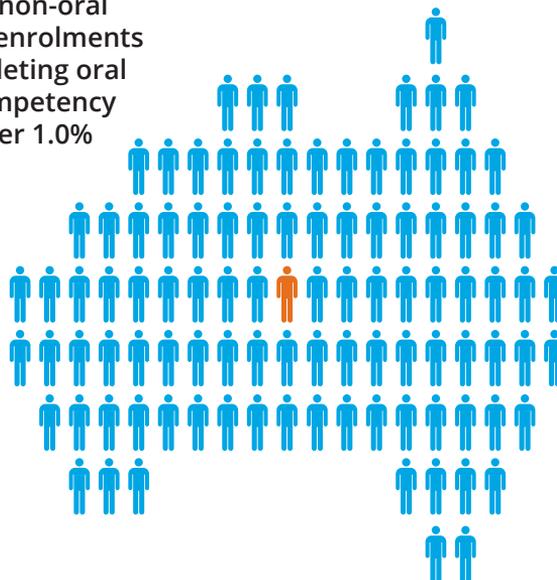
Oral health studies



Less than **1 in 100**
non-oral health
VET enrolments successfully completed
oral health units of competency

For more, see KPI 23

The proportion of non-oral health VET sector enrolments successfully completing oral health units of competency has remained under 1.0% since 2015



2015–2018

KPI 24

Students enrolled in dental and oral health courses who have a rural background

Unfavourable decrease

Rural Australians have access to fewer dental practitioners than their city counterparts (COAG 2015; Bishop & Lavery 2015). This indicator is a measure of the proportion of students enrolled in dental and oral health courses who have a rural background, as this is known to be a key determinant in the likelihood of them pursuing a career in the rural workforce (COAG 2019).

In 2017, around 1 in 6 (17%) of students enrolled in dental and oral health courses had a rural background, which is a slight decrease from 1 in 5 (19%) in 2014.

KPI 24

Rural background

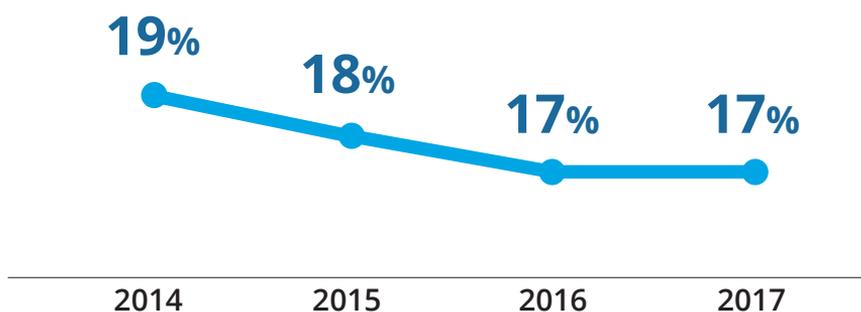


1 in 6

students studying dental and oral health had a rural background

For more, see KPI 24

Proportion of students enrolled in dental and oral health courses who have a rural background has decreased slightly over the years



Data sources

The *National Oral Health Plan 2015–2024: performance monitoring report* brings together information from a range of data sources, including population surveys and administrative datasets, to contribute to a greater understanding about the oral health status of the Australian population and their use of dental care services. Further detail about each of these data sources can be found at <<https://www.aihw.gov.au/reports/dental-oral-health/national-oral-health-plan-2015-2024/contents/data-sources>>.

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Related material

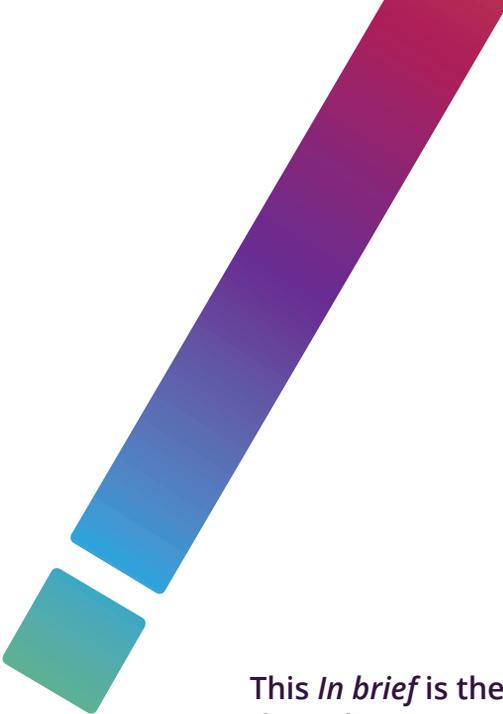
Latest related reports

[Australia's National Oral Health Plan 2015–2024: performance monitoring report](#)

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This *In brief* is the companion publication to the online report *Australia's National Oral Health Plan 2015–2024: performance monitoring report*. The *In brief* provides an overview of key statistics and related information found in the online report.

Information is presented for 26 KPIs grouped into seven broad topic areas—oral health status, impacts of oral disease, risk behaviours, preventive strategies, access to services, workforce and quality.

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