



3.14 Oral health

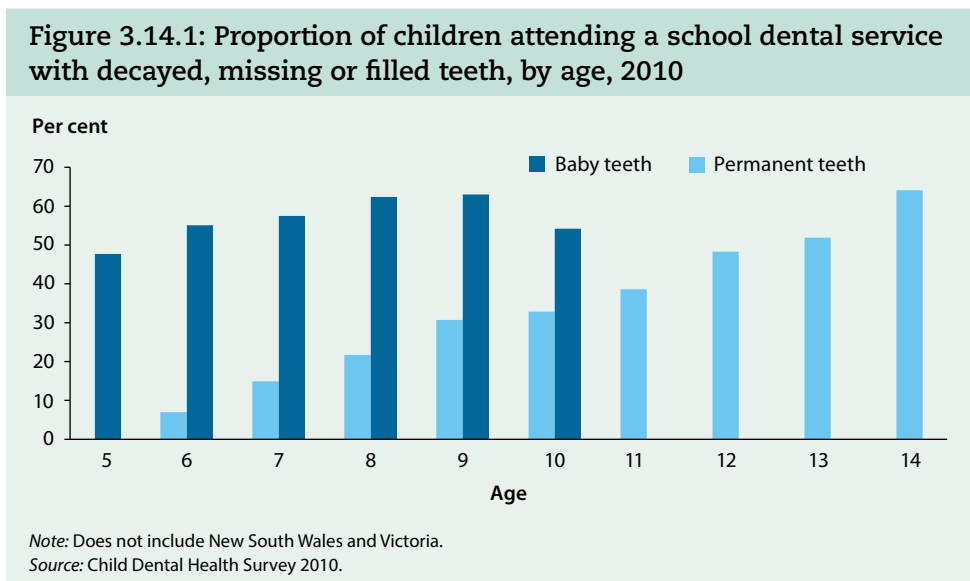
Good oral health is an integral part of good general health and enables people to 'eat, speak and socialise without pain, discomfort or embarrassment' (Oral Health Monitoring Group 2015). Oral health can also affect general health through impacts on diet and nutrition, and there is evidence that chronic oral infections are associated with a range of other diseases and conditions, such as heart and lung diseases, stroke, low birthweight and premature births (NACDH 2012).

Since the late 1970s, oral health of children has improved in Australia (AIHW: Chrisopoulos et al. 2015), likely reflecting increased access to fluoridated drinking water and toothpaste, and improvements to preventive oral health services and dental hygiene practices. However, more recent trends suggest that children's oral health may be deteriorating. Poor adult oral health is strongly predicted by poor childhood oral health.

Children

Dental examinations of children in public dental clinics across six states and territories in 2010 (excluding New South Wales and Victoria) revealed that:

- more than half (55%) of 6-year-old children had experienced decay (decayed, missing or filled teeth) in their baby teeth (see Figure 3.14.1)
- almost half (48%) of 12-year-old children had experienced decay in their permanent teeth
- children aged 5 and 6 had the highest rates of untreated tooth decay, compared with older children
- children aged 8 and 9 had higher numbers of filled teeth than other children
- after decreasing steadily from the late 1970s, the average number of teeth affected by decay for children aged 6 and 12 plateaued in the late 1990s and early 2000s, and then increased. The average number of affected baby teeth of children aged 6 increased from 1.5 in 1996 to 2.6 in 2010. The average number of affected permanent teeth of children aged 12 increased from 0.8 in 2000 to 1.3 in 2010.



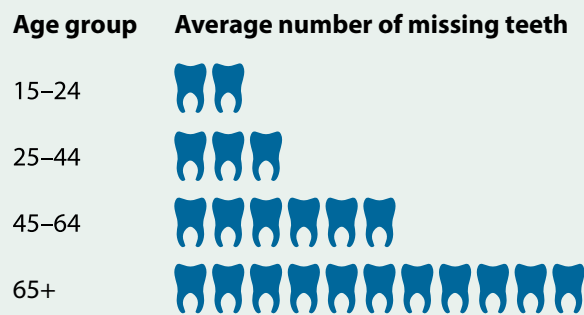


Young people and adults

The National Dental Telephone Interview Survey of people aged 15 and over found that, in 2013:

- just over 1 in 25 people had no natural teeth. Among people aged 65 and over, 19% had lost all natural teeth
- on average, people were missing 5 teeth. The number of teeth missing increased with age, with an average of 2 teeth missing for those aged 15–24, and an average of 11 teeth missing for those aged 65 and over (Figure 3.14.2). People with dental insurance were missing an average of one tooth fewer than uninsured people
- about 12% of people with natural teeth wore dentures. Among this group, the prevalence of dentures increased with age and was highest (42%) for those aged 65 and over.

Figure 3.14.2: Average number of missing teeth, by age group (15 and over), 2013



Note: Derived from self-reported data on the number of natural teeth at the time of interview and includes all missing teeth, regardless of the reason they were missing.

Source: National Dental Telephone Interview Survey 2013.

Among those aged 15 and over who had at least one natural tooth:

- about 16% of people experienced toothache in the previous 12 months (an increase from 11% in 1994). Toothache was most prevalent in adults aged 25–44
- about 1 in 5 (21%) people avoided eating certain foods due to problems with their oral health
- the proportion of people who were uncomfortable with their dental appearance has increased over time, from 20% in 1994 to 27% in 2013
- females were more likely to be uncomfortable with their appearance than males, with 31% of females reporting some level of discomfort compared with 23% of males.



In the previous 12 months people experiencing a toothache were:



Dental visits

- In 2013, about two-thirds (64%) of people aged 5 and over had made a dental visit in the previous year. Children aged 5–14 were the most likely to have made a visit, with 79% visiting in the previous year, and 91% in the previous 2 years. The age group with the lowest proportion of dental visits was adults aged 25–44, with 55% visiting in the previous year, and 75% visiting in the previous 2 years.
- Almost half (44%) of adults aged 18 and over had a favourable (proactive) visiting pattern, where they visited a usual dentist for a check-up (rather than a problem) at least once a year.
- Most dental visits were made to a private dental practice (84%).
- Almost one-third (32%) of people delayed or avoided a visit to the dentist due to cost. People without private health insurance were twice as likely (44%) as those with insurance (20%) to avoid visiting a dentist due to cost.
- Of people who did visit a dentist in the previous 12 months, 20% did not receive the recommended dental treatment due to cost.
- In 2013–14, there were about 63,000 dental-related hospitalisations (2.7 per 1,000 population) that were considered potentially preventable if timely and adequate non-hospital care had been provided.
- Children aged 5–9 had the highest rate of potentially preventable hospitalisations due to dental conditions, with a rate of 9.3 hospitalisations per 1,000 children in that age group.



How much is spent?

- Spending on dental services (except those in hospitals) in Australia has increased by 46% over the last decade, from \$5.9 billion in 2002–03 to \$8.7 billion in 2012–13, adjusted for inflation. Per capita expenditure also increased over the same period, from \$303 to \$380, adjusted for inflation.
- Individuals were the largest source of funds for dental spending in 2012–13, paying directly out-of-pocket for 58% of dental costs. Total government contributions, including premium rebates from the Australian Government, and state and territory governments, amounted to 25%. Private health insurance funds paid 16%, while other non-government funding sources accounted for 0.4%.

What is missing from the picture?

There is a lack of recent clinical data about the oral health status of Australians. The National Dental Telephone Interview Survey is conducted every 2 to 3 years, and collects self-reported data only. The National Survey of Adult Oral Health, which supplements telephone interview survey data with clinical data from standardised dental examinations, was last conducted in 2004–06; the next survey is planned for 2016–18. The data on children's oral health status collected from state and territory public child dental health providers is incomplete and not very timely.

There is also a lack of routinely collected data about dental services provided in Australia. Some data are collected from public dental services, in relation to child dental services and to waiting times information for adult services, but the data are not necessarily comparable, due to variation between jurisdictions in the scope and coverage of public dental programs and data collection practices. Data on privately provided dental services are not collected nationally.

Where do I go for more information?

More information on oral health in Australia is available on the AIHW website at [Dental and oral health](#). The AIHW report [Oral health and dental care in Australia: key facts and figures 2015](#) is available for free download.

References

AIHW (Australian Institute of Health and Welfare): Chrisopoulos S, Harford JE, Ellershaw A 2016. Oral health and dental care in Australia: key facts and figures 2015. Cat. no. DEN 229. Canberra: AIHW.

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