



3.18 Oral and dental health

Good oral health (including dental health) is important for overall wellbeing. Without it, general quality of life and the ability to eat, speak and socialise is compromised, resulting in pain, discomfort and embarrassment. Poor oral health is also associated with other health problems such as stroke, cardiovascular disease and adverse pregnancy outcomes (COAG Health Council 2015).

In 2011, poor oral health (mainly tooth decay, gum disease and tooth loss) contributed 4.4% of the non-fatal burden of disease in Australia.

How common is poor oral and dental health?

Ha et al. (2016) reported that the National Child Oral Health Study 2012–14, which included a clinical examination component, found that:

- about 2 in 5 (42%) children aged 5–10 had experienced decay in their primary (baby) teeth and more than 1 in 4 (27%) had untreated decay in these teeth
- almost 1 in 4 (24%) children aged 6–14 had experienced decay in their permanent teeth, and more than 1 in 10 (11%) had untreated decay in these teeth.

The National Survey of Adult Oral Health 2004–06, which included a clinical examination component, showed that for people aged 15 and over:

- more than 1 in 4 (26%) had untreated tooth decay
- almost 1 in 4 (23%) had moderate or severe gum disease, which increased to more than 1 in 2 (53%) among people aged 65 and over.

Proportion of people with untreated tooth decay



(a) Data are for 2012–14.

(b) Data are for 2004–06.

Sources: AIHW: Chrisopoulos et al. 2016; Ha et. al. 2016.



The National Dental Telephone Interview Survey 2013 (based on self-reported information) found that, for people aged 15 and over, 1 in 20 (4.4%) had no natural teeth, including 1 in 5 (19%) people aged 65 and over. Dentate people (people who had at least one natural tooth) had 5 missing teeth on average, rising to 11 missing teeth for dentate people aged 65 and over. For dentate people:

- 1 in 7 (16%) had experienced toothache within the previous year
- 1 in 5 (20%) avoided eating certain foods because of oral health problems within the previous year
- 1 in 4 (27%) felt uncomfortable with their dental appearance.

Use of dental health services

Brennan et al. (2016) reported that the National Child Oral Health Study 2012–14 found that for children aged 5–14:

- 1 in 10 (11%) had never visited a dentist
- 81% had visited a dentist in the 12 months before the survey
- 57% last attended a private dental service.

The 2016–17 Patient Experience Survey found that, in the last 12 months, for people aged 15 and over:

- 48% saw a dental professional. The proportion who visited a dentist in the last 12 months was lowest for people aged 25–34 (34%) and highest for people aged 55–64 (53%)
- 17% who reported that they needed to visit a dentist, had not done so (ABS 2017).

The National Dental Telephone Interview Survey 2013 found for people aged 15 and over:

- almost half (44%) had favourable (proactive) dental visiting patterns (visiting at least once a year for a check-up rather than a problem)
- 4 in 5 (84%) dental visits were made to a private dental practice
- 1 in 3 (35%) dentate people delayed or avoided going to the dentist due to cost; this was an increase from 25% in 1994.

Almost \$10 billion was spent on dental services in Australia in 2015–16. The majority (58%) of this cost was paid by patients directly, with individuals spending an average of \$239 on dental services over the 12-month period (see Chapter 2.2 'How much does Australia spend on health care?' for more information).

As well as visits to dental professionals, there were more than 67,000 potentially preventable hospitalisations for dental conditions in 2015–16, accounting for 80,000 bed days. Adjusting for age, the rate of potentially preventable hospitalisations for dental conditions increased between 2013–14 and 2015–16, from 279 to 284 separations per 100,000 people.





What is missing from the picture?

There are limited routinely collected data on oral health status, as the surveys noted in this snapshot are conducted relatively infrequently. There is also limited information about dental services provided in Australia, especially in relation to those provided in the private sector.

Some national data are routinely collected from public dental services, but they are not currently nationally comparable and focus only on waiting times for some adult patients. Further, they do not cover reasons for, and the nature and outcomes of, public sector dental care provision.

Where do I go for more information?

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

References

ABS (Australian Bureau of Statistics) 2017. Patient experiences in Australia: summary of findings, 2016–17. ABS cat. no. 4839.0. Canberra: ABS.

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.

Brennan DS, Ju X, Amarasena N, Dooland M, Peres KG, Mejia GC et al. 2016. Patterns of dental services use by Australian children. In: Do LG & Spencer AJ (eds). Oral health of Australian children: the National Child Oral Health Study 2012–14. Adelaide: University of Adelaide Press.

COAG Health Council 2015. Healthy mouths, healthy lives: Australia's National Oral Health Plan 2015–2024. Adelaide: SA Dental Service.

Ha DH, Roberts-Thomson KF, Arrow P, Peres KG & Do LG 2016. Children's oral health status in Australia, 2012–14. In: Do LG & Spencer AJ (eds). Oral health of Australian children: the National Child Oral Health Study 2012–14. Adelaide: University of Adelaide Press.

