



# Oral health and dental care in Australia 2015

Web report | Last updated: 28 Jan 2016 | Topic: [Dental & oral health](#) | [Media release](#)

## About

An online summary describing data on oral health, oral health behaviour, oral health-related hospitalisations, cost of dental care and the dental workforce.

Cat. no: WEB 104

### Findings from this report:

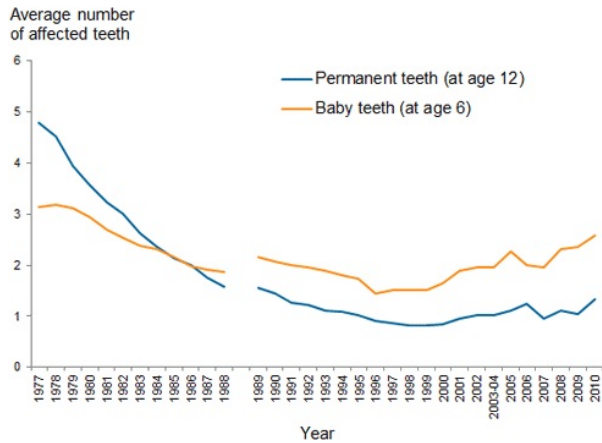
- 1 in 2 12-year-olds had tooth decay in their permanent teeth
  - 3 in 10 adults aged 25-44 had untreated tooth decay
  - 1 in 7 people aged 15 and over had toothache in the last year
  - 2 in 3 people aged 5 and older visited a dentist in the past year
- 



## Oral health in Australia

From 1977 to 1996, there was an overall decrease in the average number of children's baby teeth affected by decay among school-aged children using public school dental services. However, since 1996, there has been a gradual increase (in states other than NSW for 2001-2006 and 2008-2010, and for Victoria from 2005). The trend has been similar for permanent teeth, with a gradual increase from the late 1990s.

**Figure 1: Trends in tooth decay in children, 1977 to 2010**



### Note

1. From 1977 to 1988, data are from the Australian School Dental Scheme evaluation. From 1989 data are from the Child Dental Health Survey.
2. Data were not available for New South Wales for 2001 to 2006 and 2008 to 2010 and for Victoria from 2005.

Source: Child Dental Health Survey, 1977 to 2010.

The increase in average dmft (decayed, missing or filled baby teeth) or DMFT (decayed, missing or filled permanent teeth) with age is an indicator of the accumulation of the number of teeth affected by decay as children age.

In 2010, the proportion of children who visited a school dental service who had decayed, missing or filled baby teeth varied from about 48% for 5 year olds to 62% for 8 year olds.

Five year olds had an average of 2.32 decayed, missing or filled baby teeth, 8 year olds had 2.63, and 10 year olds had an average of 1.78. The smaller number of affected teeth in 10 year olds was related to their having fewer baby teeth.

Six year olds had an average of 0.13 decayed, missing or filled permanent teeth, while 10 year olds had 0.73 and 15 year olds had 2.63. The general increase in affected teeth with age is related to both the number of permanent teeth older children have, and the increased time that their teeth have been at risk of decay.

### Tooth decay in adults

In 2004-06, survey data showed more men had untreated decay than women (28.2% compared to 22.7%). Men also tended to have a higher number of decayed teeth than women (0.70 compared to 0.51), while women had more filled teeth than men (8.14 for women compared to 7.24 for men).

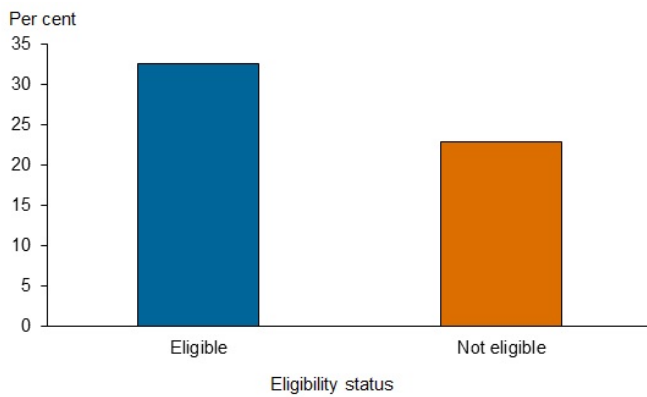
In 2004-06, people living in *Inner regional* areas had the highest average DMFT at 14.75. Fillings contributed the most to DMFT scores in all remoteness areas. People in *Inner regional* areas had the highest average number of teeth missing due to decay. The proportion of people with untreated decay varied with remoteness, from 23.5% in *Major cities* to 37.6% in *Remote/Very remote* areas.

People in higher income households generally have lower rates of untreated decay and periodontal (gum) disease, as well as fewer missing teeth, than those in lower income households. The proportion of people with untreated decay was highest for those with household income of less than \$12,000 per year, and the lowest where household income was \$100,000 or more.

A higher proportion of uninsured people (31.1%) than insured people (19.4%) had untreated decay. Insured people had a higher overall DMFT due mostly to a higher number of fillings.

Some people were eligible for public dental care (free or subsidised dental care provided by state and territory governments). About one in three people eligible for public dental care had untreated decay (32.9%), compared to less than one in four who were not eligible (22.9%).

**Figure 2: Untreated decay by people eligible for public dental care status, 2004-2006 (per cent)**



Source: National Survey of Adult Oral Health, 2004-2006.

Between 1987-88 and 2004-06, national surveys reported a decrease in the average number of teeth affected by decay in adults. The decrease, from nearly 15 teeth to around 13 teeth, was a result of falls in both the average number of teeth with untreated decay, and the average number of teeth missing as a result of decay.

## Gum disease

Periodontal disease (gum disease or periodontitis) is the inflammation of tissues surrounding the tooth. It affects the gum, ligaments and bone, and is caused by bacterial infection. This inflammation can develop into ‘pockets’ or gaps between the tooth and its surrounding gum and the loss of ligaments and bone that support the tooth. In severe cases, there can be extensive loss of bone that supports the tooth, resulting in teeth that may become loose and even fall out.

People are at higher risk of gum disease as they get older. In a 2004-2006 survey, 2.7% of people aged 15-24 had gum disease, compared to 53.4% aged 65 and over. More than one-quarter of men suffered gum disease (26.8%), compared to less than one-fifth of women (19.0%).

In 2004-06, survey results showed that people on lower household incomes generally had more gum disease than those on higher incomes, varying from 42.3% for those in households earning less than \$12,000 per year to 14.3% for those in households earning \$100,000 or more.

People in more remote areas had higher rates of gum disease—36.3% had gum disease in *Remote/Very remote* areas compared to 22.1% in *Major cities*.

A lower proportion of insured (19.4%) than uninsured (27.0%) people had gum disease. Similarly people eligible for public dental care had higher rates of periodontal disease (33.6%) than non-cardholder those not eligible (19.5%).

## Missing teeth

The average number of missing teeth decreased from 6.2 to 5.2 teeth per person from 1994 to 2002. Australian adults aged 18 and over were less likely than New Zealand adults to have lost all of their teeth (5.5% (2010) of adults compared to 9.4% (2009)). For adults aged 20 and over, rates of complete tooth loss were closer to those for Canadian adults (4.4% (2010) compared to 6.4% respectively (2007-09)).

The rate of edentulism (loss of all natural teeth) varies with age. In 2013, Australian survey data showed the proportion of people aged 45-64 without any natural teeth was 3.2%, compared to 19.1% for those 65 and over. Across age groups, the average number of missing teeth varied from 1.8 teeth for people aged 15-24 to 10.8 teeth for those aged 65 and over. The proportion of dentate (still with some natural teeth) people who wore dentures ranged from 1.5% for those aged 15-24 to 41.7% for those aged 65 and over.

On average, women had more missing teeth than men (5.4 and 4.8 teeth, respectively), and a higher proportion of women lost all their teeth (4.9% compared to 3.9%).

People on lower household incomes generally had more missing teeth than those on higher incomes. This ranged from 8.6 teeth for adults in a household earning less than \$30,000 per year, to 3.2 teeth in those earning more than \$140,000 per year. Overall, adults without insurance had more missing teeth than those with some level of insurance (5.6 compared to 4.7 missing teeth, respectively).

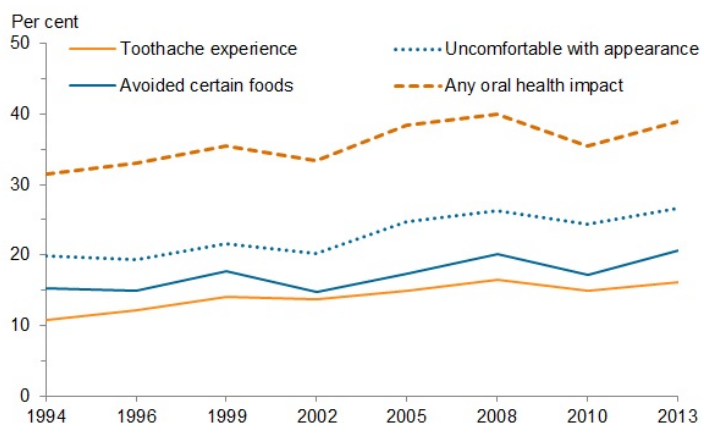
Adults eligible for public dental care had more missing teeth, on average, than adults not eligible (8.1 and 4.0 teeth, respectively). Across age groups, the differences were only significant for people aged 45 and over.

Across remoteness areas, adults in *Major cities* without dental insurance had lost more teeth than those with insurance (5.2 and 4.5 teeth, respectively).

## Impacts of poor oral health

From 1994 to 2013, the proportion of people aged 15 and over reporting any oral health impact varied between 31.4% (1994) and 39.9% (2008). The general increase was related to reported increases in experience of toothache (Figure 3).

Figure 3: People aged 15 and over reporting any oral health impact, 1994-2013 (per cent)



Note: Directly age-standardised to the 2001 Australian population.

Source: National Dental Telephone Interview Survey, 1994 to 2013.

In 2013, 20.6% of adults aged 25-44 reported that they had experienced toothache in the previous 12 months, compared to 8.9% of those aged 65 and over.

Nearly one in five people eligible for public dental care reported toothache in the past year (20.4%), compared to about one in seven not eligible (14.7%). Uninsured people were more likely to experience toothache than insured people (20.2% and 12.3%, respectively).

A higher proportion of people in the lower income categories experienced toothache in the past year compared to those in the higher income categories. There was a two-fold difference in toothache between the two lowest and two highest income categories. In the two lowest income categories 23.8% and 18.5% experienced toothache compared to 12.1% and 9.1% in the two highest income categories).

There were no statistical differences in toothache experience by sex, age group and remoteness areas 15.0% in *Inner regional* to 21.7% in *Remote/Very remote*.)

The proportion of people with their own natural teeth who reported they had felt uncomfortable about their dental appearance in the previous 12 months varied by age, ranging from 22.3% for those aged 15-24 to 30.7% for those aged 45-64. Among people without any natural teeth (edentulous), those aged 65 and over were the least concerned about their dental appearance compared to younger adults (18.6%).

Females were more likely to be concerned about their appearance than males (30.9% compared with 22.6%). Uninsured people were more likely than those with insurance to be uncomfortable with their dental appearance (30.9% compared with 23.3%). People eligible for public dental care were more likely to report feeling uncomfortable (32.8%) than those not eligible (24.7%). Adults in higher income households (\$140,000 and over) were less concerned about their dental appearance than those in lower income households. There were no statistically significant differences across remoteness areas.

The proportion of people who avoided eating certain foods because of problems with their teeth, ranged from 14.5% for people aged 15-24 to 23.6% for those aged 45-64. People with some natural teeth were less likely to avoid certain foods than those with no natural teeth (20.3% and 34.3%, respectively). People aged 15-24 with some natural teeth were less likely to avoid certain foods than the two age groups 45-64 and 65 and over (14.5%, 22.8% and 21.2% respectively).

The proportions who avoided food were higher for:

- women compared with men (23.8% compared with 17.9%)
- for uninsured persons compared with insured persons (24.8% compared with 17.0%)
- persons eligible for public dental care compared with ineligible persons (28.5% compared with 17.9%).

Avoiding certain foods was more frequent in the two lowest household income groups (32.2% and 23.8%, respectively) compared to people in households in the two highest income groups (16.7% and 11.1%, respectively).

## Visiting a dentist

### How often people visit a dentist

In 2013, almost 4 in 5 children aged 5-14 visited a dental practitioner in the previous 12 months (79%), and 9 in 10 visited within the previous 2 years (91%). Just over half (55%) of adults aged 25-44 had visited a dental practitioner in the previous 12 months and 75% had visited in the previous 2 years.

A higher proportion of females visited within the previous year than males (68% and 61%, respectively).

People living in lower income households went to a dental practitioner less often than those in higher income households. More than half of those with a household income of less than \$30,000 per year had visited the dental practitioner in the previous year (57%), compared to two-thirds of those with a household income of at least \$140,000 (68%). Four out of 5 of the lower income group hadn't visited a dental practitioner at all in the past 2 years (25%), compared to fewer than one-sixth (15%) of the higher income group.

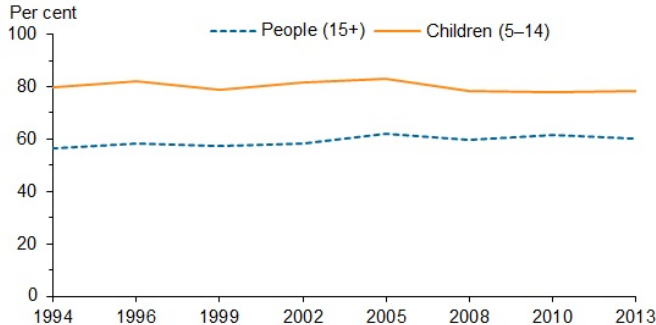
Adults living in *Major cities* were most likely to have visited a dental practitioner in the previous year (64%). Just over half of those living in *Remote/Very remote* areas (55%) had visited in the previous year.

Almost three-quarters of those with dental insurance (74%) visited a dental practitioner within the previous year, compared to about half of those uninsured (51%).

Some people are eligible for free or subsidised dental care provided by state and territory governments. There was no significant difference between dentate adults eligible for public dental care and those who were not eligible: 62% of both had visited in the previous year.

The proportion of adults aged 15 and over who made a dental visit in the previous 12 months was higher in 2013 than in 1994 (60% and 56%). The proportion of children aged 5-14 who made a visit in the previous 12 months was relatively steady, varying from around 78% to around 83% over this time.

**Figure 1: Last dental visit was in the previous 12 months, children aged 5-14 and people aged 15 years and over, 1994-2013 (per cent)**



#### Notes

1. Data in this figure relate to dentate persons only.
2. Directly age-standardised to the 2001 Australian population.

*Source:* National Dental Telephone Interview Survey, 1994 to 2013.

In 2010, Australians were more likely to have visited a dental practitioner in the past 12 months than New Zealand residents (2009). However, in 2007-09, Canadians were 30% more likely to have visited than Australians, across all age groups from 20 to 79.

### Reasons for visiting a dentist

Younger people were more likely to visit a dentist for a check-up than adults in 2013. About 4 in 5 people aged under 25 reported that their last dental visit was for a check-up (ranging from 76% for those aged 15-24 to 80% for children aged 5-14). In contrast, almost half of adults aged 45-64 attended because of a problem (46%).

With the exception of those in the lowest household income group, visiting for a check-up was more common for people in higher income households. Nearly three-quarters of those with a household income of \$140,000 or over had last visited for a check-up (74%). Only half of people in the 'less than \$20,000' and '\$20,000-\$30,000' household income groups had done so (48% and 49%).

People living in *Major cities* had higher rates of visiting for a check-up (65%) than those in *Remote/Very remote* areas (57%).

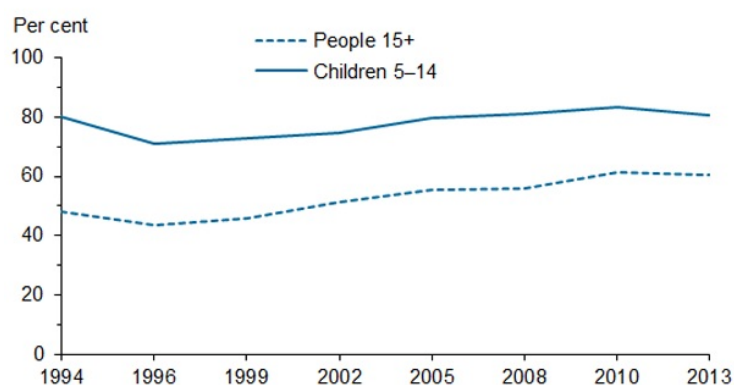
More people who had insurance (70%) reported that their last visit was for a check-up than those without insurance (56%).

A smaller proportion of people eligible for public dental care visited for a check-up (55%) than people not eligible (67%).

Australian adults aged 25 to 74 were more likely to have last visited a dental practitioner (2010) for a check-up than their New Zealand (2009) counterparts. Across these age groups, the increased likelihood of visiting for a check-up ranged from 24% to 30%.

Of those who made a dental visit in the previous 12 months the proportion of people aged 15 and over who last visited for a check-up increased from 48.3% in 1994 to 61.4% in 2010. The proportion of children aged 5-14 who visited for a check-up reached a high of 83.1% in 2010.

**Figure 2: Last dental visit was for a check-up, children aged 5-14 years and adults aged 15 years and over, 1994-2013 (per cent)**



**Notes**

1. Data in this figure relate to dentate adults who made a dental visit in the previous 12 months.
2. Directly age-standardised to the 2001 Australian population.

**Types of dental practice visited**

In 2013, around 8 in 10 (84%) people reported that their last dental visit was to a private dental practice, compared with about 1 in 10 to a public dental service (9%) and 1 in 20 to a school dental service (4%).

Just under one-quarter of children aged 5-14 (21%) attended a school dental service for their last dental visit and nearly two-thirds (64%) attended a private practice.

A higher proportion of people from lower income households (up to \$30,000) used a public dental service than those on higher incomes. Over a quarter of dentate people in the 'less than \$20,000' and '\$20,000 to \$30,000' household income brackets (29 and 31%) visited a public dental service at their last visit. This compares to 2% of those with a household income of \$100,000 and over. Use of school dental services was relatively even across all income groups.

Across remoteness areas, use of a school dental service was highest in *Remote/Very remote* areas (24%) and lowest in *Major cities* (8.3%). The use of public dental services was lowest in *Major cities* (3%) and highest in *Outer regional* areas (8%).

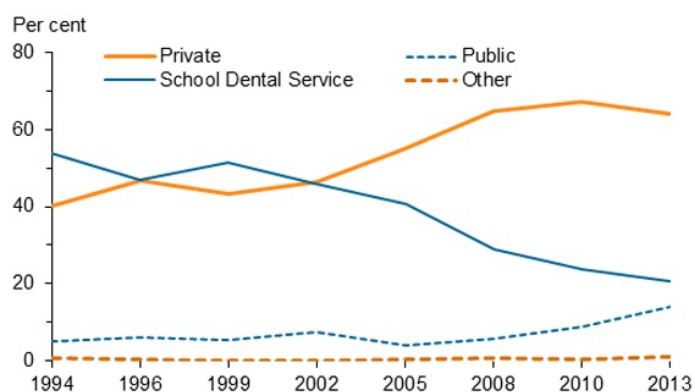
The proportion of adults who visited a private dental practice remained stable 1994 to 2013 at around 88%.

A higher proportion of insured people accessed private care at their last visit than uninsured people (93% and 71% respectively).

Around 7 in 10 people eligible for public dental care (70%) and nearly 9 in 10 not eligible (89%) accessed private care at their last visit.

The proportion of children aged 5-14 who visited a public dental service remained low (less than 10%) from 1994 to 2010 and increased to 14% in 2013. From 2002, the proportion who visited a private practice increased, with a complementary decrease in those visiting a school dental service.

**Figure 3: Type of practice visited at last dental visit, children aged 5-14 years, 1994-2013 (per cent)**



- School dental service (SDS) describes the school or community dental service operated by the health department or authority in each Australian state and territory. Children from both public and private schools are eligible for dental care through an SDS.
- Other includes: armed forces dental service, clinics operated by private health insurance companies, dental technicians and other (not elsewhere classified).

#### Notes

- Data in this figure relate to dentate children aged 5-14 years who made a dental visit in the previous 12 months.
- Directly age-standardised to the 2001 Australian population.

Source: National Dental Telephone Interview Survey, 1994 to 2013.

### Patterns in dental visits

A favourable dental visiting pattern is where regular visits (1 or more in 12 months) are made to a dentist, for the purpose of a check-up and having a usual dental provider who is familiar with the patient's oral health history. An unfavourable visiting pattern is where irregular dental visits are made, usually for a dental problem and without having a regular dental provider.

Overall in 2013, almost half of all dentate adults (44%) had favourable dental visiting patterns.

Dentate adults aged 65 had similar rates of favourable attendance as those aged 25-44, and 18-24 (48%, 48% and 49%, respectively). Higher rates of unfavourable attendance were reported for 25-44 year olds than 18-24 year olds (27% and 15%, respectively).

A higher proportion of women had favourable visiting patterns (50%) than men (38%).

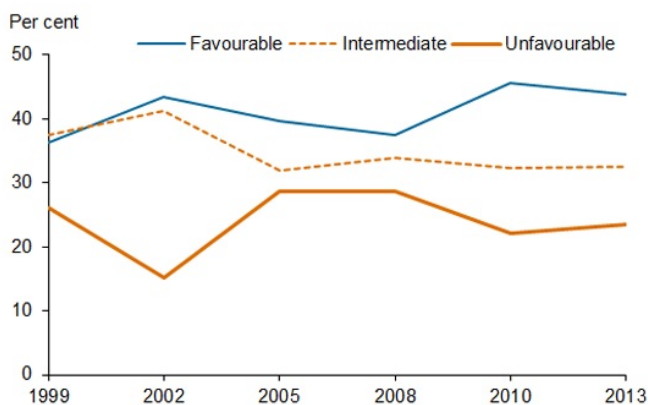
Visiting patterns of dentate adults varied by household income. Under one-third of adults in the lowest income group (27%) had favourable visiting patterns, compared to over half of those in the highest group (57%).

Dentate adults who lived in *Major cities* had higher rates of favourable attendance (47%) than those in *Remote/Very remote* areas (31%).

Almost two-thirds of dentate adults who were insured (61%) had favourable visiting patterns, compared to under one-third (27%) of those without dental insurance. Just over one-third of adult people eligible for public dental care had favourable visiting patterns (35%), compared to almost one-half of those not eligible (47%).

The proportion of adults with a favourable visiting pattern increased from 36% in 1999 to 44% in 2013, though there was a decrease from 46% in 2010.

**Figure 4: Dental visiting patterns, dentate people aged 15 years and over, 1999-2013 (per cent)**



#### Notes

- Data in this figure relate to dentate people aged 15 years and over.
- Directly age-standardised to the 2001 Australian population.

Source: National Dental Telephone Interview Survey, 1994 to 2013.

### Services at the dentist

In 2013, dentate people aged 5+ years who visited a dental practitioner in the last 12 months made, on average, 2.4 visits. On average each person had a scale and clean, 2 in 3 people had a filling, and 1 in 4 had an extraction.

People in the two highest income groups ('\$90,000 to less than \$140,000' and '\$140,000 plus') had on average fewer extractions and fewer fillings than those in the lowest income group ('less than \$30,000'). Those in the '\$30,000 or less' income group and the '\$60,000 to less than \$90,000' group had fewer scale and cleans than individuals in the highest income group.

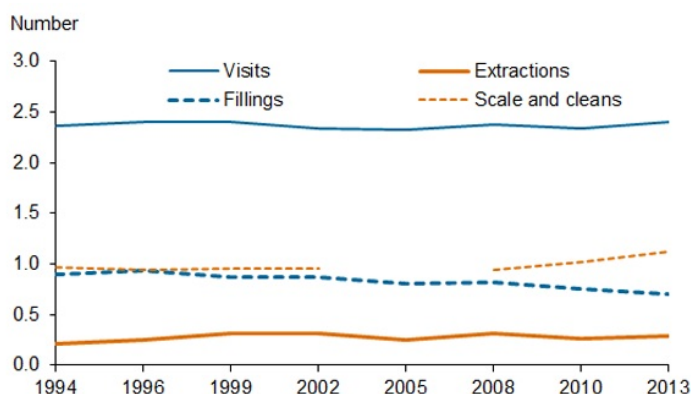
People in *Major cities* made on average more dental visits than people in *Outer regional* and *Remote/Very remote* areas. They also had more scale and cleans than those of *Inner* and *Outer regional* areas.

There was no significant difference in the number of visits, number of extractions, or fillings between people with and without dental insurance. However, people with insurance had a higher number of scale and cleans.

There was no significant difference in overall number of visits between adults eligible for public dental care and those not eligible. Adults eligible for public dental care had more extractions and fillings, and fewer scale and cleans, than adults not eligible.

Between 1994 and 2013, for adults who visited the dentist in the past 12 months, the average number of visits varied between 2.3 and 2.4. There was a decline in the average number of fillings received (0.9 to 0.7). There was an overall increase in the average number of scale and clean services received, from 0.97 to 1.12 over the entire period. The average number of extractions fluctuated over the period, ranging from 0.21 in 1994 to 0.32 in 1999 and 2002.

**Figure 5: Types of services received by people aged 15 and over, 1994-2013 (average)**



a. Data on number of scale and clean treatments received were not collected in 2005.

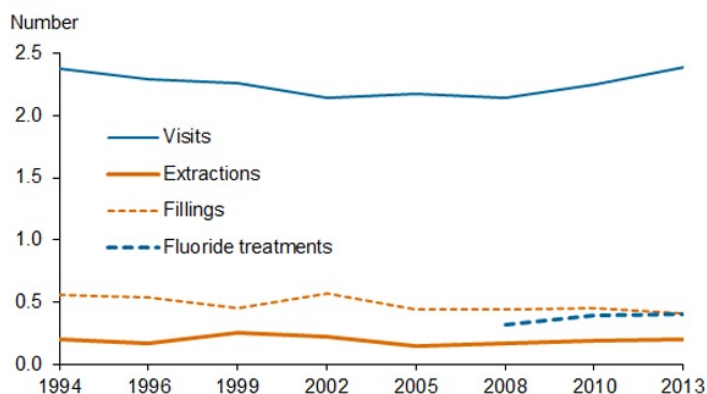
**Notes**

1. Data in this figure relate to dentate people aged 15 years and over who made a dental visit in the previous 12 months.
2. Directly age-standardised to the 2001 Australian population.

Source: National Dental Telephone Interview Survey, 1994 to 2013.

Between 1994 and 2010, the average number of visits for children remained stable, between 2.1 and 2.4 visits. There were no clear changes in service types (extractions, fillings and fluoride treatment) over the period.

**Figure 6: Types of services received by children, 1994-2013 (average)**



**Notes**

1. Data on fluoride treatments received were not collected prior to 2008.
2. Data in this figure relate to children aged 5 to 14 years who made a dental visit in the previous 12 months.
3. Directly age-standardised to the 2001 Australian population.

Source: National Dental Telephone Interview Survey, 1994 to 2013.

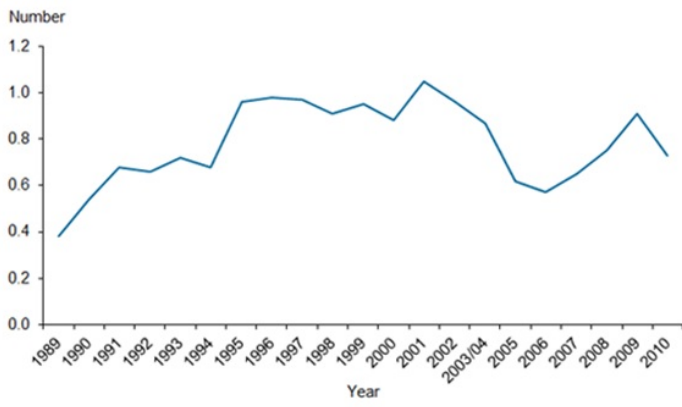
**Preventing tooth decay in children**

A common and effective way to stop the development of active tooth decay in permanent teeth is fissure sealing. A resin or glass-ionomer (cement) material is applied to fill the pits and grooves of permanent teeth (usually molars), sealing them to prevent build-up of bacteria and plaque.

Dental examinations in 2010 (in states and territories other than New South Wales and Victoria) showed children aged 5-14 with some decay in their permanent teeth were more likely to have a fissure sealant than children of the same ages who had no decay. Overall, this indicates that children with higher risk of decay were more likely to receive fissure sealants.

**Figure 7: Teeth with fissure sealants, Australian children aged 12, 1989-2010 (average)**





Source: Child Dental Health Survey, 1989 to 2010.

The average number of fissure-sealed teeth among children aged 12 fluctuated around 0.8 teeth throughout the period.

© Australian Institute of Health and Welfare 2023



## Hospital visits

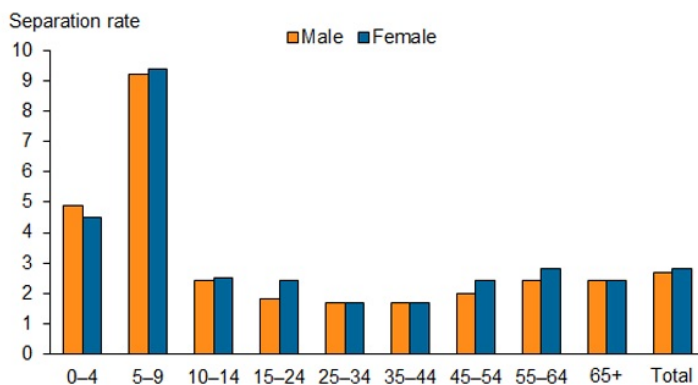
### Avoiding hospital

Early intervention can help keep people with oral disease out of hospital. Potentially preventable hospitalisation (PPHs) rates for oral health conditions can be an indication of inadequate access to dental care.

Children aged 5-9 had the highest number of separations related to potentially avoidable dental conditions (13,504 separations or 9.3 per 1,000 children aged 5-9).

The next highest was for children aged 0-4 (7,103 or 4.7 per 1,000 children aged 0-4).

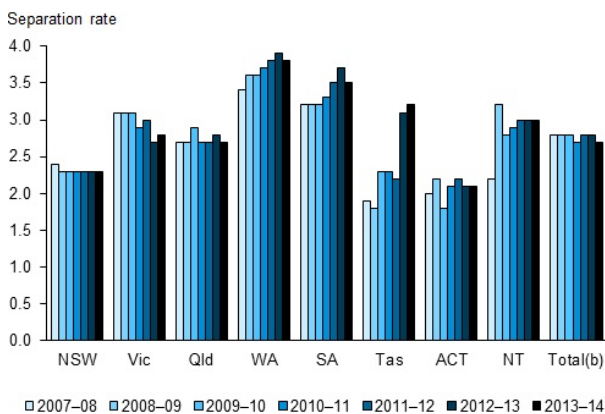
**Figure 8: Separation rates for potentially preventable hospitalisations due to dental conditions, by sex and age group, 2013-14**



*Note:* The separation rate (number of separations per 1,000 population) is a crude population rate based on the 2011 ABS estimated resident population. [Codes for dental care \(below\)](#).

*Source:* AIHW Hospital Morbidity database 2013-14, unpublished.

Between 2007-08 and 2011-12 the total number of PPHs due to dental conditions rose from 57,955 to 63,327. This was in line with population growth and the age-standardised separation rate remained steady at 2.8 per 1,000 population. The rate of PPHs was lowest for *Major cities* (2.7) and highest for *Very remote* (4.3).



*Notes*

- Potentially avoidable hospitalisations related to dental care are defined as the following ICD-10-AM 6th edn (see NCC 2008) Principal diagnosis categories: K02 Dental caries; K03 Other diseases of hard tissues of teeth; K04 Diseases of pulp and periapical tissues; K05 Gingivitis and periodontal diseases; K06 Other diseases of gingival and edentulous alveolar ridge; K08 Other disorders of teeth and supporting structures; K09.8 Other cysts of oral region, not elsewhere classified; K09.9 Cyst of oral region, unspecified; K12 Stomatitis and related lesions; K13 Other diseases of lip and oral mucosa.
- Includes Other territories.
- Excludes records with care type of Newborn (without qualified days), Hospital boarders and Posthumous organ procurement.
- Number of separations per 1,000 population. Separation rates were directly age standardised, to the Australian population using the estimated resident populations as at 30 June for the respective year.

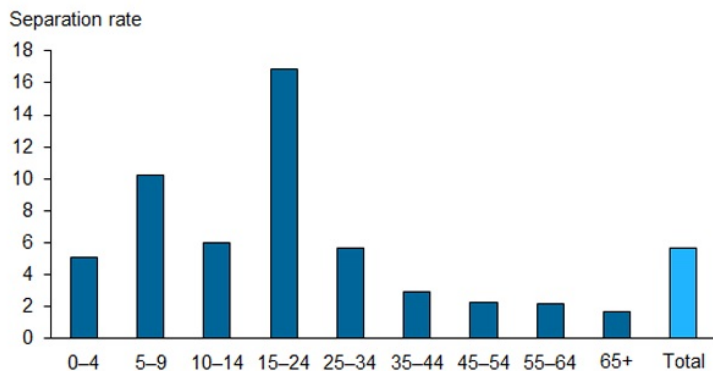
*Source:* Australian Hospital Statistics, 2007-08, 2008-09, 2009-10, 2010-11, 2011-12, AIHW Hospital Morbidity database 2012-13, 2013-14

### Procedures involving general anaesthetics

In 2011-12, the total number of hospital separations for dental procedures requiring a general anaesthetic was 128,712, or 5.7 separations per 1,000 population.

- People 15-24 had the highest number of separations (51,364, or 16.3 per 1,000 persons)
- Those 65 and over had the lowest (5,288, or 1.7 per 1,000 persons).

**Figure 9: Rate of hospital separations for procedure related to dental conditions requiring general anaesthesia, by age group, 2013-14**



*Note:* The separation rate (number of separations per 1,000 population) is a crude population rate based on the 2011 ABS estimated resident population. [Codes for dental care \(below\)](#).

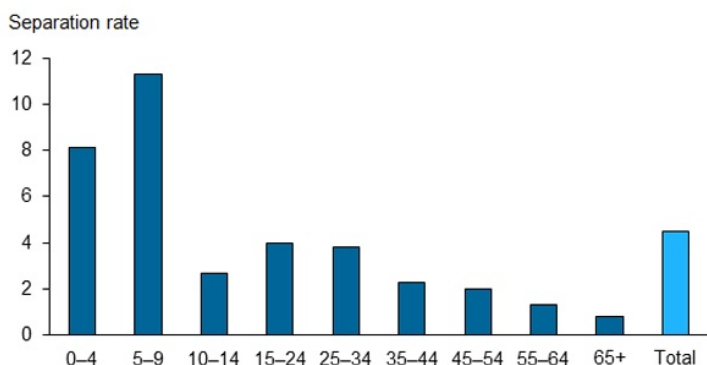
*Source:* AIHW Hospital Morbidity database 2011-12, unpublished.

For the Aboriginal and Torres Strait Islander population, the total number of hospital separations for dental procedures requiring a general anaesthetic was 3,157 in 2012-13, or 4.5 per 1,000 Aboriginal and Torres Strait Islander population.

Children aged 5-9 had the highest number of separations (923, or 11.3 per 1,000 children aged 5-9), followed by those aged 0-4 (679, or 8.1 per 1,000 children aged 0-4).

Adults aged 65 and over had the lowest number of separations for dental procedures requiring a general anaesthetic (20 or 0.8 per 1,000 Aboriginal and Torres Strait Islander persons aged 65 and over).

**Figure 10: Rate of hospital separations for procedures related to dental conditions requiring general anaesthesia, by age group, Aboriginal and Torres Strait Islander people, 2013-14**



**Notes**

1. The separation rate (number of separations per 1,000 population) is a crude population rate based on the 2011 projected Aboriginal and Torres Strait Islander population.
2. In 2011-12, it was estimated that 88% of Indigenous patients were correctly identified in Australian public hospitals. The overall quality of the data provided for Indigenous status in 2012-13 is considered to be in need of some improvement and varied between states and territories.

*Source:* AIHW Hospital Morbidity database 2011-12, unpublished; Australian Bureau of Statistics, Projected Aboriginal and Torres Strait Islander population, series B, June 2011. [Codes for dental care \(below\)](#)

**Codes for dental care**

- **Potentially avoidable hospitalisations related to dental care** are defined as the following ICD-10-AM 6th edition Principal diagnosis categories (for 2013-14 ICD-10-AM 8th edition):
- K02 Dental caries
- K03 Other diseases of hard tissues of teeth
- K04 Diseases of pulp and periapical tissues
- K05 Gingivitis and periodontal diseases
- K06 Other diseases of gingival and edentulous alveolar ridge
- K08 Other disorders of teeth and supporting structures
- K09.8 Other cysts of oral region, not elsewhere classified

- K09.9 Cyst of oral region, unspecified
- K12 Stomatitis and related lesions
- K13 Other diseases of lip and oral mucosa.

Excludes records with care type of Newborn (without qualified days) and records for Hospital boarders and Posthumous organ procurement.

**Hospital separations requiring general anaesthesia for dental conditions** as defined by following Australian Classification of Health interventions (ACHI) 6th edition block numbers and procedure codes:

- 457 Nonsurgical removal of tooth
- 458 Surgical removal of tooth
- 462 Pulp treatment
- 463 Periradicular surgery
- 465 Metallic restoration
- 466 Tooth-coloured restoration
- 468 Inlay, onlay, indirect
- 469 Other restorative dental service
- 470 Crown
- 471 Bridge
- 472 Other dental service on crown and bridge
- 1909 Conduction anaesthesia
- 1910 Cerebral anaesthesia
- 97241-00 Tooth root resection, per root
- 97387-00 Replantation and splinting of tooth
- 97388-00 Transplantation of tooth or tooth bud
- 97445-00 Exploration or negotiation of calcified root canal, per canal
- 97457-00 Obturation of resorption defect or perforation
- 97458-00 Interim therapeutic root filling
- 97772-00 Provision of resin splint, indirect
- 97773-00 Provision of metal splint, indirect
- 97778-00 Metallic inlay for denture tooth.

Excludes records with care type of Newborn (without qualified days) and records for Hospital boarders and Posthumous organ procurement.



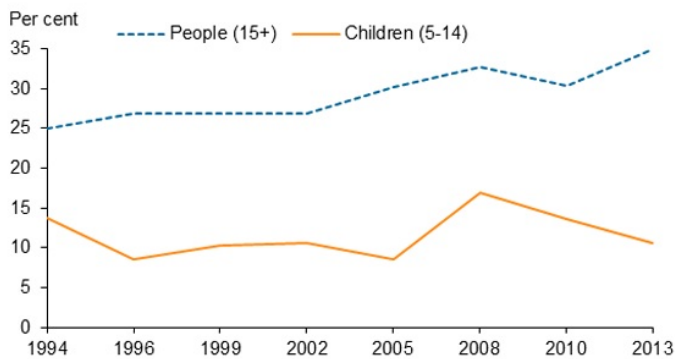
## Cost of dental care

### People who can't afford a dentist

In 2013, survey data shows nearly a third of people aged 5 or older (32%) avoided or delayed visiting a dentist due to cost. This ranged from almost 11% of children aged 5-14 to 45% for adults aged 25-44.

From 1994 to 2013, there was an increase in the proportion of adults avoiding visits, from about 25% to 35%. For children, there was no overall change, although there was some year-to-year variation.

**Figure 1: People avoiding dental visiting due to cost, 1994-2013**

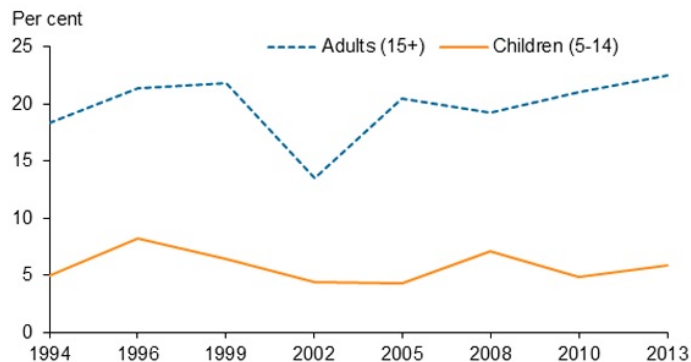


Source: National Dental Telephone Interview Survey 1994 to 2013.

In 2013, cost prevented just over one-quarter of adults aged 25-64 from having their recommended treatment. Cost prevented only 6% of children aged 5-14 from having their recommended treatment.

Overall, for the period 1994 to 2010, the proportion of adults who had cost prevent their treatment fluctuated between 14% and 23%. For children, there was no overall change, fluctuating between 4% and 8% over the period.

**Figure 2: Cost prevented recommended treatment, 1994-2013**



Source: National Dental Telephone Interview Survey 1994 to 2013.

### Dental insurance

In 2013 the National Dental Telephone Interview Survey found that, half of all people aged 5 and over (50.3%) had some level of dental insurance. The proportion of people with some dental insurance was higher in *Major cities* (53%) than in *Inner regional* and *Outer regional* areas (45% and 44%).

Over three-quarters of dentate adults in the highest household income group (78%) had some level of dental insurance. Less than one-third of adults in the bottom household income groups (ranging from 23%) had dental insurance.

The majority of adults with insurance reported that their insurance paid some (77%) or all (9%) of the dental costs of their last visit. About 10% of insured adults paid all their own dental expenses.

Almost one-fifth of insured adults (19%) who were required to cover their own dental expenses said it caused a large financial burden.

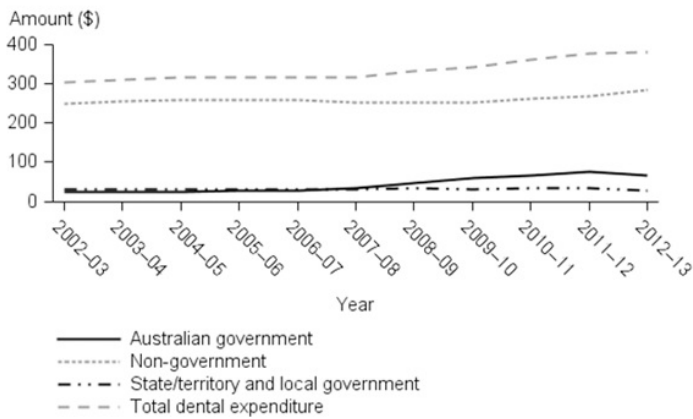
### How much is spent on dental services?

Recurrent expenditure on dental services in Australia (excluding hospitals) was \$8,706 million in 2012-13, an increase from \$5,945 million (adjusted for inflation) in 2008-09.

In 2012-13 the largest source of funds for dental expenditure was individuals, paying directly out-of-pocket for 58.2% of total dental costs. Health insurance funds provided a further 16.0%. Australian government premium rebates accounted for 7.0%, and other government contributions funded 18.3% of total expenditure (10.8% Australian government direct outlay and 7.5% from state and local governments).

In 2012-13, \$380 was spent per capita, \$284 of this by the non-government sector (mainly individuals).

**Figure 3: Per capita expenditure on dental services, constant prices**



## Dental workforce

### Who makes up the dental workforce?

In 2013 there were 15,479 registered dentists, of whom 88% were employed in their field. There were 1,195 dental prosthetists, 1,759 dental hygienists, 943 oral health therapists and 1,093 dental therapists registered. In each of the professions 85% or over were employed in their field.

#### Dental workforce

In 2013 there were about 56 dentists, 5 dental hygienists, 5 dental prosthetists, 3 dental therapists and 3 oral health therapists employed per 100,000 people.

The majority of employed dentists and prosthetists were men (62% and 86% respectively) while the majority of dental hygienists, dental therapists and oral health therapists were women (94%, 98% and 86% respectively).

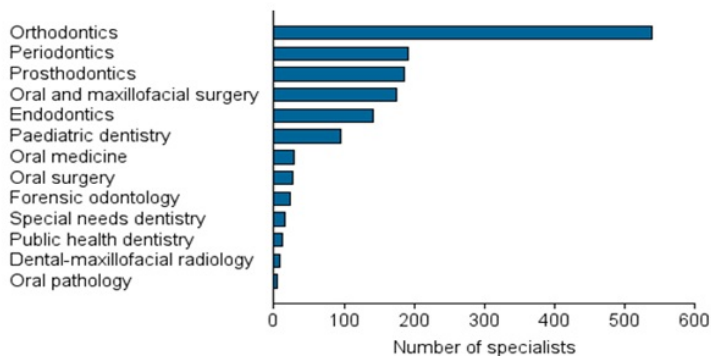
Also in 2013, 23% of dentists were aged 55 or older. This compares to 34% of prosthetists and 28% of dental therapists. Dental hygienists and oral health therapists tended to be younger with just 7% and 3% aged 55 or older.

Most dentists were employed in *Major cities* (80.0% of all employed dentists), while only 0.9% were in *Remote/Very remote* areas. *Major cities* had the highest rates of all dental practitioners with the exception of dental therapists, where the highest rates were in *Remote/Very remote* areas.

### Dental specialties

The largest group of dentists with specialist qualifications was orthodontists (535 or 38.0%). The majority of dental specialists were employed in *Major cities* (90.2%).

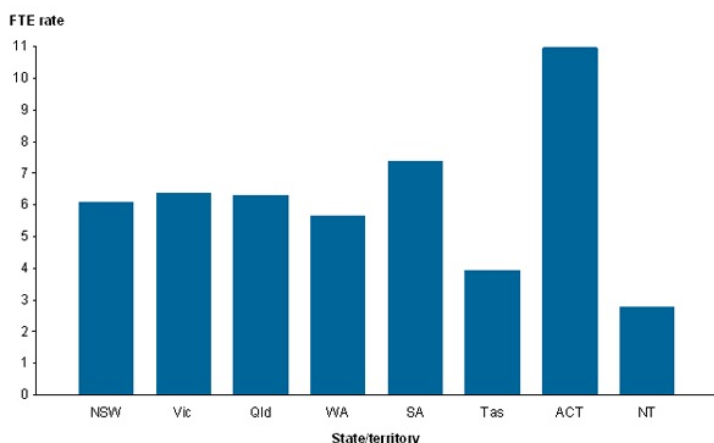
Figure 4: Employed dentists not working in the area of general dental practice, by specialty, 2013



Source: AIHW NHDWS 2013.

The jurisdiction with the highest FTE rate per 100,000 population for dental specialists was the Australian Capital Territory (11.0), and the lowest was the Northern Territory with an FTE rate of 2.8.

Figure 5: Employed dental specialists not working in the area of general dental practice



Notes

1. Derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all 3 locations are coded to 'Not stated'.
2. 'Australia' includes dental specialists who did not state or adequately describe their location and those who were overseas.
3. FTE rate is per 100,000 population.

Source: AIHW NHWDS:2013

---

© Australian Institute of Health and Welfare 2023







## Notes

Produced by the AIHW and the Dental Statistics and Research Unit, [Australian Research Centre for Population Oral Health](#), University of Adelaide.

Supported by the [Australian Government Department of Health](#).

---

© Australian Institute of Health and Welfare 2023





## Related material

Resources

Related topics

- [Workforce](#)
- 

