

Australian adults who are recipients of social security benefits have been severely disadvantaged with respect to oral health and access to dental care over a long period of time.

Demand for dental services within the public sector in Australia has far exceeded supply. Furthermore, resource constraints have limited the services provided, leading to a service mix which has been the subject of considerable debate.

This research report presents the findings from three national cross-sectional studies of representative samples of members of the community who used public-funded dental care over the years 1994 to 1996. The issues investigated are:

- **adult access to public-funded dental care, 1994 to 1996;**
- **the public-funded dental care provided in 1994 to 1996; and**
- **satisfaction with the dental care provided.**

In each of 1994, 1995 and 1996 the AIHW Dental Statistics and Research Unit collected data in three national surveys: a National Dental Telephone Interview Survey (NDTIS); an Adult Dental Programs Survey (ADPS) and a Dental Satisfaction Survey (DSS).

Data were collected from two specific communities:

- users of public-funded dental services, where the focus was on the reasons for seeking care, the characteristics of those who receive care, the dental problems they have at the time they seek care, the types of care they receive and their perceptions of the process of care; and
- the general community, where the focus was on access to care and self reported oral health outcomes.

Data from users of public-funded dental services were collected in annual randomised telephone surveys (NDTIS), annual cross-sectional surveys of public-funded dental visits (ADPS) and annual mailed questionnaires on dental satisfaction (DSS).

Data from the general community were collected from the annual telephone surveys (NDTIS) and annual mailed questionnaires on dental satisfaction (DSS).

National Dental Telephone Interview Survey

The data for the following analyses were drawn from the 1994, 1995 and 1996 National Dental Telephone Interview Surveys (NDTIS). These surveys collected information about the use of services, frequency of dental problems and the types of dental care provided. Respondents included users and non-users of dental services and those eligible and those not eligible for public-funded dental care.

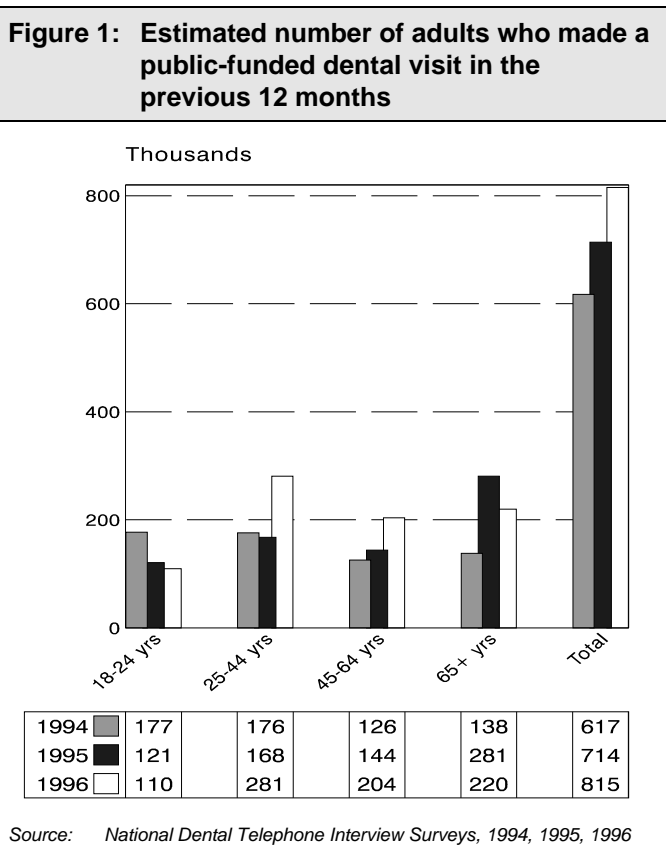
Table 1 presents estimates from each telephone survey of the number of adults eligible for public-funded dental care by age-group. An estimated 3 million Australian adults were eligible for public-funded dental care in each of the three years.

Table 1: Estimated number of adults eligible for public-funded dental care			
	1994	1995	1996
Age	<i>('000)</i>	<i>('000)</i>	<i>('000)</i>
18-24 years	478	372	343
25-44 years	639	681	643
45-64 years	757	840	711
65+ years	1,186	1,201	1,270
Total	3,060	3,089	2,918

Source: National Dental Telephone Interview Surveys, 1994, 1995, 1996

In each year over 40% of adults eligible for public-funded dental care were aged 65 years or more. Between 1994 and 1995 there was an increase of 1.3% in this 65+ age-group and between 1995 and 1996 an increase of 5.7%. The number of eligible adults aged 18-24 years decreased over the three-year period. In 1994, 15.6% were aged 18-24 years, in 1995, 12.0% and in 1996, 11.8%.

Figure 1 shows the estimated number of adults, by age-group, who accessed public-funded dental care in the 12 months prior to each telephone survey.



Between 1994 and 1995, there was an increase of 97,000 (15.7%) in the number of adults who made a public-funded dental visit in the previous 12 months. This increase was predominantly among adults aged 65 years or more, where the number increased 103.6% from 138,000 to 281,000. In this same period there was a substantial reduction of 56,000 (31.6%) in the number of 18-24-year-olds who made a public-funded visit in the previous 12 months. In the age-group 25-44 years there was a small decrease in the number making a public-funded visit in 1995, and among the age-group 45-64 years a small increase in 1995.

Between 1995 and 1996, there was a further increase of 101,000 (14.1%) in the number of adults who used public-funded dental care during the previous 12 months. The number of adults aged 65 years or more who made a public-funded dental visit in the previous 12 months decreased by 61,000 (21.7%). There was an increase of 113,000 (67.3%) in the 25-44 year age-group receiving care between 1995 and 1996, and an increase of 60,000 (41.7%) in the 45-64 year age-group. There was a small downwards trend in visits among the 18-24 year age-group between 1995 and 1996.

Table 2 shows estimates of the source of dental care for all adults eligible for public-funded care. Over the

three-year period the percentage of eligible adults receiving public-funded care increased from 15.7% to 24.9%.

Table 2: Dental care of adults eligible for public-funded care

	1994	1995	1996
	%	%	%
Public-funded	15.7	23.5	24.9
Privately funded	37.7	27.4	31.4
No care	46.6	49.1	43.7

Source: National Dental Telephone Interview Surveys, 1994, 1995, 1996

Between 1994 and 1995, there was a decrease in the percentage of eligible adults who received privately funded care, from 37.7% to 27.4%. In 1996, this percentage increased to 31.4%, 6.3 percentage points less than that of 1994. The percentage of adults eligible for public-funded care who did not receive any care increased between 1994 and 1995 then decreased between 1995 and 1996 to a level lower than that of 1994.

Table 3 shows the percentages of eligible adults who received public-funded dental care by age-group.

Table 3: Estimated percentage of adults eligible for public-funded dental care who received public-funded dental care

	1994	1995	1996
Age	%	%	%
18-24 years	37.0	32.5	32.1
25-44 years	27.5	24.7	43.7
45-64 years	16.6	17.1	28.7
65+ years	11.6	23.4	17.3

Source: National Dental Telephone Interview Surveys, 1994, 1995, 1996

In 1994, 37.0% of adults aged 18-24 who were eligible for public-funded dental care, received that care. This percentage decreased to 32.5% in 1995 and to 32.1% in 1996. Among the 25-44 and 45-64 year age-groups, the percentage receiving public-funded dental care remained reasonably static between 1994 and 1995, but increased substantially in 1996. While there was a substantial increase in the percentage of the age-group 65 years or more receiving public-funded dental care between 1994 and 1995, this percentage decreased in 1996; however, this percentage was higher than that of 1994.

The waiting times for a check-up for public-funded dental care are shown in Figure 2. These results relate only to those adults eligible for public-funded dental care who were dentate and received public-funded dental care in the previous 12 months.

Over the three-year period the waiting time for a public-funded visit for a check-up declined. There was a substantial increase (from 47.5% in 1994 to 61.5% in 1996) in the percentage of adults who received a public-funded check-up in less than one month. There was a corresponding decrease in the percentage who reported waiting 12 months or more.

In 1994, 21.1% of adults eligible for public-funded dental care reported a waiting time of 12 months or more for a check-up. This declined to 15.4% in 1995 and to 11.3% in 1996.

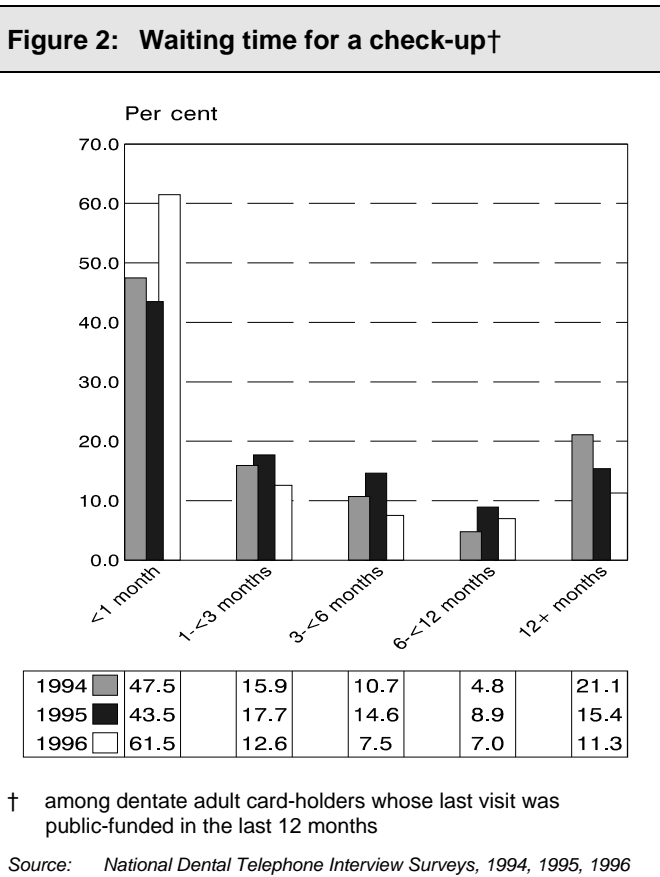
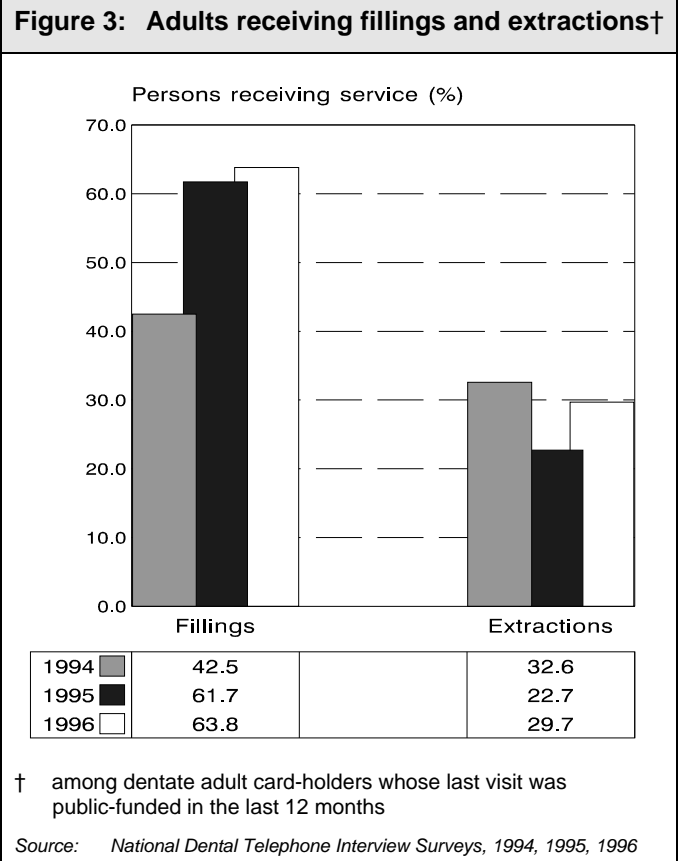


Figure 3 shows the percentage of dentate adults using public-funded dental care who reported receiving fillings and extractions in each year.

In 1994, 42.5% of adults receiving public-funded dental care reported receiving one or more fillings. This percentage increased to 61.7% in 1995 and 63.8% in 1996.

Between 1994 and 1995, there was a substantial decline in the percentage of adults reporting extractions in public-funded care, from 32.6% in 1994 to 22.7% in 1995; however, there was an increase in this percentage between 1995 and 1996. In 1996, the percentage reporting extractions (29.7%) was only marginally less than the percentage reporting extractions in 1994.



Dental Satisfaction Survey

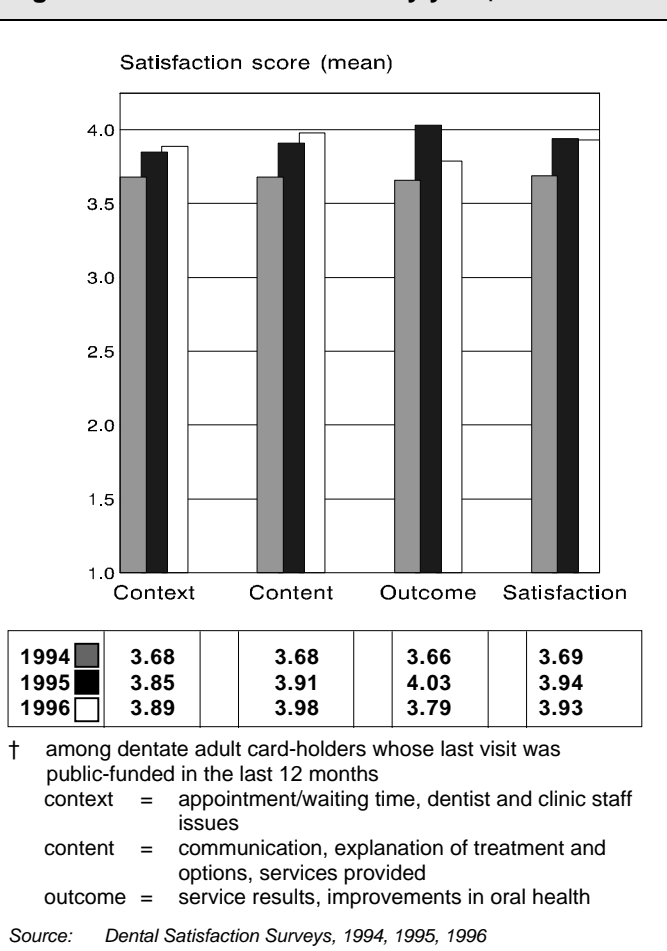
The following data were drawn from the 1994, 1995 and 1996 Dental Satisfaction Surveys. Participants were a sub-sample of participants from the National Dental Telephone Interview Surveys. Statements used in the survey were based on existing satisfaction scales and related to the personal experience of the respondents at their last dental visit or series of visits.

Figure 4 presents, for each year of the survey, the mean scores on four measures of satisfaction with a dental visit: the context of the dental visit (appointments, waiting time, dentist and clinic staff); the content of the dental visit (communications and services provided); the outcome of the dental visit (service results and improvements in oral health); and overall satisfaction with the dental visit. The range of possible satisfaction levels is 1 to 5 (5 indicating very satisfied). These results relate only to those adults eligible for public-funded dental care who were dentate and received public-funded dental care in the previous 12 months.

Satisfaction with public-funded dental care improved between 1994 and 1996. In 1994, satisfaction levels with all measures were the lowest of the three years and there was no variation between the four measures.

On the context measure, satisfaction levels increased by 5.4% between 1994 and 1995 and by a further 1.0% between 1995 and 1996.

Figure 4: Satisfaction scores by year†



Increases in satisfaction levels related to the content of the dental visit were 6.3% between 1994 and 1995, and 2.0% between 1995 and 1996. Between 1994 and 1995, there was a 10.1% increase in the satisfaction level for the outcome of the dental visit, but a decrease of 6.0% between 1995 and 1996.

Overall, satisfaction with the dental care provided increased by 6.8% between 1994 and 1995, and remained static between 1995 and 1996.

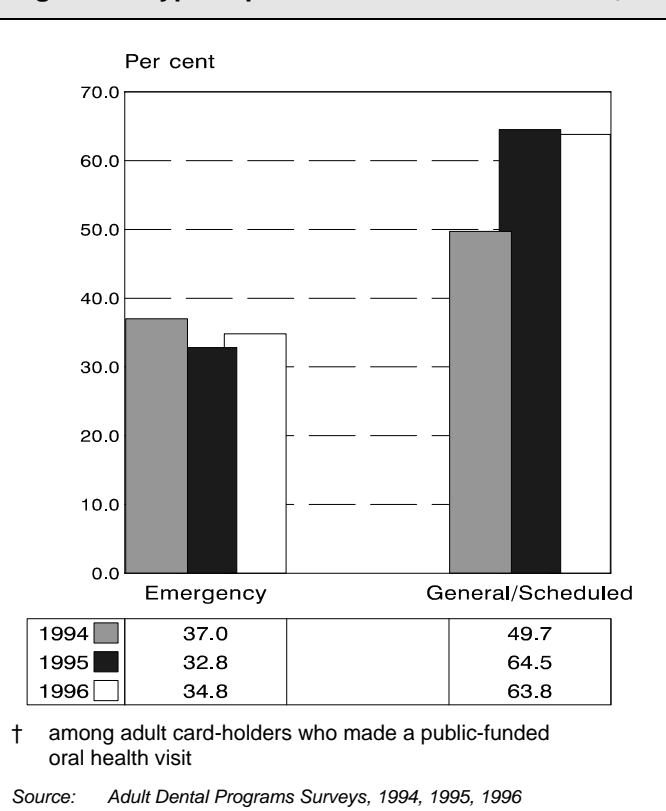
Adult Dental Programs Survey

The following data were drawn from the 1994, 1995 and 1996 Cross-sectional Adult Dental Programs Surveys. These surveys quantify levels of access and service provision among users of public-funded dental care. A cross-section of dental visits was sampled over a brief period each year to obtain a snapshot of public-funded dental care.

Figure 5 shows the percentage of public-funded dental care apportioned to emergency and general scheduled care in 1994, 1995 and 1996. The remaining percentage comprised other types of visits.

Between 1994 and 1996, emergency care for relief of pain decreased marginally. General scheduled care for check-ups, and oral health problems not involving relief of pain, increased from 49.7% of visits in 1994, to 64.5% in 1995, and 63.8% in 1996.

Figure 5: Type of public-funded course of care†



Conclusion

During the three-year period, 1994 to 1996, considerable improvements were effected in the availability of, and the nature of dental care, for adults eligible for public-funded care; however, these improvements occurred under the Commonwealth Dental Health Program which injected \$228 million into public sector dental services throughout Australia between January 1994 and December 1996. This program is no longer funded, hence it is unlikely that the improved levels of care provided by 1996 have been maintained.

The AIHW Dental Statistics and Research Unit (DSRU) is a collaborative unit of the Australian Institute of Health and Welfare established in 1988 at The University of Adelaide. The DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics and research on dental health status, use of dental services, provision of dental services and the dental labour force.

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