



Trends in access to dental care among Australian teenagers

This report investigates trends in access to dental care among Australian teenagers aged 12–17 years during the period 1994–2008. Comparisons in the use of dental services by eligibility for public dental care are reported. Eligibility for public dental care is defined by holding a Commonwealth Government Concession Card. Indicators of access include visiting frequency, reason for visiting, treatment received and affordability of dental care.

Main findings

Differences in patterns of access to dental care between teenage cardholders and non-cardholders became more evident between 2002 and 2008. During this period cardholders were less likely than non-cardholders to visit the dentist annually and to visit for the purpose of a check-up, although these differences were not always statistically significant.

Despite these differences in visiting patterns, the proportion of cardholders receiving an extraction was similar to that reported by non-cardholders in all years except 2008. However, from 1999 onwards teenage cardholders were more likely than non-cardholders to have received a filling in the previous 12 months, although differences by cardholder status were usually small and not statistically significant.

Since 2005 a higher proportion of cardholders reported that cost was a barrier to receiving timely dental care, although differences by cardholder status were not statistically significant.

Contents

| | |
|--|---|
| Main findings..... | 1 |
| Data collection and reporting | 2 |
| Time since last dental visit | 2 |
| Place of last dental visit..... | 3 |
| Reason for last dental visit | 3 |
| Extractions | 4 |
| Fillings | 4 |
| Scale and clean | 5 |
| Usual frequency of dental visits | 5 |
| Usual reason for dental visit | 6 |
| Affordability of dental care | 7 |
| Acknowledgments | 8 |

Data collection and reporting

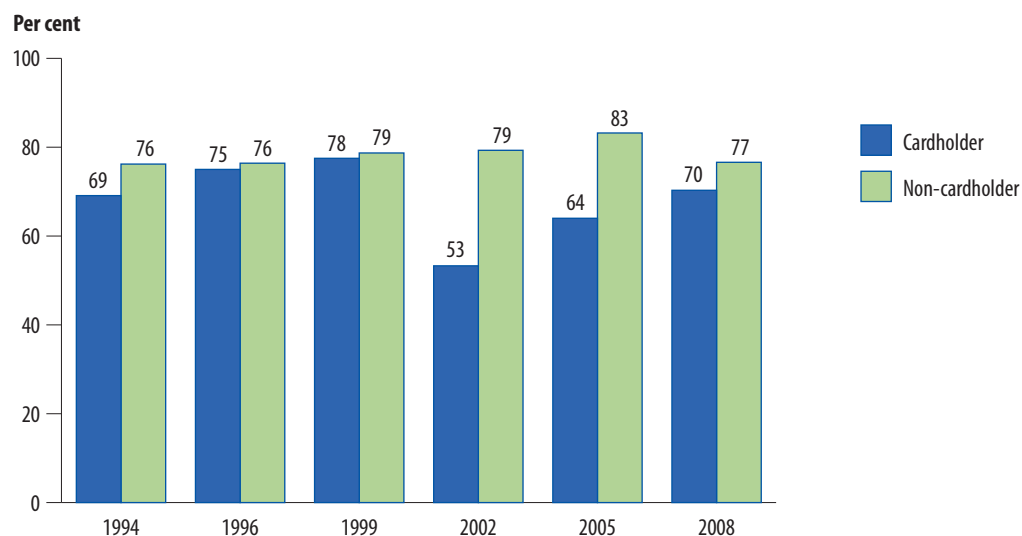
Data shown in this publication were sourced from the National Dental Telephone Interview Surveys (NDTIS) conducted in 1994, 1996, 1999, 2002, 2005 and 2008. Each survey consisted of a random sample of Australian residents listed in the electronic White Pages. Approximately 600 teenagers participated in each survey, with 920 participating in the 2005 NDTIS.

Data were weighted to represent the age and sex distribution of the Australian population at the time of each survey. Unless stated otherwise, where attention is drawn to differences the results are statistically significant at the 5% level.

While the Indigenous status of the client was collected during the survey, the quality of these data was not sufficient to enable their analysis and reporting in a way which would contribute to our understanding of the dental health of Indigenous Australians.

Time since last dental visit

Regular dental visits can help prevent or control dental disease. The percentage of teenagers who reported that they had visited a dental professional in the previous 12 months is shown in Figure 1.



Source: National Dental Telephone Interview Survey 1994–2008

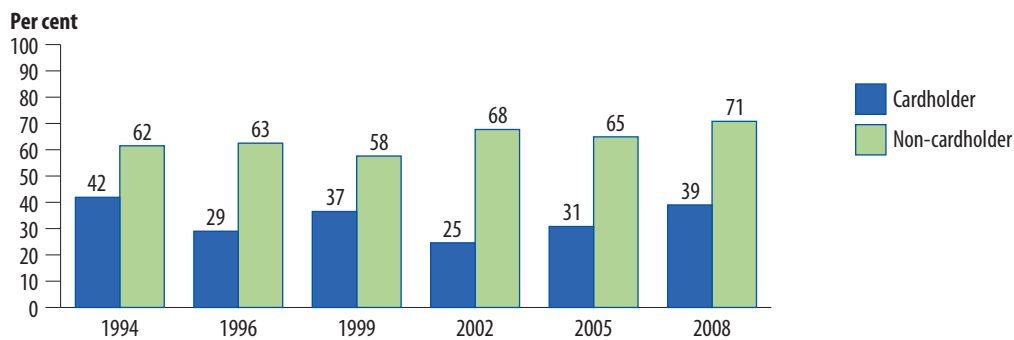
Figure 1: Visited a dental professional in the previous 12 months

In most years, teenage cardholders were less likely than non-cardholders to have made a dental visit in the previous 12 months. This difference was statistically significant in 2002 and 2005 when the differences were 26 and 19 percentage points respectively.

Place of last dental visit

Respondents were asked what type of dental clinic they attended at their most recent dental visit. The percentage of teenagers who attended a private dental clinic is shown in Figure 2.

From 1994 to 2008 teenage cardholders were significantly less likely to visit a private clinic than teenage non-cardholders. Prevalence among cardholders fluctuated during this period, from a high of 42% in 1994 to a low of 25% in 2002. Since 2002, prevalence among teenage cardholders has steadily increased, reaching 39% in 2008. In contrast, the percentage of teenage non-cardholders visiting privately has generally remained between 60% and 70%.



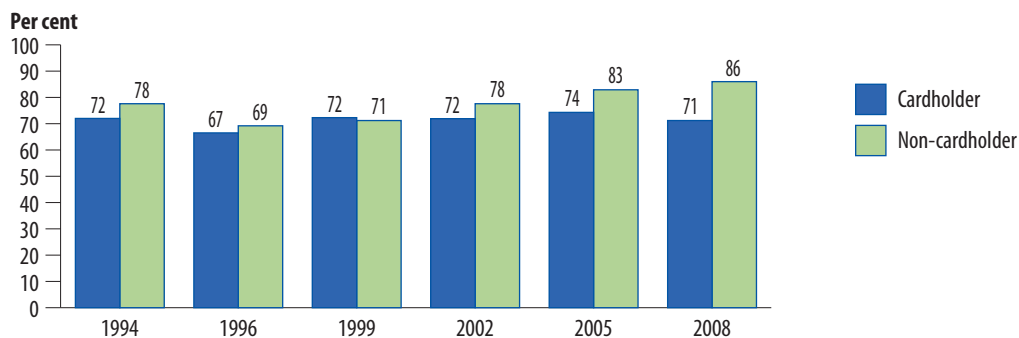
Source: National Dental Telephone Interview Survey 1994–2008

Figure 2: Visited a private dental practice

Reason for last dental visit

The reason for seeking dental care influences the type of care received. Those visiting for a check-up benefit from prevention and early detection, while those visiting for a problem may receive less complete treatment and fewer preventive services. Teenagers who visited a dentist in the previous 12 months were asked whether their most recent visit was for the purpose of a check-up or for a problem. The percentage who visited for a check-up is shown in Figure 3.

In all years except 1999, cardholders were less likely than non-cardholders to visit for a check-up, with the difference between the two groups steadily increasing between 2002 and 2008 to 15 percentage points, although these differences were not statistically significant.



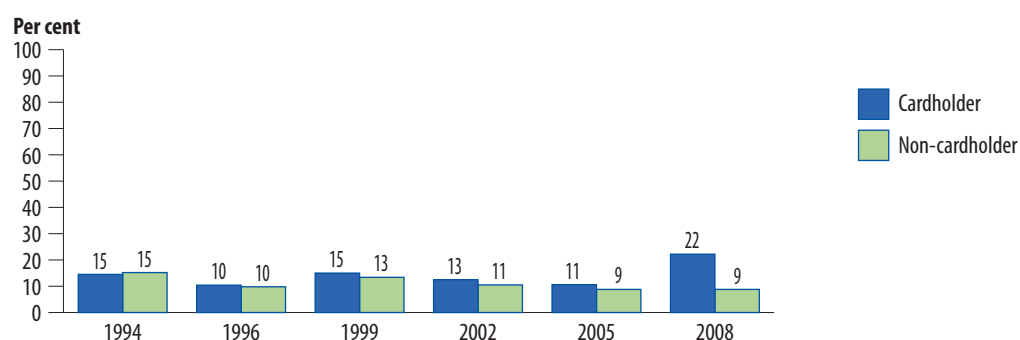
Source: National Dental Telephone Interview Survey 1994–2008

Figure 3: Visited for a check-up—teenagers who visited in the previous 12 months

Extractions

Teenagers who made a dental visit in the previous 12 months were asked about the treatment they received. Extraction of a tooth often indicates that there has been no previous intervention for disease or that any previous preventive or restorative treatment has failed. Particularly in teenagers, extractions may also occur as part of a course of orthodontic treatment. Extractions reported here include extractions for all reasons. The percentage of teenagers who received an extraction is shown in Figure 4.

While the difference between cardholders and non-cardholders appears to be quite large in 2008, there were no statistically significant differences between the groups at any point in time, or within each group over the period.



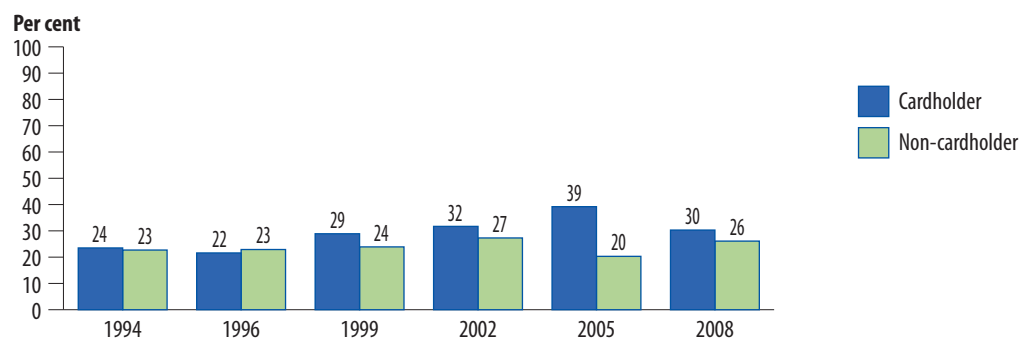
Source: National Dental Telephone Interview Survey 1994–2008

Figure 4: Received an extraction—teenagers who visited in the previous 12 months

Fillings

The percentage of teenagers who received a filling in the previous 12 months is shown in Figure 5.

From 1999 to 2008 teenage cardholders were more likely than non-cardholders to report that they had received a filling in the previous 12 months. However, with the exception of 2005, differences by cardholder status were generally small and not statistically significant.

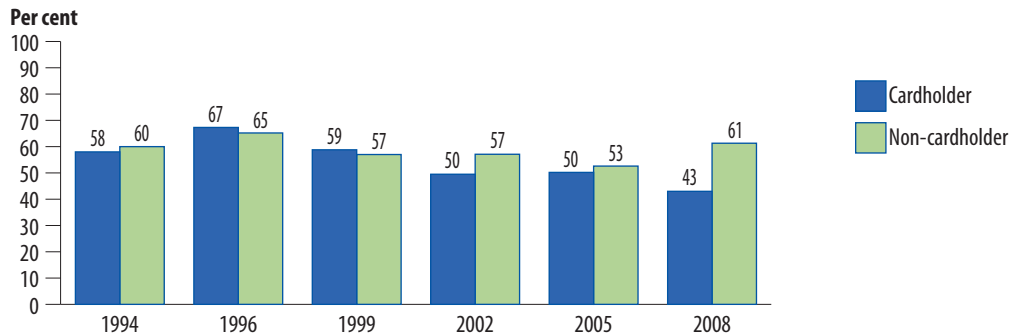


Source: National Dental Telephone Interview Survey 1994–2008

Figure 5: Received a filling—teenagers who visited in the previous 12 months

Scale and clean

The percentage of teenage cardholders who received a scale and clean in the previous 12 months declined from 58% in 1994 to 43% in 2008, although this decline was not statistically significant (Figure 6). Approximately 60% of non-cardholders received this treatment in 2008.

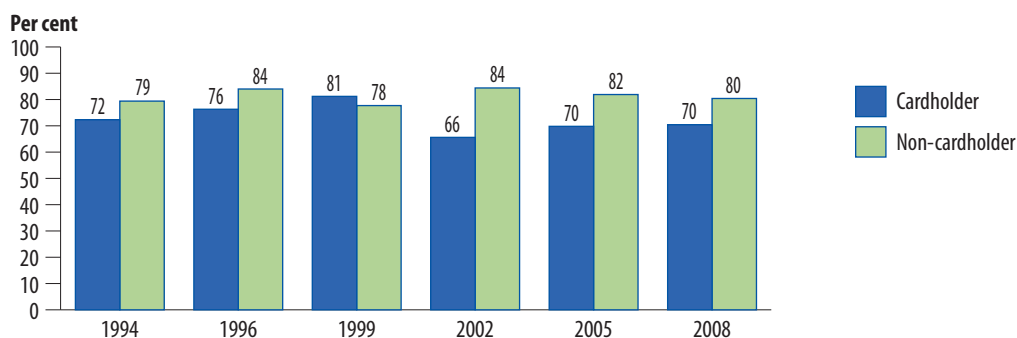


Source: National Dental Telephone Interview Survey 1994–2008

Figure 6: Received a scale and clean—teenagers who visited in the previous 12 months

Usual frequency of dental visits

The characteristics of a person's last dental visit provide a snapshot of recent visiting behaviour, while usual dental attendance patterns reflect longer term behaviour and intentions. Respondents were asked how often they usually seek care from a dental professional. The percentage who reported that they usually visit at least once a year is shown in Figure 7. While there was a consistent pattern of non-cardholders being more likely to report that they usually visited a dentist at least once a year, the differences by cardholder status were statistically significant only in 2002, when the gap was 18 percentage points.



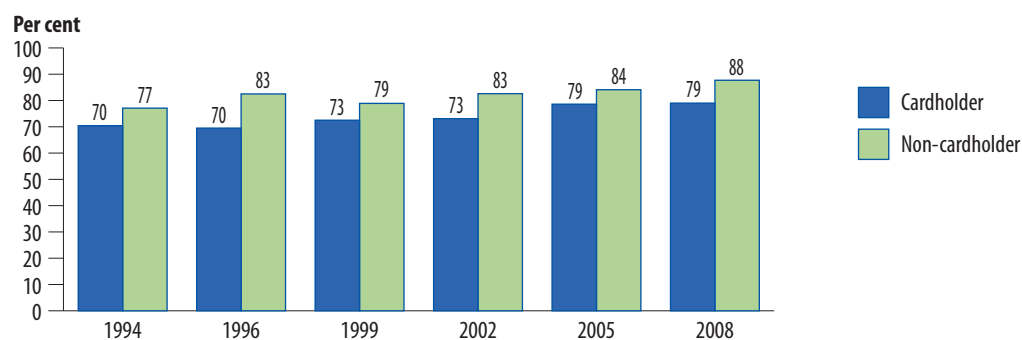
Source: National Dental Telephone Interview Survey 1994–2008

Figure 7: Usually visit at least once a year

Usual reason for dental visit

Respondents were asked whether they usually seek dental care for the purpose of a check-up or for a dental problem. The percentage of teenagers usually seeking care for a dental check-up is shown in Figure 8.

In all years cardholders were less likely than non-cardholders to report that they usually visit the dentist for a check-up, although differences by cardholder status were not statistically significant. Trends over the period were similar for both cardholders and non-cardholders, with the percentage usually visiting for a check-up increasing by approximately 10 percentage points between 1994 and 2008. While this increase was statistically significant for non-cardholders, it was not statistically significant for cardholders.

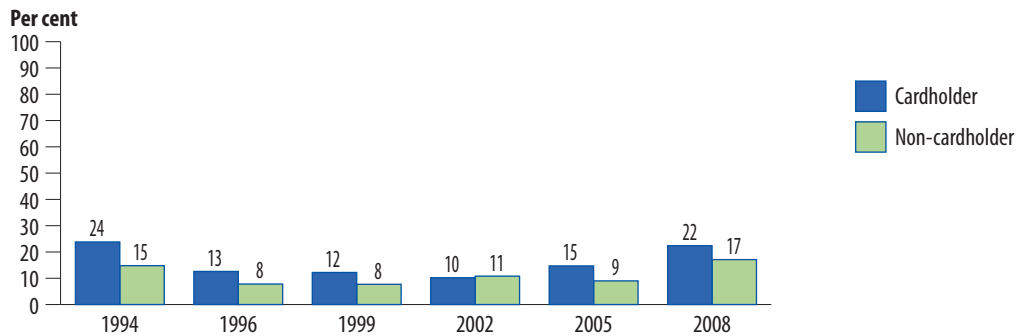


Source: National Dental Telephone Interview Survey 1994–2008

Figure 8: Usually visit for a dental check-up

Affordability of dental care

Respondents were asked a range of questions relating to the affordability of dental care, including whether they had avoided or delayed dental care due to cost and whether cost had prevented them from receiving recommended dental treatment. The percentage of teenagers who reported that they avoided or delayed dental care due to cost is shown in Figure 9.



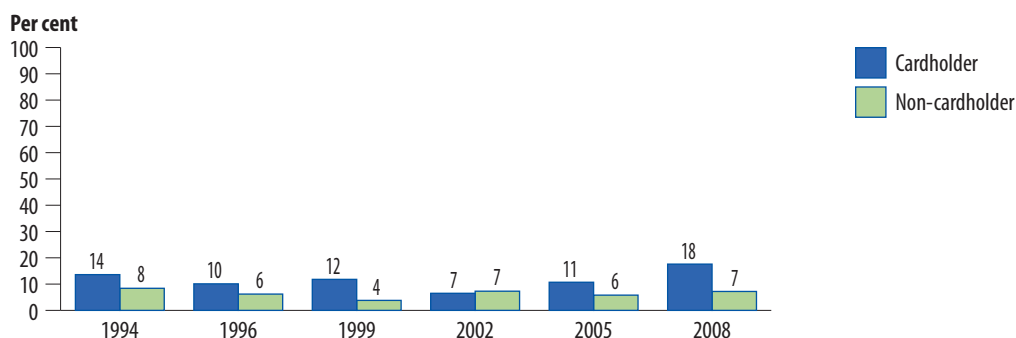
Source: National Dental Telephone Interview Survey 1994–2008

Figure 9: Avoided or delayed dental care due to cost

In all years except 2002, cardholders were more likely than non-cardholders to report that they had avoided or delayed dental care due to cost, although differences by cardholder status were usually small and not statistically significant.

The percentage of teenagers who reported that cost had prevented them from receiving recommended treatment is shown in Figure 10.

Trends during this period were very similar to those presented in Figure 9. Cardholders were more likely than non-cardholders to report that cost had prevented recommended treatment in all years except 2002, although differences by cardholder status were not statistically significant.



Source: National Dental Telephone Interview Survey 1994–2008

Figure 10: Cost prevented recommended treatment—teenagers who visited in the previous 12 months

Acknowledgments

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