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Oral health and access to dental care – migrants in Australia

THE UNIVERSITY OF ADELAIDE AUSTRALIA
ARCPOH Australian Research Centre for POPULATION ORAL HEALTH

This report provides information on the oral health and use of dental services among migrants in Australia. Data on tooth loss, dental visiting patterns, treatment received, affordability of dental care and the impacts of oral health on lifestyle are presented. Variations among cardholders, who are eligible for government funded public dental care, and non-cardholders are provided by ethnicity.

Data collection

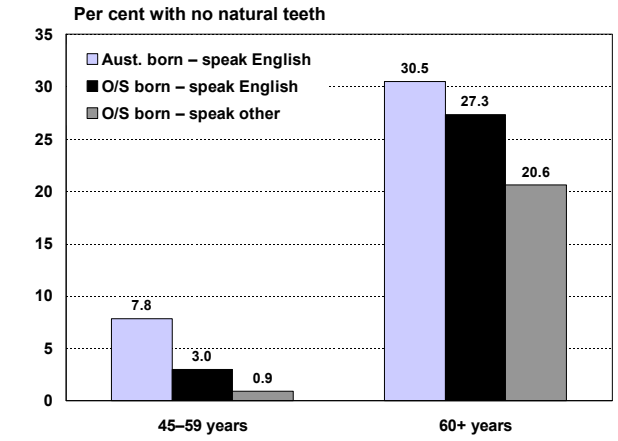
Data presented in this publication were sourced from the National Dental Telephone Interview Survey 2002. Data were classified into three groups according to country of birth and main language spoken at home (n=6,114).

The largest group consisted of Australian-born persons whose main language spoken at home was English (77%), the second group consisted of overseas-born persons who mainly spoke English at home (18%), and the smallest group consisted of overseas-born persons who mainly spoke a language other than English at home (5%). Australian-born persons who spoke a language other than English were excluded from the analysis due to the small sample size. Data were weighted to represent the age and sex distribution of the Australian population at the time of the survey.

Dentate status

The cumulative effects of past disease and treatment practices are reflected in tooth loss. The percentage of adults who have lost all of their natural teeth (i.e. are edentulous) is presented in Figure 1. Complete tooth loss increased sharply across age for all ethnic backgrounds. Australian-born residents were more likely to be edentulous than residents born overseas. Migrants who mainly spoke a language other than English had the lowest level of edentulism.

Figure 1: Complete tooth loss among adults aged 45+ years

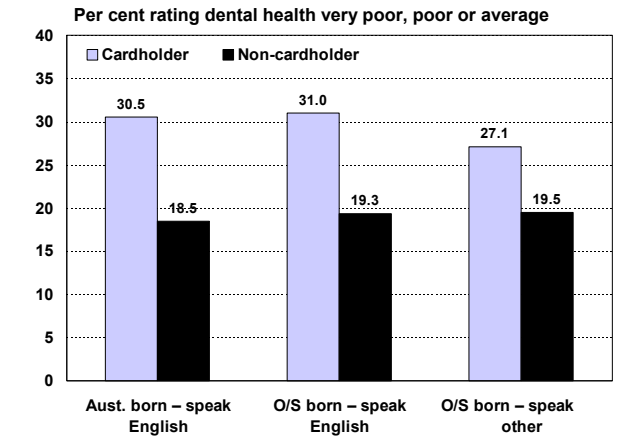


Source: National Dental Telephone Interview Survey 2002

Dental health status

Respondents were asked to rate their dental health using a six-point scale ranging from excellent through to very poor. The percentage of adults with some natural teeth (i.e. dentate) who rated their dental health 'very poor', 'poor' or 'average' is presented in Figure 2.

Figure 2: Self-rated dental health – dentate adults aged 18+ years



Source: National Dental Telephone Interview Survey 2002

Ethnic background had no impact on how residents rated their dental health. However, cardholder status was an important factor, with cardholders from all backgrounds more likely to rate their dental health 'very poor', 'poor' or 'average' (approximately 30%) than non-cardholders (approximately 19%).

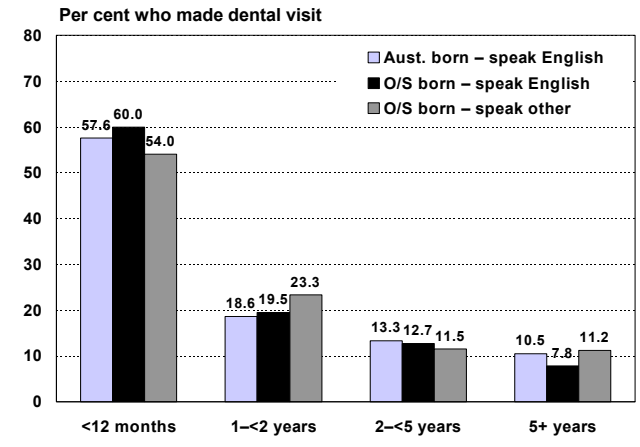
Access to dental services

Dental visiting patterns

Regular visits to the dentist can help prevent or control dental disease. The time elapsed since dentate adults made their last dental visit is presented in Figure 3.

Dental visiting patterns were similar among the different ethnic groups. Between 54% and 60% of dentate adults visited the dentist within the last year irrespective of ethnic background. Approximately 10% of adults had not visited a dentist within the last 5 years, with little variation among ethnic groups.

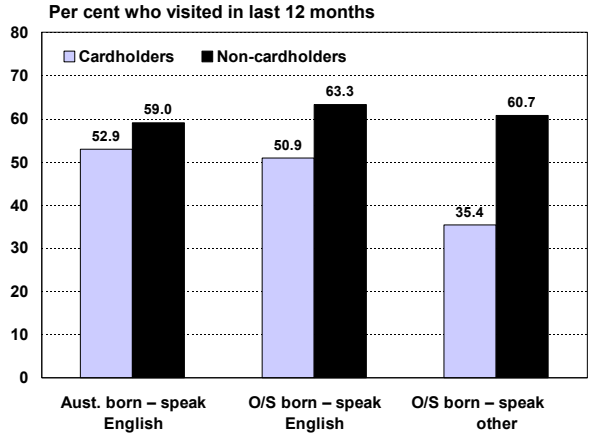
Figure 3: Time since last dental visit – dentate adults aged 18+ years



Source: National Dental Telephone Interview Survey 2002

The visiting patterns of cardholders and non-cardholders in the previous 12 months are compared in Figure 4. Cardholders were less likely to have recently visited a dentist than non-cardholders. This was particularly evident for cardholders born overseas who mainly spoke a language other than English, with only 35.4% visiting a dentist in the last 12 months. Ethnic background had little influence on the visiting patterns of non-cardholders, with approximately 60% visiting in the last year.

Figure 4: Dental visits in last 12 months – dentate adults aged 18+ years



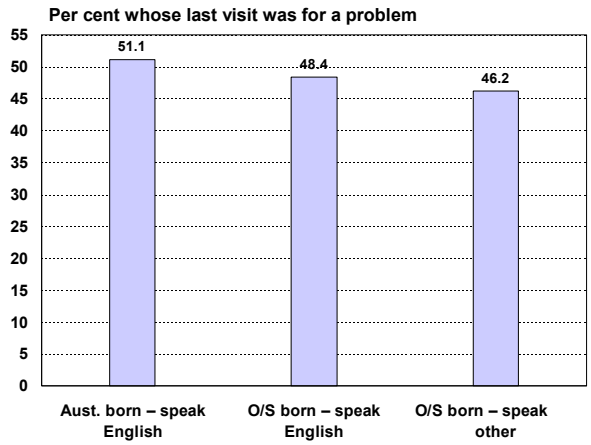
Source: National Dental Telephone Interview Survey 2002

Reason for last dental visit

A person's reason for seeking dental care influences the type of care they receive. Those seeking care for a check-up benefit from early detection and receive preventive services, while those who usually seek care for a problem may receive less complete treatment and fewer preventive services. Respondents who had visited a dentist within the last year were asked whether their last visit was for a problem or a check-up.

Over one-in-two Australian-born residents (51.1%) reported their last dental visit was for a problem. There was little variation across ethnic groups although migrants who mainly spoke a language other than English had a slightly lower prevalence (46.2%) of problem-oriented visiting (Figure 5).

Figure 5: Last visit for a dental problem – dentate adults who visited in last 12 months



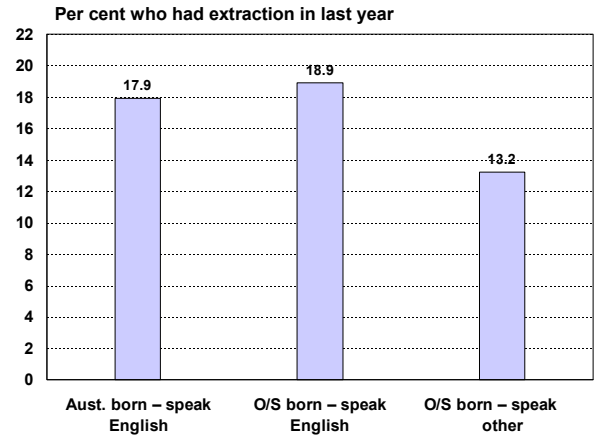
Source: National Dental Telephone Interview Survey 2002

Treatment received

Extractions

Respondents who made a dental visit in the last year were asked about the treatment they received. Extraction of a tooth indicates that all previous preventive and restorative treatment has failed.

Figure 6: Received extraction in last year – dentate adults who visited in last 12 months



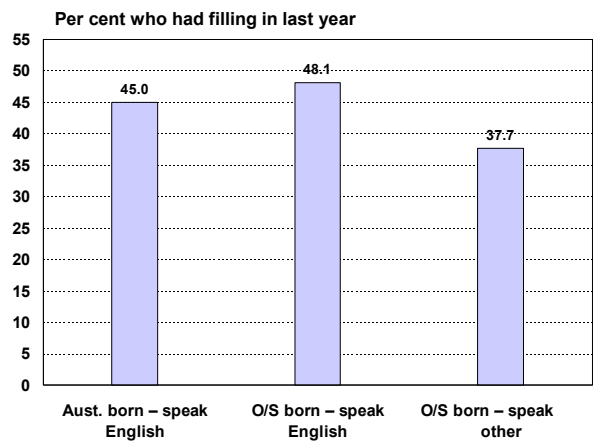
Source: National Dental Telephone Interview Survey 2002

Residents born overseas who mainly spoke a language other than English were less likely to have had teeth extracted in the last year (13.2%) than English speaking residents (18–19%), although this difference was small (Figure 6).

Fillings

Migrants who mainly spoke a language other than English were also the least likely (37.7%) to have received a filling in the last 12 months (Figure 7).

Figure 7: Received filling in last year – dentate adults who visited in last 12 months



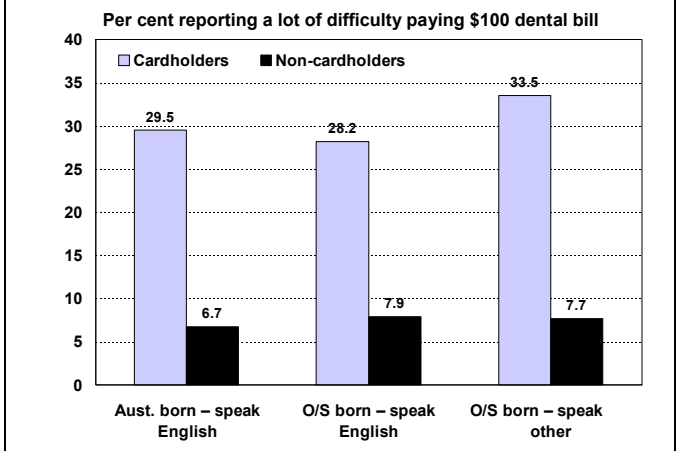
Source: National Dental Telephone Interview Survey 2002

Cost of dental care

Affordability

Respondents were asked how much difficulty they would have in paying a $100 dental bill. Cardholders, irrespective of ethnic group, were at least 3 times more likely to report they would have a lot of difficulty paying a $100 dental bill than non-cardholders. However, there was little variation across ethnic groups (Figure 8).

Figure 8: Difficulty with a $100 dental bill – dentate adults aged 18+ years

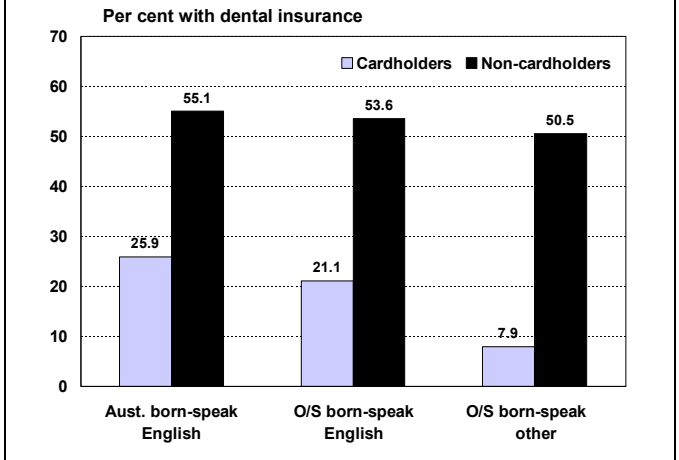


Source: National Dental Telephone Interview Survey 2002

Dental insurance

Dental insurance coverage was lowest among cardholders born overseas who mainly spoke a language other than English (7.9%). Non-cardholders were far more likely to have dental insurance than cardholders, irrespective of ethnic group (Figure 9).

Figure 9: Dental insurance – dentate adults aged 18+ years

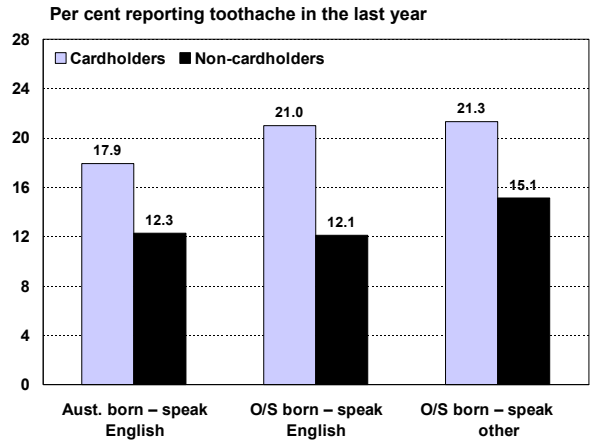


Source: National Dental Telephone Interview Survey 2002

Social impact

A range of social impact factors was investigated to determine if there were differences between ethnic groups. Respondents were asked about their toothache experience in the last year. The percentage of dentate adults who reported they had experienced toothache 'very often', 'often' or 'sometimes' in the last year is presented in Figure 10.

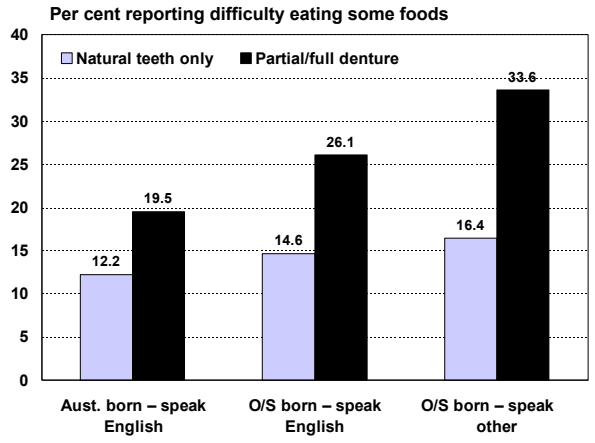
Figure 10: Toothache experience in the last year – dentate adults aged 18+ years



Source: National Dental Telephone Interview Survey 2002

Cardholders were more likely to have experienced toothache than non-cardholders, irrespective of ethnic group. There were only slight variations in the prevalence of toothache experience across ethnic groups.

Figure 11: Difficulty eating some foods – adults aged 18+ years



Source: National Dental Telephone Interview Survey 2002

The percentage of adults who reported they had avoided eating some foods 'very often', 'often' or 'sometimes' in the last year due to problems with their teeth or dentures is presented in Figure 11. Residents wearing partial or full dentures were more likely to report difficulty eating certain foods than residents with natural teeth only. Of residents who wore a partial or full denture, those born overseas who mainly spoke a language other than English reported the most difficulty (33.6%).

Summary

- Edentulism was more prevalent among Australian-born residents than among residents born overseas.
- Self-reported dental health status was similar for all ethnic backgrounds but was significantly worse for cardholders than non-cardholders.
- Cardholders born overseas who mainly spoke a language other than English were less likely to have recently visited a dentist than other residents, and had the lowest level of dental insurance coverage.
- Of residents that made a dental visit in the last 12 months, those who mainly spoke a language other than English reported less problem-oriented visiting and were less likely to have had an extraction or filling.
- Overseas-born residents who wore a partial or full denture were more likely to report difficulty eating certain foods than other residents, particularly those who mainly spoke a language other than English.

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the Australian Institute of Health and Welfare, established in 1988 at The University of Adelaide and located in the Australian Research Centre for Population Oral Health (ARCPOH), Dental School, The University of Adelaide. DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of information on oral health and access to dental care, the practice of dentistry and the dental labour force in Australia.

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