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**AIHW Dental Statistics and Research Unit**  
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**Trends in access to dental care of South Australian young adults**



**THE UNIVERSITY OF ADELAIDE AUSTRALIA**



**T**his report provides information on the use of dental services of young adults in South Australia. Previous research indicates that the high percentage of children and adolescents visiting regularly for dental care falls away among young adults, and there is a sharp increase in the proportion who usually visit when they have a problem rather than for a check-up. Gains in oral health in childhood may be at risk when young people reach early adulthood.

**Data collection**

A random sample of young adults aged 20–24 years was selected from the electoral roll in August 1998. Names and addresses were matched to the electronic white pages to obtain phone numbers. Those for whom phone numbers were unavailable were mailed a letter asking them to contact the research team.

Using computer-aided telephones, interviews were conducted for 1,261 adults aged 20–25 years in 1998–99, a response rate of 65.6% of those for whom a match with electronic white pages was possible. The age range had changed to 20–25 years before interviews were completed. These interviews provided sociodemographic health behaviour data such as smoking and exercise, and dental visiting data. Longitudinal follow-up data were collected in 2001. Telephone interviews were conducted with 758 persons, and 62 persons completed a self-administered questionnaire. The 2001 response rate was 65.3% of those who were interviewed in 1998–99. In 2001 the young adults were aged 22–28 years.

**Sociodemographic characteristics**

The sociodemographic profile of those interviewed in 1998–99 compared to those who were interviewed in 2001 is shown in Table 1. Slight increases in the mean age and the percentage of persons with tertiary education may be explained by the ageing of the cohort. There were little differences between the two groups in terms of sex, concession card status, dental visiting and country of birth. However, a greater percentage of those interviewed in 2001 held private health insurance than in 1998–99.

<b>Table 1: Sociodemographic profile of those interviewed in 1998–99 and 2001</b>		
	<b>Interview 1998–99</b>	<b>Interview 2001</b>
<b>Number of participants</b>	1,261	820
<b>Sex – male</b>	50.8%	50.2%
<b>Age</b>	22.6 years	25.4 years
<b>Tertiary education</b>	33.9%	38.1%
<b>Concession card</b>	16.4%	15.0%
<b>Dental visit in last 12 months</b>	45.5%	44.4%
<b>Born overseas</b>	11.4%	12.1%
<b>Private dental insurance</b>	36.4%	44.3%

**Time since last visit**

Access to dental services as measured by time since last dental visit is a measure of realised access. A comparison of time since last visit between the 1987–88 National Oral Health Survey of Australia (NOHSA), the 1999 Young Adult Study (YAS) and the 2001 Young Adult Follow-up Study in 2001 is presented in Table 2. Amongst young adults surveyed in Adelaide in 1998–99, 45% had made a dental visit in the previous 12 months, and approximately 66% had made a visit in the previous two years. These figures had changed marginally since NOHSA when 48% reported visiting in the previous

12 months and 65% in the previous two years. The young adults re-interviewed in 2001 reported very similar times since last visit, with 44% having visited in the previous 12 months and 67% in the previous 2 years.

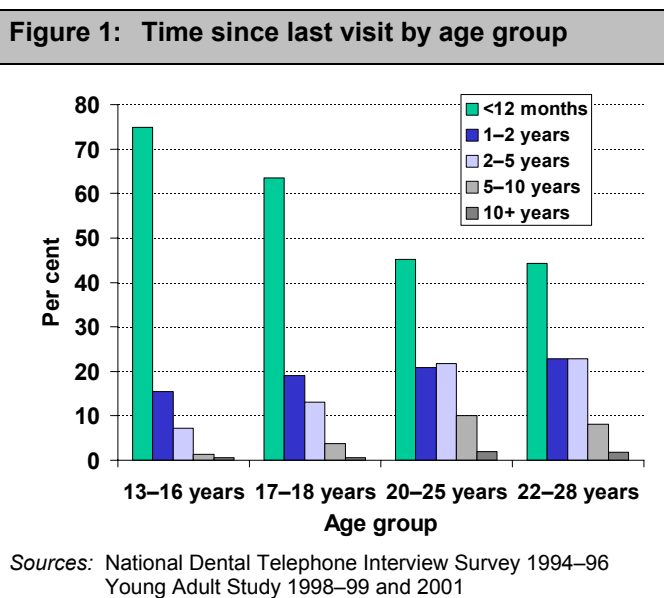
**Table 2: Time since last visit – percentage of persons**

	1987–88 20–24 years	1999 20–25 years	2001 22–28 years
<12 months	47.9	45.2	44.3
1–2 years	17.4	20.9	22.8
2+ years	30.9	33.8	32.9

Sources: National Oral Health Survey 1987–88  
Young Adult Study 1998–99 and 2001

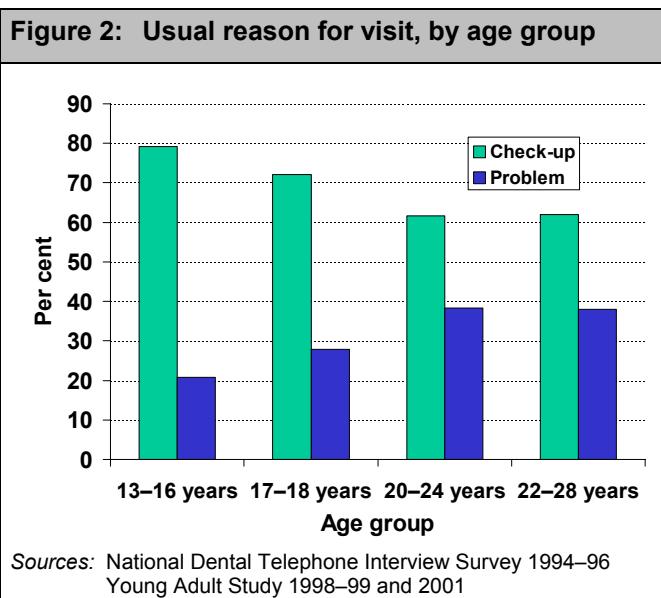
Figure 1 shows the time since last dental visit in different age groups. The figure uses data from two different sources: the National Dental Telephone Interview Survey (NDTIS) 1994–96 for 13–16 (when adolescents are covered by the School Dental Service) and 17–18 year age groups (when they may or may not be at school) and from YAS for the 20–25 (baseline of the current study) and 22–28 year age groups (follow-up). The proportion of each group who reported visiting in the previous 12 months declines by almost 50% between the youngest (13–16 years) and the 20–25 year age groups.

There was little change in the patterns of visiting from 20–25 years to 22–28 years of age. There was also minimal change in the percentage who last visited in the period between one and two years ago from age 17–18 years to 22–28 years.



## Usual reason for dental visit

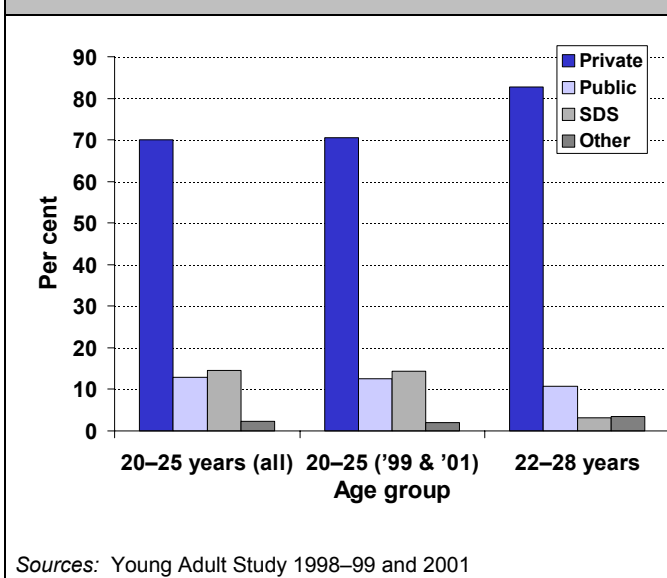
The reason for seeking dental care influences the treatment likely to be received. Visiting for a problem rather than a check-up may reflect the ability to access dental services. Figure 2 represents the percentage of persons in various age groups whose usual reason for visiting a dental provider is for a check-up and for a problem. In all age groups a greater proportion of adolescents usually visit for a check-up than for a problem, but that proportion declines across the age groups, with 80% visiting for a check-up in the 13–16 year age group and approximately 60% reporting that they usually visit for a check-up in the 20–24 year age group. That figure remains quite stable in the 22–28 year age group.



## Site of last dental visit

The following figures and tables compare data on all participants in the YAS at baseline, with data on those who were in the follow-up study at both baseline in 1998–99 and at follow-up in 2001. Figure 3 shows the site of last dental visit for all YAS participants in 1998–99 and for those who participated in the follow-up in 2001 at both points in time. There was a greater percentage of young adults using private dental services as they became older, an increase from 70% among 20–25-year-olds to over 80% among 22–28-year-olds. Conversely, the percentage who reported that they made their last dental visit at a School Dental Service (SDS) clinic declined.

**Figure 3: Site of last visit by age group**



### Financial constraints

Compared to the 20-25-year-olds, more young adults reported that they had private dental insurance in the 22-28 year age group. Similar percentages were in receipt of government concession cards and fewer had difficulty paying a \$100 dental bill. However, the percentage who reported that they had avoided dental care due to the cost in both age groups did not change.

	20-25 years (all)	20-25 years ('99 & '01)	22-28 years
Private insurance	38.2%	38.2%	44.2%
Avoid due to cost	36.0%	35.5%	36.4%
Difficulty with \$100 dental bill	43.7%	43.8%	34.6%
Government concession card	16.4%	16.3%	15.1%

### Perceived need

Fewer young adults perceived the need for a dental visit in the 22-28 year age group than among 20-24-year-olds. In contrast, more of the older age group perceived the need for a filling. Extractions and gum treatment were thought to be needed by small percentages of all groups.

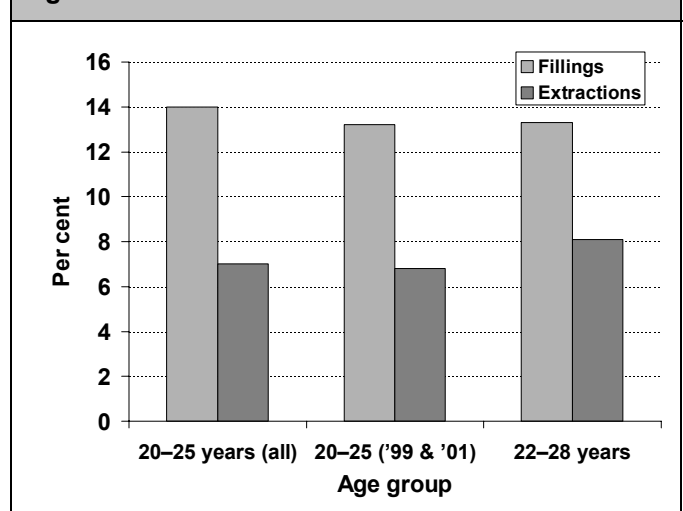
**Table 4: Percentage having perceived need for treatment by age group**

	20-25 years (all)	20-25 years ('99 & '01)	22-28 years
Need visit	64.6%	64.7%	56.6%
Need filling	9.7%	8.6%	13.3%
Need extraction	4.7%	4.4%	4.0%
Need gum treatment	2.3%	2.0%	2.9%

### Treatment received

Very little change in the percentage of young adults reporting having received an extraction in the previous 12 months was evident across the groups. There was some evidence of a higher percentage having had a tooth removed in the older age group than in all of those interviewed in 1998-99 and in the cohort group at baseline. Slightly fewer of those who participated in the follow-up reported having a filling in the previous 12 months compared to all subjects, however this percentage did not change during the study.

**Figure 4: Treatment received in last 12 months**



### Social impact

The percentage of persons experiencing toothache or being concerned about their appearance due to problems with their teeth, mouth or dentures, very often, often or sometimes are presented in Figure 5. About 20% were concerned about their appearance in all groups and slightly fewer had experienced toothache.

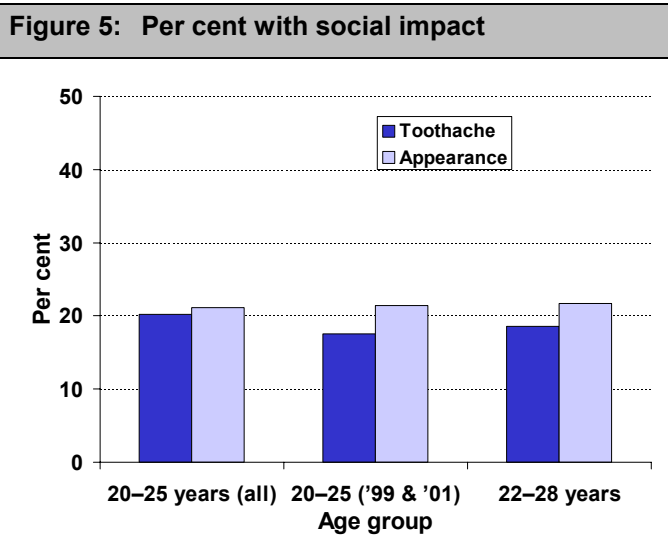
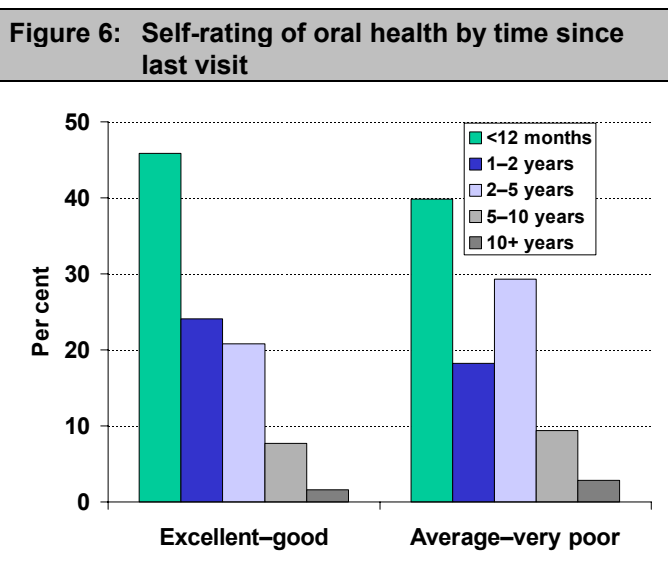


Figure 6 presents time since last dental visit by self-rating of oral health of 22-28-year-olds in 2001. More of those who rated their oral health as excellent, very good or good had made a dental visit in both the previous 12 months and two years than those who rated it as average, poor or very poor. Conversely, those who rated their oral health less highly had higher percentages than those who had made their dental visit more than two years previously.



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## Summary

- Dental visiting declined from adolescence to young adulthood but appears to stabilise into the mid-20s age group.
- Use of dental services for a problem rather than for a check-up increases as children become adolescents and then young adults, but is relatively constant into the mid-20s.
- Despite an increase in private insurance and in difficulty in paying a \$100 dental bill, similar numbers had avoided dental care because of the cost in both the 20-25 and 22-28 year age groups.
- Slightly fewer young adults reported receiving a filling and more reported having a tooth extracted in the previous 12 month in the older age group than the younger groups
- One in five young adults reported being concerned about their appearance due to oral problems, and almost one in five had experienced toothache in the previous 12 months.

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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, 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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