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AIHW Dental Statistics and Research Unit

Oral Health and Access to Dental Care – Migrants in Australia

Research Report, May 2000

THE UNIVERSITY OF ADELAIDE

This report provides information on some aspects of oral health and use of dental services among migrants in Australia. Dental studies which include ethnicity, although limited in number, have indicated that migrant groups may be disadvantaged. These differences may in part be due to cultural differences as well as language barriers in accessing dental services, leaving migrants in poorer health than their Australian-born counterparts.

Data collection

This report uses population level data collected in a series of National Dental Telephone Interview Surveys, and the associated Dental Satisfaction Surveys conducted in 1994, 1995 and 1996. Interviews were carried out with adults selected in a stratified random sample from all States and Territories in each year. Some interviews with non–English-speaking persons were carried out by multi-lingual interviewers, while for others a proxy interview was conducted on their behalf.

Information was collected from 17,691 persons aged 18 years and over (response rate = 71.5%), and included questions on use of dental services, self-reported oral health and dental visiting characteristics.

The Dental Satisfaction Surveys were mailed to a sub-set of respondents to the telephone surveys.

Data were classified into groups according to country of birth and the language spoken at home. Individuals who used a language other than English at home were not necessarily unable to speak English at all.

The largest group were the Australian-born speaking only English (74.2%), followed by the overseas-born speaking only English (16.4%). Overseas-born persons speaking a language other than English at home made up 6.7% of the sample.

Australian-born respondents who spoke a language other than English at home (2.7%) comprised the smallest percentage of the sample. This group, largely younger adults whose parents came to Australia as migrants from non–English-speaking countries, was investigated to determine whether cultural differences and language difficulties encountered during childhood may have resulted in differences in access to dental care.

Dentate status

Tooth loss and the wearing of dentures reflect the cumulative effects of past disease and treatment practices. Variations in tooth loss between migrants and Australian-born participants indicate different historical treatment patterns.

Table 1: Complete tooth loss among adults aged 18+ years, 1994 to 1996

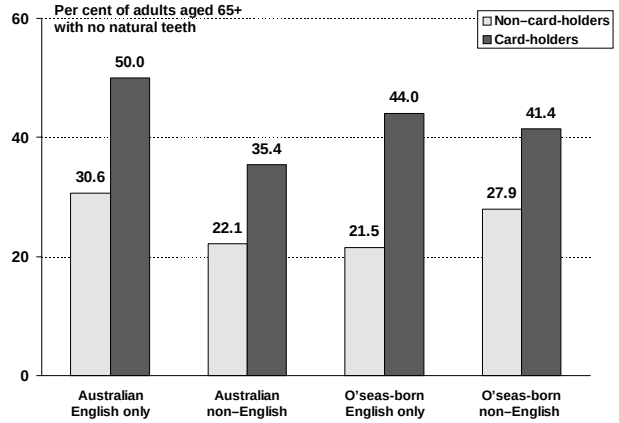
	Australian-born		Overseas-born	
	English only	Non-English	English only	Non-English
Age group	**n=13103**	**n=473**	**n=2899**	**n=1186**
18–24 years	*0.2	0.0	0.0	0.0
25–44 years	1.6	*1.6	*1.9	*1.5
45–64 years	16.8	*7.2	8.2	9.5
65+ years	41.7	*29.6	35.7	37.5
Total	**11.8**	***2.5**	**9.9**	**9.0**

* estimate has a relative standard error greater than 25%

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

Complete tooth loss increased across age groups (see Table 1). Less than 2% of adults aged below 45 years had lost all their natural teeth, however, among Australian-born English-only-speaking adults, this increased to 16.8% of the 45–64 age group, and 41.7% in those aged 65+ years. A lower percentage of overseas-born and non–English-speaking groups were edentulous at a younger age, but reached a similar level in the oldest age group, with a four-fold increase in the rate of complete tooth loss from the 45–64 age group to the 65+ age group.

Figure 1: Complete tooth loss among adults aged 65+ years, 1994 to 1996



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

Adult card-holders aged 65+ years from all backgrounds had a higher rate of complete tooth loss

than non–card-holders (see Figure 1). Complete tooth loss was least pronounced among Australian-born non–English-speaking persons. However, over 41% of overseas-born card-holders in this age group reported having no natural teeth, approaching the rate among Australian-born English-only-speaking card-holders (50%).

Access to dental services

The time since last dental visit indicates the level of contact with dental services.

It can be seen from Table 2 that over 55% of all dentate (those with some natural teeth) adults were likely to have made a dental visit in the previous year, and under 11% were likely to have had a period of five or more years since their last dental visit.

Table 2: Time since last dental visit – dentate adults, 1994 to 1996

	Australian-born		Overseas-born	
	English only	Non-English	English only	Non-English
Card-holders				
<1 year	52.4	66.3	53.7	52.9
1–<2 years	18.1	*16.8	19.6	19.9
2–<5 years	15.0	*5.1	15.7	16.9
5+ years	14.5	*11.7	10.9	10.2
Non–card-holders				
<1 year	56.2	56.1	60.5	57.1
1–<2 years	18.5	22.9	17.5	19.4
2–<5 years	15.3	13.0	12.3	14.1
5+ years	10.0	7.9	9.7	9.4
Total				
<1 year	55.5	57.9	59.2	55.9
1–<2 years	18.4	21.9	17.9	19.7
2–<5 years	15.3	11.7	12.9	14.8
5+ years	10.8	8.6	9.9	9.6

* estimate has a relative standard error greater than 25%

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

In general, fewer card-holders had made a recent dental visit and more had a period of 5+ years than among non–card-holders. The Australian-born non–English-speaking card-holders, 66.3% having visited in the last year, were an exception.

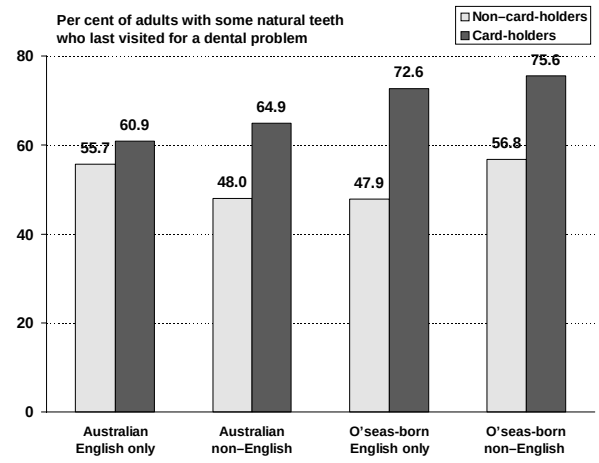
There was little variation between the groups although Australian-born English-only-speaking card-holders (52.4%) had the lowest attendance in the last year as well as the highest rate of five or more years since their last dental visit (14.5%). There was no clear pattern of disadvantage by migrant status or language evident in comparisons of the time since the last dental visit.

Reason for last dental visit

The reason for seeking dental care may predict the treatment likely to be received, with check-up visits more likely to result in timely treatment or preventive care. Visiting for a problem may reflect the ability to access dental services in terms of availability and affordability. Language may also present a barrier to regular dental care among migrant groups.

Between 47% and 57% of adult non–card-holders reported that the reason for making their last dental visit was because of a dental problem (Figure 2). Overseas-born non–English-speaking non–card-holders (56.8%) recorded similar levels to Australian-born English-only-speaking non–card-holders (55.7%).

Figure 2: Last visit for a dental problem, 1994 to 1996

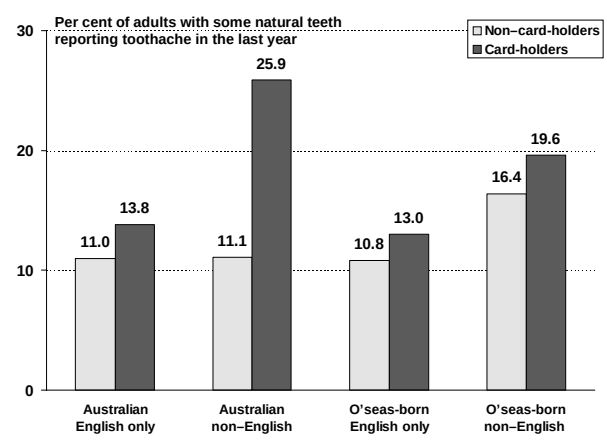


Source: National Dental Telephone Interview Survey 1994, 1995, 1996

Card-holders were more likely to cite a problem as the reason for making their last dental visit than non–card-holders. Overseas-born and non–English-speaking card-holders reported considerably higher levels of problem-oriented visiting than Australian-born English-speaking card-holders (60.9%), peaking at 75.6% among the overseas-born non–English-speaking card-holders.

Social impact and economic factors

Figure 3: Toothache experience in the last year, 1994 to 1996



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

A range of social impact and economic factors were investigated to determine the extent of inequality between the groups. Participants were asked about their experience of toothache in the previous year.

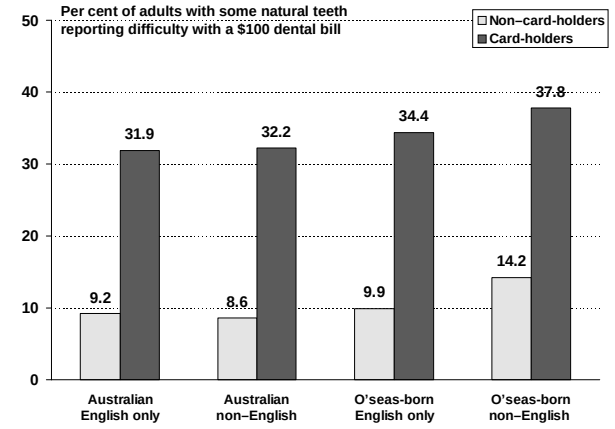
Figure 3 presents the percentage of card-holders and non–card-holders who reported toothache 'very often', 'often' and 'sometimes'. Overseas-born non–English-speaking persons reported higher levels of toothache frequency among non–card-holders (16.4% cf. 11.0%, 11.1% and 10.8%). Card-holders reported a higher experience of toothache than non–card-holders, with overseas-born non–English-speaking card-holders (19.6%) considerably higher than the Australian-born and overseas-born English-only-speaking card-holders (13.8% and 13.0% respectively). The figure for Australian-born non–English-speaking card-holders (25.9%) was based on small numbers of responses and is a less reliable estimate.

Affordability

All respondents were asked how much difficulty they would have in paying a $100 dental bill. Among non–card-holders, overseas-born non–English-speaking persons (14.2%) were more likely to report a lot of difficulty than Australian-born and English-speaking migrant non–card-holders (9.2%, 8.6% and 9.9%).

When comparing affordability among card-holders and non–card-holders, it can be seen that there was a three-fold difference against non–card-holders across all groups. The greatest percentage reporting difficulty was among overseas-born non–English-speaking card-holders (37.8% cf. 31.9% and 32.2% for Australian-born card-holders).

Figure 4: Difficulty with a $100 dental bill, 1994 to 1996

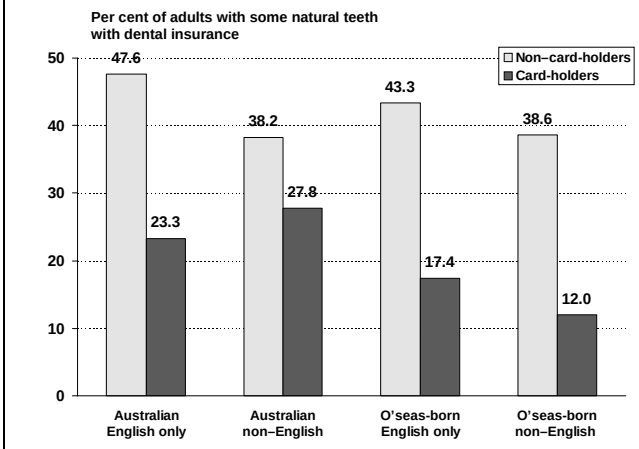


Source: National Dental Telephone Interview Survey 1994, 1995, 1996

Dental insurance

Dental insurance was higher among English-speaking non–card-holders (43.3% and 47.6%) than among those who speak a language other than English at home (just over 38%). Considerably lower levels of dental insurance were reported by card-holders, for example 23.3% for Australian-born English-speaking card-holders. The lowest dental insurance coverage was among overseas-born non–English-speaking card-holders (12%).

Figure 5: Dental insurance, 1994 to 1996

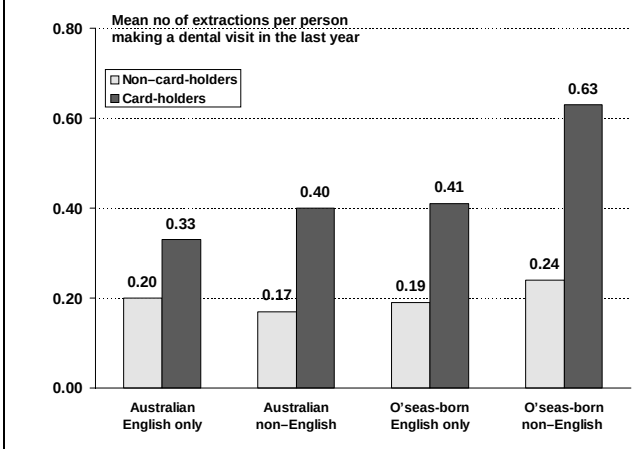


Source: National Dental Telephone Interview Survey 1994, 1995, 1996

Services received – extractions

Those respondents who had made a dental visit in the previous year were asked what treatment they had received. The loss of a tooth indicates the failure of all previous preventive and restorative treatment, and shows a progression of individuals toward complete tooth loss.

Figure 6: Extractions in the last year, 1994 to 1996



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

Figure 6 presents the extraction rates among card-holder and non–card-holder groups for those persons who made a dental visit in the previous year. Card-holders received almost twice as many extractions per person as non–card-holders (overall mean 0.38 cf. 0.21 not shown). The highest mean number of extractions was reported by overseas-born non–English-speaking card-holders (0.63 per person cf. 0.33 among Australian-born English-only-speaking card-holders).

Dental satisfaction

Satisfaction with health care reflects the extent to which the care given meets the patients' needs and expectations, with care which is less satisfactory to the consumer likely to be less effective.

Dental satisfaction scores (on a 1 to 5 scale) for all migrant groups were significantly lower than Australian-born English-speaking persons on all sub-scales and overall satisfaction The lowest satisfaction scores were recorded by overseas-born non–English-speaking persons (3.99) and the highest by English-speaking persons (Australian-born 4.27; overseas-born 4.21). Language barriers appeared to be a greater disadvantage than being overseas-born in accessing dental care that was found satisfactory.

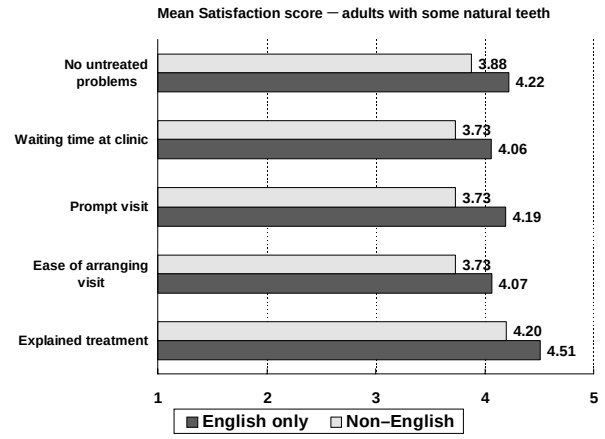
Individual satisfaction items

Non–English-speaking persons recorded lower scores than English-only-speaking persons for 30 of the 31 individual items included in the survey questionnaire.

The greatest difference in mean scores was for the following five items:

> no untreated problems, waiting time at clinic, prompt visit, ease of arranging visit, explained treatment needed (shown in Figure 7).

Figure 7: Mean satisfaction scores for individual items by location, 1994 to 1996



Source: Dental Satisfaction Survey 1994, 1995, 1996

Satisfaction comments

Respondents were invited to offer comments on aspects of their recent dental care. A selection of comments which particularly reflect the concerns and expectations of migrants and non–English-speaking persons included:

- Treats one problem at a time. Costs are to *(sic)* expensive to hav *(sic)* all dental problems repaired.
- I wish that dental treatments should not cost exorbitantly.
- You SHOULD be told 'exactly' what could be done to fix your teeth whether or not you could afford it.
- I was in more pain after the treatment. I have never been satisfy *(sic)* every time I visited the place.
- Why is it everytime I visit, I have to wait at least 1 hour before I get treated? The staffs *(sic)* think I can't understand English, so they make racist comments, I hope those people are fired.
- Not assistant government little hard for me because I am pension.
- … was told was now 2 year waiting list but my case back dated so I would only have to wait 1 year. Fortunately I have 5 top and 1 bottom teth *(sic)* so can still eat.

Summary

Overseas-born persons who spoke a language other than English generally had the least favourable results. Although migrants reported lower rates of complete tooth loss, they were more likely to report:

- problem-oriented dental visiting patterns;
- more extractions in the previous 12 months;
- more experience of toothache;
- lower levels of dental insurance;
- greater difficulty paying a $100 dental bill; and
- lower satisfaction with the dental care received.

These findings indicated cultural differences in the use of dental services, including the receipt of emergency care and the pattern of services received.

Acknowledgements

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