

# **Adult Oral Health and Access to Dental Care in Australia**

**Results from the  
National Dental Telephone Interview Survey 2021**

**Australian Research Centre for Population Oral Health  
The University of Adelaide**

**2023**



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# Acknowledgment

The National Dental Telephone Interview Survey 2021 and this report were funded by the Australian Government Department of Health and Aged Care.

The authors would also like to acknowledge the technical support provided by Adam Zammit of the Australian Consortium for Social and Political Research Incorporated (ACSPRI). His prompt assistance and expertise with the set-up and use of the software used to conduct CATI interviews was invaluable.

The authors would like to acknowledge the staff at the Health Strategy Branch of Services Australia who assisted us with the sample extraction process.

The authors would like to acknowledge all those who participated in the Study. We are extremely grateful to the study participants who took the time from their busy schedules to participate in the study. Without their participation and feedback, this study would not have been possible.

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# Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
CIs	confidence intervals
COAG	Council of Australian Governments
DoH	Department of Health and Aged Care
DSRU	Dental Statistics and Research Unit
ERP	Estimated Resident Population
ASGC	Australian Statistical Geographical Standard
NDTIS	National Dental Telephone Interview Survey
OHI	oral hygiene instruction
N/A	not applicable

# Place names

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

# Symbols

–	nil or rounded to zero
..	not applicable
%	per cent
*	Relative Standard Error > 25%
>	greater than
<	less than
≥	greater than or equal to
≤	less than or equal to

# Summary

This publication uses data from the National Dental Telephone Interview Survey (NDTIS) 2021 to report on the oral health, dental visiting and dental treatment needs of Australian adults aged 18 years and over. Time series data across all NDTISs conducted since 1994 are presented to provide a picture of how key measures have changed over time.

## Oral health

### Tooth loss

- The percentage of Australians reporting complete tooth loss was 3.5% of the population aged 18 years and over. Complete tooth loss was strongly associated with older age groups (55–74 year-olds and 75 years and over). It was also associated with having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.
- Some 8.6% of dentate persons aged 18 years and over in Australia reported inadequate natural dentition (having fewer than 21 teeth). Having fewer than 21 teeth was associated with being aged 55–74 years and 75 and over, living in Inner regional and Outer regional/Remote locations, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.
- Overall, 8.3% of dentate adults reported wearing a denture. Wearing a denture was associated with older age groups (55–74 year-olds and 75 years and over), being male, having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.
- The percentage of persons reporting that they had dental implants was 7.6%. Having dental implants was associated with being 55–74 years-old and having a degree or higher.

### Gum disease (Periodontitis)

- Overall, 11.4% of adults aged 18 years and over reported that they had gum disease. Self-reported gum disease was associated with being 55–74 years-old, being Indigenous, not having dental insurance, usually visiting the dentist for a problem and low household income.
- Some 11.9% of adults reported having lost bone around their teeth. The presence of bone loss around teeth was associated with being aged 75 years and over, living in Major cities, being eligible for public dental care and low household income.
- Some 11.0% of adults reported that they had a permanent tooth become loose without injury. Having permanent teeth become loose without injury was associated with being aged 75 and over, being Indigenous, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.
- Overall, 8.4% of dentate adults reported having received treatment for gum disease. Having gum treatment was strongly associated with being 55–74 years-old.

### Self-reported oral health

Almost one quarter (24.0%) of dentate Australians aged 18 years and over rated their oral health as fair or poor. Perceptions of fair or poor oral health was strongly associated with older age groups (55–74 year-olds and 75 years and over). It was also associated with being male, being Indigenous, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

### Social impacts of oral health

- The percentage of dentate Australians aged 18 years and over experiencing toothache was 18.5%. Experiencing toothache was associated with being Indigenous, having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting the dentist for a problem and low household income.

- Overall, 31.6% of Australians aged 18 years and over reported being uncomfortable about their dental appearance. Feeling uncomfortable about one's dental appearance was associated with younger age groups (18-34 year olds, 35-54 year-olds and 55-74 year-olds), being Indigenous, having year 10 or less of schooling, not having dental insurance, usually visiting a dentist for a problem and low household income.
- Some 22.8% of Australians aged 18 years and over reported avoiding foods due to problems with their teeth, mouth or dentures. Avoiding certain foods due to dental problems was associated with being aged 55-74 years, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

### **Perceived need**

- Overall, 5.5% of Australians aged 18 years and over reported a need for dentures. Perceived need for dentures was associated with being aged 75 and over, living in Inner regional areas, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting the dentist for a problem, being edentulous and low household income.
- Among the dentate population aged 18 years and over, 30.2% perceived a need for an extraction or filling, while 66.8% perceived a need for a dental check-up.
- Perceived need for a dental extraction or filling was associated with being 55-74 years-old, being Indigenous, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.
- Perceived need for a check-up was associated with being aged 35-54 years and 55-74 years, not having dental insurance and usually visiting the dentist for a dental problem. Of those perceiving a need for a filling or extraction, 62.8% perceived the need for treatment within 3 months. The perceived urgency of dental treatments was associated with being Indigenous and having year 10 or less of schooling.

## **Use of dental services**

### **Time since last visit**

- Overall, 57.8% of the Australian population aged 18 years and over reported visiting a dental professional in the previous 12 months. Living in Major cities, having achieved at least year 11 at school, having a degree or higher, having dental insurance, usually visiting a dentist for a check-up and high household income were all associated with having made a dental visit in the previous 12 months.
- Some 10% of Australian adults reported that they had not visited a dental professional in the previous 5 years. This pattern of visiting was associated with being male, living in Outer regional/Remote areas, having year 10 or less of schooling, not having dental insurance, usually visiting the dentist for a problem and low household income.

### **Reason for last dental visit**

Almost two thirds (64.8%) of adults aged 18 years and over who made a dental visit in the previous 2 years visited for a check-up. Dental visiting in the previous 2 years for a check-up was associated with being aged 18-34 years, having year 11 or more of schooling, having dental insurance, not being eligible for public dental care, usually visiting the dentist for a check-up and high household income.

### **Type of practice visited at last dental visit**

The majority of Australians aged 18 years and over (85.2%) last visited a private practice. Visiting a private practice was associated with being non-Indigenous, living in Major cities, having year 11 schooling or higher, having a degree or higher, not being eligible for public dental care, having dental insurance, usually visiting the dentist for a check-up and high household income.

### **Dental services received**

- Dentate people aged 18 years and over made, on average, 2.02 visits in the previous 12 months and received, on average, 0.16 extractions, 0.56 fillings and 1.16 scale and clean services.

- People having extractions was associated with having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, visiting a dentist for a problem and low household income.
- People having fillings was associated with not having dental insurance, visiting a dentist for a problem and low household income.
- The number of visits in the previous 12 months was associated with visiting a dentist for a problem.
- People who visited for a problem also received less scale and clean services than people who visited for a check-up.

## Dental visiting patterns for adults

### Usual pattern of dental visits

Some 60.6% of the Australian dentate population aged 18 years and over usually visit a dental provider at least once a year. Usually visiting at least once a year was less likely among those living in Inner regional and Outer regional/Remote areas, those with year 10 or less of schooling, persons with other or no qualifications, those without dental insurance, those not eligible for public dental care, those who usually visit for a problem and those in low household income groups.

### Usual attendance at the same dental practitioner or clinic

Over four in five dentate Australians (83.2%) reported visiting a usual dental practitioner or clinic. This was more likely among non-Indigenous persons, those not eligible for public dental care, those with dental insurance and for those who usually visit a dentist for a check-up.

### Usual reason for attendance

Just over seven in ten dentate adults (70.4%) usually visit a dentist for a check-up. Visiting for a check-up was associated with being non-Indigenous, living in a Major cities, having a year 11 or more of schooling, having a degree or higher, being ineligible for public dental care, having dental insurance and high household income.

### Visiting patterns

- Just over half (51.4%) of all dentate adults aged 18 years and over had favourable visiting patterns, while 1 in 5 people (20.1%) had unfavourable visiting patterns.
- Having favourable visiting patterns was associated with being female, living in Major cities, having year 11 or more of schooling, having a degree or higher, being eligible for public dental care, having dental insurance and having a high household income.
- Having unfavourable visiting patterns was associated with being Indigenous, living outside Major cities, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance and having a low household income.

## Financial barriers

### Avoided or delayed visiting due to cost

Over three in ten (31.6%) Australians reported avoiding or delaying seeking dental care because of cost. Avoiding or delaying dental care was associated with being aged 18-34 years, being eligible for public dental care, having other or no qualifications, not having dental insurance, usually visiting for a problem and having a low household income.

### Recommended dental treatment forgone due to cost

Almost one in five (18.1%) Australian adults aged 18 years and over who visited a dentist within the previous two years reported cost was a barrier to receiving recommended treatment. Not having dental insurance, usually visiting a dentist for a problem and having a low household income was associated with foregoing recommended treatment due to cost.

### **Difficulty paying a \$200 dental bill**

Some 13.1% of the Australian population aged 18 years and over reported they would have a lot of difficulty paying for a \$200 dental bill. A lot of difficulty paying a \$200 dental bill was associated with being female, being Indigenous, having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and having a low household income.

### **Dental visits were a large financial burden**

Some 8.7% of the Australian population aged 18 years and over reported dental visits being a large financial burden. Dental visits being a large financial burden was associated with having other or no qualifications, not having dental insurance and usually visiting a dentist for a problem.

### **Private Dental Insurance**

- Over half (54%) the Australian population aged 18 years and over had dental insurance.
- For insured adults who last visited in the previous 12 months, 76.3% paid some of their dental expenses, 16.4% reported that their insurance paid all of their dental expenses and 4.0% paid all of their own dental expenses.

# 1 Introduction

This report presents findings from the National Dental Telephone Interview Survey (NDTIS) 2021, a cross-sectional survey of Australian residents aged 18 years and over in each State and Territory, conducted every two-and-a-half years since 1994. The NDTIS collects information on access to and use of dental services, self-reported measures of oral health, socioeconomic inequalities, barriers to use of dental services and oral health-related behaviours.

NDTIS 2021 represents the 10th time point in the NDTIS series. As such, this report will also present trends in oral health and use of dental services since 1994, where available, to provide a picture of how key measures have changed over time.

## 1.1 How does NDTIS contribute to improving Australia's health?

There is currently increased attention to dental services and the need to inform policy on the effectiveness of dental programs. Dental services were explicitly identified by the Productivity Commission (2016) to ensure high quality service provision is affordable for all Australians and leads to improved outcomes for the economy and individuals, as reflected in the Australian Government's engagement and investment in oral health (COAG Health Council, 2015). The capacity to respond to issues and inform policy depends on a coherent analytic research agenda in dental health services research.

Dental problems are widespread: previous research shows that around 11% of adults with some natural teeth have an inadequate dentition (<21 teeth). Over 95% of Australians born before 1970 had some tooth decay experience (ARCPOH, 2019), and a third of adults had untreated tooth decay. Additionally 8.2% of Australian adults had untreated tooth decay on tooth root surfaces. One in three dentate adults has moderate or severe gum disease. Some 20% experienced toothache in the last year, 27% felt they need an extraction or filling, and 24% rate their oral health as only fair or poor. Consistent with widespread dental problems, dental health expenditure in Australia is large; \$9.5 billion in 2019-20 (AIHW, 2021).

The National Oral Health Plan for 2015-2024 includes foundation areas for the achievement of national goals for improving the oral health of Australians (COAG Health Council, 2015). Foundation area goals include Accessible Oral Health Services, Systems Alignment and Integration, and Workforce Development. These goals aim for all Australians having access to appropriate oral health care in a clinically appropriate timeframe; having social, health and education systems working together through evidence-based models of care; and including oral health in the general health sector.

The National Oral Health Plan foundation areas each has a set of key performance indicators that includes timely data being available for planning, monitoring and evaluation. This specifically includes to: routinely collect, report and share population oral health and 'access to care' data; have an oral epidemiological survey every 10 years for adults and children; and ensure data on 'access to care' and oral health behaviours is reported regularly.

To gather information in between the clinical examination surveys, a population survey of self-reported oral health and use of dental services, the National Dental Telephone Interview Survey (NDTIS), has been conducted on a two-and-a-half yearly cycle since 1994 to maintain updated information. The two-and-a-half yearly cycle provides an adequate frequency of data to be sensitive to the effects of policy changes on the population (and links with 5-yearly population oral health surveys).

The national child and adult clinical examination surveys and NDTIS serve as foundations for scientific investigations on population burden of dental diseases, effectiveness of dental programs, determinants of dental diseases and socioeconomic inequalities in oral health. NDTIS provides surveillance data that can be used to monitor key performance indicators under the National Oral Health Plan.

To maintain Australia's effort in monitoring of population oral health, the Australian Government Department of Health and Aged Care (DoH) funds the National Dental Telephone Interview Survey as a precursor to the next child oral examination survey and adult oral examination survey.

## 1.2 Measures reported in this publication

Measures reported are in six broad categories. For some measures, time series information has been reported from previous NDTISs undertaken in 1994, 1996, 1999, 2002, 2005, 2008, 2010, 2013 2017 and 2021.

### Oral health

Measures include tooth loss, gum disease, self-rated oral health, which is reported as 'Excellent', 'Very good', 'Good', 'Fair' or 'Poor'; and oral health impact, including whether the adult experienced toothache, avoided eating some foods because of problems with their teeth, mouth or dentures, and felt uncomfortable about the appearance of their teeth, mouth or dentures, which is reported as 'Very often', 'Often', 'Sometimes', 'Hardly ever' or 'Never' in the previous 12 months.

### Use of dental services

Measures relate to the time since the adult's last dental visit and the reason for that dental visit, site of last dental visit and dental services received in the previous 12 months. Time since last dental visit is reported as 'Less than 12 months ago', '1 to less than 2 years ago', '2 to less than 5 five years ago', '5 or more years ago'. Reason for last dental visit is reported as 'Check-up' or 'Problem'. Site of last visit is reported as 'Private' (which includes specialist practices and dental clinics associated with a health insurance fund), 'Public' (which includes 'School dental services') and 'Other'. Dental services received in the previous 12 months is reported as the number of dental check-up visits, extractions, fillings and scale and clean services received.

### Dental visiting patterns for adults

This single measure of 'visiting pattern' is derived by combining characteristics of people's dental attendance - usual visiting behaviour, usual frequency of dental visits, the use of a regular dentist/dental clinic, and usual reason for dental visiting. Favourable attendance is visiting a dentist once or more per year (usually for a check-up) and having a usual dental provider. Unfavourable attendance is visiting less than once every 2 years (and usually for a problem), or visiting once every 2 years (usually for a problem) and without a regular dental provider. The remaining combinations are classified as intermediate visiting patterns.

### Financial barriers

Measures include whether the adult avoided or delayed visiting a dentist due to cost, whether cost prevented them having the recommended treatment, whether dental visits in the previous 12 months were a large financial burden and whether they would have a lot of difficulty paying for a basic preventive dental care package.

### Private health insurance

This category reports on Australians who held private health insurance cover for dental expenses and was derived based on whether the adult had private health insurance and what type of private medical insurance they had (i.e., 'Hospital cover only', 'Combined hospital and extras/general treatment', or 'Extras/general treatment only'). Those who had 'Combined hospital and extras/general', 'Extras/general treatment only' or 'Didn't know' were asked if their private health insurance provided cover for dental services. An affirmative response to this question resulted in them being classified as having dental insurance.

### Age groups

The measures described above are reported for adults aged 18 years and over for 2021. Age group is categorised into '18-34 years', '35-54 years', '55-74 years' and '75+ years'. Time series graphs are for dentate adults aged 18 years and over only.

## Identifying significant differences

In this report, 95% confidence intervals (CIs) were used as a guideline to identify differences between population subgroups that are significant. The 95% confidence interval indicates the range of values we can be 95% confident contains the true value of the estimate. When there was no overlap between the 95% CIs for two groups, the difference between the groups was deemed to be significant.

## 2 Survey aims and methods

### 2.1 Aims of the Survey

The purpose of the National Dental Telephone Interview Survey (NDTIS) is to:

- collect basic features of oral health and dental care within the Australian population
- provide information on the broader parameters of oral health and access to services
- monitor the extent of social inequalities within the dental sector
- investigate the underlying reasons behind dental behaviours and the consequences of these behaviours.

### 2.2 Sampling procedure

In this survey a stratified sampling design was used to select a sample of adults aged 18 years and over and a sample of children aged 5-17 years from the Australian population. The first stage of selection was undertaken by Services Australia (formerly the Department of Human Services) using the Medicare database as the sampling frame. The sample frame was split into strata using the Australian Statistical Geography Standard – Greater Capital City Statistical Areas (GCCSA) classification that groups areas into Greater City/Rest of State within each state/territory.

Persons aged 18 years and over who were listed on the Medicare database were randomly selected for inclusion in the study. To ensure targets were achieved, the number of individuals randomly selected in each stratum was inflated by a factor of 5 to allow for attrition due to non-contact and refusals.

On completion of the adult questionnaire via telephone interview or online survey, adults were asked if there were any children aged 5 to 17 years usually resident in their household. One child was then selected from eligible households by identifying the child who had the last birthday. This sampling methodology was expected to yield approximately 1,500 children across Australia. The target number of adults aged 18 years and over and the target number of children aged 5–17 years are provided in Table 2-1 by State and Territory.

**Table 2-1: Target number of participants**

State/Territory	Aged 18 years or older	Aged 5-17 years	Total
New South Wales (NSW)	1,350	330	1,680
Victoria (Vic)	1,200	285	1,485
Queensland (Qld)	1,000	240	1,240
South Australia (SA)	700	150	850
Western Australia (WA)	750	165	915
Tasmania (Tas)	500	110	610
Australian Capital Territory (ACT)	500	110	610
Northern Territory (NT)	500	110	610
<b>AUSTRALIA</b>	<b>6,500</b>	<b>1,500</b>	<b>8,000</b>

### 2.3 Computer assisted telephone/online interview

In order to obtain self-reported information about oral health and characteristics associated with it, participants were invited to complete the questionnaire either online or via a telephone interview. Interviewers read questions from a computer screen and recorded answers directly onto the computer. Interviews were conducted from a dedicated computer assisted telephone interview (CATI) suite at University of Adelaide research offices. Where participants chose to complete the questionnaire online, an identical set of questions were displayed as those read by the interviewers. For the purpose of this report, the CATI interview/online survey will be referred to as the Interview.

Prior to calling participants, a primary approach letter from DoH explaining the Study's purpose and encouraging participation was mailed to each selected individual's address. This was accompanied by an information sheet from ARCPOH explaining the study. A toll-free telephone number and an email address were provided to allow those who received a primary approach letter to either discuss the study with survey staff or to opt out of the study during the opt-out period. Instructions were also provided to allow participants to complete the initial questionnaire online, if they chose to do so. When a person contacted the researchers requesting to opt out of the study, their reference number was recorded as a 'refusal'. After a 30-day opt-out

period, a list of participant reference numbers was provided to Services Australia so that the corresponding participant details could be removed from the sample frame prior to forwarding the frame to ARCPOH.

On receipt of the sample frame, participants missing phone numbers and email addresses were removed from the sample, as well as any subsequent refusals or those who completed online so that they wouldn't be recontacted by the interviewers. Each attempt to contact participants was recorded by the system. Telephone numbers that did not serve residential dwellings were excluded: business numbers; hospitals or nursing homes (where the telephone was not within a private room); caravan parks; hotels and hostels. To ensure that business numbers were identified, sampled telephone numbers were dialled at least once during business hours.

Every effort was made to interview the target person. However, in certain circumstances the questions were answered by another adult in the form of a proxy interview. These interviews included instances where the selected person was unable to communicate by telephone, for example due to hearing impairment, severe speech impediment, illness or language barriers. If the target person did not speak English, an attempt was made to conduct a proxy interview with a resident of the household who spoke English. In other instances, proxy interviews were conducted when the target person was rarely at home but another person in the household was willing to provide the information.

Each sampled telephone number was initially called up to six times at varying times of the day and evening, and on different days of the week. Where no answer was obtained after six calls, the number was abandoned and recorded as a 'non-contact' for the purpose of calculating participation rates. Where it was confirmed that the number was for the target person, up to six calls were made in an attempt to contact that person. Those who refused to participate were recorded as 'unresolved' and subsequently treated as a 'refusal' for the purpose of calculating participation rates.

Interviews were conducted by 12 interviewers, each of whom was trained in the Study methods. Training was in small groups with emphasis placed on the quality of data and highest possible response rate, rather than on speed or performance targets. Interviewers were encouraged to become familiar with the aims of the Study so that, during the Interview, they could explain the importance of the Study to participants. During interviewing hours, a senior interviewer worked as a supervisor and was available to answer questions from both interviewers and participants, and to monitor data collection procedures. Queries and concerns from study participants that could not be answered satisfactorily by interviewers were referred to the supervisor.

Questions in the Interview were based on those used in previous National Dental Telephone Interview Surveys conducted by ARCPOH (e.g. Carter & Stewart, 2003; Stewart & Ellershaw, 2012; Chrisopoulos et al., 2016).

Most of the Interview questions were closed-ended, requiring participants to choose from a limited number of predetermined responses. Open-ended questions were used to collect information such as age, country of birth and language mainly spoken at home. Although most questions had pre-coded responses, some additional information was collected in text fields if an option marked 'Other' was selected. Skip sequences were built into the software so that the questions flowed seamlessly without intervention from the interviewer/participant (for example, people who had no remaining teeth were not asked whether they had toothache or needed fillings).

The CATI operated using a browser-based telephone interviewing system, QueXS<sup>1</sup> on the University of Adelaide network server. The software incorporates the Limesurvey web-based survey software, allowing for participants to complete the survey online if they chose to do so. The software managed both the online version and the CATI version of the questionnaire, providing some additional scripts for CATI interviewers. The software also managed the skip sequences during the interview, call scheduling, monitoring the outcome of calls and supervision of the interviewers. Responses that were entered by interviewers/respondents were saved by the software into an underlying SQL database for subsequent analysis.

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<sup>1</sup> Australian Consortium for Social and Political Research Incorporated, 763 Heidelberg Road, Alphington Vic 3078.

## 2.4 Ethical conduct of research

This project was reviewed and approved by The University of Adelaide's Human Research Ethics Committee (HREC) (H-2020-153). Interviewed subjects provided verbal consent prior to answering questions. Consent was assumed for those who completed and submitted the survey online.

## 2.5 Reporting 95% confidence intervals to express variability

Population estimates derived from a sample of the target population rather than the whole population are subject to sampling variability. In this study 5,526 adults were sampled from a population of approximately 19 million adults and population estimates were derived from this sample. In theory, it is possible to draw a nearly infinite number of different samples of this size and it is likely that the population estimates from each sample will differ to a certain degree. The level of variability in these population estimates can be measured using statistical theory. In this study, the reliability of population estimates presented in the report is expressed using confidence intervals. A confidence interval is a range in which it is estimated that the true population value lies. Confidence intervals of different sizes can be created to represent different levels of confidence that the true population value will lie within a particular range. The most commonly used confidence interval in statistics is the 95% confidence interval (95% CI) and this is the degree of confidence used to measure the reliability of population estimates in this report. To illustrate this, Table 4-1 reports that 3.5% of Australian adults had complete tooth loss with a 95% CI of 2.8–4.4. This can be interpreted as there is a 95% chance that the true percentage of Australian adults with complete tooth loss is within the range 2.8% to 4.4%.

Confidence intervals can also be used to identify whether there is a significant difference in a characteristic being compared for two population subgroups. For example, if 95% CIs are generated and the confidence intervals do not overlap, it can be concluded with 95% confidence that the population subgroups are significantly different in that characteristic. To illustrate this, Table 4-1 reports that 5.9% of 55–74 year-olds (95% CI=4.3–8.0) and 12.9% of ≥75 year-olds (95% CI=9.1–17.9) are edentulous. As there is no overlap between the 95% CIs it can be concluded with 95% confidence that the prevalence of edentulism is significantly higher for Australians in the older age group. In contrast, if the 95% CIs overlap, then it can be concluded with 95% confidence that there is no significant difference between the population subgroups for the characteristic being compared.

## 2.6 Data analysis

The aim of the data analysis was to generate summary statistics describing oral health for the Australian population.

SAS software version 9.4 was used to conduct analyses and compute summary variables. For the results presented in Chapters 4, 5, 6, 7 and 8, percentages, means and their associated standard errors and 95% CIs were generated using SAS callable procedures from SUDAAN software release 11.0.3.

The SUDAAN procedures used sampling weights to generate population estimates and calculated 95% CIs that incorporated the complex sampling design used in this study. To reflect the sampling design, the stratification level was defined as the 15 GCCSA regions and the clustering level was defined at the unit record level to simulate a simple random sample. The Taylor Linearization variance estimation method assuming a 'with replacement' design was used to generate the standard errors (SEs) and 95% CIs. To indicate estimates that are subject to high sampling variability relative to the size of the estimate, Relative Standard Errors (RSEs) were calculated for each estimate in Chapters 4, 5, 6, 7 and 8.

RSE was calculated using the formula:

$$RSE\% = \frac{SE}{Estimate} * 100$$

where SE is the standard error of the estimate. Estimates with an RSE greater than 25% are succeeded with an asterisk (e.g. 3.0\*) to indicate they are subject to high sampling errors and should be used with caution.

For summary measures derived from the Interview, there was a small proportion of participants who responded don't know to specific Interview questions. These participants were excluded from the derivation

of all summary measures. The number of persons who responded 'Don't know' is reported in the relevant chapter.

## **Socioeconomic and oral health characteristics**

### **Sex**

Sex was classified as 'Male' or 'Female'.

### **Age**

Participant's reported age was categorised into four age groups - '18-34 years', '35-54 years', '55-74 years' and '≥75 years'.

### **Indigenous identity**

Indigenous identity was based on responses to the question 'Are you of Aboriginal or Torres Strait Islander origin?' People who responded 'Yes, Aboriginal', 'Yes, Torres Strait Islander' or 'Yes, Torres Strait Islander & Aboriginal' were classified as Indigenous. People who responded 'No' were classified as non-Indigenous.

### **Residential location**

Residential location was classified as 'Major cities', 'Inner regional', or 'Outer regional/Remote' based on the Australian Bureau of Statistics - Australian Statistical Geographical Standard (ASGS Remoteness Structure - 2021 (ABS, 2023)). For the purpose of this report, this measure was derived from the postcode of selected individuals.

### **Year level of schooling**

Year level of schooling was based on responses to the question 'What is the highest year level of schooling you have completed?' People who responded 'Primary school (Year 7 or less)', 'Year 8', 'Year 9' or 'Year 10' were classified as 'Year 10 or less'. People who responded 'Year 11' or 'Year 12' were classified as 'Year 11 or more'. Some 81 participants who did not respond or said 'don't know' were excluded from estimates for the two subgroups.

### **Highest qualification attained**

Highest qualification attained was based on responses to the question 'What is the highest qualification or level of education you have completed?' People who responded 'Postgraduate - Masters/PhD', 'Graduate diploma/Graduate certificate level - Graduate specialisation after bachelor degree', or 'Bachelor/Honours degree' were classified as 'Degree or higher'. All other responses were classified as 'Other/None'. Some 330 participants who did not respond were excluded from estimates for the two subgroups.

### **Eligibility for public dental care**

Most people who receive state and territory public dental care are deemed to be eligible for those services based on a means test administered by Centrelink, an agency of the Australian Government's Services Australia. The means test assesses individuals based on their household income, assets, family composition and other criteria indicating disadvantage.

For this survey, eligibility for public dental care was based on responses to three questions in the Interview. People were first asked 'Do you currently receive a pension or allowance from the Government, or have a Pensioner Concession Card, a Health Care Card or a Department of Veterans Affairs card (not including Medicare)?' People who responded 'Yes' were then given a list of six concession card types and asked to indicate if they were covered by each one. People were classified as eligible for public dental care if they responded 'Yes' to the first question and reported that they were covered either by a pensioner concession card, health care card or both. They were classified as ineligible if they responded 'No' to the first question, or if they responded 'Yes' to the first question but 'No' to both questions regarding pensioner concession card

and health care. Some 124 participants who replied 'Don't know' to the first question were excluded from estimates for the two subgroups.

### **Dental insurance**

Dental insurance coverage was based on responses to three questions. People were first asked 'Do you have private health insurance other than Medicare?' People who responded 'Yes' or 'Don't know' were then asked 'What type of private medical insurance do you have?' and were given three options: 'Hospital only', 'Combined hospital and extras/general' and 'Extras/general treatment only'. People who answered 'Combined hospital and extras/general' and 'Extras/general treatment only' or 'Don't know' were asked, 'Does your private health insurance provide cover for dental services?' If people responded 'Yes' to the final question then they were classified as having dental insurance. There were 104 people who responded 'Don't know' to all three questions and they were excluded from estimates for the two subgroups.

### **Oral status**

Oral status was based on responses to the question 'Do you have any of your own NATURAL teeth?' People who answered 'Yes' were classified as dentate while people who answered 'No' were classified as edentulous.

### **Usual reason for dental visits**

The usual reason for dental visit was asked only of 5,496 people who reported having had a dental visit at some time in their life (8 of the total sample of 5526 reported that they 'Never visited' a dentist). They were asked 'What is your usual reason for visiting a dental practitioner' and were given two options: 'Check-up' or 'Dental problem'. People who answered 'Check-up' or 'Dental Problem' were classified accordingly. There were 69 people who responded 'Don't know' and, together with the 24 who were not asked the question, were excluded from estimates for the two subgroups.

### **Household income tertiles**

The estimated total household income was asked of all adults using the question 'What is your total household income category before tax?' Response categories provided ranged from 'Up to \$20,000' to '\$250,000 and over' in \$10,000 increments. Individuals were then assigned into approximate thirds (tertiles). There were 856 people (15.5%) who answered 'Rather not say/Don't know' and were excluded from estimates for income.

### **Analysis of trends between surveys**

Assessing trends over time allows for monitoring of changes in oral health and oral health related factors, either as a result of the accumulation of oral disease or because of policy changes targeted at selected population groups.

At the end of each section within chapters, data from NDTIS 2021 is compared with data from previous NDTISs undertaken in 1994, 1996, 1999, 2002, 2005, 2008, 2010, 2013 and 2017.

Each survey point can be compared using the associated confidence intervals for respective estimates – change that exceeds the margin of sampling error can be identified when there is no overlap between 95% confidence intervals. Estimates and their corresponding confidence intervals for the Figures displaying trends over time are provided in Appendix A.

# 3 Study participation and weighting

## 3.1 Participation in the Study

Across Australia, 32,500 persons aged 18 years and over were selected from the Medicare database and sent a primary approach letter (PAL) from DoH explaining the purpose of the study (Figure 3-1).

Those that received the letter could either opt-out of the study within one month of receiving the PAL by contacting ARCPOH, The University of Adelaide or complete the Interview either online or by telephone once contacted by a telephone interviewer following the opt-out period. Of the 32,500 persons approached by letter 2,786 declined participation during the initial opt-out period, 518 persons were excluded as the approach letter was returned to Services Australia as undeliverable.

From the remaining persons selected, 29,196 were approached by ARCPOH, The University of Adelaide either by phone or email. Of these, 2,544 persons were classified as out of scope of the survey. Persons classified as out of scope included phone numbers that were linked to a business rather than individuals, faxes, modems, disconnected phone numbers, incorrect phone numbers, deceased persons or persons who were not available due to living or travelling overseas at the time of the survey.

A further 18,334 were classified as non-participants and these comprised of 5,336 refusals, 7,175 non-contactable (no number) and 8,615 non-contact. Those classified as non-contact were telephoned 6 times with either no contact made or no answering service to indicate the telephone number was valid.

In total, 5,526 persons aged 18 years and over participated in the survey - 2,942 completed the survey online while 2,584 completed the survey with a trained telephone interviewer. An additional 872 child interviews were conducted, however results for the child sample are excluded from this report.

Participation rate was defined as the number of persons who completed the Interview (5,526) divided by the number of persons eligible for the Interview (22,263). Eligible persons included persons who completed the Interview (5,526), initial opt-outs (2,786), refusals (5,336) and persons who status was 'non-contact' (8,615). The overall Interview participation rate was 24.8%.

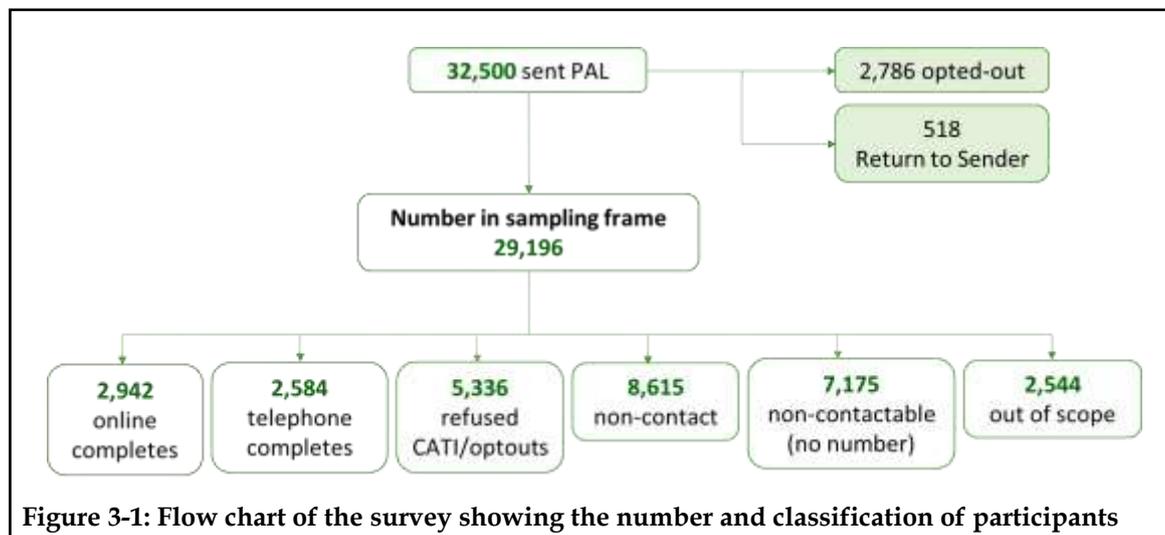


Figure 3-1: Flow chart of the survey showing the number and classification of participants

**Table 3-1: Number of completed adult interviews by jurisdiction**

Jurisdiction	ADULT (18 years and over) (completed/target)		Total (completed/target)
	Metro	Rest of State	
NSW	621/800	486/550	1,107/1350
Vic	698/800	343/400	1,041/1200
Qld	399/500	374/500	773/1000
SA	394/400	315/300	709/700
WA	342/450	220/300	562/750
Tas	216/250	233/250	449/500
ACT	557/500	N/A	557/500
NT	222/250	106/250	328/500
<b>TOTAL</b>	<b>3,449/3,950</b>	<b>2,077/2,550</b>	<b>5,526/6,500</b>

N/A – not applicable

## 3.2 Weighting procedure

The purpose of sampling weights is to ensure that population estimates derived from a sample survey are representative of the target Australian population. NDTIS sampled 5,526 adults aged 18 years and over and 872 children aged 5–17 years using a stratified sampling design. People within households were sampled with differential probabilities of selection and therefore initial weights were derived to reflect this. Furthermore, analysis of the NDTIS sample indicated survey participation rates varied across a range of sociodemographic characteristics.

As this report focuses on adults aged 18 years or over, the methodology used to derive the survey weights will be described for the adult sample only. A household’s probability of selection in the survey was determined by their stratum (state/territory by GCCSA region). As the survey employed a simple random sampling design, an initial weight was derived for each adult based on the inverse of each adult’s probability of selection in the survey.

To ensure the weighted sample reflected the sociodemographic characteristics of Australian adults aged 18 years and over, weighted sample percentage distributions were compared with corresponding 2021 population distributions. Sociodemographic information collected in the survey included the individual’s age, sex, Indigenous status, country of birth and household characteristics including household size and dwelling tenure type. Population distributions by age and sex were sourced from the ABS AUSSTATS product, Population Estimates by Age and Sex, Regions of Australia (2021 Estimated Resident Population by GCCSA region). For the other sociodemographic characteristics, adult population distributions were derived using 2021 Census data available from the ABS Census Table Builder product. Separate population distributions were derived for each State/Territory by GCCSA strata.

For comparison purposes, an adult’s age was classified into seven age groups (18–24, 25–34, 35–44, 45–54, 55–64, 65–74, and 75 years and over), Indigenous status was classified as non-Indigenous or Indigenous and country of birth was classified as Australian born or overseas born. For household characteristics, household size was classified into five categories (1, 2, 3, 4, 5 or more persons) and dwelling tenure type was classified into four categories (owned outright, being purchased, rented or other).

If there were discrepancies between the weighted sample distributions and corresponding population distributions for any of the sociodemographic characteristics, then adults’ weights were progressively adjusted until consistency was achieved. This weighting adjustment procedure, known as raking ratio estimation, was performed by a SAS® macro called ‘Rake\_and\_Trimm’ developed by Izrael et al. (2009, 2000). Sample data including the adult’s initial weight, the sociodemographic categories the adult was classified to and the population distributions for each sociodemographic characteristic were submitted to the SAS macro to derive the adult’s final weight.

The weighting strategy ensured that the weighted sample distributions by sex and age group were equivalent to the corresponding stratum Estimated Residential Population distributions, and therefore the corresponding State and Territory population distributions. Furthermore, the weighting strategy ensured the marginal weighted sample distributions for the remaining sociodemographic characteristics closely reflected the 2021 Census distributions at both the stratum and State/Territory level.

# 4 Oral health

## 4.1 Tooth loss

Tooth loss generally occurs as a treatment decision to extract one or more teeth rather than use other treatment options. Teeth are extracted due to extensive disease that precludes other treatments, the preference of the patient and also the recommendation of the dentist. Most teeth are extracted because of extensive decay. However, periodontal disease, and less commonly other factors such as trauma and poor alignment, may also result in tooth loss.

### Prevalence of complete tooth loss

The loss of all teeth is considered a fundamental indicator of dental impairment. Complete tooth loss, also known as edentulism, is a consequence of both extensive dental disease and a surgical approach to its treatment. Edentulism is relevant in the Australian population because it is a permanent 'scar' reflecting factors that have affected oral health in the past, and because people with no natural teeth have limited oral function.

Table 4-1 presents the percentage of adults reporting complete tooth loss in the Australian population. Overall, the percentage of Australians aged 18 years and over reporting complete tooth loss was 3.5%.

The percentage of persons reporting complete tooth loss was higher in successively older age groups from 5.9% for 55-74 year-olds up to 12.9% for those aged 75 years and over. There were no significant differences in the percentage of persons reporting complete tooth loss by sex.

The percentage of persons reporting complete tooth loss was lower for those living in Major cities (3.0%) than persons in other areas (Inner regional (4.6%), Outer regional/Remote (5.7%)), however these differences were not significant. Similarly, there were no significant differences by residential location across age groups.

A higher percentage of persons with year 10 or less schooling reported complete tooth loss (9.0%) than those with year 11 or more years of schooling (1.6%). A higher percentage of persons aged 55-74 years with year 10 or less schooling reported complete tooth loss than those with year 11 or more years of schooling (10.9% and 2.2%, respectively).

There were no significant differences in the percentage of persons with a degree or higher qualification and those with other or no qualifications reporting complete tooth loss. This pattern was observed consistently across all age groups.

There was a higher percentage of persons reporting complete tooth loss for those eligible for public dental care (9.4%) than those ineligible for public dental care (1.5%). This pattern of a higher prevalence of complete tooth loss for those eligible for public dental care than those not eligible was observed in the 55-74 years (9.7% and 4.0%, respectively) and the 75 years and over (16.0% and 2.5%, respectively) age groups.

A lower percentage of insured persons reported complete tooth loss (2.3%) than uninsured persons (4.9%). However, there were no significant differences across age groups.

There was a higher percentage of persons reporting complete tooth loss for those who usually visit for a dental problem (6.4%) than those usually visiting for a check-up (1.7%).

Similarly, a higher proportion of those in the lowest income group reported complete tooth loss (6.7%) than those in the highest income group (1.0%).

In summary, complete tooth loss was strongly associated with older age groups (being aged 55-74 years and 75 years and over). It was also associated with having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting the dentist for a problem and low household income.

**Table 4-1: Percentage of adults with complete tooth loss in the Australian population, 2021**

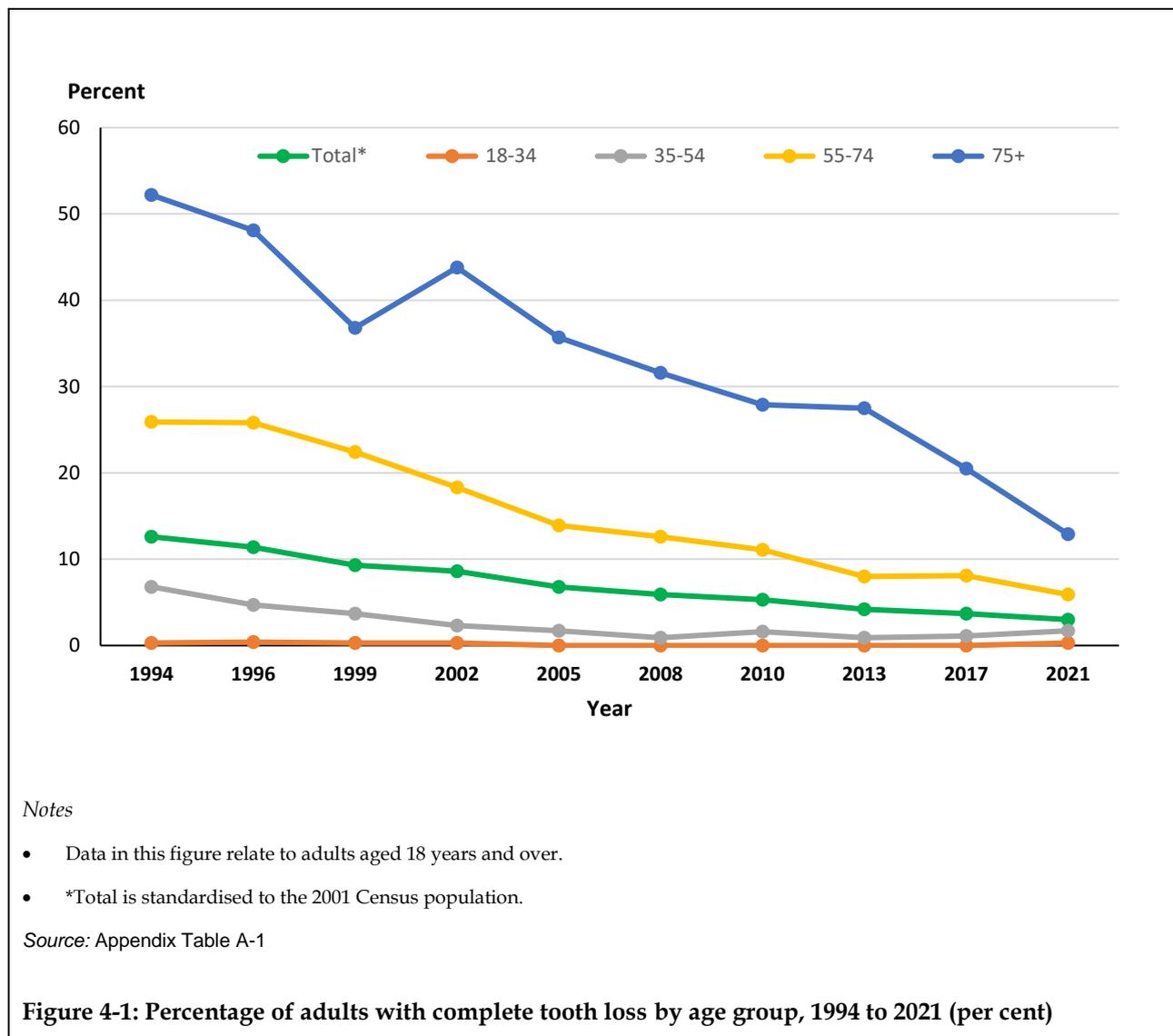
		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>3.5</b>	<b>0.3*</b>	<b>1.7*</b>	<b>5.9</b>	<b>12.9</b>
	95%CI	2.8–4.4	0.1–0.6	0.9–3.2	4.3–8.0	9.1–17.9
<b>Sex</b>						
Male	%	3.8	—	1.9*	6.5	11.5*
	95%CI	2.7–5.3	—	0.6–5.7	4.2–10.0	6.8–18.8
Female	%	3.2	0.5*	1.6*	5.3	15.1
	95%CI	2.4–4.2	0.2–1.1	0.8–3.1	3.3–8.2	9.7–22.7
<b>Indigenous identity</b>						
Non-Indigenous	%	3.5	0.2*	1.8*	5.7	12.9
	95%CI	2.8–4.4	0.1–0.5	0.9–3.3	4.1–7.9	9.1–18.0
Indigenous	%	2.9*	1.2*	—	15.1*	—
	95%CI	0.8–9.5	0.2–8.4	—	3.5–46.3	—
<b>Residential location</b>						
Major cities	%	3.0	0.1*	1.2*	5.5	11.7
	95%CI	2.1–4.1	0.0–0.4	0.4–3.5	3.5–8.5	7.2–18.5
Inner regional	%	4.6	0.6*	3.4*	5.7*	13.5*
	95%CI	3.2–6.5	0.2–2.6	1.6–7.3	3.3–9.7	7.5–23.2
Outer regional/Remote	%	5.7	1.1*	2.8*	8.8	19.9*
	95%CI	3.9–8.3	0.3–4.0	1.0–7.5	5.5–13.9	9.5–37.0
<b>Year level of schooling</b>						
Year 10 or less	%	9.0	1.5*	3.8*	10.9	14.5
	95%CI	6.8–11.8	0.4–5.9	1.4–9.7	7.3–15.8	9.3–22.0
Year 11 or more	%	1.6	0.2*	1.4*	2.2*	8.7*
	95%CI	1.1–2.3	0.1–0.5	0.7–3.1	1.2–4.0	5.0–14.9
<b>Highest qualification attained</b>						
Degree or higher	%	1.3*	—	0.7*	2.4*	3.7*
	95%CI	0.6–2.9	—	0.3–2.0	0.6–9.5	1.0–13.2
Other/None	%	3.6	0.3*	1.5*	6.3	16.2
	95%CI	2.9–4.6	0.1–0.7	0.8–2.8	4.5–8.8	11.3–22.7
<b>Eligibility for public dental care</b>						
Eligible	%	9.4	0.5*	7.0*	9.7	16.0
	95%CI	7.1–12.3	0.1–2.4	2.4–18.5	6.3–14.6	11.1–22.7
Ineligible	%	1.5	0.2*	1.0*	4.0	2.5*
	95%CI	1.1–2.1	0.1–0.6	0.5–1.8	2.5–6.4	0.8–7.0
<b>Dental insurance</b>						
Insured	%	2.3	0.3*	0.7*	4.4*	9.1*
	95%CI	1.6–3.4	0.1–0.9	0.3–1.7	2.5–7.6	5.1–15.8
Uninsured	%	4.9	0.2*	3.2*	7.7	15.2
	95%CI	3.7–6.5	0.1–0.8	1.4–6.9	5.3–11.2	9.6–23.3
<b>Usually visit dentist</b>						
For a check-up	%	1.7	0.1*	1.2*	3.3*	4.3*
	95%CI	1.1–2.5	0.0–0.5	0.4–3.7	1.9–5.5	2.2–8.1
For a dental problem	%	6.4	0.4*	2.9*	10.1	20.8
	95%CI	4.8–8.6	0.1–1.5	1.5–5.4	6.6–15.1	12.7–32.2
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	6.7	0.3*	6.0*	6.9	13.2
	95%CI	4.8–9.1	0.1–1.4	1.9–17.4	4.3–10.8	8.4–20.1
Tertile 2 (\$60–<\$120k)	%	1.8*	0.1*	1.1*	4.3*	6.1*
	95%CI	1.0–3.1	0.0–0.9	0.4–3.0	2.0–8.7	1.4–22.4
Tertile 3 (\$120K+)	%	1.0*	0.3*	0.7*	3.6*	2.4*
	95%CI	0.5–2.0	0.0–1.6	0.3–1.8	1.2–10.7	0.3–16.6

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

## Trends in complete tooth loss

Complete tooth loss is an objective population marker of oral status, reflecting past experience of dental disease and a surgical approach to its treatment. Time trends in the percentage of persons with complete tooth loss are presented by age in Figure 4-1.

The percentage of Australians aged 18 years and over with complete tooth loss has been decreasing over time, from 12.6% in 1994 to 3.0% in 2021. Decreases in the percentage of persons with complete tooth loss since 1994 were observed across all age groups.



## Inadequate natural dentition among dentate people

Dentists aim to retain an optimal number of teeth consistent with oral function and appearance. To attain that goal, dentists may recommend removal of selected teeth such as four wisdom teeth and four premolars to create sufficient space for the remaining 24 teeth. Nonetheless, many people with less than 24 teeth report acceptable levels of function and appearance.

In recent decades the concept of an adequate natural dentition was developed to define a threshold of tooth loss that is consistent with professional judgements about function and appearance. An extensive review of the literature concluded that 20 natural teeth was sufficient for satisfactory chewing function (Elias & Sheiham, 1998), diet and nutritional status (Sheiham et al., 2002). In contrast, adults with fewer than 20 teeth were more likely to suffer impaired oral health related quality of life compared to adults with more teeth (McGrath & Bedi, 2002). Others have used case definitions that differ marginally in the number of remaining teeth or that consider other criteria such as position of remaining teeth. For example, the UK adult dental health survey used a threshold of 21 teeth when reporting the percentage of people with an adequate dentition (Kelly et al., 2000).

Table 4-2 presents the percentage of people who reported having fewer than 21 teeth in the Australian dentate population. Some 8.6% of dentate persons aged 18 years and over in Australia reported having fewer than 21 teeth. The percentage of persons reporting fewer than 21 teeth was higher across successively older age groups, ranging from 0.2% among 18–34 year-olds up to 37.3% for those aged 75 years and over.

There were similar percentages of males (10.2%) and females (7.1%) who reported having fewer than 21 teeth, and this pattern did not vary significantly by sex across age groups.

There were no significant differences between Indigenous (11.4%) and non-Indigenous (8.5%) however, across age groups, there were higher percentages of Indigenous than non-Indigenous persons who reported having fewer than 21 teeth in the 55–74 years (49.1% and 15.3%, respectively) and 75 years or more (90.9% and 37.1%, respectively) age groups.

There was a lower percentage of persons reporting fewer than 21 teeth at Major city locations (7.2%) than in Inner regional (12.2%) and Outer regional/Remote (12.0%) locations. This pattern of lower prevalence of inadequate dentition in Major city locations than more remote locations was evident across age groups although differences were not significant.

For those with year 10 or less schooling there was a higher percentage of persons that reported having fewer than 21 teeth (24.0%) than those with year 11 or more years of schooling (4.5%). This pattern was observed for those aged 55–74 years (29.2% and 10.2%, respectively) and 75 years and over (48.0% and 22.0%, respectively).

The percentage of persons reporting fewer than 21 teeth was lower for those with a degree or higher qualification (5.0%) than those with other or no qualifications (8.8%). However, there were no significant differences were reported across age groups.

There was a higher percentage of persons that reported having fewer than 21 teeth among those eligible for public dental care (23.4%) than those ineligible (3.8%). This pattern of higher percentages for those eligible for public dental care than ineligible was observed for those aged 55–74 years (27.6% and 9.5%, respectively).

Among those with dental insurance there was a lower prevalence of inadequate dentition (4.8%) than among those without dental insurance (13.4%). This pattern was observed for those aged 55–74 years (9.3% and 24.2%, respectively) and 75 years and over (22.0% and 51.2%, respectively).

There was a higher percentage of persons reporting fewer than 21 teeth among those usually visiting for a dental problem (15.2%) than those usually visiting for a check-up (5.6%). This pattern was observed for those aged 55–74 years (24.0% and 11.7%, respectively).

Inadequate dentition was strongly associated with household income, with 20.7% of those in the lowest income group having fewer than 21 teeth, compared to 1.0% in the highest income group. Across age groups, the difference was most noticeable in the lowest income group, ranging from 0.4% in the 18–34 year age group to 41.8% in the 75 and over age group.

In summary, inadequate natural dentition (having fewer than 21 teeth) was associated with older age groups (being aged 55–74 years and 75 years and over). It was also associated with living in Inner regional and Outer regional/Remote locations, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

Table 4-2: Percentage of people with fewer than 21 teeth in the Australian dentate population, 2021

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>8.6</b>	<b>0.2*</b>	<b>3.2</b>	<b>15.8</b>	<b>37.3</b>
	95%CI	7.5–9.8	0.1–0.5	2.0–5.1	13.2–18.7	30.4–44.7
<b>Sex</b>						
Male	%	10.2	0.1*	3.9*	16.7	39.7
	95%CI	8.4–12.3	0.0–0.6	1.8–8.3	13.0–21.1	30.3–49.8
Female	%	7.1	0.3*	2.7	14.8	33.3
	95%CI	5.8–8.5	0.1–1.0	1.7–4.4	11.5–19.0	24.3–43.7
<b>Indigenous identity</b>						
Non-Indigenous	%	8.5	0.2*	3.0*	15.3	37.1
	95%CI	7.4–9.8	0.1–0.5	1.8–4.9	12.8–18.3	30.2–44.6
Indigenous	%	11.4*	—	11.7*	49.1*	90.9
	95%CI	6.3–19.7	—	4.0–29.8	24.6–74.1	45.7–99.2
<b>Residential location</b>						
Major cities	%	7.2	—	2.7*	13.9	33.6
	95%CI	6.0–8.8	—	1.3–5.3	10.8–17.7	25.0–43.5
Inner regional	%	12.2	1.2*	5.3*	18.7	42.1
	95%CI	9.7–15.1	0.4–3.1	2.9–9.7	13.7–24.9	30.3–54.9
Outer regional/Remote	%	12.0	—	3.3*	23.3	54.1
	95%CI	9.4–15.1	—	1.3–7.9	17.2–30.8	38.5–69.0
<b>Year level of schooling</b>						
Year 10 or less	%	24.0	0.5*	7.2*	29.2	48.0
	95%CI	20.1–28.3	0.1–3.6	3.9–12.9	23.1–36.0	37.8–58.3
Year 11 or more	%	4.5	0.1*	2.6*	10.2	22.0
	95%CI	3.6–5.6	0.0–0.4	1.4–4.8	7.8–13.2	14.6–31.7
<b>Highest qualification attained</b>						
Degree or higher	%	5.0	—	1.6*	9.7	21.4*
	95%CI	3.5–7.1	—	0.7–3.8	6.1–15.1	11.2–37.1
Other/None	%	8.8	0.2*	3.2*	18.1	40.2
	95%CI	7.5–10.3	0.1–0.6	1.8–5.6	14.8–22.0	31.9–49.1
<b>Eligibility for public dental care</b>						
Eligible	%	23.4	0.9*	11.1*	27.6	42.4
	95%CI	20.1–27.0	0.3–2.9	6.6–18.1	22.7–33.2	33.5–51.8
Ineligible	%	3.8	0.1*	2.1*	9.5	24.7
	95%CI	2.9–5.0	0.0–0.5	1.0–4.3	6.8–13.1	15.5–36.8
<b>Dental insurance</b>						
Insured	%	4.8	0.2*	1.5*	9.3	22.0
	95%CI	3.8–6.1	0.1–1.0	0.5–4.3	7.0–12.2	14.8–31.5
Uninsured	%	13.4	0.2*	5.9*	24.2	51.2
	95%CI	11.3–15.7	0.0–0.6	3.6–9.6	19.3–29.9	40.8–61.5
<b>Usually visit dentist</b>						
For a check-up	%	5.6	0.1*	0.4*	11.7	30.1
	95%CI	4.6–6.9	0.0–0.5	0.1–1.2	8.9–15.2	22.4–39.1
For a dental problem	%	15.2	0.6*	9.1	24.0	50.5
	95%CI	12.6–18.2	0.2–1.9	5.6–14.6	18.9–30.0	37.3–63.6
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	20.7	0.4*	10.5	26.5	41.8
	95%CI	17.6–24.1	0.1–1.5	6.6–16.3	21.6–32.1	32.4–51.8
Tertile 2 (\$60–<\$120k)	%	4.1	—	2.7*	8.8	21.2*
	95%CI	2.8–6.0	—	0.9–8.4	5.7–13.2	11.5–35.7
Tertile 3 (\$120K+)	%	1.0*	—	0.9*	3.0*	9.7*
	95%CI	0.6–1.8	—	0.3–2.1	1.4–6.1	1.9–36.7

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

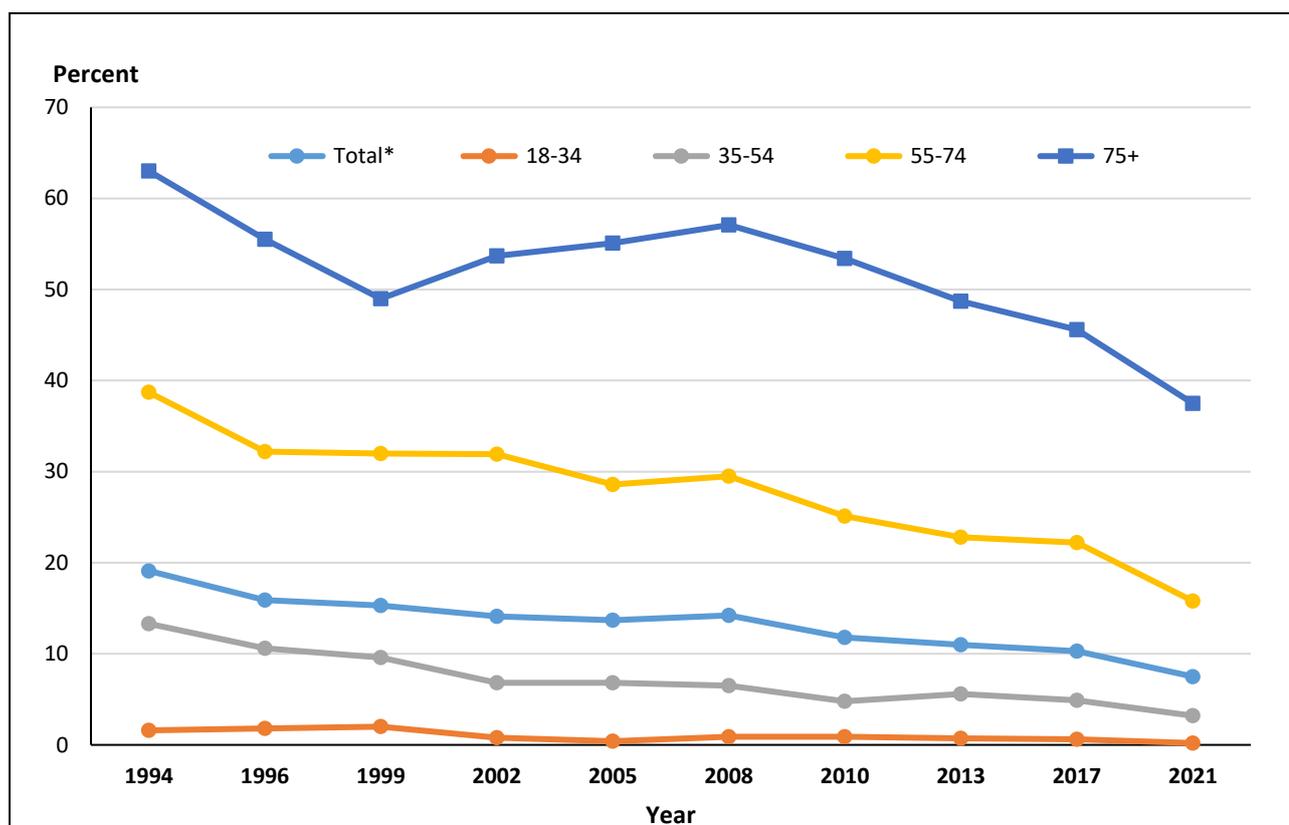
2. — zero or rounded to zero.

## Trends in inadequate natural dentition among dentate people

As described in the previous section, an alternative marker of oral health status is the presence of inadequate natural dentition (retention of less than 21 teeth). As a marker of oral health status, this represents the loss of one third or more of the complete dentition of permanent teeth. Time trends in the percentage of persons with an inadequate dentition are presented by age in Figure 4-2. The percentage of Australians aged 18 years and over with less than 21 natural teeth decreased from 19.1% in 1994 to 10.3% in 2017 and declined to 7.5% in 2021.

A large decrease in the percentage of persons with less than 21 natural teeth since 1994 was observed in for those aged 75 years and over. For example, in 1994, 63.0% of those aged 75 years and over reported inadequate dentition, which decreased to 37.5% in 2021.

A decrease in the percentage of persons with less than 21 natural teeth since 1994 was also observed among those aged 55–74 years, dropping from 38.7% in 1994 to 15.8% in 2021.



### Notes

- Data in this figure relate to adults aged 18 years and over.
- \*Total is standardised to the 2001 Census population.

Source: Appendix Table A-2

**Figure 4-2: Percentage of dentate adults with fewer than 21 teeth by age group, 1994 to 2021**

## Denture wearing by dentate people

Removable dentures, also called 'false teeth', can be worn to replace missing teeth, with the goal to improve function (such as eating), appearance or both. The need for dentures arises only after the loss of one or more teeth. Among dentate people, a removable denture may replace a single tooth or larger numbers of teeth. Dentate people who have had all teeth extracted from one jaw usually wear one 'complete denture' to replace all those teeth, and they may wear an additional 'partial denture' replacing the teeth missing in the other jaw.

Table 4-3 presents the percentage of dentate people who wear dentures in the Australian population aged 18 years and over. Overall, 8.3% of dentate Australians aged 18 years and over reported wearing a denture. The percentage of persons reporting that they wear a denture was higher across successively older age groups, ranging from 13.9% among 55–74 year-olds up to 39.5% for those aged 75 years and over.

There was a significantly higher percentage of males (10.4%) who reported wearing a denture than females (6.3%), but this pattern did not vary significantly by sex across age groups.

A higher percentage of persons with year 10 or less schooling reported wearing a denture (20.9%) than those with year 11 or more years of schooling (4.8%). This pattern of higher percentages of persons with year 10 or less of schooling wearing a denture than those with year 11 or more years of schooling was observed for those aged 55–74 years (22.8% and 9.7%, respectively) and 75 years and over (47.6% and 27.4%, respectively).

A lower percentage of persons with a degree or higher qualification reported wearing a denture (5.4%) than those with other or no qualifications (8.6%), but there was no significant variation across age groups.

There was a higher percentage of persons who reported wearing a denture among those eligible for public dental care (22.5%) than those ineligible for public dental care (3.8%). Across age groups, this pattern was present for 54–74 year-olds (23.8% compared with 9.1%), and for 75 years and over (46.8% compared with 22.5%).

A lower percentage of persons with dental insurance reported wearing a denture (4.8%) than those who were uninsured (12.8%). This pattern of lower percentages of dentally insured persons who reported wearing a denture than those who were uninsured was observed for those aged 55–74 years (9.1% and 20.2%, respectively) and 75 years and over (22.1% and 55.0%, respectively).

There was a higher percentage of persons that reported wearing a denture among those usually visiting for a dental problem (14.7%) than those usually visiting for a check-up (5.6%). This pattern was observed for those aged 55–74 years (22.2% and 9.9%, respectively).

The use of dentures was highest for those in the lowest income tertile (19.1%) and lowest for those in the highest income tertile (2.5%). Across age groups, the association between denture wearing and age group was most pronounced for the lowest income tertile, increasing from 0.3% for 18–34 year-olds to 45.3% for 75 years and over age group.

In summary, wearing a denture was associated with older age groups (55–74 year-olds and 75 years and over). It was also associated with being male, having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

**Table 4-3: Percentage of people who wear denture(s) in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18-34	35-54	55-74	≥75
<b>All people</b>	%	<b>8.3</b>	<b>0.3*</b>	<b>3.0</b>	<b>13.9</b>	<b>39.5</b>
	95%CI	7.2-9.5	0.1-0.8	2.0-4.7	11.7-16.5	32.2-47.3
<b>Sex</b>						
Male	%	10.4	0.2*	4.1*	14.9	44.1
	95%CI	8.5-12.6	0.0-1.2	2.1-7.8	11.5-19.2	34.1-54.6
Female	%	6.3	0.5*	2.2*	12.9	31.8
	95%CI	5.3-7.6	0.2-1.3	1.3-3.8	10.3-16.2	22.8-42.3
<b>Indigenous identity</b>						
Non-Indigenous	%	8.4	0.3*	2.9	13.9	39.4
	95%CI	7.3-9.6	0.1-0.8	1.8-4.6	11.6-16.5	32.1-47.2
Indigenous	%	5.4*	—	7.8*	16.1*	65.4*
	95%CI	2.4-11.9	—	2.1-25.0	5.1-40.4	13.6-95.8
<b>Residential location</b>						
Major cities	%	7.4	0.3*	2.7*	12.0	39.8
	95%CI	6.1-8.9	0.1-0.9	1.5-4.9	9.4-15.1	30.4-50.1
Inner regional	%	10.6	0.5*	3.6*	18.0	36.6
	95%CI	8.4-13.4	0.1-2.3	1.8-7.1	13.1-24.3	25.5-49.5
Outer regional/Remote	%	10.8	—	4.8*	19.8	44.7
	95%CI	8.4-13.9	—	2.0-11.0	14.3-26.6	30.1-60.2
<b>Year level of schooling</b>						
Year 10 or less	%	20.9	1.0*	5.5*	22.8	47.6
	95%CI	17.4-25.0	0.1-6.9	2.8-10.4	17.9-28.5	37.2-58.2
Year 11 or more	%	4.8	0.2*	2.7*	9.7	27.4
	95%CI	3.8-5.9	0.1-0.7	1.6-4.6	7.4-12.6	18.2-39.0
<b>Highest qualification attained</b>						
Degree or higher	%	5.4	—	1.3*	8.6	30.4*
	95%CI	3.7-7.9	—	0.6-3.2	5.3-13.7	16.7-48.6
Other/None	%	8.6	0.3*	4.1*	15.3	42.7
	95%CI	7.3-10.1	0.1-0.8	2.5-6.6	12.5-18.6	34.0-51.8
<b>Eligibility for public dental care</b>						
Eligible	%	22.5	0.5*	8.1*	23.8	46.8
	95%CI	19.1-26.3	0.1-2.2	4.3-14.7	19.4-29.0	37.4-56.3
Ineligible	%	3.8	0.3*	2.4*	9.1	22.5
	95%CI	3.0-4.9	0.1-0.8	1.3-4.2	6.7-12.3	13.8-34.4
<b>Dental insurance</b>						
Insured	%	4.8	0.3*	1.5*	9.1	22.1
	95%CI	3.8-5.9	0.1-1.1	0.7-3.1	6.9-11.9	14.8-31.7
Uninsured	%	12.8	0.4*	5.5*	20.2	55.0
	95%CI	10.7-15.2	0.1-1.2	3.2-9.2	16.0-25.2	44.8-64.9
<b>Usually visit dentist</b>						
For a check-up	%	5.6	0.2*	0.7*	9.9	32.9
	95%CI	4.5-6.9	0.1-0.6	0.4-1.5	7.7-12.7	24.4-42.7
For a dental problem	%	14.7	0.8*	7.9	22.2	54.6
	95%CI	12.1-17.7	0.3-2.7	4.8-12.8	17.3-28.0	41.3-67.3
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	19.1	0.3*	8.0*	21.9	45.3
	95%CI	16.0-22.6	0.1-1.6	4.6-13.5	17.5-26.9	35.5-55.6
Tertile 2 (\$60-<\$120k)	%	4.2	0.2*	1.5*	9.4	26.5*
	95%CI	3.0-5.8	0.0-1.1	0.7-3.2	6.1-14.2	13.8-44.8
Tertile 3 (\$120K+)	%	2.5*	0.3*	3.0*	4.2*	9.7*
	95%CI	1.4-4.5	0.0-2.3	1.3-6.6	1.7-10.0	1.9-36.7

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

2. — zero or rounded to zero.

## Dental implants

Dental implants are an alternative to wearing dentures that may be used to replace one or more missing teeth. Table 4-4 presents the percentage of dentate people who reported having dental implants in the Australian population aged 18 years and over. The percentage of persons reporting that they had dental implants was 7.6% overall. There was variation across age groups ranging from 5.4% for 35–54 year-olds to 14.7% for 55–74 year-olds.

There was no significant difference between males (9.1%) and females (6.2%) in the percentage that reported having dental implants.

There were similar percentages of persons that reported having dental implants for those with year 10 or less schooling (5.0%) and those with year 11 or more years of schooling (8.2%). However, in the 55–74 years age group there was a lower percentage of persons that reported having dental implants for those with year 10 or less schooling (7.1%) than those with year 11 or more years of schooling (18.2%).

A higher percentage of persons with a degree or higher qualification reported having dental implants (10.3%) than those with other or no qualifications (6.8%), but there was no significant variation in the percentage reporting dental implants by highest qualification attained within age groups.

There were similar percentages of persons who reported having dental implants for those with dental insurance (8.9% compared with those without dental insurance (6.1%)), as well as between those eligible for public dental care (7.8%) and those ineligible for public dental care (7.6%). In addition, there were no significant differences across age groups.

There were similar percentages of persons that reported having dental implants for those usually visiting a dentist for a dental problem (8.0%) and those usually visiting for a check-up (7.5%), and there were no significant differences in the percentage of persons reporting dental implants by usual reason for visiting the dentist in any age groups.

In summary, having dental implants was associated with being 55–74 years-old and having a degree or higher.

**Table 4-4: Percentage of people who have dental implants in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18-34	35-54	55-74	≥75
<b>All people</b>	%	<b>7.6</b>	<b>2.4*</b>	<b>5.4</b>	<b>14.7</b>	<b>12.3</b>
	95%CI	6.4-9.1	1.3-4.3	3.9-7.5	11.4-18.7	8.0-18.6
<b>Sex</b>						
Male	%	9.1	2.3*	5.6*	18.1	14.3*
	95%CI	7.0-11.6	1.2-4.5	3.2-9.8	12.9-24.8	8.3-23.6
Female	%	6.2	2.4*	5.3	11.3	8.9*
	95%CI	4.8-8.0	0.9-6.5	3.5-7.8	7.9-16.0	4.5-16.7
<b>Indigenous identity</b>						
Non-Indigenous	%	7.7	2.4*	5.5	14.7	12.4
	95%CI	6.4-9.2	1.3-4.4	3.9-7.6	11.4-18.8	8.0-18.7
Indigenous	%	4.1*	2.7*	3.3*	11.9*	—
	95%CI	1.5-10.7	0.4-17.1	0.5-18.4	2.8-38.6	—
<b>Residential location</b>						
Major cities	%	8.5	2.8*	6.1	16.3	15.0
	95%CI	6.8-10.4	1.4-5.4	4.1-9.0	11.9-21.9	9.0-23.7
Inner regional	%	5.2	1.3*	3.5*	10.5	5.0*
	95%CI	3.7-7.2	0.4-4.5	1.6-7.4	7.0-15.4	1.8-13.0
Outer regional/Remote	%	5.7	0.7*	3.4*	12.2*	10.8*
	95%CI	3.8-8.5	0.1-3.2	1.5-7.2	7.1-20.2	4.3-24.5
<b>Year level of schooling</b>						
Year 10 or less	%	5.0	—	4.0*	7.1	4.9*
	95%CI	3.5-7.3	—	1.8-8.9	4.5-11.0	1.9-12.2
Year 11 or more	%	8.2	2.6*	5.6	18.2	19.3
	95%CI	6.8-10.0	1.4-4.7	3.9-8.0	13.8-23.7	11.7-30.0
<b>Highest qualification attained</b>						
Degree or higher	%	10.3	4.0*	7.1*	19.4	15.1*
	95%CI	7.3-14.3	1.1-13.1	4.0-12.3	11.6-30.6	6.7-30.3
Other/None	%	6.8	1.7*	4.7	14.0	13.0*
	95%CI	5.5-8.3	0.9-3.3	3.1-7.1	10.7-18.3	7.4-21.6
<b>Eligibility for public dental care</b>						
Eligible	%	7.8	4.9*	7.2*	9.4	7.8*
	95%CI	5.6-10.7	1.2-18.9	3.1-16.0	6.4-13.6	3.9-14.8
Ineligible	%	7.6	2.0*	5.2	17.5	25.1*
	95%CI	6.1-9.4	1.1-3.6	3.6-7.5	12.9-23.3	14.3-40.2
<b>Dental insurance</b>						
Insured	%	8.9	2.0*	6.4	15.7	21.3
	95%CI	7.2-10.9	0.8-4.6	4.3-9.4	11.8-20.6	13.1-32.6
Uninsured	%	6.1	2.9*	3.4*	13.6	4.9*
	95%CI	4.3-8.6	1.3-6.6	1.7-6.5	8.5-21.2	2.1-11.4
<b>Usually visit dentist</b>						
For a check-up	%	7.5	2.5*	4.6	16.1	11.6*
	95%CI	6.1-9.1	1.3-4.9	3.2-6.6	12.3-20.7	7.0-18.7
For a dental problem	%	8.0	2.2*	7.2*	11.6*	14.8*
	95%CI	5.4-11.6	0.6-7.4	3.8-13.0	6.1-21.0	6.4-30.4
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	8.8	0.1*	8.8*	13.1	10.2*
	95%CI	6.5-11.8	0.0-0.4	4.2-17.4	8.9-18.8	5.5-18.4
Tertile 2 (\$60-<\$120k)	%	6.6	3.7*	3.6*	14.6	10.5*
	95%CI	4.7-9.3	1.5-8.8	1.6-7.5	9.2-22.4	4.7-22.0
Tertile 3 (\$120K+)	%	7.7	3.5*	7.1	12.5	66.0*
	95%CI	5.7-10.4	1.5-7.9	4.6-11.0	8.1-18.9	31.2-89.3

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

2. — zero or rounded to zero.

## 4.2 Gum disease

Gum disease, or periodontitis, is inflammation of the tissues surrounding the tooth affecting the gum, the ligaments and the bone. Its feature is destruction of tooth-supporting tissues manifested by clinical attachment loss. In some instances, the infection can cause an abscess and become painful. In its severe forms there can be loss of bone that supports the tooth, resulting in the tooth becoming loose and even causing tooth loss. The loss of supporting structures can result in the formation of 'pockets' between the gum and the tooth. The depth of the pocket and recession of gum, measured in millimetres using a periodontal probe, is an indication of the severity of the destructive process.

Identification of periodontitis by clinical assessment however, particularly in population-based studies, demands substantially high amount of resources. In the absence of population-based clinical examinations, the use of self-reported questions is regarded as a valid alternative and a less resource-demanding and cost-effective method to assess the prevalence of gum disease in population-based studies.

The following section reports on four questions, which have shown to be significantly associated with predicting the presence of both moderate as well as severe periodontitis and total periodontitis (mild, moderate and severe periodontitis in combination), and were used to assess self-reported prevalence of gum disease.

### Self-reported gum disease

In NDTIS 2021, self-reported gum disease was assessed in the Interview by asking dentate people 'Do you think you have gum disease?' Participants responded with Yes or No.

Table 4-5 presents the percentage of people who reported having gum disease in the Australian dentate population. Overall, 11.4% of adults aged 18 years and over reported that they had gum disease. This ranged from 7.1% in 18-34 year-olds to 15.2% in 55-74 year-olds.

Indigenous adults were more likely to report having gum disease (19.4%) than non-Indigenous (11.2%). This pattern was observed across all age groups, although differences were not significant.

There were no differences in self-reported gum disease between males and females, across residential location, level of schooling, or by highest qualification attained.

A quarter of adults aged 34-54 years that were eligible for public dental care reported having gum disease (25.6%), twice that of adults who were not eligible for public dental care (12.3%).

Adults without dental insurance were more likely to report having gum disease, compared to those with insurance (13.3% and 9.8%, respectively). This difference was greatest for 34-54 year-olds where self-reported gum disease for adults without dental insurance was almost twice that for adults with insurance (19.6% and 10.3%, respectively).

The prevalence of self-reported gum disease for adults that usually visit for a dental problem were over twice that for those who usually visit for a check-up (18.3% compared with 8.7%). Across age groups, this pattern was observed for those aged 18-34 years (13.9% and 5.0%, respectively) and 35-54 years (21.4% and 10.5%, respectively).

Similarly, the prevalence of self-reported gum disease varied by household income, with those in the lowest income tertile have 1.7 times the prevalence of gum disease of those in the highest income tertile (16.5% compared with 9.6%). This difference increased to 2.5 times for those aged 34-54 years (25.1% compared with 10.2%).

In summary, self-reported gum disease was associated with being 55-74 years-old, being Indigenous, not having dental insurance, usually visiting a dentist for a problem and low household income.

**Table 4-5: Percentage of people who self-reported that they had gum disease in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>11.4</b>	<b>7.1</b>	<b>13.7</b>	<b>15.2</b>	<b>5.8*</b>
	95%CI	10.0–12.9	5.2–9.5	11.2–16.7	12.3–18.6	2.7–11.9
<b>Sex</b>						
Male	%	10.2	6.2	10.5	15.9	6.0*
	95%CI	8.2–12.5	3.9–9.7	7.5–14.7	11.6–21.5	2.0–16.3
Female	%	12.5	7.9	16.1	14.4	5.5*
	95%CI	10.6–14.7	5.2–11.7	12.5–20.4	10.9–18.7	2.5–11.3
<b>Indigenous identity</b>						
Non-Indigenous	%	11.2	6.9	13.3	14.9	5.8*
	95%CI	9.8–12.7	5.0–9.4	10.8–16.4	12.0–18.4	2.7–12.0
Indigenous	%	19.4	10.4*	26.6*	37.1*	—
	95%CI	12.0–29.8	3.8–25.5	13.8–45.1	15.0–66.3	—
<b>Residential location</b>						
Major cities	%	11.4	7.4	13.2	15.4	7.1*
	95%CI	9.7–13.4	5.1–10.6	10.2–16.9	11.7–20.0	3.0–16.2
Inner regional	%	11.6	6.7*	15.3	15.8	2.4*
	95%CI	9.1–14.7	3.9–11.3	10.2–22.4	10.9–22.3	0.6–8.5
Outer regional/Remote	%	10.4	5.2*	14.9	12.0	4.1*
	95%CI	7.9–13.6	3.0–8.9	9.8–21.9	7.3–19.1	1.0–15.6
<b>Year level of schooling</b>						
Year 10 or less	%	14.7	10.5*	18.9*	16.9	7.2*
	95%CI	11.2–19.1	5.3–20.0	11.3–30.0	11.6–23.8	2.4–19.9
Year 11 or more	%	10.7	6.8	13.1	14.3	5.6*
	95%CI	9.2–12.4	4.9–9.4	10.5–16.2	10.9–18.4	1.9–15.4
<b>Highest qualification attained</b>						
Degree or higher	%	9.6	7.9*	10.9	12.3	0.4*
	95%CI	7.1–12.9	3.4–17.2	7.1–16.4	7.5–19.6	0.1–2.3
Other/None	%	11.7	7.0	14.9	15.3	7.1*
	95%CI	10.1–13.5	5.2–9.3	11.8–18.6	11.9–19.4	3.2–15.1
<b>Eligibility for public dental care</b>						
Eligible	%	13.7	10.2*	25.6	14.6	7.7*
	95%CI	10.9–17.1	5.9–16.9	17.5–35.8	10.5–19.9	3.5–16.4
Ineligible	%	10.6	6.6	12.3	14.7	1.2*
	95%CI	9.0–12.4	4.6–9.4	9.7–15.4	11.1–19.3	0.2–7.3
<b>Dental insurance</b>						
Insured	%	9.8	6.9*	10.3	13.3	5.2*
	95%CI	8.1–11.9	4.0–11.4	7.8–13.4	9.8–17.8	1.5–16.5
Uninsured	%	13.3	6.7	19.6	17.5	6.5*
	95%CI	11.1–15.9	4.8–9.4	14.6–25.7	12.9–23.2	2.5–15.9
<b>Usually visit dentist</b>						
For a check-up	%	8.7	5.0	10.5	12.4	5.0*
	95%CI	7.2–10.5	3.3–7.6	7.8–14.0	9.2–16.6	2.0–12.2
For a dental problem	%	18.3	13.9	21.4	21.3	8.1*
	95%CI	15.2–21.8	8.8–21.1	16.3–27.6	15.8–28.0	2.2–25.5
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	16.5	11.2	25.1	20.5	8.0*
	95%CI	13.5–19.9	6.9–17.7	17.7–34.4	15.6–26.4	3.3–18.0
Tertile 2 (\$60-<\$120k)	%	10.3	7.8*	14.6	10.4	0.7*
	95%CI	8.0–13.1	4.7–12.7	10.0–20.8	6.8–15.7	0.1–3.8
Tertile 3 (\$120K+)	%	9.6	6.3*	10.2	14.8*	0.4*
	95%CI	7.2–12.7	3.1–12.4	7.1–14.6	7.8–26.3	0.0–3.4

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

2. — zero or rounded to zero.

## Lost bone around teeth

One of the indicators of severe periodontitis is the loss of bone that supports the tooth. In NDTIS 2021, lost bone around teeth was assessed in the Interview by asking dentate people 'Has a dental professional ever told you that you have lost bone around your teeth?' Participants responded with Yes or No.

Table 4-6 presents the percentage of people who reported bone loss around their teeth in the Australian dentate population. Overall, 11.9% of adults reported having lost bone around their teeth, ranging from 4.0% for 18–34 year-olds to 18.7% for those aged 75 years and over.

The percentage of adults reporting bone loss around their teeth was higher for those living in Major cities than for those living in Outer regional/Remote areas (12.9% compared with 8.3%).

Adults eligible for public dental care were also more likely to report bone loss (15.3%) compared with those not eligible for public dental care (10.8%).

Across household income groups (tertiles), a higher percentage of adults in the lowest income group reported bone loss around their teeth than those in the highest income group (17.0% compared with 10.7%).

There were no differences in the percentage reporting bone loss around their teeth between males and females, by Indigenous status, level of schooling, highest qualification attained, dental insurance or usual reason for visiting a dentist.

In summary, the presence of bone loss around teeth was associated with being aged 75 years and over, living in Major cities, being eligible for public dental care and low household income.

**Table 4-6: Percentage of people who reported lost bone around teeth in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18-34	35-54	55-74	≥75
<b>All people</b>	%	<b>11.9</b>	<b>4.0</b>	<b>9.9</b>	<b>21.2</b>	<b>18.7</b>
	95%CI	10.5-13.4	2.5-6.4	8.0-12.1	17.9-25.0	12.8-26.6
<b>Sex</b>						
Male	%	13.1	5.3*	10.7	21.7	20.8
	95%CI	10.9-15.7	2.8-9.7	7.8-14.6	16.9-27.5	12.7-32.0
Female	%	10.7	2.8*	9.2	20.8	15.3*
	95%CI	9.1-12.6	1.5-5.1	7.0-12.1	16.5-25.8	8.6-25.7
<b>Indigenous identity</b>						
Non-Indigenous	%	11.9	3.9*	9.7	21.2	18.8
	95%CI	10.5-13.5	2.4-6.3	7.9-12.0	17.8-24.9	12.8-26.7
Indigenous	%	12.4*	7.1*	15.1*	29.8*	—
	95%CI	6.7-21.8	1.9-23.5	6.2-32.5	10.8-59.8	—
<b>Residential location</b>						
Major cities	%	12.9	5.0*	10.6	23.1	21.1
	95%CI	11.1-14.9	3.0-8.1	8.3-13.4	18.7-28.1	13.3-31.7
Inner regional	%	9.5	0.8*	8.0	17.0	15.8*
	95%CI	7.4-12.2	0.2-2.9	5.1-12.2	12.2-23.3	7.9-29.1
Outer regional/Remote	%	8.3	1.7*	7.8	16.4	6.8*
	95%CI	6.3-11.0	0.6-4.7	4.8-12.4	11.0-23.6	2.6-17.0
<b>Year level of schooling</b>						
Year 10 or less	%	14.1	3.8*	12.1	19.5	11.0*
	95%CI	11.0-18.0	1.3-10.8	7.6-18.7	14.1-26.2	5.1-22.0
Year 11 or more	%	11.4	4.0*	9.6	22.1	26.4
	95%CI	9.9-13.2	2.4-6.6	7.6-12.0	18.1-26.8	16.8-38.9
<b>Highest qualification attained</b>						
Degree or higher	%	13.3	5.5*	7.7	23.2	32.6*
	95%CI	10.5-16.8	2.6-11.2	5.0-11.7	16.2-32.0	18.4-50.8
Other/None	%	11.3	3.7*	11.1	21.2	12.4*
	95%CI	9.7-13.0	2.0-6.7	8.7-14.0	17.4-25.5	7.2-20.4
<b>Eligibility for public dental care</b>						
Eligible	%	15.3	3.0*	13.5	21.4	16.5*
	95%CI	12.3-19.0	1.2-7.4	8.5-20.9	16.5-27.3	9.6-26.9
Ineligible	%	10.8	4.3*	9.5	21.1	23.0*
	95%CI	9.3-12.6	2.5-7.0	7.5-11.9	16.8-26.0	12.9-37.8
<b>Dental insurance</b>						
Insured	%	12.9	4.6*	10.3	21.9	23.0
	95%CI	10.9-15.1	2.5-8.5	7.8-13.6	17.5-27.1	13.7-36.1
Uninsured	%	10.9	3.4*	9.2	20.7	15.6*
	95%CI	9.1-13.2	1.6-7.1	6.8-12.1	15.9-26.5	8.9-25.9
<b>Usually visit dentist</b>						
For a check-up	%	11.0	4.7*	8.3	19.6	20.8
	95%CI	9.4-12.9	2.8-7.8	6.3-10.9	15.8-24.1	13.3-30.9
For a dental problem	%	14.0	2.0*	13.1	24.3	15.0*
	95%CI	11.4-17.0	0.9-4.5	9.6-17.7	18.4-31.5	6.9-29.7
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	17.0	8.0*	12.2	23.5	19.0*
	95%CI	13.9-20.7	3.6-17.0	8.3-17.7	18.5-29.4	11.1-30.5
Tertile 2 (\$60-<\$120k)	%	10.3	3.7*	9.9	20.1	14.8*
	95%CI	8.1-13.1	1.5-8.9	7.1-13.6	14.1-27.9	6.7-29.7
Tertile 3 (\$120K+)	%	10.7	3.8*	10.9	19.8	46.5*
	95%CI	8.3-13.7	1.9-7.7	7.8-15.0	12.1-30.7	15.0-81.1

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

## **Loose teeth**

The loss of bone supporting a tooth may result in the tooth becoming loose and even falling out. In NDTIS 2021, loose teeth was assessed in the Interview by asking dentate people 'Have you ever had any teeth that have become loose by themselves without some injury (not baby teeth)?' Participants responded with Yes or No.

Table 4-7 presents the percentage of people who reported having had a permanent tooth become loose without injury in the Australian dentate population. Overall, 11.0% of dentate adults reported that they had a permanent tooth become loose without injury. This percentage ranged from 3.8% for 18–34 year-olds to 20.6% for those aged 75 years and over.

Overall, there were no differences between males and females. Males in the older two age groups tended to report high rates of teeth becoming loose by themselves than females, although differences were not significant.

A higher proportion of Indigenous adults reported loose teeth than non-Indigenous adults (20.6% compared with 10.8%). Across age groups, Indigenous adults aged 35–54 years were 4 times more likely to report having had loose teeth compared to non-Indigenous adults (36.9% and 9.2%, respectively).

The prevalence of loose teeth was higher for adults with year 10 or less level of schooling compared with those with year 11 or more (21.0% and 8.7%, respectively). Similarly, a higher percentage of adults with other or no qualifications reported loose teeth compared with those with a degree or higher (12.0% and 7.7%, respectively).

Adults who were eligible for public dental care were 2.5 times more likely to report teeth had become loose than those who were not eligible for public dental (20.4% compared with 8.1%). Across age groups, 35–54 year-olds eligible for public dental care were 3 times more likely to report having loose teeth than those not eligible for public dental care (24.8% compared with 8.0%).

A higher percentage of adults without dental insurance reported having had loose teeth (14.2%) than those with dental insurance (8.5%).

Adults whose usual reason for visiting a dentist was for a dental problem were 3.1 times more likely to report having loose teeth than those who usually visit for a check-up (21.1% and 6.7%, respectively). This difference increased to 4.4 times higher for 35–54 year-olds who usually visit for a problem compared to those that usually visit for a check-up (20.7% and 4.7%, respectively).

Similarly, those in the lowest income group were 3.5 times more likely to report teeth that had become loose without injury than those in the highest income group (19.1% compared with 5.4%). Across age groups, this difference was reported for those aged 34–54 years (20.4% compared with 5.9%), and to a lesser degree, for those aged 54–74 years (26.0% compared with 10.2%).

In summary, having permanent teeth become loose without injury was associated with being aged 75 years and over, being Indigenous, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

**Table 4-7: Percentage of people who reported permanent teeth becoming loose without injury in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>11.0</b>	<b>3.8</b>	<b>9.9</b>	<b>17.4</b>	<b>20.6</b>
	95%CI	9.8–12.4	2.7–5.3	8.0–12.2	14.6–20.7	14.9–27.8
<b>Sex</b>						
Male	%	12.3	3.1*	8.3	21.5	25.4
	95%CI	10.3–14.5	1.7–5.4	5.9–11.5	17.0–26.9	17.2–35.6
Female	%	9.9	4.5	11.1	13.4	12.4*
	95%CI	8.4–11.6	3.0–6.8	8.5–14.4	10.2–17.3	7.4–20.0
<b>Indigenous identity</b>						
Non-Indigenous	%	10.8	3.8	9.2	17.1	20.6
	95%CI	9.5–12.2	2.7–5.4	7.3–11.4	14.2–20.4	14.9–27.8
Indigenous	%	20.6	3.7*	36.9	42.4*	9.1*
	95%CI	13.2–30.8	1.3–10.2	21.3–55.8	19.6–69.0	0.8–54.3
<b>Residential location</b>						
Major cities	%	10.6	3.4	9.6	17.1	22.0
	95%CI	9.1–12.3	2.1–5.3	7.4–12.3	13.6–21.4	14.6–31.7
Inner regional	%	12.5	5.7*	10.8	17.9	19.6*
	95%CI	9.9–15.7	3.3–9.7	6.6–17.0	12.6–24.9	11.4–31.8
Outer regional/Remote	%	11.4	4.2*	11.2	18.8	11.8*
	95%CI	8.9–14.6	2.1–8.5	6.8–17.7	13.4–25.8	5.7–22.6
<b>Year level of schooling</b>						
Year 10 or less	%	21.0	8.1*	19.3	24.0	23.8
	95%CI	17.1–25.4	3.7–17.0	12.1–29.3	18.2–31.0	15.4–34.8
Year 11 or more	%	8.7	3.4	8.3	14.6	19.1
	95%CI	7.5–10.1	2.3–5.0	6.6–10.5	11.5–18.4	11.7–29.6
<b>Highest qualification attained</b>						
Degree or higher	%	7.7	1.1*	5.6	15.4	14.4*
	95%CI	5.7–10.4	0.3–3.3	3.5–9.0	10.0–22.8	5.6–32.2
Other/None	%	12.0	4.6	11.3	18.5	25.6
	95%CI	10.5–13.7	3.2–6.6	8.9–14.3	15.1–22.5	18.3–34.5
<b>Eligibility for public dental care</b>						
Eligible	%	20.4	10.1*	24.8	21.6	23.0
	95%CI	17.1–24.2	6.0–16.7	17.2–34.3	16.8–27.4	15.7–32.6
Ineligible	%	8.1	2.6	8.0	15.3	16.2*
	95%CI	6.9–9.6	1.7–4.1	6.2–10.2	11.9–19.5	8.9–27.7
<b>Dental insurance</b>						
Insured	%	8.5	2.2*	6.7	14.3	18.6
	95%CI	7.0–10.3	1.2–3.9	4.6–9.5	10.8–18.6	11.2–29.4
Uninsured	%	14.2	5.6	14.2	21.6	22.9
	95%CI	12.2–16.5	3.6–8.4	10.9–18.3	17.0–27.1	15.0–33.4
<b>Usually visit dentist</b>						
For a check-up	%	6.7	1.7*	4.7	12.2	17.0
	95%CI	5.5–8.1	1.1–2.9	3.2–6.7	9.2–16.0	11.0–25.4
For a dental problem	%	21.1	10.4	20.7	27.6	29.8
	95%CI	18.1–24.6	6.5–16.3	15.9–26.4	21.8–34.2	18.4–44.5
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	19.1	4.6*	20.4	26.0	20.8
	95%CI	16.1–22.5	2.5–8.2	14.6–27.8	20.8–31.9	13.5–30.7
Tertile 2 (\$60-<\$120k)	%	9.8	5.0*	10.2	15.2	15.5*
	95%CI	7.7–12.4	3.0–8.1	6.9–14.7	10.1–22.3	5.7–35.6
Tertile 3 (\$120K+)	%	5.4	1.6*	5.9	10.2*	15.5*
	95%CI	4.0–7.2	0.7–4.0	4.0–8.6	5.9–17.1	3.0–52.6

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## Treatment for gum disease

The final indicator assessed was having received treatment for gum disease. In NDTIS 2021, reported treatment for gum disease was assessed in the Interview by asking dentate people 'Have you ever had scaling, root planing, surgery or other treatment for gum disease?' Participants responded with Yes or No.

Table 4-8 presents the percentage of people who reported having treatment for gum disease in the Australian dentate population. Overall, 8.4% of dentate adults reported having received treatment for gum disease, ranging from 2.0% for 18–34 year-olds to 15.4% for 54–74 year-olds. Adults aged 55–74 years were more likely than those aged 35–54 years to report having had treatment for gum disease (15.4% and 8.0%, respectively)

With the exception of age group, there were no differences in the proportion of adults who received treatment for gum disease by sex, Indigenous status, residential location, level of education, eligibility for public dental care, dental insurance status, usual reason for a dental visit or household income.

In summary, receipt of treatment for gum disease was associated with being aged 55–74 years.

**Table 4-8: Percentage of people who reported having treatment for gum disease in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>8.4</b>	<b>2.0*</b>	<b>8.0</b>	<b>15.4</b>	<b>10.1</b>
	95%CI	7.2–9.7	1.1–3.8	6.1–10.4	12.6–18.8	6.1–16.1
<b>Sex</b>						
Male	%	7.9	1.1*	5.5	17.7	9.0*
	95%CI	6.3–9.9	0.5–2.2	3.5–8.4	13.3–23.1	4.2–18.3
Female	%	8.8	3.0*	9.9	13.1	11.9*
	95%CI	7.2–10.8	1.4–6.6	7.1–13.7	9.8–17.4	6.7–20.3
<b>Indigenous identity</b>						
Non-Indigenous	%	8.5	2.1*	8.0	15.6	10.1
	95%CI	7.3–9.9	1.1–3.9	6.1–10.5	12.7–19.1	6.2–16.2
Indigenous	%	2.7*	0.3*	7.1*	0.3*	—
	95%CI	0.8–8.7	0.0–2.1	2.0–22.7	0.0–1.9	—
<b>Residential location</b>						
Major cities	%	8.5	1.9*	7.7	16.7	10.7*
	95%CI	7.0–10.2	0.9–4.3	5.5–10.8	12.9–21.4	5.7–19.4
Inner regional	%	7.9	1.8*	7.6*	13.4	8.6*
	95%CI	5.9–10.5	0.7–4.5	4.0–13.9	9.3–19.0	3.6–19.2
Outer regional/Remote	%	8.6	3.6*	10.9	10.5	8.8*
	95%CI	6.3–11.6	1.0–11.8	6.8–16.9	6.6–16.1	3.6–19.8
<b>Year level of schooling</b>						
Year 10 or less	%	8.4	3.5*	9.8*	10.4	4.8*
	95%CI	5.9–11.8	1.1–10.3	4.4–20.3	6.8–15.8	1.9–12.0
Year 11 or more	%	8.4	1.9*	7.8	17.2	16.1*
	95%CI	7.0–9.9	1.0–3.8	5.9–10.3	13.5–21.6	9.1–26.9
<b>Highest qualification attained</b>						
Degree or higher	%	10.7	4.5*	10.5	15.2	15.4*
	95%CI	8.0–14.1	1.5–12.7	6.5–16.6	9.9–22.5	6.7–31.5
Other/None	%	7.4	1.2*	6.4	16.3	9.5*
	95%CI	6.2–8.9	0.6–2.2	4.8–8.5	12.7–20.5	4.9–17.5
<b>Eligibility for public dental care</b>						
Eligible	%	8.9	0.8*	10.4*	14.2	6.1*
	95%CI	6.6–11.9	0.2–2.6	5.1–19.8	9.9–20.0	2.7–12.9
Ineligible	%	8.1	2.3*	7.8	15.9	18.8*
	95%CI	6.8–9.7	1.2–4.4	5.8–10.4	12.2–20.4	9.4–33.9
<b>Dental insurance</b>						
Insured	%	9.5	2.8*	8.0	16.9	14.1*
	95%CI	7.8–11.5	1.2–6.4	5.6–11.3	13.0–21.7	7.4–25.4
Uninsured	%	6.9	1.2*	7.8	13.3	6.6*
	95%CI	5.4–8.8	0.5–2.8	5.1–11.8	9.4–18.4	3.2–13.2
<b>Usually visit dentist</b>						
For a check-up	%	7.8	2.3*	7.1	15.1	9.7*
	95%CI	6.5–9.4	1.1–4.5	5.2–9.8	11.7–19.3	5.5–16.6
For a dental problem	%	9.9	0.9*	10.0	16.3	11.6*
	95%CI	7.5–12.9	0.2–4.7	6.2–15.8	11.4–22.7	4.4–27.2
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	9.8	2.5*	11.6*	14.0	8.1*
	95%CI	7.5–12.5	1.0–6.1	6.3–20.3	10.2–19.0	4.0–15.9
Tertile 2 (\$60–<\$120k)	%	7.1	1.7*	5.7*	16.7	11.6*
	95%CI	5.5–9.2	0.9–3.4	3.4–9.3	11.8–23.1	5.0–24.8
Tertile 3 (\$120K+)	%	8.3	2.8*	8.4	16.6*	29.6*
	95%CI	6.0–11.4	0.7–11.1	5.6–12.3	9.3–27.9	5.0–77.0

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

### 4.3 Self-reported oral health status – Perception of fair or poor oral health

Self-reported global measures of oral health reflect an individual's own experience of their oral health. Single item, self-rated oral health measures are associated with functional impairment and discomfort as well as clinical measures of oral health. They are used widely in research and provide a summary measure of oral symptoms and functioning (Sanders & Slade, 2006).

In NDTIS 2021, self-rated oral health was assessed in the Interview by asking dentate people 'How would you rate your own dental health. Would you say that it is: Excellent, Very good, Good, Fair, Poor, Don't know?' People who answered 'Fair' or 'Poor' were classified as having fair or poor self-rated oral health.

Table 4-9 presents the percentage of people rating their oral health as fair or poor in the Australian dentate population. Among dentate people aged 18 years and over, nearly a quarter rated their oral health as fair or poor (24.0%). The percentage of people rating their oral health as fair or poor varied by age, with a lower percentage of younger people aged 18–34 years rating their oral health as fair or poor (19.1%) compared to older people aged 55–74 years (27.3%) and 75 years or more (30.9%).

A higher percentage of males (28.4%) rated their oral health as fair or poor than females (19.9%). This pattern was observed in the 18–34 years (23.8% and 14.6%, respectively) and 55–74 years (33.3% and 21.2%, respectively) age groups.

A significantly higher percentage of Indigenous persons rated their oral health as fair or poor than non-Indigenous persons (43.5% and 23.5%, respectively). This pattern was observed for those aged 35–54 years (50.2% and 23.3%, respectively) and 55–74 years (74.4% and 26.6%, respectively).

Major city residents reported a similar percentage of fair or poor oral health (22.8%) as residents in Inner regional (27.1%) and Outer regional/Remote (29.2%) areas. No significant variation in perception of fair or poor oral health by residential location was observed across age groups.

A higher percentage of persons with year 10 or less schooling reported fair or poor oral health (36.9%) than those with year 11 or more years of schooling (20.4%). This pattern was observed for those aged 35–54 years (43.5% and 21.0%, respectively) and 75 years or more (40.1% and 18.8%, respectively).

Perceptions of fair or poor oral health was related to highest qualification attained, with a lower percentage of persons with a degree or higher qualification reporting fair or poor oral health (16.5%) than those with other or no qualifications (26.3%). However, no significant variation in perception of fair or poor oral health by highest qualification attained was observed in any age group.

A higher percentage of persons eligible for public dental care rated their oral health as fair or poor (35.9%) than those ineligible for public dental care (20.3%). This pattern was observed across all age groups except for 18–34 year-olds.

A higher percentage of uninsured people reported fair or poor oral health (35.4%) than insured people (14.4%). This pattern of perceptions of fair or poor oral health by dental insurance status was observed consistently in each age group.

Those who usually visit a dentist for a dental problem reported higher percentages with fair or poor oral health (50.5%) than those who usually visit for a check-up (12.5%). The higher percentages of people with fair or poor oral health for those usually visiting a dentist for a problem rather than a check-up was observed consistently in each age group.

Adults in the lower income group were 3 times more likely to report fair or poor oral health than those in the highest income group (36.7% compared with 13.9%), a pattern that was consistent across all age groups.

In summary, perceptions of fair or poor oral health was strongly associated with older age groups (55–74 year-olds and 75 years and over). It was also associated with being male, being Indigenous, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance status, usually visiting a dentist for a problem and low household income.

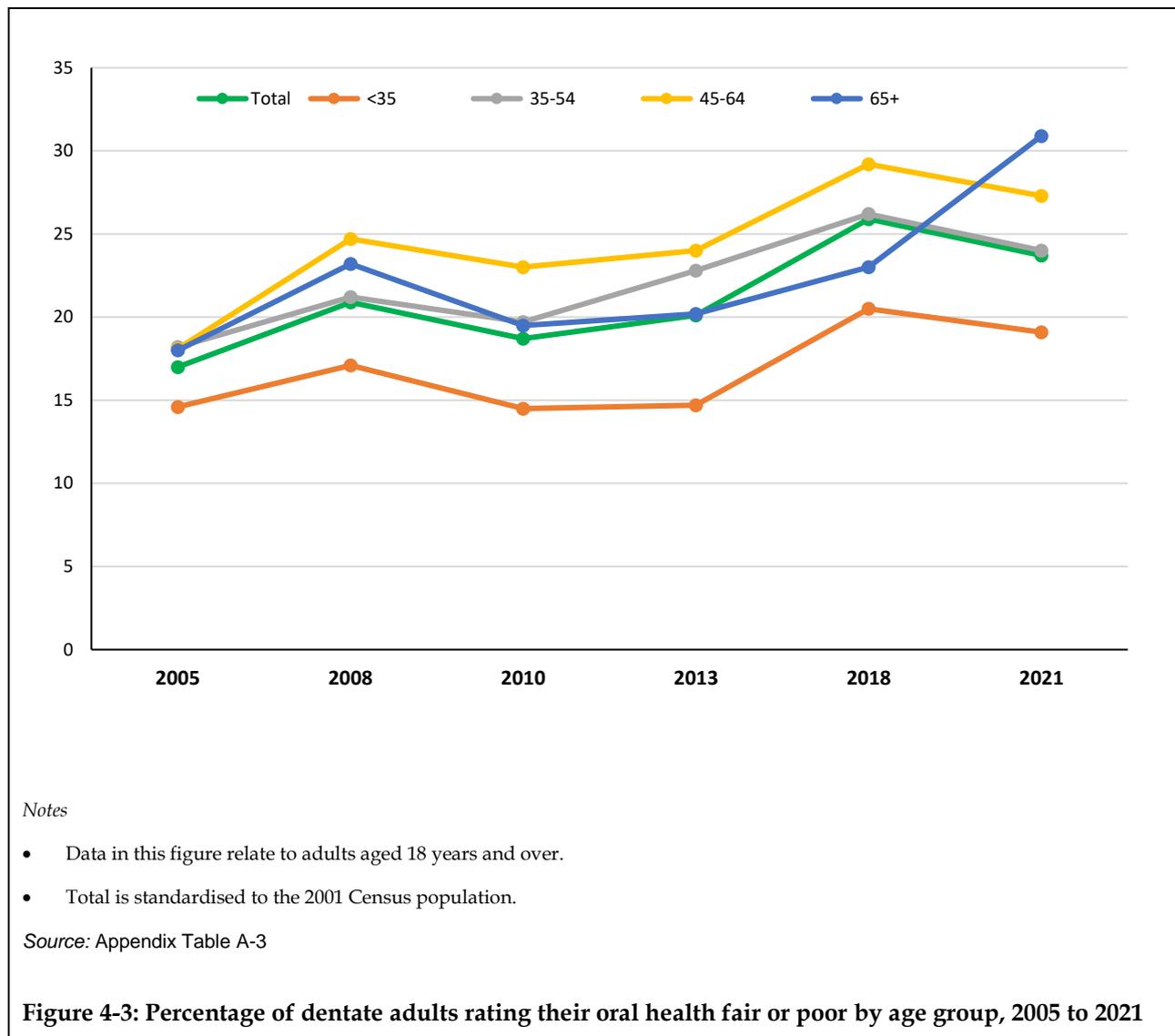
**Table 4-9: Percentage of people rating their oral health fair or poor in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>24.0</b>	<b>19.1</b>	<b>24.0</b>	<b>27.3</b>	<b>30.9</b>
	95%CI	22.1–26.1	16.0–22.7	20.6–27.8	23.7–31.1	24.2–38.4
<b>Sex</b>						
Male	%	28.4	23.8	26.9	33.3	32.8
	95%CI	25.3–31.6	18.7–29.8	21.6–32.9	27.7–39.4	24.0–43.0
Female	%	19.9	14.6	21.9	21.2	27.5
	95%CI	17.6–22.5	11.4–18.5	17.7–26.8	17.2–25.9	18.6–38.6
<b>Indigenous identity</b>						
Non-Indigenous	%	23.5	18.6	23.3	26.6	30.8
	95%CI	21.5–25.6	15.4–22.2	19.9–27.1	23.0–30.5	24.1–38.3
Indigenous	%	43.5	30.7*	50.2	74.4	65.4*
	95%CI	32.2–55.5	17.1–48.7	32.2–68.1	47.3–90.4	13.6–95.8
<b>Residential location</b>						
Major cities	%	22.8	17.3	23.8	25.3	31.3
	95%CI	20.4–25.4	13.6–21.7	19.5–28.6	20.8–30.4	23.0–41.1
Inner regional	%	27.1	27.2	24.0	28.4	31.9
	95%CI	23.7–30.7	20.8–34.7	18.8–30.1	22.3–35.2	21.1–45.1
Outer regional/Remote	%	29.2	20.3	27.5	40.6	27.8*
	95%CI	24.3–34.7	13.4–29.4	19.5–37.4	31.2–50.7	14.3–47.1
<b>Year level of schooling</b>						
Year 10 or less	%	36.9	31.9	43.5	32.9	40.1
	95%CI	32.2–42.0	20.5–46.1	32.7–55.0	26.8–39.6	29.9–51.2
Year 11 or more	%	20.4	18.1	21.0	23.5	18.8
	95%CI	18.4–22.7	14.8–21.8	17.5–24.9	19.3–28.3	11.8–28.6
<b>Highest qualification attained</b>						
Degree or higher	%	16.5	13.1*	17.0	18.2	18.9*
	95%CI	13.3–20.3	7.3–22.2	12.2–23.3	12.5–25.6	9.1–35.1
Other/None	%	26.3	21.2	26.5	29.8	36.3
	95%CI	24.0–28.8	17.6–25.3	22.2–31.4	25.4–34.5	27.8–45.7
<b>Eligibility for public dental care</b>						
Eligible	%	35.9	27.3	42.1	35.9	37.7
	95%CI	31.9–40.0	20.0–36.1	33.0–51.7	30.1–42.1	29.0–47.3
Ineligible	%	20.3	17.6	21.3	23.1	14.2*
	95%CI	18.0–22.7	14.2–21.6	17.7–25.4	18.6–28.3	7.5–25.1
<b>Dental insurance</b>						
Insured	%	14.4	10.5	14.8	16.4	18.5
	95%CI	12.4–16.6	7.2–15.0	11.5–18.8	12.8–20.8	11.4–28.7
Uninsured	%	35.4	26.8	37.2	41.3	42.5
	95%CI	32.1–38.9	21.7–32.6	30.9–44.0	34.9–48.1	32.4–53.2
<b>Usually visit dentist</b>						
For a check-up	%	12.5	11.9	10.2	14.8	17.3
	95%CI	10.7–14.6	8.9–15.8	7.4–13.7	11.3–19.1	11.2–25.6
For a dental problem	%	50.5	40.7	52.8	52.7	59.8
	95%CI	46.1–54.9	31.9–50.1	45.6–59.8	45.0–60.2	46.4–71.8
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	36.7	27.9	41.7	39.6	37.1
	95%CI	32.7–40.9	20.1–37.3	32.7–51.4	33.6–45.9	27.9–47.3
Tertile 2 (\$60-<\$120k)	%	22.8	19.3	29.6	19.9	13.5*
	95%CI	19.5–26.3	14.7–24.9	23.4–36.7	14.4–26.9	6.0–27.5
Tertile 3 (\$120K+)	%	13.9	11.2	15.8	13.0*	0.5*
	95%CI	10.8–17.6	6.9–17.7	11.5–21.3	6.7–23.8	0.1–2.9

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## Trends in self rated oral health among dentate people

The proportion of dentate adults that reported their oral health as fair or poor increased from 17.0% in 2005 to 23.7% in 2021. Figure 4-3 shows, despite year-on-year fluctuations, that there was an overall increase in the proportion reporting fair or poor oral health since 2005. The 65 years and over age group reported a more marked increase in fair or poor self-rated oral health, increasing from 18.0% on 2005, to 30.9% in 2021.



## 4.4 Social impacts of oral health

Measures of social impacts of oral health give insight into the effect of oral conditions on day-to-day living from the individual's perspective. Experience of social impacts of oral health reflects not only the level of oral disease experienced, but also whether that disease had been treated in a timely fashion. The following data are from the NDTIS in which people are asked about their experience of toothache, how they feel about their dental appearance and whether they avoid eating certain foods.

### Toothache

Toothache can be caused by dental diseases, including dental decay and gum disease that cause pain directly, or that create a painful infection. Other causes of toothache include broken (fractured) teeth or severe sensitivity of the nerves inside the tooth to hot or cold foods or drinks. While some forms of toothache are short-lived, others can persist and become disabling.

In NDTIS 2021, experience of toothache was assessed in the Interview by asking dentate people 'During the last 12 months how often have you had toothache? Was it: Very often, Often, Sometimes, Hardly ever, Never, Don't know?' This represents a global question about oral pain that cannot be attributed to any single cause among those cited above (Slade, 2001). For this report, people who answered 'Very often', 'Often' or 'Sometimes' to the question about toothache were classified as having experienced toothache.

Table 4-10 presents the percentage of people experiencing toothache in the Australian population. Some 18.5% of Australians aged 18 years and over reported experiencing a toothache. There was little variation across age groups.

Similar percentages of males (17.6%) and females (19.3%) reported toothache pain, with no significant differences in the percentage reporting toothache by sex in any age group.

A higher percentage of Indigenous persons reported a toothache (31.2%) than non-Indigenous persons (18.1%). However, there were no significant differences in the percentage reporting toothache by Indigenous identity in any age group.

There were similar percentages of persons with a toothache in Major cities (19.1%) as there were in Inner regional (16.6%), Outer regional/Remote (17.4%) areas, with no significant variation in toothache experience by residential location in any age group.

Overall, a higher percentage of persons with year 10 or less schooling reported toothache than those with year 11 or more of schooling (25.1% and 17.1%, respectively). This pattern of higher rates for those with year 10 or less schooling compared to those with year 11 or more schooling was observed for the 35–54 years (33.6% and 18.1%, respectively) and 55–74 years (24.0% and 14.1%, respectively) age groups.

The percentage of persons with toothache was similar overall for those with a degree or higher qualification (14.9%) and those with other or no qualifications (19.6%).

Those eligible for public dental care had a higher percentage reporting toothache pain (24.5%) than those who were ineligible for public dental care (16.6%). This pattern of higher percentages reporting toothache for those eligible for public dental care than those who were ineligible was observed for the 35–54 years age group (48.9% and 16.5%, respectively).

A lower percentage of dentally insured persons reported toothache (14.0%) than uninsured persons (23.9%). This pattern of lower percentages reporting toothache for the insured than the uninsured was observed for the 35–54 years (14.6% and 28.9%, respectively) and 55–74 years (11.8% and 23.8%, respectively) age groups.

A higher percentage of those who usually visit a dentist for a dental problem reported toothache (35.2%) than those who usually visit for a check-up (11.2%). This pattern of higher percentages reporting toothache for those usually visiting for a problem than those usually visiting for a check-up was observed consistently across all age groups.

The proportion of dentate adults reporting a toothache in the previous 12 months was higher for the lowest income group (23.6%) than the highest income group (12.9%). Across age groups, this was most evident in the 35–54 year age group (39.4% compared with 12.2%).

In summary, toothache experience was associated with being Indigenous, having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

**Table 4-10: Percentage of people experiencing toothache in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>18.5</b>	<b>19.5</b>	<b>20.3</b>	<b>17.1</b>	<b>12.0</b>
	95%CI	16.8–20.3	16.5–23.1	17.2–23.7	14.2–20.4	7.9–17.7
<b>Sex</b>						
Male	%	17.6	16.2	20.4	18.2	12.0*
	95%CI	15.0–20.4	11.8–21.8	15.5–26.4	13.9–23.4	6.9–20.2
Female	%	19.3	22.8	20.2	15.9	11.9*
	95%CI	17.1–21.7	18.7–27.5	16.5–24.4	12.3–20.3	6.6–20.5
<b>Indigenous identity</b>						
Non-Indigenous	%	18.1	19.0	19.9	16.9	12.0
	95%CI	16.4–20.0	15.8–22.6	16.9–23.4	14.0–20.3	7.9–17.8
Indigenous	%	31.2	31.8*	32.9*	26.3*	9.1*
	95%CI	21.8–42.5	18.2–49.4	18.9–50.7	9.5–54.8	0.8–54.3
<b>Residential location</b>						
Major cities	%	19.1	20.0	21.4	16.9	12.5*
	95%CI	16.9–21.4	16.2–24.4	17.6–25.8	13.3–21.3	7.3–20.6
Inner regional	%	16.6	18.8	18.9	16.0	6.1*
	95%CI	13.8–19.9	13.4–25.8	14.1–25.0	11.0–22.5	2.4–14.7
Outer regional/Remote	%	17.4	17.1	13.9	20.5	23.9*
	95%CI	14.2–21.2	11.7–24.2	9.5–19.8	13.9–29.1	13.0–39.9
<b>Year level of schooling</b>						
Year 10 or less	%	25.1	31.5	33.6	24.0	13.1*
	95%CI	20.8–29.9	19.6–46.6	23.2–45.9	18.3–30.7	7.5–22.1
Year 11 or more	%	17.1	18.7	18.1	14.1	12.9*
	95%CI	15.3–19.1	15.5–22.4	15.1–21.5	10.8–18.2	7.0–22.6
<b>Highest qualification attained</b>						
Degree or higher	%	14.9	16.0	17.6	11.0	10.8*
	95%CI	11.9–18.6	9.9–24.8	12.5–24.2	7.1–16.8	4.8–22.5
Other/None	%	19.6	20.7	20.5	19.5	12.1*
	95%CI	17.6–21.9	17.1–24.7	16.9–24.5	15.7–23.9	6.8–20.7
<b>Eligibility for public dental care</b>						
Eligible	%	24.5	24.9	48.9	21.5	11.9*
	95%CI	21.1–28.3	18.0–33.3	39.2–58.6	16.9–27.1	7.2–19.2
Ineligible	%	16.6	18.1	16.5	15.0	12.1*
	95%CI	14.6–18.7	14.7–22.1	13.5–20.1	11.4–19.5	5.3–25.1
<b>Dental insurance</b>						
Insured	%	14.0	16.6	14.6	11.8	10.5*
	95%CI	11.9–16.4	12.2–22.2	11.3–18.6	8.6–15.9	4.9–20.9
Uninsured	%	23.9	22.5	28.9	23.8	13.6
	95%CI	21.1–26.9	18.1–27.6	23.4–35.1	18.8–29.7	8.4–21.3
<b>Usually visit dentist</b>						
For a check-up	%	11.2	13.8	11.5	9.5	5.3*
	95%CI	9.6–13.1	10.6–17.8	8.8–14.8	6.9–13.1	2.7–10.2
For a dental problem	%	35.2	37.3	38.4	32.4	25.7
	95%CI	31.3–39.4	29.1–46.2	31.7–45.7	26.0–39.6	15.4–39.7
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	23.6	21.9	39.4	23.3	13.2*
	95%CI	20.5–27.1	16.2–28.9	30.8–48.7	18.6–28.8	7.9–21.1
Tertile 2 (\$60-<\$120k)	%	17.9	21.2	20.9	11.1	5.8*
	95%CI	14.7–21.5	15.5–28.4	15.5–27.5	7.3–16.5	1.5–20.5
Tertile 3 (\$120K+)	%	12.9	16.6	12.2	7.4*	21.9*
	95%CI	10.4–16.0	11.6–23.1	9.0–16.4	3.8–14.0	4.7–61.4

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## Uncomfortable about dental appearance

In NDTIS 2021, self-reported perception of dental appearance related to frequency of feeling uncomfortable with one's dental appearance and was assessed in the Interview by asking people 'How often have you felt uncomfortable about the appearance of your teeth mouth or dentures during the last 12 months? Was it: Very often, Often, Sometimes, Hardly ever, Never, Don't know?'

Table 4-11 presents the percentage of people who were uncomfortable about their dental appearance in the Australian population. Overall, 31.6% of Australians aged 18 years and over reported being uncomfortable about their dental appearance. The percentage of people uncomfortable about their dental appearance varied by age, with a higher percentage of younger people reporting being uncomfortable about their dental appearance (ranging from 31.6% for 18–34 year-olds to 35.3% for 55–74 year-olds) than older people (19.3% for those aged 75 years or more).

Similar percentages of males (29.8%) and females (33.3%) reported being uncomfortable with their dental appearance, with older age groups having significantly less discomfort with their appearance than younger age groups for both males and females.

A higher percentage of Indigenous persons reported being uncomfortable about their dental appearance (47.3%) than non-Indigenous persons (31.2%). There were no significant differences across age groups.

There was no difference in the percentage of people who were uncomfortable about their dental appearance across geographic location of residence, ranging from 30.5% for Outer regional/Remote areas to 31.7% for both Major cities and Inner regional areas.

A higher percentage of persons with year 10 or less schooling (38.2%) were uncomfortable about their dental appearance than those with year 11 or more years of schooling (30.0%). This pattern was observed for the 35–54 year age group (47.0% and 29.6%, respectively), while no significant differences were observed for other age groups.

There was little variation in the percentage of people who were uncomfortable about their dental appearance for those with a degree or higher (27.0%) and those with other or no qualifications (33.1%), and there was also no significant variation across age groups.

Similar percentages of those who were eligible for public dental care and those who were not reported being uncomfortable with their dental appearance (36.2% and 30.3%, respectively). However, across age groups, a higher percentage of persons aged 35–54 years who were eligible for public dental care reported being uncomfortable with their dental appearance than ineligible 35–54 year-olds (59.0% and 28.3%, respectively).

A lower percentage of dentally insured persons were uncomfortable with their dental appearance (24.9%) than uninsured persons (39.3%). This pattern of lower percentages of dentally insured persons reporting that they were uncomfortable about their dental appearance than uninsured persons was observed for the 18–34 year (23.1% and 39.1%, respectively), 35–54 year (24.2% and 43.9%, respectively) and 55–74 year (29.6% and 42.3%, respectively) age groups.

Usually visiting a dentist for a dental problem was associated with a higher percentage of people who were uncomfortable about their dental appearance (48.0%) than those who usually visit for a check-up (24.2%). This pattern of higher percentages of persons who usually visit for a dental problem reporting that they were uncomfortable about their dental appearance than persons who usually visit for a check-up was observed consistently in each age group.

Household income was also associated with adults reporting feeling uncomfortable about their dental appearance. One-third (36.7%) of those in the lowest income group reported feeling uncomfortable about their dental appearance compared with almost one-quarter of those in the highest income group (23.8%). This pattern tended to be reflected across all age groups.

In summary, feeling uncomfortable about one's dental appearance was associated with younger age groups (18–34 year-olds, 35–54 year-olds and 55–74 year-olds), being Indigenous, having year 10 or less of schooling, not having dental insurance status, usually visiting a dentist for a problem and low household income.

**Table 4-11: Percentage of people who were uncomfortable about their dental appearance in the Australian population, 2021**

		Population: All persons aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>31.6</b>	<b>31.6</b>	<b>32.1</b>	<b>35.3</b>	<b>19.3</b>
	95%CI	29.5–33.8	27.8–35.8	28.3–36.1	31.3–39.4	14.7–24.9
<b>Sex</b>						
Male	%	29.8	30.6	29.1	34.5	18.7
	95%CI	26.7–33.1	24.7–37.2	23.6–35.4	28.7–40.8	13.0–26.2
Female	%	33.3	32.6	34.3	36.1	20.2
	95%CI	30.5–36.2	27.8–37.9	29.4–39.5	30.8–41.6	13.4–29.2
<b>Indigenous identity</b>						
Non-Indigenous	%	31.2	30.9	31.6	35.1	19.3
	95%CI	29.0–33.4	27.0–35.1	27.8–35.7	31.1–39.3	14.7–24.9
Indigenous	%	47.3	47.5	49.1	45.8*	—
	95%CI	35.5–59.4	29.3–66.3	31.4–67.1	23.5–70.0	—
<b>Residential location</b>						
Major cities	%	31.7	32.0	31.6	36.3	17.8
	95%CI	29.0–34.5	27.2–37.2	27.0–36.6	31.1–41.8	12.1–25.4
Inner regional	%	31.7	30.8	35.4	32.1	22.7
	95%CI	27.9–35.8	23.9–38.7	27.8–43.8	26.0–38.9	15.0–33.0
Outer regional/Remote	%	30.5	29.7	29.7	35.0	22.1*
	95%CI	26.6–34.7	22.5–38.1	23.1–37.1	27.9–42.8	12.8–35.4
<b>Year level of schooling</b>						
Year 10 or less	%	38.2	35.9	47.0	40.7	24.6
	95%CI	33.6–43.1	23.4–50.7	36.1–58.2	34.1–47.6	17.5–33.5
Year 11 or more	%	30.0	31.4	29.6	32.2	16.3
	95%CI	27.6–32.5	27.3–35.7	25.7–33.8	27.3–37.4	10.4–24.6
<b>Highest qualification attained</b>						
Degree or higher	%	27.0	34.9	24.3	28.9	12.5*
	95%CI	22.9–31.6	25.8–45.2	18.7–31.0	20.7–38.8	5.6–25.3
Other/None	%	33.1	30.9	34.5	37.3	23.1
	95%CI	30.6–35.7	26.7–35.5	29.8–39.5	32.9–42.1	17.0–30.7
<b>Eligibility for public dental care</b>						
Eligible	%	36.2	35.4	59.0	37.6	21.1
	95%CI	32.4–40.3	26.6–45.3	49.6–67.8	31.8–43.8	15.3–28.3
Ineligible	%	30.3	31.0	28.3	34.4	16.9
	95%CI	27.8–32.9	26.7–35.6	24.3–32.6	29.2–40.1	10.2–26.6
<b>Dental insurance</b>						
Insured	%	24.9	23.1	24.2	29.6	17.4
	95%CI	22.3–27.7	18.2–28.9	20.1–28.8	24.9–34.9	11.1–26.4
Uninsured	%	39.3	39.1	43.9	42.3	21.4
	95%CI	35.9–42.8	33.2–45.4	37.4–50.6	35.9–48.9	15.2–29.3
<b>Usually visit dentist</b>						
For a check-up	%	24.2	27.2	21.1	28.0	12.8
	95%CI	21.8–26.7	22.9–32.0	17.3–25.6	23.6–33.0	8.5–18.9
For a dental problem	%	48.0	44.5	54.7	48.1	32.3
	95%CI	43.8–52.3	35.3–54.0	47.7–61.5	41.0–55.3	22.4–44.1
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	36.7	36.8	45.6	41.2	21.2
	95%CI	32.8–40.6	28.4–46.2	36.3–55.2	35.3–47.3	15.0–29.0
Tertile 2 (\$60-<\$120k)	%	32.8	35.0	37.8	25.9	18.2*
	95%CI	28.9–37.0	28.2–42.5	30.7–45.5	20.2–32.6	9.6–31.6
Tertile 3 (\$120K+)	%	23.8	24.7	22.8	27.2	13.2*
	95%CI	20.1–27.9	18.5–32.2	17.9–28.7	18.3–38.3	2.1–51.7

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

2. — zero or rounded to zero.

## Avoidance of foods because of oral health problems

Avoiding certain foods due to dental problems is an impact of poor oral health and may reflect an inability to chew properly. This reduces enjoyment of food and could affect the ability to maintain a healthy nutritional status.

In NDTIS 2021, avoiding foods because of oral health problems was assessed in the Interview by asking people 'How often have you had to avoid eating some foods because of problems with your teeth, mouth or dentures during the last 12 months? Was it: Very often, Often, Sometimes, Hardly Ever, Never, Don't know?' People who answered 'Very often', 'Often' or 'Sometimes' were classified as having avoided certain foods.

The percentage of people avoiding foods due to dental problems for the Australian population is presented in Table 4-12. Overall, 22.8% of people in Australia aged 18 years and over reported avoiding foods due to dental problems. The percentage of people avoiding foods due to dental problems varied by age, being lower for younger people (16.2% for those aged 18–34 years) than older people (28.9% for those aged 55–74 years).

Similar percentages of males (21.5%) and females (23.9%) reported avoiding foods due to dental problems and this was observed consistently in each age group.

Overall, 33.0% of Indigenous persons and 22.5% of non-Indigenous persons reported avoiding foods due to dental problems, with no significant differences across age group. However, wide confidence intervals across age groups prevent interpretation.

Similar percentages of Major cities residents reported avoiding certain foods due to dental problems (22.9%) as Inner regional residents (22.3%), and Outer regional/Remote residents (22.7%). No significant variation was observed across age groups.

A higher percentage of people who completed year 10 or less reported avoiding certain foods due to dental problems (33.0%) than those who completed year 11 or more at school (20.0%). This pattern by level of schooling was observed in all age groups, but was only significant for those with lower levels of schooling in the 35–54 year age group.

A lower percentage of people with a degree or higher qualification reported avoiding food due to dental problems (16.2%) than those with other or no qualifications (25.0%). This pattern by qualification was observed in all groups, but was only significantly different for those in the 35–54 year age group.

A higher percentage of people who were eligible for public dental care reported avoiding food due to dental problems (34.3%) than those not eligible (18.7%). This pattern of higher percentages of eligible persons reporting food avoidance due to dental problems than those ineligible for public dental care was observed consistently in all age groups but was only significantly different for those in the 35–54 years (54.9% and 18.5%, respectively) and 55–74 years (36.0% and 24.9%, respectively) age groups.

A higher percentage of uninsured persons reported avoiding food due to dental problems (28.7%) than insured persons (17.8%). This pattern of higher percentages reporting food avoidance due to dental problems for the uninsured than the insured was observed for the 35–54 years (33.5% and 15.3%, respectively) and 55–74 years (35.8% and 23.2%, respectively) age groups.

A higher percentage of individuals who usually visit for a dental problem reported avoiding food due to dental problems (40.3%) than those who usually visit for a check-up (14.7%). This pattern of significantly higher percentage of food avoidance due to dental problems among those who usually for a dental problem was observed consistently in all age groups.

Food avoidance due to dental problems was also more prevalent in the lowest income group than the highest income group (33.9% compared with 14.2%). The pattern of higher food avoidance in the lowest income tertile was consistent across all age groups.

In summary, avoiding certain foods due to dental problems was associated with being aged 55–74 years-old, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

**Table 4-12: Percentage of people avoiding foods due to dental problems in the Australian population, 2021**

		Population: All persons aged 18 years and over				
		Total	18-34	35-54	55-74	≥75
<b>All people</b>	%	<b>22.8</b>	<b>16.2</b>	<b>22.9</b>	<b>28.9</b>	<b>24.4</b>
	95%CI	20.9-24.7	13.2-19.7	19.7-26.6	25.3-32.8	19.0-30.7
<b>Sex</b>						
Male	%	21.5	13.0	21.3	30.2	22.9
	95%CI	18.8-24.6	9.0-18.3	16.2-27.4	24.7-36.2	16.0-31.7
Female	%	23.9	19.4	24.2	27.6	26.8
	95%CI	21.5-26.5	15.2-24.3	20.1-28.8	23.1-32.6	19.0-36.3
<b>Indigenous identity</b>						
Non-Indigenous	%	22.5	15.9	22.5	28.5	24.3
	95%CI	20.6-24.5	12.9-19.6	19.2-26.2	24.9-32.4	18.9-30.6
Indigenous	%	33.0	20.9*	40.3	56.0	65.4*
	95%CI	23.6-43.9	11.1-35.6	24.2-58.7	31.1-78.2	13.6-95.8
<b>Residential location</b>						
Major cities	%	22.9	16.1	23.4	29.1	25.0
	95%CI	20.5-25.4	12.4-20.6	19.3-28.1	24.4-34.3	18.0-33.6
Inner regional	%	22.3	15.7	22.9	27.7	21.1
	95%CI	19.2-25.7	11.1-21.7	17.6-29.3	21.9-34.4	13.3-31.7
Outer regional/Remote	%	22.7	17.5	19.4	29.8	28.0*
	95%CI	19.2-26.7	11.4-26.1	14.3-25.9	23.3-37.2	15.8-44.7
<b>Year level of schooling</b>						
Year 10 or less	%	33.0	29.1	37.3	32.6	31.2
	95%CI	28.6-37.7	18.0-43.4	26.8-49.1	26.8-38.9	22.6-41.2
Year 11 or more	%	20.0	15.2	20.4	26.7	19.6
	95%CI	18.0-22.3	12.1-18.9	17.2-24.2	22.2-31.7	12.9-28.7
<b>Highest qualification attained</b>						
Degree or higher	%	16.2	12.0*	13.2	24.7	16.9*
	95%CI	13.1-20.0	6.3-21.7	9.3-18.2	17.8-33.2	8.6-30.6
Other/None	%	25.0	17.3	27.1	31.2	26.8
	95%CI	22.7-27.5	13.9-21.3	22.8-32.0	26.8-36.0	20.1-34.8
<b>Eligibility for public dental care</b>						
Eligible	%	34.3	21.5	54.9	36.0	27.6
	95%CI	30.6-38.2	15.3-29.3	45.4-64.1	30.4-42.0	20.8-35.6
Ineligible	%	18.7	14.8	18.5	24.9	15.8*
	95%CI	16.6-21.1	11.5-18.8	15.2-22.4	20.3-30.1	8.7-26.8
<b>Dental insurance</b>						
Insured	%	17.8	15.4	15.3	23.2	18.4
	95%CI	15.5-20.4	10.8-21.4	12.0-19.3	18.6-28.4	11.8-27.7
Uninsured	%	28.7	17.4	33.5	35.8	30.0
	95%CI	25.7-31.8	13.7-22.0	27.5-40.1	30.0-42.0	22.1-39.2
<b>Usually visit dentist</b>						
For a check-up	%	14.7	12.4	12.0	21.0	14.2
	95%CI	12.8-16.8	9.1-16.7	9.2-15.4	17.0-25.7	9.1-21.5
For a dental problem	%	40.3	28.4	45.5	43.4	37.8
	95%CI	36.3-44.4	21.6-36.4	38.5-52.7	36.6-50.5	27.0-49.9
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	33.9	20.3	43.3	40.9	27.8
	95%CI	30.2-37.8	14.6-27.7	34.5-52.5	34.9-47.2	20.5-36.6
Tertile 2 (\$60-<\$120k)	%	20.3	18.2	22.3	22.1	12.3*
	95%CI	16.9-24.0	12.7-25.6	16.8-28.9	16.1-29.4	5.2-26.2
Tertile 3 (\$120K+)	%	14.2	13.1	15.2	13.3	3.7*
	95%CI	11.2-17.8	8.1-20.5	11.1-20.6	8.3-20.7	0.8-15.0

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

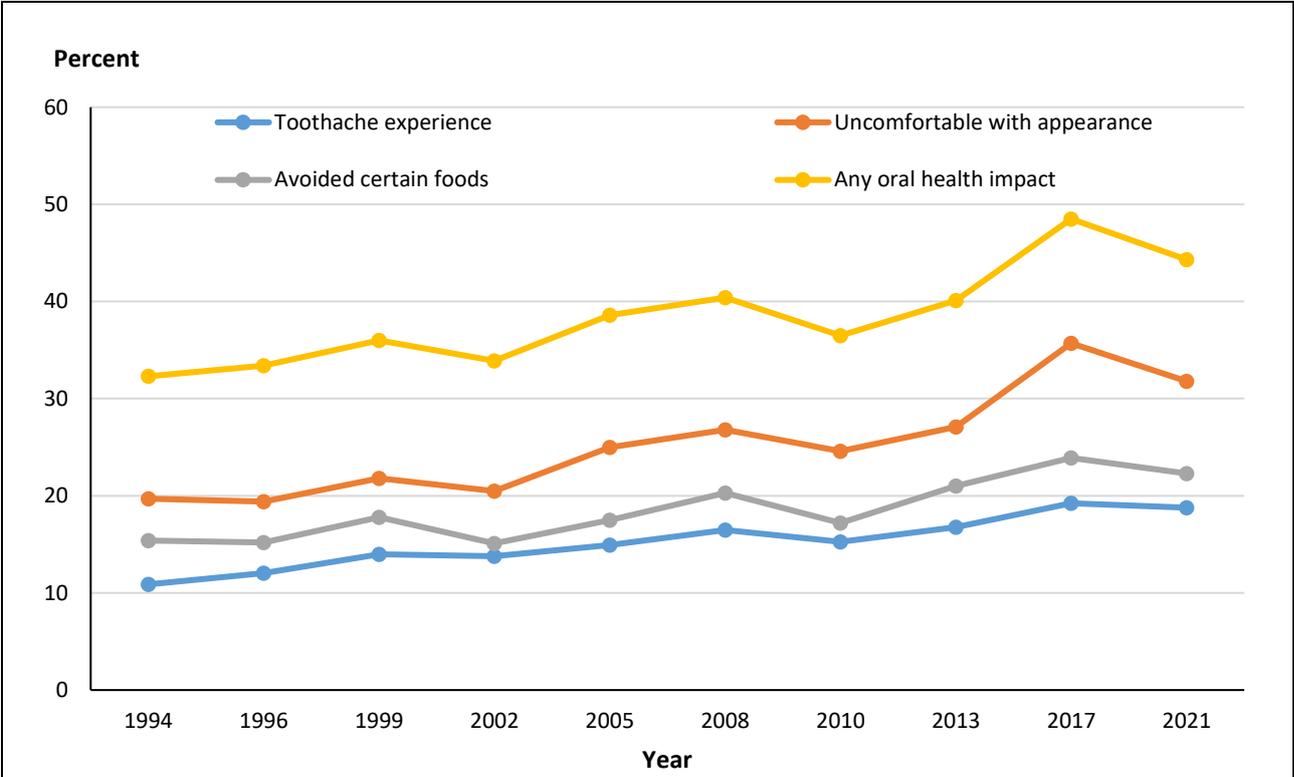
### Trends in social impacts of oral health

Between 1994 and 2021, there was an overall increase in the proportion of people aged 18 years and over who reported any social impacts of oral health. The proportion ranged between 32.3% in 1994 to 44.3% in 2021 (Figure 4-4). However, between 2017 and 2021 there was a slight decrease in the proportion of people who reported any oral health impact (from 48.5% to 44.3%).

The highest percentage point increase over the period from 1994 to 2021 was in the proportion of people who were uncomfortable about their dental appearance, increasing 12.1 percentage points (from 19.6% to 31.8%). Between 2017 and 2021 there was a slight decrease in the proportion of people who were uncomfortable about their dental appearance (from 34.9% to 31.8%).

The proportion of people who reported experiencing a toothache over the previous 12 months increased from 10.9% in 1994 to 18.8% in 2021 (a 7.9 percentage point difference). Between 2017 and 2021 there was a slight decrease in the proportion of people who reported experiencing a toothache (from 19.2% to 18.8%), however this difference was not significant.

The prevalence of people avoiding certain foods because of problems with their teeth increased by 7.1 percentage points over the same period (from 15.2% to 22.3%). Between 2017 and 2021 there was a slight decrease in the proportion of people who reported avoiding certain foods because of problems with their teeth (from 25.1% to 22.3%), however this difference was not significant.



*Notes*

- Data in this figure relate to adults aged 18 years and over.
- Toothache experience relates to dentate adults only while the remaining social impacts of oral health relate to all adults.
- Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

Source: Appendix Table A-4

**Figure 4-4: Prevalence of any oral health impact, adults aged 18 and over 1994 to 2021 (per cent)**

## 4.5 Perceived need

People's perception of their need for dental care is regarded as a factor in them visiting a dentist. For this reason perceived need has been included in a number of models that endeavour to predict the probability of dental visits. Dental attendance should reduce people's perceived needs, whereas onset of oral disease or other disorders may produce symptoms that create a perception that treatment is needed.

Perceived need for different types of dental care gives an indication of the dental services that could be required. However, the actual services provided in a dental visit are the result of a professional diagnosis and negotiated treatment plan, where both the professional judgement of a dentist and the perceptions of the 'patient' are both weighed up in a cost benefit assessment.

In NDTIS 2021, people were asked 'Currently which of the following dental treatments do you think that you need to have?' The possible response categories varied for dentate and edentulous people. All people were asked if they felt they needed dentures. Dentate people were asked about additional dental services including an extraction, a restoration or a check-up. Further, those people who reported a need for an extraction or restoration were asked about the urgency of their need for those dental treatments.

### Perceived need for dentures

Table 4-13 presents the percentage of people who perceived a need for dentures in the Australian population. Overall, 5.5% of people aged 18 years and over reported a perceived need for dentures. This varied by age, from 5.0% for 35-54 year-olds to 14.1% for those aged 75 years and over.

The percentage reporting a need for denture was similar for males (6.8%) and females (4.3%) and did not vary significantly by sex across age groups.

There was no significant difference in the percentage of Indigenous persons who reported needing dentures (11.2%) than non-Indigenous (5.3%).

A lower percentage of persons living in Major cities reported a need for dentures (4.5%) than those living in Inner regional areas (9.2%).

A higher percentage of persons with year 10 or less of schooling reported needing a denture (14.4%) than those with year 11 or more years of schooling (3.2%). This pattern of higher percentages of persons with year 10 or less schooling needing a denture than those with year 11 or more years of schooling was observed for the 55-74 year age group (14.6% and 5.7%, respectively). A lower percentage of persons with a degree or higher qualification reported needing a denture (1.5%) than those with other or no qualifications (6.9%), and while this pattern of lower percentages of persons with a degree or higher needing a denture than those with other or no qualifications was observed across age groups, some estimates had high relative standard errors.

A higher percentage of persons eligible for public dental care reported needing a denture (14.0%) than those who were not eligible (2.8%). A higher percentage of persons aged 55-74 years who were eligible for public dental care reported needing a denture than those not eligible for public dental care (16.3% and 5.6%, respectively).

A higher percentage of uninsured persons reported a perceived need for a denture (9.0%) than those with dental insurance (2.7%). This pattern of higher percentages of uninsured persons needing a denture than those insured was observed for the 55-74 year age group (15.5% and 3.8%, respectively).

A higher percentage of those who usually visit for a dental problem perceived a need for a denture (14.6%) than those who usually visit for a check-up (1.5%).

Edentulous persons reported a higher percentage with a need for a denture (17.2%) than dentate persons (5.0%). This pattern of higher percentages of edentulous persons needing a denture than dentate persons was observed for the three older age groups, but some of these estimates had high relative standard errors.

Household income was also associated with perceived need for dentures with 11.7% of the lowest income group reporting needing dentures, compared with 3.9% and 0.7% in the middle- and high-income groups, respectively.

Perceived need for dentures was associated with being aged 75 and over, living in Inner regional areas, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting the dentist for a problem, being edentulous and low household income.

**Table 4-13: Percentage of people who had a perceived need for dentures in the Australian population, 2021**

		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>5.5</b>	<b>0.8*</b>	<b>5.0</b>	<b>9.0</b>	<b>14.1</b>
	95%CI	4.4–6.7	0.4–1.6	3.0–8.0	7.0–11.5	9.3–20.7
<b>Sex</b>						
Male	%	6.8	0.8*	6.4*	11.4	14.7*
	95%CI	5.0–9.2	0.3–2.0	2.8–13.8	8.1–15.8	8.5–24.1
Female	%	4.3	0.8*	3.9	6.7	13.2*
	95%CI	3.3–5.5	0.3–2.2	2.5–6.2	4.7–9.4	7.0–23.5
<b>Indigenous identity</b>						
Non-Indigenous	%	5.3	0.7*	4.7*	8.7	13.9
	95%CI	4.3–6.6	0.3–1.5	2.8–7.8	6.7–11.1	9.2–20.6
Indigenous	%	11.2*	2.3*	17.9*	30*	—
	95%CI	5.7–20.9	0.3–14.9	6.2–41.9	10.8–60.4	—
<b>Residential location</b>						
Major cities	%	4.5	0.4*	4.7*	7.0	11.9*
	95%CI	3.3–6.1	0.1–1.6	2.4–8.9	4.8–10.0	6.5–20.8
Inner regional	%	9.2	2.2*	6.9*	14.6	20.2*
	95%CI	6.9–12.1	0.9–5.4	3.8–12.3	9.9–20.8	10.7–34.9
Outer regional/Remote	%	6.0	0.7*	3.6*	11.7	14.9*
	95%CI	4.1–8.7	0.1–4.5	1.5–8.6	7.1–18.7	6.6–30.5
<b>Year level of schooling</b>						
Year 10 or less	%	14.4	3.7*	16.9*	14.6	17.5
	95%CI	10.6–19.2	1.2–10.6	7.4–34.3	10.4–20.2	10.7–27.1
Year 11 or more	%	3.2	0.6*	3.2*	5.7	11.2*
	95%CI	2.3–4.3	0.2–1.4	1.8–5.5	3.8–8.4	5.2–22.4
<b>Highest qualification attained</b>						
Degree or higher	%	1.5*	—	0.4*	3.0*	8.5*
	95%CI	0.8–2.9	—	0.1–1.7	1.4–6.2	2.3–26.5
Other/None	%	6.9	1.0*	7.1*	11.0	18.9
	95%CI	5.5–8.7	0.5–2.1	4.2–11.8	8.3–14.4	12.1–28.1
<b>Eligibility for public dental care</b>						
Eligible	%	14.0	1.9*	16.6	16.3	17.9
	95%CI	11.2–17.4	0.6–5.7	10.1–26.0	12.2–21.3	11.6–26.7
Ineligible	%	2.8	0.4*	3.3*	5.6	4.3*
	95%CI	1.9–4.3	0.1–1.0	1.6–7.0	3.5–8.6	1.4–12.7
<b>Dental insurance</b>						
Insured	%	2.7	—	2.2*	3.8	11.2*
	95%CI	1.7–4.1	—	0.8–5.6	2.4–6.1	5.1–22.6
Uninsured	%	9.0	1.4*	9.3*	15.5	17.0
	95%CI	7.1–11.4	0.6–2.9	5.3–15.8	11.5–20.6	10.5–26.5
<b>Usually visit dentist</b>						
For a check-up	%	1.5	0.2*	0.1*	3.2*	8.3*
	95%CI	1.0–2.3	0.0–1.1	0.0–0.2	1.9–5.4	3.9–16.7
For a dental problem	%	14.6	2.4*	15.6	19.0	25.9
	95%CI	11.5–18.3	1.0–5.7	9.8–23.9	14.2–25.1	15.6–39.7
<b>Oral status</b>						
Dentate	%	5.0	0.8*	4.7*	7.9	14.9
	95%CI	4.0–6.3	0.4–1.6	2.8–7.7	6.0–10.4	9.5–22.6
Edentulous	%	17.2	—	19.5*	22.7*	10.0*
	95%CI	10.9–26.0	—	5.3–51.2	12.8–37.0	4.0–23.2
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	11.7	1.6*	14.4	13.3	18.6
	95%CI	9.3–14.6	0.5–4.7	9.1–21.9	9.7–18.1	11.7–28.2
Tertile 2 (\$60–<\$120k)	%	3.9	1.1*	5.1*	7.0*	3.3*
	95%CI	2.4–6.1	0.4–3.0	2.2–11.6	3.9–12.2	0.5–18.6
Tertile 3 (\$120K+)	%	0.7*	0.2*	0.9*	0.8*	14.4*
	95%CI	0.2–2.2	0.0–1.5	0.2–3.9	0.2–3.3	2.1–56.8

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

## Perceived need for dental extraction or filling

Other response options to the question in the NDTIS 2021 Interview about which dental treatments people thought they needed to have were 'Any extractions' and 'Any fillings'. These responses have been analysed for dentate respondents only. The response options have been combined so that the respondents are indicating that they perceive a dental problem for which one or other of these two aspects of routine dental care is thought to be required. Extractions and fillings (sometimes with additional dental services like endodontics and advanced restorative services like crowns) are alternative treatments for teeth affected by dental caries and its sequelae. Just which treatment people proceed with would be determined frequently by fees in the private sector and resource scarcity in the public dental services.

Table 4-14 presents the percentage of people who had a perceived need for an extraction or filling in the Australian population. Among dentate people aged 18 years and over, 30.2% perceived a need for an extraction or a filling. A higher percentage of those aged 55–74 years (35.3%) perceived a need for an extraction or filling than those aged 75 years and over (21.9%).

There were similar percentages of males and females reporting a need for an extraction or filling (30.4% and 30.0%, respectively), with little variation in perceived need for an extraction or filling by sex across age groups.

A higher percentage of Indigenous persons reported a perceived need for an extraction or filling (50.5%) than non-Indigenous persons (29.6%). However, there were no significant differences in the percentage perceiving a need for an extraction or filling by Indigenous identity across age groups.

Similar percentages of Major cities residents reported perceiving a need for an extraction or filling (28.8%) as Inner regional residents (33.4%) and Outer regional/Remote residents (35.1%). No significant variation in the percentage of people reporting a perceived need for an extraction or filling by residential location was observed across age groups.

A higher percentage of persons with year 10 or less schooling had a perceived need for an extraction or filling (39.7%) than those with year 11 or more years of schooling (28.2%), which was reflected in the 35–54 years age group (47.7% and 27.8%, respectively).

A lower percentage of persons with a degree or higher qualification reported a need for an extraction or filling (21.1%) than those with other or no qualifications (32.6%). This pattern by qualification was reflected in the 55–74 year age group (22.9% and 37.6%, respectively).

Those eligible for public dental care reported a higher percentage with a perceived need for an extraction or filling (41.6%) than those ineligible (26.7%). This pattern of higher percentages of eligible persons perceiving a need for an extraction or filling than those ineligible was observed for the 35–54 years (59.4% and 26.4%, respectively) and 55–74 years (45.4% and 30.9%, respectively) age groups.

Uninsured persons reported a higher percentage with a need for an extraction or filling (40.1%) than dentally insured persons (21.9%). This pattern of a higher percentage of uninsured than insured persons perceiving a need for an extraction or filling was observed for the 18–34 years (34.3% and 22.1%, respectively), 35–54 years (42.9% and 21.4%, respectively) and 55–74 years (49.6% and 23.8%, respectively) age groups.

A higher percentage of those who usually visit for a dental problem perceived needing an extraction or filling (54.1%) than those who usually visit for a check-up (19.4%). This pattern of a higher percentage of those who usually visit for a problem than those persons who usually visit for a check-up perceiving a need for an extraction or filling was observed for 18–34 year-olds (46.5% and 21.7%, respectively), 35–54 year-olds (62.9% and 14.1%, respectively) and 55–74 year-olds (53.7% and 25.1%, respectively).

Those in the lowest household income tertile also reported a higher need for dental treatment (extraction or filling) compared with those in the highest income group (39.6% and 19.2%, respectively).

Perceived need for a dental extraction or filling was associated with being aged 55–74 years-old, being Indigenous, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and low household income.

**Table 4-14: Percentage of people who had a perceived need for an extraction or filling in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>30.2</b>	<b>28.0</b>	<b>30.4</b>	<b>35.3</b>	<b>21.9</b>
	95%CI	27.9–32.5	24.4–31.9	26.6–34.5	30.6–40.3	15.7–29.8
<b>Sex</b>						
Male	%	30.4	25.6	32.8	37.6	20.2
	95%CI	27.1–34.0	20.2–31.8	26.6–39.7	31.0–44.6	12.6–30.9
Female	%	30.0	30.3	28.7	33.0	24.7
	95%CI	27.0–33.1	25.6–35.4	24.1–33.8	26.6–40.1	15.4–37.1
<b>Indigenous identity</b>						
Non-Indigenous	%	29.6	27.1	29.9	35.0	21.7
	95%CI	27.4–32.0	23.4–31.1	26.0–34.1	30.3–40.0	15.5–29.6
Indigenous	%	50.5	46.9	52.2	61.3*	—
	95%CI	36.2–64.7	27.1–67.6	31.0–72.5	29.8–85.5	—
<b>Residential location</b>						
Major cities	%	28.8	27.2	28.3	35.1	18.2
	95%CI	26.0–31.8	22.8–32.1	23.7–33.5	29.1–41.6	11.1–28.4
Inner regional	%	33.4	28.3	37.1	36.6	27.8*
	95%CI	29.2–37.8	21.1–36.8	29.9–44.9	29.1–44.9	16.0–43.8
Outer regional/Remote	%	35.1	34.4	36.1	34.1	36.7*
	95%CI	30.1–40.4	26.1–43.7	27.4–45.8	25.0–44.4	20.7–56.4
<b>Year level of schooling</b>						
Year 10 or less	%	39.7	42.4	47.7	39.5	27.8
	95%CI	34.3–45.3	25.1–61.8	36.7–58.9	31.7–47.8	18.0–40.4
Year 11 or more	%	28.2	27.0	27.8	32.6	20.8*
	95%CI	25.7–30.8	23.3–31.1	23.8–32.2	27.0–38.9	12.3–33.0
<b>Highest qualification attained</b>						
Degree or higher	%	21.1	19.6	23.7	22.9	6.4*
	95%CI	17.2–25.7	13.0–28.6	17.3–31.5	15.8–32.1	2.5–15.2
Other/None	%	32.6	31.1	31.7	37.6	27.8
	95%CI	30.0–35.4	26.8–35.7	27.2–36.7	32.2–43.4	19.1–38.7
<b>Eligibility for public dental care</b>						
Eligible	%	41.6	38.5	59.4	45.4	25.2
	95%CI	36.7–46.5	28.4–49.7	48.3–69.6	37.9–53.1	17.1–35.3
Ineligible	%	26.7	25.4	26.4	30.9	15.5*
	95%CI	24.2–29.4	21.6–29.6	22.4–30.7	25.1–37.3	7.4–29.7
<b>Dental insurance</b>						
Insured	%	21.9	22.1	21.4	23.8	17.1*
	95%CI	19.3–24.8	17.6–27.3	17.1–26.4	18.8–29.7	9.2–29.6
Uninsured	%	40.1	34.3	42.9	49.6	26.8
	95%CI	36.4–44.0	28.4–40.7	36.1–50.0	41.6–57.6	17.9–38.1
<b>Usually visit dentist</b>						
For a check-up	%	19.4	21.7	14.1	25.1	15.1
	95%CI	17.1–21.9	17.9–26.0	10.8–18.3	20.0–31.1	9.2–23.8
For a dental problem	%	54.1	46.5	62.9	53.7	36.2
	95%CI	49.0–59.1	36.1–57.2	54.8–70.4	44.7–62.5	22.5–52.5
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	39.6	34.2	55.2	44.3	22.8
	95%CI	35.0–44.5	25.4–44.3	44.6–65.3	36.9–52.1	14.9–33.4
Tertile 2 (\$60–<\$120k)	%	31.0	27.9	38.0	29.1	10.5*
	95%CI	26.8–35.4	22.1–34.5	30.1–46.6	21.7–37.8	4.2–23.7
Tertile 3 (\$120K+)	%	19.2	24.1	16.6	18.0*	69.9*
	95%CI	15.9–23.0	18.2–31.2	12.6–21.6	9.7–30.8	20.5–95.4

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

## Perceived need for a dental check-up

Perceived need for a check-up is an indicator of an acceptance of the recommendation from dentists to visit regularly when not suffering any symptoms (that is, asymptomatic) so as to receive preventive services and the early diagnosis and prompt treatment of any oral disease. It is therefore related to the indicators of access described in Chapter 5 such as reported frequency of visiting for a check-up and usually visiting at least once a year.

In NDTIS 2021, people who were dentate were asked 'Currently which of the following dental treatments do you think you need to have?' One of the response options was 'Dental check-up'.

Table 4-15 presents the percentage of dentate people who perceived a need for a check-up in the Australian population. The percentage of dentate persons aged 18 years and over who perceived a need for a check-up was 66.8%. The percentage of people perceiving a need for a check-up was higher in 35-54 year-olds (68.5%) and 55-74 year-olds (68.2%) age groups than in the 75 years and over age group (54.4%).

There was little difference in perceived need for a check-up between males (67.6%) and females (66.1%), with no differences in perceived need for a check-up by sex across age groups.

The perceived need for a check-up was similar for Indigenous (72.0%) and non-Indigenous persons (66.7%). However, among 55-74 year-olds a higher percentage of Indigenous persons (95.9%) reported the perceived need for a dental check-up than non-Indigenous persons (67.7%).

A similar percentage of Major city residents reported a perceived a need for a check-up (66.3%) as Inner regional residents (67.7%) and Outer regional/Remote residents (69.5%). There were no significant differences in perceived need for a check-up by residential location across age groups.

There was little difference in the percentage of persons with a perceived need for a check-up among those with year 10 or less of schooling (70.0%) and those with year 11 or more years of schooling (66.6%). There were also no significant differences in the perceived need for a check-up by year level of schooling across age groups.

There were similar percentages of persons with a perceived need for a check-up among those with a degree or higher qualification (65.7%) and those with other or no qualifications (67.8%), and this pattern also did not vary significantly by age group.

The percentage of persons with a perceived need for a check-up was similar for those eligible for public dental care (66.4%) and those not eligible for public dental care (66.8%), with no significant differences in the percentage reporting a need for a check-up by eligibility for public dental care across age groups.

The perceived need for a check-up was higher for uninsured (70.5%) than insured persons (63.3%). This pattern of a higher perceived need for a check-up for uninsured than insured persons was observed in the 35-54 years (77.2% and 62.5%, respectively) and the 55-74 years (74.6% and 63.2%, respectively) age groups.

Those who usually visit for a dental problem reported a higher perceived need for a check-up (76.3%) than those who usually visit for a check-up (62.6%). This pattern of a higher perceived need for a check-up for those usually visiting for a dental problem rather than a check-up was observed in the 35-54 years (80.7% and 62.4%, respectively) and the 55-74 years (79.3% and 62.3%, respectively) age groups.

There were no significant differences in the perceived need for a dental check-up across household income groups.

In summary, perceiving a need for a check-up among dentate adults was associated with being aged 35-54 years and 55-74 years, not having dental insurance and usually visiting a dental practitioner for a dental problem.

**Table 4-15: Percentage of people perceiving a need for a dental check-up in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18-34	35-54	55-74	≥75
<b>All people</b>	%	<b>66.8</b>	<b>66.9</b>	<b>68.5</b>	<b>68.2</b>	<b>54.4</b>
	95%CI	64.5-69.0	62.4-71.1	64.6-72.2	64.1-72.0	45.8-62.7
<b>Sex</b>						
Male	%	67.6	67.7	71.2	69.9	50.4
	95%CI	64.1-70.8	60.9-73.8	65.4-76.4	64.3-74.9	39.0-61.6
Female	%	66.1	66.1	66.5	66.6	61.3
	95%CI	62.9-69.2	60.1-71.6	61.1-71.5	60.5-72.1	49.5-71.9
<b>Indigenous identity</b>						
Non-Indigenous	%	66.7	67.2	68.1	67.7	54.5
	95%CI	64.3-68.9	62.7-71.5	64.1-71.9	63.6-71.6	45.9-62.8
Indigenous	%	72.0	59.9	82.3	95.9	12.2*
	95%CI	56.3-83.7	38.1-78.4	56.6-94.3	75.4-99.5	0.9-68.9
<b>Residential location</b>						
Major cities	%	66.3	67.0	67.0	69.0	50.5
	95%CI	63.3-69.1	61.5-72.1	62.0-71.6	63.6-73.8	39.3-61.6
Inner regional	%	67.7	63.3	74.1	67.5	60.6
	95%CI	63.2-71.8	53.6-72.0	67.1-80.1	60.1-74.2	46.6-73.0
Outer regional/Remote	%	69.5	73.3	71.0	63.8	68.0
	95%CI	64.9-73.8	64.6-80.4	62.8-78.0	55.1-71.7	49.7-82.1
<b>Year level of schooling</b>						
Year 10 or less	%	70.0	70.9	73.8	70.2	63.7
	95%CI	64.4-75.0	47.2-86.9	61.0-83.5	62.8-76.8	51.9-74.1
Year 11 or more	%	66.6	66.7	67.9	67.4	53.4
	95%CI	64.0-69.1	62.1-70.9	63.7-71.9	62.4-72.1	40.8-65.5
<b>Highest qualification attained</b>						
Degree or higher	%	65.7	65.2	66.5	70.3	48.4
	95%CI	60.9-70.2	54.8-74.3	59.4-73.0	61.9-77.5	31.0-66.2
Other/None	%	67.8	68.5	69.2	68.3	55.6
	95%CI	65.1-70.4	63.6-73.1	64.3-73.7	63.5-72.7	45.6-65.2
<b>Eligibility for public dental care</b>						
Eligible	%	66.4	65.9	79.2	68.5	53.9
	95%CI	61.6-70.9	52.7-77.0	70.6-85.7	62.1-74.3	43.0-64.4
Ineligible	%	66.8	66.9	66.8	67.7	58.9
	95%CI	64.1-69.4	62.1-71.4	62.4-70.8	62.3-72.6	44.9-71.6
<b>Dental insurance</b>						
Insured	%	63.3	66.6	62.5	63.2	54.3
	95%CI	60.2-66.2	60.9-71.8	57.2-67.5	57.7-68.3	42.1-66.0
Uninsured	%	70.5	66.1	77.2	74.6	53.2
	95%CI	66.8-74.0	58.7-72.7	71.4-82.2	68.4-80.0	41.1-64.9
<b>Usually visit dentist</b>						
For a check-up	%	62.6	65.5	62.4	62.3	51.1
	95%CI	59.8-65.3	60.8-69.9	57.4-67.2	57.1-67.3	40.7-61.4
For a dental problem	%	76.3	69.7	80.7	79.3	64.9
	95%CI	71.7-80.4	56.9-80.1	74.3-85.9	72.9-84.5	49.3-77.8
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	68.4	64.5	76.8	75.5	51.3
	95%CI	63.8-72.6	53.3-74.4	68.6-83.4	69.9-80.4	40.0-62.4
Tertile 2 (\$60-<\$120k)	%	70.5	71.3	75.1	64.5	57.5
	95%CI	66.4-74.3	64.1-77.5	67.8-81.2	56.8-71.6	39.2-73.9
Tertile 3 (\$120K+)	%	62.2	64.5	60.5	62.7	94.5
	95%CI	57.7-66.5	57.0-71.4	54.1-66.5	51.9-72.4	79.7-98.7

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## Perceived urgency of dental treatment needs

Another aspect of perceived need for dental care is the urgency with which dental treatment is perceived to be required. Some dental problems are acute in the urgency with which treatment is required. These problems include dental trauma, swelling in or around the jaws and bleeding (usually as a complication of surgical dental treatment). However, these are reasonably rare events. For many more dental problems the need for dental treatment is not urgent but is certainly desirable in a short period of time. Then there are those dental problems which are not urgent at all.

In NDTIS 2021, people were asked 'How soon do you think you need this dental treatment?' The responses included a wide range of time periods. For this report only dentate people who perceived that they needed an extraction and/or filling were included and the response categories have been collapsed into those who considered that they needed dental treatment within 3 months and those who could wait longer than 3 months.

Table 4-16 presents the percentage of people who perceived a need for dental treatment within 3 months in the Australian dentate population. Some 62.8% of dentate Australians aged 18 years and over with a perceived need for an extraction and/or filling perceived a need for dental treatment within 3 months. The percentage of people perceiving a need for dental treatment within 3 months did not vary significantly by age.

The percentage of persons perceiving a need for dental treatment within 3 months was similar for males (58.5%) and females (66.8%). There were no significant differences in perceiving a need for treatment within 3 months across age groups.

A higher percentage of Indigenous persons (82.1%) with a perceived need for dental treatment reported requiring treatment within 3 months than non-Indigenous persons (62.0%). Across age groups this pattern was only observed in the 55–74 years age group (97.4% and 68.3%, respectively).

Residents in major city locations with a perceived need for dental treatment reported a similar percentage who considered they required treatment within 3 months as residents of other locations, with no significant differences across age groups.

Persons with year 10 or less of schooling with a perceived need for dental treatment had a higher percentage requiring treatment within 3 months (74.2%) than those with year 11 or more years of schooling (58.8%), but this was only observed in the 35–54 years age group (83.4% and 60.3%, respectively). The percentage of persons with a degree or higher qualification who perceived a need for treatment within 3 months (61.5%) was similar to those with other or no qualifications (62.1%). There were also no significant differences in the percentage reporting a need for treatment within 3 months by highest qualification attained in any age group.

The percentage of persons with a perceived need for dental treatment reported requiring treatment within 3 months was similar for those eligible for public dental care (69.6%) and those ineligible (59.5%). There were no significant differences in perceiving a need for treatment within 3 months by eligibility for public dental care in any of the age groups.

There were similar percentages of persons who perceived a need for dental treatment for insured (63.0%) and uninsured persons (62.9%), and no significant differences in perceived need for treatment within 3 months by dental insurance status were observed in any age group.

The percentage of persons perceiving a need for dental treatment within 3 months was similar for those usually visiting for a dental problem (62.6%) and those who usually visit for a check-up (63.7%). Similarly, there were no differences across household income groups.

The perceived urgency of dental treatments was associated with being Indigenous and having year 10 or less of schooling.

**Table 4-16: Percentage of people perceiving a need for dental treatment within 3 months in the Australian dentate population, 2021**

		Population: dentate people aged 18 years and over with a perceived need for an extraction and/or filling				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>62.8</b>	<b>55.7</b>	<b>65.2</b>	<b>68.8</b>	<b>53.0</b>
	95%CI	58.4–67.1	48.2–63.0	57.3–72.3	60.4–76.1	35.0–70.2
<b>Sex</b>						
Male	%	58.5	52.1	60.1	66.6	38.2*
	95%CI	51.6–65.1	39.7–64.3	47.0–71.8	54.6–76.8	19.7–60.9
Female	%	66.8	58.6	69.4	71.4	75.4
	95%CI	61.3–71.9	49.6–67.1	59.9–77.4	59.6–80.8	45.8–91.8
<b>Indigenous identity</b>						
Non-Indigenous	%	62.0	53.8	64.4	68.3	53.7
	95%CI	57.4–66.3	45.9–61.4	56.2–71.8	59.8–75.7	35.3–71.0
Indigenous	%	82.1	79.5	84.5	97.4	—
	95%CI	66.4–91.4	53.1–93.0	59.6–95.3	85.4–99.6	—
<b>Residential location</b>						
Major cities	%	60.9	54.5	64.0	68.1	31.1*
	95%CI	55.0–66.4	45.2–63.6	53.6–73.3	56.9–77.6	14.4–54.9
Inner regional	%	65.3	55.9	65.7	69.4	76.5
	95%CI	57.3–72.4	39.8–70.8	52.4–77.0	56.1–80.1	44.7–92.9
Outer regional/Remote	%	71.4	64.3	71.9	72.6	90.7
	95%CI	63.3–78.3	49.5–76.9	57.4–82.9	56.3–84.6	54.9–98.7
<b>Year level of schooling</b>						
Year 10 or less	%	74.2	59.9	83.4	78.2	51.2
	95%CI	66.9–80.4	37.6–78.8	73.1–90.3	68.9–85.3	27.9–74.0
Year 11 or more	%	58.8	55.3	60.3	62.2	54.2*
	95%CI	53.5–63.9	47.3–63.1	51.1–68.7	50.5–72.6	27.7–78.5
<b>Highest qualification attained</b>						
Degree or higher	%	61.5	53.8	68.5	55.9	58.4*
	95%CI	50.1–71.8	32.7–73.6	49.8–82.7	37.1–73.2	18.1–89.9
Other/None	%	62.1	55.6	64.3	70.5	47.1
	95%CI	57.2–66.9	47.5–63.4	55.5–72.2	60.2–79.0	27.6–67.5
<b>Eligibility for public dental care</b>						
Eligible	%	69.6	63.6	70.7	77.1	55.6
	95%CI	62.5–75.8	48.4–76.6	56.6–81.7	67.7–84.4	34.6–74.8
Ineligible	%	59.5	52.7	63.5	63.1	41.7*
	95%CI	53.8–65.0	43.9–61.2	54.0–72.0	50.7–74.0	13.9–76.0
<b>Dental insurance</b>						
Insured	%	63.0	49.2	70.5	72.9	33.1*
	95%CI	56.0–69.5	37.7–60.8	58.8–80.0	61.2–82.1	13.4–61.4
Uninsured	%	62.9	59.9	61.9	66.3	64.5
	95%CI	56.9–68.4	49.9–69.1	51.2–71.6	54.8–76.2	41.5–82.3
<b>Usually visit dentist</b>						
For a check-up	%	63.7	53.0	69.6	73.9	57.2
	95%CI	57.0–70.0	42.5–63.1	54.1–81.7	62.7–82.6	32.1–79.0
For a dental problem	%	62.6	60.2	63.9	64.8	49.6*
	95%CI	56.5–68.3	49.1–70.4	54.4–72.4	52.5–75.3	25.9–73.6
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	67.5	62.0	71.7	70.2	57.5
	95%CI	60.0–74.1	46.5–75.4	58.5–82.0	57.6–80.3	33.7–78.2
Tertile 2 (\$60-<\$120k)	%	55.2	50.2	54.3	64.8	72.2*
	95%CI	47.0–63.2	38.6–61.8	40.2–67.7	48.2–78.6	29.9–94.0
Tertile 3 (\$120K+)	%	66.3	60.6	72.7	64.4	—
	95%CI	56.5–74.8	44.7–74.6	59.7–82.8	33.0–86.9	—

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

## 5 Use of dental services

Several approaches are used to describe access to dental care among populations. While the most common approaches are focussed on the last dental visit, how long ago it occurred and the place of the visit, there is also a strong interest in capturing a longer term view of people's access to dental care.

### 5.1 Time since last dental visit

Time since last visiting a dentist is a key indicator of access to dental care. Two aspects of the time interval are important. The percentage of adults who last visited within 12 months indicates the recency of the last visit. Some of those visits will be for a regular check-up; while other visits will be for dental treatment as a result of experiencing a dental problem. Visiting at least every 12 months for a check-up is widely recommended by the dental profession. Such visits provide the opportunity for provision of specific preventive services, early diagnosis and prompt treatment of dental disease.

On the other hand, not having visited in the last 5 years can be regarded as effectively not being within the dental care system. The reasons for not visiting within the last 5 years may be varied. They range from no perceived need through to barriers to visiting when there is a perceived need and desire to visit, but either individual factors prevent visiting, or dental services are not available or obtainable.

In NDTIS 2021, time since last visit was assessed in the Interview by asking people 'How long ago did you last visit a dental professional about your teeth, dentures or gums?' Response options were 'Less than 12 months', '1-<2 years', '2-<5 years', '5-<10 years', '10+ years' or 'Never visited'.

Table 5-1 presents the percentage of dentate people aged 18 years and over by time since last visit. Some 57.8% of dentate Australians aged 18 years and over made a dental visit in the previous 12 months, with three-quarters (74.6%) having made a dental visit in the previous 2 years.

Similar percentages of males (54.8%) and females (60.5%) made a dental visit in the previous 12 months. However, males were more likely than females to report not having visited a dentist for 5 years or more (12.8% and 7.4%, respectively).

The proportion of dentate people who made a dental visit in the previous 12 months was lower for those aged 18-34 years (53.4%) than for those aged 55-74 years and 75 years or more (63.1% and 63.6%, respectively).

Non-Indigenous persons were more likely than Indigenous persons to have visited in the previous 12 months (58.0% and 47.3%, respectively).

A higher proportion of dentate adults living in Major cities made a dental visit in the previous 12 months compared to dentate adults living in Outer regional/Remote areas (60.1% and 47.4%, respectively).

Dentate adults with year 10 or less of schooling were less likely to have visited a dentist in the previous 12 months compared to those with year 11 or more of schooling (50.0% and 59.9%, respectively). Similarly, those with other or no qualifications were less likely to have visited in the last 12 months than those with a degree or higher (54.4% and 67.3%, respectively).

There was no significant difference in having made a dental visit in the previous 12 months between those eligible for public dental care (52.6%) and those not eligible for public dental care (59.1%).

Less than half of dentate adults without dental insurance (42.5%) made a dental visit in the previous year compared to nearly three-quarters of those with dental insurance (71.4%). Similarly, over four times as many adults without dental insurance had not visited a dentist for more than 5 years than people with dental insurance (17.0% compared with 3.9%).

A lower proportion of dentate adults who usually visit the dentist for a dental problem made a dental visit in the previous year compared to those who usually visit for a check-up (34.9% and 68.7%, respectively). Those who usually visit for a problem were more likely than those who usually visit for a check-up to report not having visited for 2-5 years (23.5% compared to 11.8%) or more than 5 years (24.1% compared with 2.8%).

A higher proportion of adults in the low income group were less likely to have visited a dental provider in the previous 12 months than those in the highest income group (53.0% compared with 66.4%). Conversely, the lowest income group had higher rates of not having visited a dentist in the previous 5 years than the higher income group (14.7% compared with 5.5%).

In summary, not having visited a dental provider in the previous 12 months was associated with being aged 18–34 years, being Indigenous, living in Outer regional/Remote areas, having year 10 or less of schooling, having other or no qualifications, not having dental insurance, usually visiting for a dental problem and low-income households. Not having visited a dentist for 5 years or more was associated with being male, not having dental insurance, usually visiting for a dental problem and low-income households.

**Table 5-1: Time since last visit by selected characteristics, dentate people aged 18 years and over in the Australian population, 2021**

		Time since last visit			
		<12 months	1–<2 years	2–<5 years	5+ years or never
<b>All people</b>	%	<b>57.8</b>	<b>16.8</b>	<b>15.4</b>	<b>10.0</b>
	95%CI	55.5–60.0	15.2–18.6	13.8–17.2	8.6–11.6
<b>Sex</b>					
Male	%	54.8	16.2	16.2	12.8
	95%CI	51.4–58.1	13.9–18.8	13.9–18.9	10.5–15.4
Female	%	60.5	17.4	14.6	7.4
	95%CI	57.5–63.5	15.3–19.8	12.5–17.0	5.9–9.2
<b>Age (years)</b>					
18–34	%	53.4	18.2	16.9	11.5
	95%CI	49.2–57.6	15.3–21.5	14.0–20.3	8.6–15.1
35–54	%	55.5	18.7	17.0	8.9
	95%CI	51.5–59.4	15.7–22.1	14.1–20.4	7.0–11.2
55–74	%	63.1	14.6	13.4	8.9
	95%CI	58.9–67.0	12.1–17.7	10.7–16.7	6.4–12.1
75+	%	63.6	12.5	11.0	12.9
	95%CI	56.7–69.9	8.8–17.6	7.4–16.1	9.0–18.1
<b>Indigenous identity</b>					
Non-Indigenous	%	58.0	16.8	15.4	9.8
	95%CI	55.7–60.3	15.2–18.5	13.7–17.1	8.4–11.4
Indigenous	%	47.3	19.2	17.3*	16.2
	95%CI	35.4–59.5	12.0–29.2	10.3–27.5	10.0–25.4
<b>Residential location</b>					
Major cities	%	60.1	16.6	14.4	8.9
	95%CI	57.2–62.9	14.6–18.8	12.5–16.7	7.2–11.0
Inner regional	%	53.8	16.0	18.8	11.3
	95%CI	49.7–57.9	13.4–19.0	15.6–22.5	8.9–14.2
Outer regional/Remote	%	47.4	20.4	16.1	16.1
	95%CI	42.9–52.0	16.8–24.7	12.9–19.9	12.8–20.0
<b>Year level of schooling</b>					
Year 10 or less	%	50.0	16.3	19.3	14.4
	95%CI	45.1–54.8	13.3–19.9	15.7–23.5	11.2–18.2
Year 11 or more	%	59.9	16.8	14.4	8.9
	95%CI	57.3–62.4	15.0–18.8	12.6–16.4	7.3–10.6
<b>Highest qualification attained</b>					
Degree or higher	%	67.3	14.1	12.5	6.0
	95%CI	62.8–71.6	11.4–17.5	9.6–16.0	3.8–9.3
Other/None	%	54.4	17.6	16.7	11.3
	95%CI	51.7–57.0	15.7–19.7	14.8–18.9	9.6–13.3
<b>Eligibility for public dental care</b>					
Eligible	%	52.6	18.0	16.8	12.6
	95%CI	48.5–56.8	14.9–21.5	13.9–20.1	10.0–15.9
Ineligible	%	59.1	16.6	15.1	9.1
	95%CI	56.4–61.8	14.7–18.6	13.2–17.3	7.5–11.0
<b>Dental insurance</b>					
Insured	%	71.4	14.4	10.3	3.9
	95%CI	68.7–74.1	12.5–16.5	8.4–12.5	3.1–4.8
Uninsured	%	42.5	19.5	21.1	17.0
	95%CI	39.1–45.9	16.8–22.4	18.5–24.0	14.2–20.1
<b>Usually visit dentist</b>					
For a check-up	%	68.7	16.7	11.8	2.8
	95%CI	66.1–71.2	14.8–18.8	10.0–13.9	2.1–3.6
For a dental problem	%	34.9	17.5	23.5	24.1
	95%CI	31.1–39.0	14.7–20.8	20.3–27.0	20.3–28.3
<b>Household Income tertile</b>					
Tertile 1 (<\$60,000)	%	53.0	15.1	17.2	14.7
	95%CI	48.9–57.1	12.4–18.3	14.3–20.5	11.7–18.3
Tertile 2 (\$60–<\$120k)	%	58.0	18.3	15.2	8.5
	95%CI	53.8–62.0	15.3–21.8	12.2–18.7	6.8–10.7
Tertile 3 (\$120K+)	%	66.4	14.6	13.4	5.5
	95%CI	62.2–70.4	12.0–17.7	10.5–17.0	3.8–7.9

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## Dental attendance within the last 12 months

Table 5-2 presents the percentage of people aged 18 years and over, who visited a dental professional in the previous 12 months, by age group. Overall, 57.8% of the Australian population aged 18 years and over reported visiting a dental professional in the previous 12 months. There was variation across age groups, ranging from 53.4% for 18–34 year-olds to 63.6% for those aged 75 years and over.

There was no difference in the percentage of females and males who visited a dental professional within the last 12 months (60.5% and 54.8%, respectively). Across the four age groups, differences between males and females were only evident for 18–34 year-olds, where a higher percentage of females than males in this age group visited a dental professional in the previous 12 months (60.3% and 46.4%, respectively).

A higher proportion of individuals living in Major cities reported visiting in the previous 12 months (60.1%) compared to those living in Outer regional/Remote areas (47.4%). This pattern was observed for 18–34 and 55–74 year-olds, where a higher percentage of residents in Major cities than residents in Outer regional/Remote areas in this age group visited a dental professional in the previous 12 months (55.6% and 38.4%, respectively for 18–34 year-olds and 66.3% and 51.6%, respectively for 55–74 year-olds).

Australians with at least year 11 schooling had higher rates of visiting in the previous 12 months than those with year 10 or less (59.9% and 50.0%, respectively). This pattern by year level of schooling was reflected in the 18–34 year-old (55.3% and 25.0%, respectively), 55–74 year-old (69.1% and 52.6%, respectively) and the 75 years or more (74.9% and 56.1%, respectively) age groups.

Those who had completed a degree or higher were more likely to have visited in the last 12 months than those with other or no qualifications (67.3% and 54.4%, respectively). These findings were consistent among the two youngest age groups.

Those who were not eligible for public dental care (59.1%) were more likely to have visited in the last 12 months than those eligible for public dental care (52.6%), although the difference was not significant.

Marked differences in visiting a dental professional in the previous 12 months are seen for dental insurance. The proportion of individuals with dental insurance visiting a dentist was 1.7 times higher than those who did not have insurance (71.4% and 42.5%, respectively). This difference was evident across all age groups.

There was a two-fold difference in the percentage who visited in the previous 12 months for those who reported usually visiting a dentist for a check-up compared to those who reported usually visiting for a problem (68.7% and 34.9%, respectively). This pattern was observed consistently across all age groups.

Adults in the low- and middle-income group were less likely than those in the high-income group to have made a dental visit in the previous 12 months (53.0% and 58.0% respectively compared with 66.4%). This pattern was observed among those aged 75 years or more (59.8% and 81.3%, respectively compared with 99.9%). In addition, a lower percentage of 18–34 year-olds (46.1%) and 35–54 year-olds (41.3%) in the lowest income group made a dental visit in the previous 12 months than 18–34 year-olds (66.2%) and 35–54 year-olds (64.2%) respectively, in the highest income group.

In summary, living in Major cities, having achieved at least year 11 at school, having a degree or higher, having dental insurance, usually visiting a dentist for a check-up and high household income are all associated with having made a dental visit in the previous 12 months.

**Table 5-2: Percentage of people visiting dentist within last 12 months in the Australian population, 2021**

		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>57.8</b>	<b>53.4</b>	<b>55.5</b>	<b>63.1</b>	<b>63.6</b>
	95%CI	55.5–60.0	49.2–57.6	51.5–59.4	58.9–67.0	56.7–69.9
<b>Sex</b>						
Male	%	54.8	46.4	50.5	61.5	69.6
	95%CI	51.4–58.1	40.1–52.8	44.4–56.6	55.5–67.2	60.5–77.4
Female	%	60.5	60.3	59.1	64.7	53.6
	95%CI	57.5–63.5	55.0–65.4	53.8–64.2	58.9–70.0	43.9–63.1
<b>Indigenous identity</b>						
Non-Indigenous	%	58.0	53.8	55.5	63.4	63.5
	95%CI	55.7–60.3	49.4–58.1	51.5–59.5	59.2–67.5	56.6–69.8
Indigenous	%	47.3	46.4	51.8	37.2*	—
	95%CI	35.4–59.5	28.3–65.4	33.8–69.3	17.5–62.3	—
<b>Residential location</b>						
Major cities	%	60.1	55.2	57.6	66.3	67.2
	95%CI	57.2–62.9	49.9–60.3	52.5–62.5	60.7–71.5	58.1–75.1
Inner regional	%	53.8	53.8	49.3	57.4	56.9
	95%CI	49.7–57.9	45.5–61.9	41.7–56.9	50.6–64.0	45.2–67.8
Outer regional/Remote	%	47.4	37.2	50.4	51.6	52.5
	95%CI	42.9–52.0	29.5–45.6	42.1–58.6	43.8–59.3	37.6–66.9
<b>Year level of schooling</b>						
Year 10 or less	%	50.0	25.0	50.5	52.6	56.1
	95%CI	45.1–54.8	15.1–38.3	39.6–61.3	45.7–59.4	46.5–65.2
Year 11 or more	%	59.9	55.3	56.0	69.1	74.9
	95%CI	57.3–62.4	51.0–59.7	51.6–60.2	63.8–73.8	65.4–82.4
<b>Highest qualification attained</b>						
Degree or higher	%	67.3	67.0	64.1	69.7	76.2
	95%CI	62.8–71.6	57.4–75.3	57.1–70.6	59.7–78.2	60.3–87.0
Other/None	%	54.4	48.4	51.8	63.0	59.6
	95%CI	51.7–57.0	43.7–53.1	46.9–56.7	58.3–67.4	51.5–67.3
<b>Eligibility for public dental care</b>						
Eligible	%	52.6	43.9	45.0	56.0	58.0
	95%CI	48.5–56.8	34.2–54.1	35.5–54.9	49.7–62.2	49.5–66.0
Ineligible	%	59.1	54.7	57.2	66.0	78.0
	95%CI	56.4–61.8	50.0–59.4	52.8–61.4	60.5–71.1	65.5–86.9
<b>Dental insurance</b>						
Insured	%	71.4	68.0	67.7	76.7	81.4
	95%CI	68.7–74.1	62.3–73.2	62.8–72.3	72.0–80.8	73.7–87.2
Uninsured	%	42.5	41.0	38.2	46.1	49.0
	95%CI	39.1–45.9	35.0–47.3	32.2–44.6	39.9–52.5	39.4–58.6
<b>Usually visit dentist</b>						
For a check-up	%	68.7	63.1	65.7	75.6	80.1
	95%CI	66.1–71.2	58.4–67.6	60.7–70.3	70.8–79.7	73.0–85.7
For a dental problem	%	34.9	24.5	35.1	40.3	40.1
	95%CI	31.1–39.0	17.2–33.7	28.5–42.4	33.9–47.1	29.3–52.0
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	53.0	46.1	41.3	58.0	59.8
	95%CI	48.9–57.1	36.9–55.6	32.5–50.6	51.8–63.9	50.7–68.3
Tertile 2 (\$60-<\$120k)	%	58.0	53.5	49.6	70.9	81.3
	95%CI	53.8–62.0	46.4–60.6	42.3–57.0	63.7–77.2	65.0–91.1
Tertile 3 (\$120K+)	%	66.4	66.2	64.2	71.9	99.9
	95%CI	62.2–70.4	59.3–72.5	58.1–69.9	61.5–80.3	98.8–100.0

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

2. — zero or rounded to zero.

## Dental attendance 5 years ago or longer

In contrast to people who have visited a dentist within the last 12 months, those adults who have not visited within the last 5 years are regarded as being 'outside' the dental care system and are described in Table 5-3. Overall, 10.0% of Australians aged 18 years and over reported not having visited a dentist for at least 5 years, ranging from 8.9% for 35–54 and 55–74 year-olds to 12.9% for those aged 75 years and over.

Males (12.8%) were more likely to report not having visited a dentist in the previous 5 years than females (7.4%). This pattern of attendance was evident for 55–74 year-olds (13.2% and 4.5%, respectively).

Across residential location, those living in Major cities (8.9%) were less likely to have last visited a dentist more than 5 years ago than those in Outer regional/Remote areas (16.1%), although there were no significant difference across age groups.

Individuals with year 10 or less of schooling were more likely to have not visited within the last 5 years compared to those with at least year 11 schooling (14.4 % and 8.9%, respectively).

There was no difference in the percentage of people not seeing a dentist for more than 5 years between those who were eligible for public dental care (12.6%) and those who were ineligible (9.1%).

There was a marked difference for those without dental insurance who were more likely to have not visited in the previous 5 years compared to those with insurance (17.0% and 3.9%, respectively). The magnitude of this difference was consistent across the 18–34 years, 35–54 years and 55–74 years age groups.

Even larger differences were reported for those who usually visit a dental professional for a problem compared to those who usually visit for a check-up (24.1% and 2.8%, respectively). These differences were consistent across all age groups.

Adults living in the lowest household income group reported higher rates of not having visited a dentist in the previous 5 years than those in the highest household income group (14.7% and 5.5%, respectively). These differences were consistent across age groups.

In summary, one in ten Australian adults reported that they had not visited a dental professional in the previous 5 years. This pattern of visiting was associated with being male, living in Outer regional/Remote areas, having year 10 or less of schooling, not having dental insurance, usually visiting for a problem and low household income.

**Table 5-3: Percentage of people whose last dental visit was 5 or more years ago in the Australian population, 2021**

		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>10.0</b>	<b>11.5</b>	<b>8.9</b>	<b>8.9</b>	<b>12.9</b>
	95%CI	8.6–11.6	8.6–15.1	7.0–11.2	6.4–12.1	9.0–18.1
<b>Sex</b>						
Male	%	12.8	13.8	12.1	13.2	11.0*
	95%CI	10.5–15.4	9.4–19.7	9.1–16.1	8.8–19.1	6.3–18.4
Female	%	7.4	9.2	6.4	4.5	16.0
	95%CI	5.9–9.2	6.0–13.9	4.3–9.6	3.1–6.6	10.3–24.1
<b>Indigenous identity</b>						
Non-Indigenous	%	9.8	11.4	8.7	8.6	12.9
	95%CI	8.4–11.4	8.4–15.2	6.8–11.1	6.2–11.8	9.0–18.1
Indigenous	%	16.2	13.4*	15.3*	28.9*	—
	95%CI	10.0–25.4	6.4–25.7	6.6–31.6	10.4–58.7	—
<b>Residential location</b>						
Major cities	%	8.9	10.7	7.8	7.2*	12.3
	95%CI	7.2–11.0	7.3–15.4	5.6–10.8	4.2–11.9	7.5–19.4
Inner regional	%	11.3	13.0	10.0	10.7	12.5*
	95%CI	8.9–14.2	8.1–20.3	6.3–15.5	7.2–15.6	7.0–21.4
Outer regional/Remote	%	16.1	15.7	14.9	17.2	18.2*
	95%CI	12.8–20.0	10.3–23.2	9.9–21.7	11.4–25.0	8.0–36.2
<b>Year level of schooling</b>						
Year 10 or less	%	14.4	29.3*	13.9	11.7	13.3
	95%CI	11.2–18.2	13.5–52.4	9.0–20.8	8.7–15.5	8.1–21.1
Year 11 or more	%	8.9	10.2	8.1	7.8*	9.7*
	95%CI	7.3–10.6	7.6–13.6	6.1–10.7	4.6–12.7	5.7–16.3
<b>Highest qualification attained</b>						
Degree or higher	%	6.0	4.1*	6.7*	7.4*	4.1*
	95%CI	3.8–9.3	2.0–8.2	3.9–11.3	2.5–20.1	1.1–13.5
Other/None	%	11.3	13.7	9.9	9.1	14.6
	95%CI	9.6–13.3	10.1–18.4	7.5–13.0	6.6–12.3	9.9–20.9
<b>Eligibility for public dental care</b>						
Eligible	%	12.6	19.3*	10.8	8.9	14.6
	95%CI	10.0–15.9	10.4–33.1	6.8–16.9	6.5–12.1	9.8–21.2
Ineligible	%	9.1	10.3	8.5	8.9	6.8*
	95%CI	7.5–11.0	7.5–14.0	6.4–11.1	5.6–14.0	2.4–17.7
<b>Dental insurance</b>						
Insured	%	3.9	3.4	4.1	3.3	6.5*
	95%CI	3.1–4.8	2.1–5.4	2.8–5.8	2.1–5.0	3.3–12.5
Uninsured	%	17.0	19.3	15.3	15.9	17.4
	95%CI	14.2–20.1	14.0–26.1	11.3–20.5	10.9–22.5	11.3–25.9
<b>Usually visit dentist</b>						
For a check-up	%	2.8	3.6*	3.1	1.3*	3.2*
	95%CI	2.1–3.6	2.1–5.8	2.1–4.5	0.8–2.1	1.4–7.3
For a dental problem	%	24.1	33.0	20.4	22.0	23.8
	95%CI	20.3–28.3	23.7–43.9	15.4–26.6	15.7–30.0	15.1–35.4
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	14.7	19.3*	15.0	11.4	15.9
	95%CI	11.7–18.3	10.9–31.8	9.8–22.2	7.9–16.3	10.5–23.3
Tertile 2 (\$60–<\$120k)	%	8.5	9.7	10.4	5.9*	1.2*
	95%CI	6.8–10.7	7.0–13.2	6.9–15.2	3.5–9.7	0.3–4.5
Tertile 3 (\$120K+)	%	5.5	5.0*	6.3*	4.3*	—
	95%CI	3.8–7.9	2.7–8.8	3.8–10.3	2.2–8.2	—

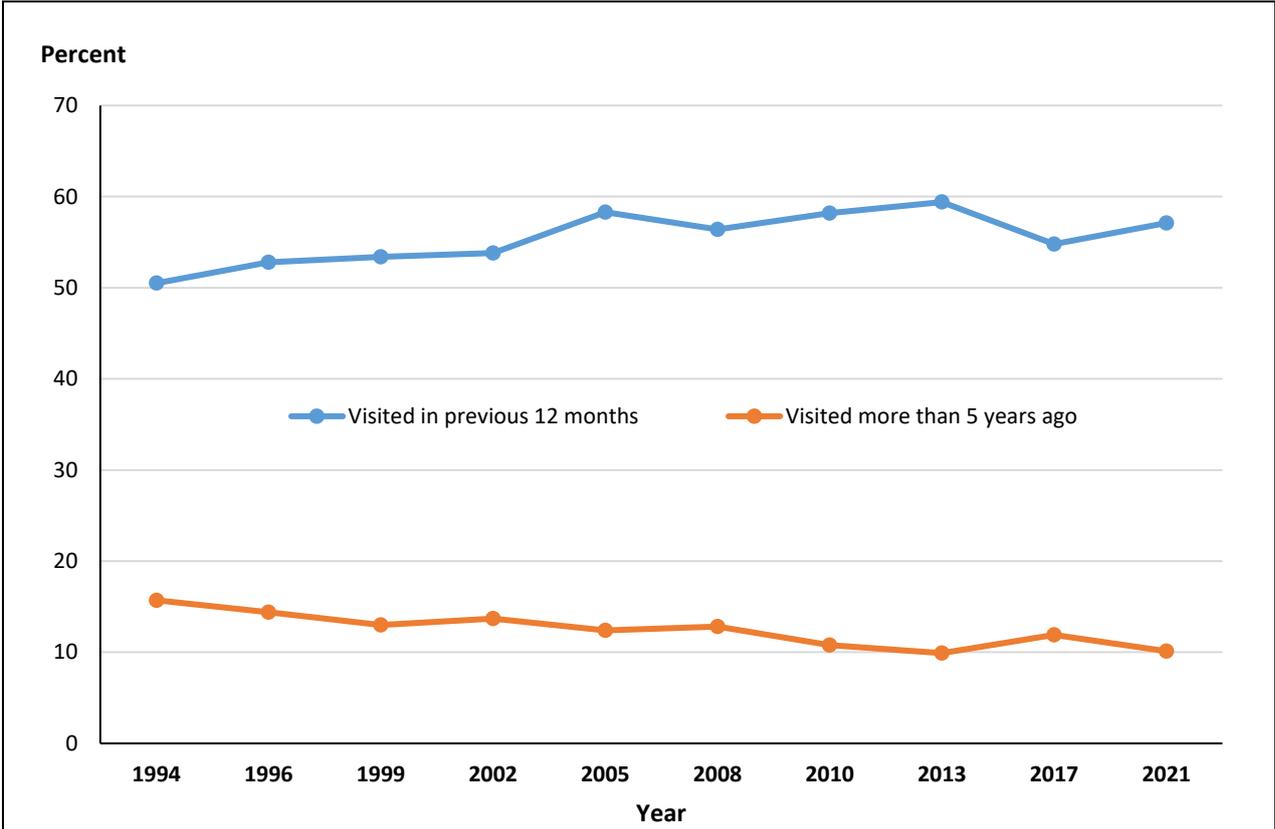
Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

### Trends in time since last dental visit

Trends in time since last dental visit among dentate persons aged 18 years and over are presented in Figure 5-1.

The proportion of people aged 18 years and over who made a dental visit in the previous 12 months was higher in 2021 than in 1994 (57.1% and 50.5%, respectively). Whilst there was a slight increase in the proportion of people who made a dental visit in the previous 12 months between 2017 and 2021 (from 54.8% to 57.1%), this difference was not significant.

The proportion of people aged 18 years and over who visited more than 5 years ago decreased between 1994 and 2021, decreasing from 15.7% to 10.1%. Between 2017 and 2021 there was a slight decrease in the proportion of people who visited more than 5 years ago (from 11.9% to 10.1%), however this difference was not significant.



*Notes*

- Data in this figure relate to adults aged 18 years and over.
- Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

Source: Appendix Table A-5

**Figure 5-1: Percentage of people whose last dental visit was in the previous 12 months, and those who visited more than 5 years ago, dentate adults aged 18 years and over, 1994 to 2021**

## 5.2 Reason for last dental visit

In NDTIS 2021, the reason for last dental visit was assessed in the Interview by asking people who made a dental visit within the last 2 years ‘Was that dental visit for a check-up or for a dental problem?’ Response categories were ‘Check-up’ or ‘Problem’.

Table 5-4 presents the reason for making a dental visit for those aged 18 years and over who visited a dental practitioner in the previous two years, by selected characteristics. Some 64.8% who made a dental visit in the previous 2 years visited for a check-up.

Among those who made a dental visit in the previous 2 years, younger people were more likely to attend for a dental check-up than older adults. More than three-quarters (76.7%) of adults aged 18–34 years reported that their last dental visit 2 years ago was for a check-up. In contrast, people aged 35–54 years, 55–74 years and 75 years or more had lower rates of visiting for a check-up in the previous 2 years (64.0%, 56.5% and 58.4%, respectively).

People with year 10 or less of schooling had lower rates of last visiting for a check-up in the previous 2 years than those with year 11 or more of schooling (52.4% and 67.8%, respectively).

People with dental insurance were more likely to report their last visit in the previous 2 years was for a check-up than those without insurance (72.6% and 51.4%, respectively).

A greater proportion of people not eligible for public dental care reported that their last dental visit within the last two years was for a check-up compared to those eligible for public dental care (68.6% and 53.2%, respectively).

For those who usually visited the dentist for a check-up, they were more likely to report making a dental visit in the previous two years for a check-up than those who usually visit the dentist for a problem (77.8% and 17.1%, respectively).

Adults from the lowest household income group were more likely to have visited a dentist in the previous two years for a problem than those in the highest household income group (47.2% compared with 24.6%). Conversely, those in the highest household income group were more likely to have visited for a check-up than those in the lowest household income group (75.4% compared with 52.8%).

In summary, visiting for a check-up in the last 2 years was associated with being aged 18–34 years, having year 11 or more of schooling, having dental insurance, not being eligible for public dental care, usually visiting the dentist for a check-up and having a high household income. In contrast, visiting for a problem-up in the last 2 years was associated with being older (35 years and over), having year 10 or less of schooling, having no dental insurance, being eligible for public dental care, usually visiting the dentist for a problem and having a low household income.

**Table 5-4: Reason for last dental visit in the previous two years by selected characteristics, all adults aged 18 years and over in the Australian population who visited a dental practitioner in the previous two years, 2021 (per cent)**

		Reason for last dental visit	
		Check-up	Problem
<b>All people</b>	%	<b>64.8</b>	<b>35.2</b>
	95%CI	62.3–67.2	32.8–37.7
<b>Sex</b>			
Male	%	64.8	35.2
	95%CI	61.2–68.3	31.7–38.8
Female	%	64.7	35.3
	95%CI	61.4–67.9	32.1–38.6
<b>Age (years)</b>			
18–24	%	76.7	23.3
	95%CI	72.3–80.5	19.5–27.7
35–54	%	64.0	36.0
	95%CI	59.4–68.3	31.7–40.6
55–74	%	56.5	43.5
	95%CI	52.1–60.9	39.1–47.9
75+	%	58.4	41.6
	95%CI	50.3–66.0	34.0–49.7
<b>Indigenous identity</b>			
Non-Indigenous	%	64.9	35.1
	95%CI	62.4–67.3	32.7–37.6
Indigenous	%	60.9	39.1
	95%CI	46.1–73.9	26.1–53.9
<b>Residential location</b>			
Major cities	%	66.3	33.7
	95%CI	63.2–69.2	30.8–36.8
Inner regional	%	61.7	38.3
	95%CI	56.8–66.4	33.6–43.2
Outer regional/Remote	%	58.2	41.8
	95%CI	52.8–63.5	36.5–47.2
<b>Year level of schooling</b>			
Year 10 or less	%	52.4	47.6
	95%CI	46.4–58.2	41.8–53.6
Year 11 or more	%	67.8	32.2
	95%CI	65.1–70.3	29.7–34.9
<b>Highest qualification attained</b>			
Degree or higher	%	67.4	32.6
	95%CI	62.5–72.0	28.0–37.5
Other/None	%	64.7	35.3
	95%CI	61.9–67.5	32.5–38.1
<b>Eligibility for public dental care</b>			
Eligible	%	53.2	46.8
	95%CI	48.3–58.1	41.9–51.7
Ineligible	%	68.6	31.4
	95%CI	65.7–71.4	28.6–34.3
<b>Dental insurance</b>			
Insured	%	72.6	27.4
	95%CI	69.7–75.3	24.7–30.3
Uninsured	%	51.4	48.6
	95%CI	47.2–55.6	44.4–52.8
<b>Usually visit dentist</b>			
For a check-up	%	77.8	22.2
	95%CI	75.3–80.1	19.9–24.7
For a dental problem	%	17.1	82.9
	95%CI	13.2–21.7	78.3–86.8
<b>Household Income tertile</b>			
Tertile 1 (<\$60,000)	%	52.8	47.2
	95%CI	48.0–57.6	42.4–52.0
Tertile 2 (\$60-<\$120k)	%	67.8	32.2
	95%CI	63.3–71.9	28.1–36.7
Tertile 3 (\$120K+)	%	75.4	24.6
	95%CI	71.3–79.1	20.9–28.7

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

Table 5-5 presents the percentage of people aged 18 years and over who visited a dental practitioner in the previous 2 years for a check-up, by age group. Overall, 64.8% of adults who visited in the previous 2 years, visited for a check-up. This ranged from 76.7% for 18–34 year-olds to 56.5% for 55–74 year-olds.

There was little variation between males (64.8%) and females (64.7%), between Indigenous (64.9%) and non-Indigenous (60.9%) adults, and between those with a degree or higher (67.4%) and those with other or no qualifications (64.7%).

Across residential location, the percentage of adults aged 18–34 years who visited a dentist in the previous 2 years for a check-up was lower for more remote regions, ranging from 80.1% in Major cities to 61.3% in Outer regional/Remote areas. There was minimal differences across older age groups.

The percentage of adults who visited a dentist in the previous 2 years for a check-up was lower for those with year 10 or less of schooling (52.4%) than those with year 11 or more of schooling (67.8%). The difference in attendance for a check-up in the previous 2 years was more pronounced in 35–54 year-olds with a lower percentage of those with year 10 or less schooling (44.1%) having visited for a check-up in the previous 2 years compared to those with year 11 or more of schooling (66.8%).

Similarly, adults aged 35–54 years who were eligible for public dental care were less likely to have visited for a check-up in the previous 2 years compared to those who were not eligible (35.5% and 67.7%, respectively).

The percentage of adults who visited in the previous 2 years for a check-up was higher for those with dental insurance (72.6%) than those without dental insurance (51.4%). This pattern was consistent across age groups, with the exception for those aged 75 years and over.

People who usually visit a dental practitioner for a check-up were four times more likely to have visited for a check-up in the previous 2 years, compared to those who usually visit for a problem. This pattern was consistent across all age groups.

Approximately half (52.8%) of adults in the lowest household income group visited a dentist for a check-up in the previous 2 years, compared with three-quarters (75.4%) of those in the highest household income group.

In summary, visiting a dental practitioner for a check-up in the previous 2 years was associated with being aged 18–34 years, having year 11 or more of schooling, not being eligible for public dental care, having dental insurance, usually visiting for a check-up and high household income.

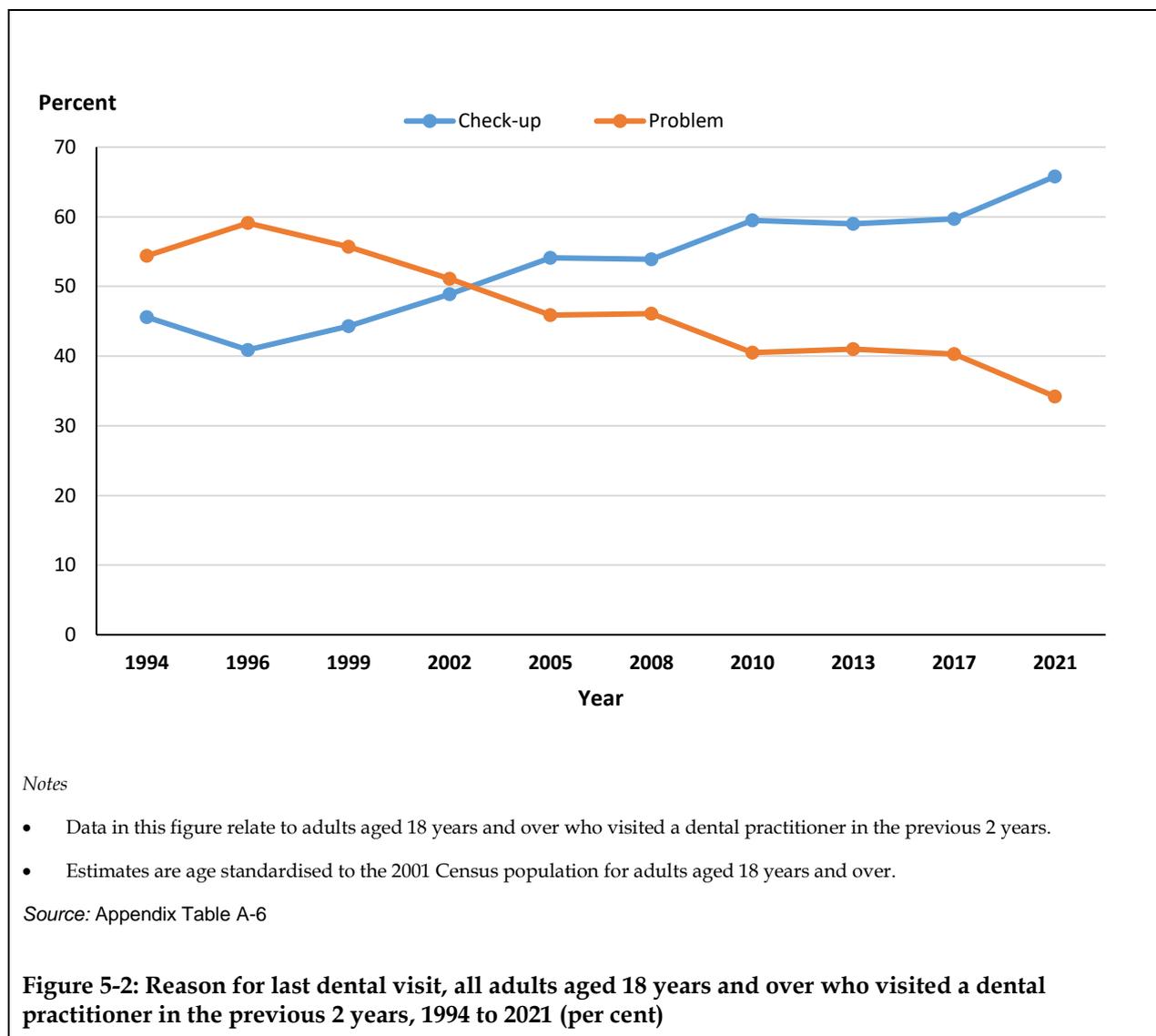
**Table 5-5: Percentage of people who visited a dental practitioner for a check-up in the previous 2 years, all adults aged 18 years in the Australian population, 2021**

		Population: people aged 18 years and over who visited a dental practitioner for a check-up in the previous 2 years				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>64.8</b>	<b>76.7</b>	<b>64.0</b>	<b>56.5</b>	<b>58.4</b>
	95%CI	62.3–67.2	72.3–80.5	59.4–68.3	52.1–60.9	50.3–66.0
<b>Sex</b>						
Male	%	64.8	79.4	66.1	52.6	59.6
	95%CI	61.2–68.3	73.5–84.3	58.6–72.9	46.2–58.8	48.7–69.6
Female	%	64.7	74.3	62.6	60.2	56.0
	95%CI	61.4–67.9	67.9–79.8	56.8–68.0	54.1–66.1	44.9–66.6
<b>Indigenous identity</b>						
Non-Indigenous	%	64.9	77.1	63.9	56.8	58.5
	95%CI	62.4–67.3	72.7–81.1	59.3–68.3	52.3–61.2	50.4–66.1
Indigenous	%	60.9	66.2	65.7	32.9*	25.5*
	95%CI	46.1–73.9	43.1–83.5	43.4–82.7	11.7–64.6	2.4–82.5
<b>Residential location</b>						
Major cities	%	66.3	80.1	64.6	57.2	57.1
	95%CI	63.2–69.2	75.2–84.2	58.9–69.9	51.5–62.7	46.6–66.9
Inner regional	%	61.7	67.1	63.7	56.7	58.6
	95%CI	56.8–66.4	54.5–77.7	55.1–71.4	48.9–64.2	44.9–71.2
Outer regional/Remote	%	58.2	61.3	59.7	50.1	69.5
	95%CI	52.8–63.5	50.6–71.0	49.4–69.3	41.5–58.7	53.1–82.1
<b>Year level of schooling</b>						
Year 10 or less	%	52.4	61.4	44.1	53.0	55.7
	95%CI	46.4–58.2	44.5–76.0	29.8–59.4	44.9–60.9	44.1–66.7
Year 11 or more	%	67.8	77.8	66.8	58.1	61.9
	95%CI	65.1–70.3	73.3–81.7	62.1–71.1	52.7–63.2	50.5–72.2
<b>Highest qualification attained</b>						
Degree or higher	%	67.4	80.9	70.2	52.1	65.1
	95%CI	62.5–72.0	69.7–88.7	62.5–76.9	42.8–61.2	48.3–78.8
Other/None	%	64.7	76.9	61.8	58.3	54.3
	95%CI	61.9–67.5	72.6–80.6	56.1–67.3	53.3–63.3	44.7–63.5
<b>Eligibility for public dental care</b>						
Eligible	%	53.2	66.1	35.5	53.6	56.3
	95%CI	48.3–58.1	55.1–75.6	24.6–48.2	46.6–60.5	46.0–66.1
Ineligible	%	68.6	78.6	67.7	58.6	61.4
	95%CI	65.7–71.4	73.8–82.8	62.8–72.2	52.9–64.1	47.7–73.5
<b>Dental insurance</b>						
Insured	%	72.6	82.7	75.0	62.7	66.9
	95%CI	69.7–75.3	77.8–86.8	70.2–79.2	56.9–68.1	56.2–76.1
Uninsured	%	51.4	67.7	41.4	45.8	47.7
	95%CI	47.2–55.6	59.8–74.7	33.6–49.6	38.7–53.1	36.0–59.6
<b>Usually visit dentist</b>						
For a check-up	%	77.8	85.7	78.3	70.3	72.0
	95%CI	75.3–80.1	81.7–89.0	73.7–82.3	65.2–74.9	62.8–79.7
For a dental problem	%	17.1	16.0*	18.9	14.6	19.9*
	95%CI	13.2–21.7	8.2–28.9	12.2–28.0	10.0–20.8	9.3–37.6
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	52.8	67.1	40.5	51.4	51.8
	95%CI	48.0–57.6	57.2–75.7	29.0–53.1	44.5–58.3	40.6–62.8
Tertile 2 (\$60-<\$120k)	%	67.8	78.3	61.4	61.4	71.3
	95%CI	63.3–71.9	71.1–84.1	52.7–69.3	53.1–69.1	54.9–83.5
Tertile 3 (\$120K+)	%	75.4	84.0	76.1	59.9	56.5*
	95%CI	71.3–79.1	76.7–89.3	70.4–81.0	48.9–69.9	22.6–85.2

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## Trends in reason for last dental visit

The proportion of adults aged 18 years and over who visited a dentist in the previous two years for a check-up increased from 45.6% in 1994 to 65.8% in 2021 (Figure 5-2). Consequently, a declining trend in the proportion of adults last visiting for a problem was observed during the same period.



### 5.3 Type of practice visited at last dental visit

The Australian dental care system is predominantly a fee for service private practice system. Two main alternative public sector programs exist: 1) school dental services provide dental care to school aged children, although the percentage coverage varies between states and territories; 2) public dental care for adults, provided through dental hospitals, community health centres and regional facilities. Public dental services are available only to means tested eligible adults. In practice, eligibility depends on adults holding a government concession card.

In NDTIS 2021, people who reported that they had visited a dentist at least once were asked 'Where did you make your last dental visit?' There were a number of response categories that have been collapsed into private practice (private dental practices including specialist practices and dental clinics associated with a health insurance fund), public dental service (which includes school dental service) and other.

Table 5-6 shows the type of practice visited at the last dental visit by selected characteristics among dentate people aged 18 years and over. Overall, 85.2% of Australians visited a private practice at their last visit, compared to 11.4% who reported visiting a public practice.

Adults aged 35–54 years were less likely to have visited a public practice than those aged 18–34 years (8.2% and 14.1%, respectively). Those aged 75 years or more were likely to have made their last dental visit at a public practice than those aged 35–54 years and 55–74 years (20.9% compared to 8.2% and 9.4%, respectively). Indigenous persons were less likely to have last visited a private practice than non-Indigenous persons (60.4% and 85.9%, respectively).

Those living in Major cities were less likely to have last visited a public practice than those living in Outer regional/Remote areas (10.0% compared to 18.2%, respectively).

Further differences in type of practice last visited were observed by other characteristics. For instance, a higher percentage of Australians with year 11 schooling or higher compared to those with year 10 or less last visited a private practice (88.1% and 74.1%, respectively); those with a degree or higher compared to those with other or no qualifications were more likely to have last visited a private practice (91.9% and 83.1%, respectively).

There were marked differences in the percentage who last visited a private practice for those who had dental insurance compared to those without dental insurance (94.9% and 74.1%, respectively); for those not eligible for public dental care compared to those eligible for public dental care (91.6% and 66.2%, respectively); for those who usually visit for a check-up compared to those who usually visit for a dental problem (90.1% and 74.9%, respectively); and for those in the highest income group compared to those in lowest income group (96.1% and 73.2%, respectively).

In summary, the vast majority of Australians (85.2%) last visited a private practice. Visiting a private practice was associated with being non-Indigenous, living in Major cities, having year 11 or more of schooling, having a degree or higher, not being eligible for public dental care, having dental insurance, usually visiting the dentist for a check-up and high household income.

**Table 5-6: Type of practice visited at last dental visit by selected characteristics, dentate people aged 18 years and over in the Australian population, 2021**

		Type of practice visited at last dental visit		
		Private	Public	Other
<b>All people</b>	%	<b>85.2</b>	<b>11.4</b>	<b>3.4</b>
	95%CI	83.5–86.7	10.2–12.9	2.5–4.5
<b>Sex</b>				
Male	%	84.4	11.5	4.1
	95%CI	81.8–86.7	9.5–13.8	3.0–5.8
Female	%	86.0	11.4	2.6*
	95%CI	83.7–88.0	9.8–13.3	1.5–4.3
<b>Age (years)</b>				
18–34	%	81.7	14.1	4.2*
	95%CI	77.9–84.9	11.4–17.3	2.4–7.3
35–54	%	88.5	8.2	3.3*
	95%CI	85.8–90.8	6.5–10.3	2.0–5.6
55–74	%	88.4	9.4	2.2
	95%CI	85.8–90.5	7.5–11.8	1.5–3.3
75+	%	75.1	20.9	4.1*
	95%CI	68.4–80.7	15.6–27.3	2.1–7.7
<b>Indigenous identity</b>				
Non-Indigenous	%	85.9	10.9	3.2
	95%CI	84.2–87.4	9.6–12.4	2.4–4.3
Indigenous	%	60.4	31.3	8.3*
	95%CI	47.5–71.9	22.0–42.5	1.9–30.1
<b>Residential location</b>				
Major cities	%	86.4	10.0	3.6
	95%CI	84.2–88.3	8.4–11.8	2.5–5.1
Inner regional	%	83.6	13.7	2.7
	95%CI	80.5–86.4	11.2–16.7	1.7–4.1
Outer regional/Remote	%	78.9	18.2	2.9
	95%CI	75.0–82.3	15.0–22.0	1.9–4.5
<b>Year level of schooling</b>				
Year 10 or less	%	74.1	20.6	5.3*
	95%CI	69.5–78.2	17.2–24.5	3.0–9.3
Year 11 or more	%	88.1	9.0	2.9
	95%CI	86.3–89.7	7.7–10.6	2.1–4.0
<b>Highest qualification attained</b>				
Degree or higher	%	91.9	5.3	2.8*
	95%CI	88.9–94.1	3.6–7.8	1.5–5.0
Other/None	%	83.1	13.2	3.7
	95%CI	81.0–85.1	11.5–15.0	2.6–5.2
<b>Eligibility for public dental care</b>				
Eligible	%	66.2	29.5	4.3*
	95%CI	62.1–70.0	25.9–33.3	2.5–7.4
Ineligible	%	91.6	5.6	2.8
	95%CI	89.9–93.1	4.4–7.0	1.9–4.0
<b>Dental insurance</b>				
Insured	%	94.9	3.4	1.7
	95%CI	93.2–96.1	2.3–4.9	1.2–2.5
Uninsured	%	74.1	20.6	5.2
	95%CI	71.0–77.0	18.2–23.3	3.6–7.6
<b>Usually visit dentist</b>				
For a check-up	%	90.1	6.9	3.1
	95%CI	88.2–91.7	5.6–8.5	2.2–4.3
For a dental problem	%	74.9	21.5	3.6*
	95%CI	71.3–78.2	18.5–24.7	2.1–6.2
<b>Household Income tertile</b>				
Tertile 1 (<\$60,000)	%	73.2	22.2	4.5
	95%CI	69.6–76.6	19.2–25.6	2.9–7.0
Tertile 2 (\$60-<\$120k)	%	88.2	8.6	3.1*
	95%CI	84.9–90.9	6.4–11.6	1.8–5.5
Tertile 3 (\$120K+)	%	96.1	1.9	1.9
	95%CI	94.7–97.2	1.2–3.1	1.2–3.1

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

Table 5-7 shows the percentage of adults who visited a private practice at their last dental visit by age group. Overall, 85.2% of Australians visited a private practice at their last visit, ranging from 81.7% for 18–34 year-olds to 75.1% for those aged 75 years and over.

Indigenous persons were less likely to have last visited a private practice than non-Indigenous persons (60.4% and 85.9%, respectively). This pattern was consistent across age groups, although differences were only significant for 18–34 year-olds and 35–54 year-olds.

Those living in Major cities were more likely to have last visited a private practice than those living in Outer regional/Remote areas (86.4% compared to 78.9%, respectively). This was the case for 55–74 year-olds of whom 90.7% living in Major cities last visited a private practice, compared to 78.7% in Outer regional/Remote areas.

A higher percentage of Australians with year 11 schooling or higher compared to those with year 10 or less of schooling last visited a private practice (88.1% and 74.1%, respectively). Across age groups, adults aged 55–74 years and those aged 75 years and over with year 11 or more schooling were more likely to have visited a private practice (93.8% and 84.8%, respectively) than those with year 10 or less of schooling (77.6% and 64.0%, respectively).

Those with a degree or higher were more likely to have last visited a private practice compared to those with other or no qualifications (91.9% and 83.1%, respectively). Across age groups, 18–34 year-olds and 55–74 year-olds showed a similar pattern.

Adults who were eligible for public dental care were less likely to have last visited a private practice compared to those who were not eligible for public dental care (66.2% compared to 91.6%). Across age groups, the difference in last visiting a private dental practice between those eligible for public dental care and those not eligible for public dental care was most pronounced for 18–34 year-olds (56.8% compared to 86.1%) and 35–54 year-olds (57.3% compared to 93.4%).

Adults who did not have dental insurance were less likely to have last visited a private practice compared to those who had dental insurance (74.1% compared to 94.9%). This pattern was consistent across all age groups. Similarly, adults who usually visit a dentist for a problem were less likely to have visited a private practice at their last visit than those who usually visit a dentist for a check-up (74.9% and 90.1%, respectively). This pattern was consistent across all age groups.

Nearly all adults in the highest income group (96.1%) visited a private dental practice at their last visit, compared to 73.2% in the lowest income group. Across age groups, the difference ranged from 16.9 percentage points for the 55–74 years age group to 32.9 percentage points in the 35–54 years age group.

In summary, last visiting a private practice was associated with being aged 35–54 years and 55–74 years, being non-Indigenous, living in Major cities, having year 11 or more of schooling, having a degree or higher, not being eligible for public dental care, having dental insurance, usually visiting a dentist for a check-up and having a high household income.

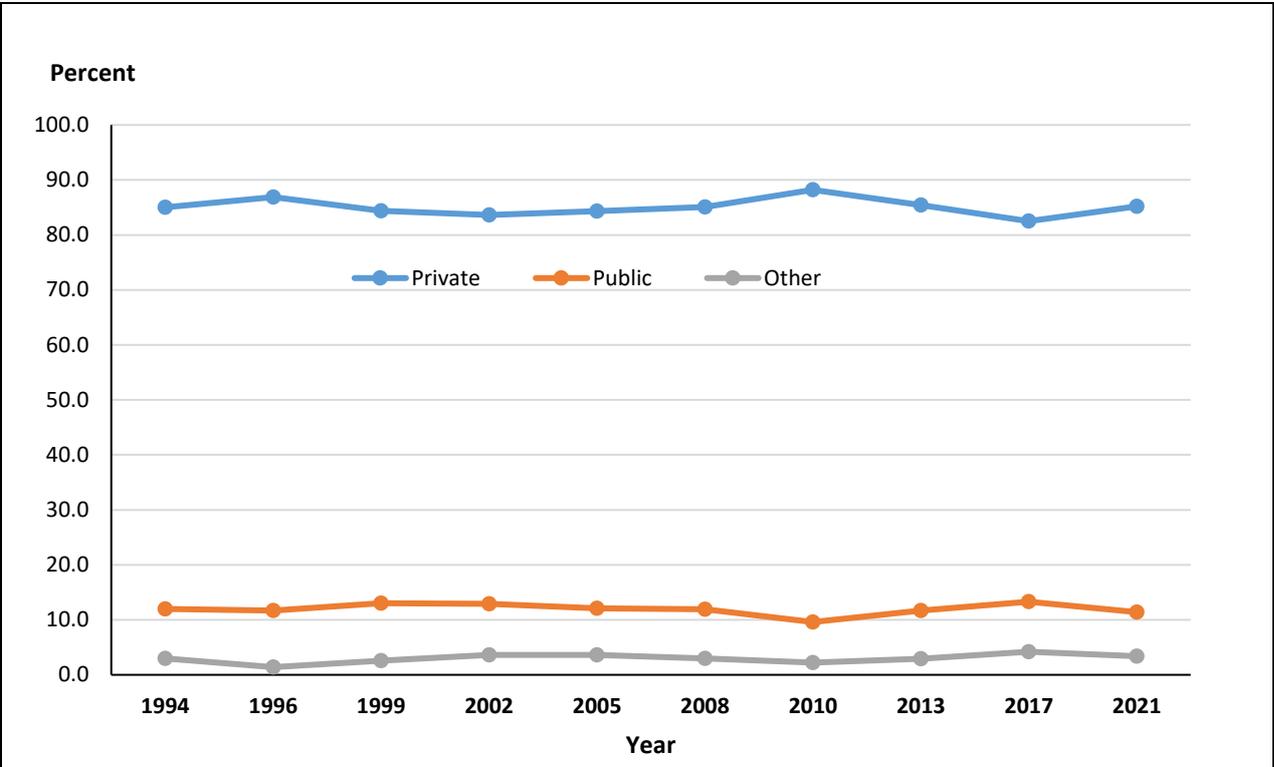
**Table 5-7: Percentage who visited private practice at last visit, dentate people aged 18 years and over in the Australian population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>85.2</b>	<b>81.7</b>	<b>88.5</b>	<b>88.4</b>	<b>75.1</b>
	95%CI	83.5–86.7	77.9–84.9	85.8–90.8	85.8–90.5	68.4–80.7
<b>Sex</b>						
Male	%	84.4	79.7	87.1	89.2	77.6
	95%CI	81.8–86.7	73.7–84.7	82.5–90.6	86.0–91.8	67.9–85.0
Female	%	86.0	83.5	89.6	87.5	71.0
	95%CI	83.7–88.0	78.5–87.5	86.0–92.3	83.4–90.7	61.9–78.7
<b>Indigenous identity</b>						
Non-Indigenous	%	85.9	82.8	89.2	88.6	75.2
	95%CI	84.2–87.4	79.0–86.0	86.5–91.5	86.1–90.8	68.5–80.9
Indigenous	%	60.4	57.4	60.9	70.8	34.6*
	95%CI	47.5–71.9	37.1–75.4	42.7–76.4	44.0–88.2	4.2–86.4
<b>Residential location</b>						
Major cities	%	86.4	82.4	89.1	90.7	76.8
	95%CI	84.2–88.3	77.5–86.4	85.5–91.9	87.5–93.2	67.6–84.0
Inner regional	%	83.6	80.8	88.1	85.0	73.8
	95%CI	80.5–86.4	73.2–86.7	83.3–91.7	79.5–89.2	62.7–82.5
Outer regional/Remote	%	78.9	76.7	84.4	78.7	64.9
	95%CI	75.0–82.3	68.7–83.1	77.6–89.4	71.5–84.4	50.2–77.1
<b>Year level of schooling</b>						
Year 10 or less	%	74.1	63.3	81.4	77.6	64.0
	95%CI	69.5–78.2	42.8–79.9	73.9–87.2	71.4–82.8	54.1–72.8
Year 11 or more	%	88.1	83.0	89.8	93.8	84.8
	95%CI	86.3–89.7	79.3–86.1	86.7–92.2	91.4–95.5	74.7–91.3
<b>Highest qualification attained</b>						
Degree or higher	%	91.9	90.9	92.1	95.0	84.5
	95%CI	88.9–94.1	82.8–95.4	87.3–95.2	91.1–97.2	65.7–93.9
Other/None	%	83.1	78.4	87.2	87.2	72.6
	95%CI	81.0–85.1	73.8–82.4	83.6–90.2	84.0–89.8	64.8–79.2
<b>Eligibility for public dental care</b>						
Eligible	%	66.2	56.8	57.3	73.8	67.2
	95%CI	62.1–70.0	45.9–67.0	47.4–66.5	68.2–78.7	58.7–74.7
Ineligible	%	91.6	86.1	93.4	95.9	94.5
	95%CI	89.9–93.1	82.1–89.3	90.7–95.4	93.2–97.6	83.8–98.3
<b>Dental insurance</b>						
Insured	%	94.9	91.3	95.9	97.6	92.0
	95%CI	93.2–96.1	86.5–94.5	93.5–97.5	96.0–98.6	83.2–96.4
Uninsured	%	74.1	72.9	78.1	76.9	60.5
	95%CI	71.0–77.0	66.6–78.3	72.4–82.8	71.7–81.4	50.8–69.5
<b>Usually visit dentist</b>						
For a check-up	%	90.1	86.0	92.0	94.7	83.6
	95%CI	88.2–91.7	82.0–89.2	88.5–94.5	92.2–96.4	75.5–89.4
For a dental problem	%	74.9	68.2	81.7	77.2	59.5
	95%CI	71.3–78.2	58.4–76.5	76.5–86.0	71.3–82.1	47.3–70.6
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	73.2	73.7	63.6	80.9	66.3
	95%CI	69.6–76.6	65.3–80.6	53.6–72.6	76.2–84.8	57.0–74.5
Tertile 2 (\$60-<\$120k)	%	88.2	83.4	87.4	95.5	92.3
	95%CI	84.9–90.9	76.6–88.5	80.6–92.1	92.2–97.4	77.6–97.7
Tertile 3 (\$120K+)	%	96.1	94.3	96.5	97.8	—
	95%CI	94.7–97.2	90.6–96.7	94.5–97.8	94.4–99.1	—

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

### Trends in type of practice visited at last dental visit

Time trends in the percentage of persons who last visited a private practice, public practice or other are presented in Figure 5-3. There was no change over time in the percentage of persons who attended a private, public or other practice.



*Notes*

- Data in this figure relate to adults aged 18 years and over who visited a dental practitioner in the previous 2 years.
- Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

Source: Appendix Table A-7

**Figure 5-3: Type of practice visited at last dental visit, all adults aged 18 years and over, 1994 to 2021 (per cent)**

## 5.4 Dental services received

In NDTIS 2021, dental services received in the previous 12 months was assessed in the Interview by asking people 'How many of the following treatments did you receive in the last 12 months?' People were able to quantify the number of treatments they received in the following categories: 'Fillings', 'Extractions', 'Dental check-ups', 'Scale and clean services', 'X-ray services', 'Denture(s) made', 'Sessions of gum treatment', 'Teeth crowned or capped', 'Bridges', 'Teeth that had root canal treatment', 'Dental implants', 'Orthodontic treatment visits', 'Tooth whitening services' and 'Other treatment services'.

Table 5-8 presents the average number of visits and dental service types (extractions, fillings, scale and cleans) received by dentate Australians aged 18 years and over in the previous 12 months.

Dentate people aged 18 years and over made, on average, 2.02 visits in the previous 12 months. On average, they received 0.18 extractions, 0.56 fillings and 1.18 scale and clean services.

There were no significant difference in the average number of visits or service types received by sex, age group, Indigenous identity and residential location.

There was no significant difference between people with year 10 or less years of schooling and year 11 or more years of schooling in the average number of visits made in the previous 12 months or in the average number of fillings or scale and clean services received. However, people with year 10 or less of schooling had a higher number of extractions, on average, than those with year 11 or more years of schooling (0.40 and 0.14, respectively). People with other or no qualification also had a higher number of extractions, on average, than those with a degree or higher (0.22 and 0.11, respectively).

There was no significant difference between people eligible for public dental care and people not eligible for public dental care in the average number of visits made in the previous 12 months, or in the average number of fillings or scale and clean services received. However, people eligible for public dental care had a higher number of extractions, on average, than people not eligible for public dental care (0.32 and 0.14, respectively).

The average number of visits made in the previous 12 months did not differ significantly between people with dental insurance and people without dental insurance. However, people without dental insurance had, on average, a higher number of extractions than insured people (0.32 and 0.11, respectively) and a higher number of fillings than insured people (0.71 and 0.49, respectively). People without insurance also had a lower number of scale and clean services, on average, than insured people (0.96 and 1.29, respectively).

People who usually visit the dentist for a problem made more visits, on average, in the previous 12 months than those who usually visit for a check-up (2.32 and 1.96, respectively). Those who usually visit for a dental problem received, on average, more extractions than those who usually visit for a check-up (0.55 and 0.10, respectively) and more fillings than those who usually visit for a check-up (1.16 and 0.43, respectively) in the previous 12 months. In contrast, those who usually visit for a dental problem received, on average, less scale and clean services than those who usually visit for a check-up (0.76 and 1.27, respectively).

There were no significant differences in the number of visits or the number of scale and cleans by household income. However, adults in the lowest household income group reported a higher number of extractions (0.36) and number of fillings (0.73) than adults in the highest household income group (0.08 and 0.47, respectively).

In summary, having more extractions, on average, was associated with having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance, visiting the dentist for a problem and low household income. Having more fillings, on average, was associated with not having dental insurance, visiting the dentist for a problem and low household income. A higher number of visits, on average, in the previous 12 months was associated with visiting the dentist for a problem. People who visited for a problem also received less scale and clean services than people who visited for a check-up.

**Table 5-8: Dental services received in the previous 12 months by selected characteristics, dentate people aged 18 years and over in the Australian population, 2021 (average number)**

		Dental services received			
		Visits	Extractions	Fillings	Scale and cleans
<b>All people</b>	%	<b>2.02</b>	<b>0.18</b>	<b>0.56</b>	<b>1.18</b>
	95%CI	1.95–2.10	0.14–0.21	0.50–0.62	1.13–1.22
<b>Sex</b>					
Male	%	1.96	0.20	0.52	1.16
	95%CI	1.86–2.05	0.14–0.25	0.44–0.59	1.10–1.23
Female	%	2.08	0.16	0.60	1.19
	95%CI	1.97–2.19	0.12–0.21	0.51–0.69	1.12–1.25
<b>Age (years)</b>					
18–24	%	1.97	0.15*	0.46	1.15
	95%CI	1.78–2.17	0.07–0.22	0.36–0.57	1.07–1.23
35–54	%	2.02	0.15	0.63	1.18
	95%CI	1.91–2.13	0.11–0.20	0.50–0.75	1.09–1.28
55–74	%	2.08	0.21	0.56	1.18
	95%CI	1.97–2.19	0.15–0.28	0.46–0.65	1.11–1.25
75+	%	2.00	0.24*	0.63	1.20
	95%CI	1.82–2.19	0.11–0.38	0.46–0.81	1.06–1.35
<b>Indigenous identity</b>					
Non-Indigenous	%	2.02	0.17	0.56	1.18
	95%CI	1.94–2.09	0.14–0.21	0.50–0.62	1.13–1.23
Indigenous	%	2.26	0.48*	0.48*	1.04
	95%CI	1.66–2.86	0.07–0.88	0.00–1.04	0.83–1.26
<b>Residential location</b>					
Major cities	%	2.03	0.15	0.55	1.21
	95%CI	1.94–2.13	0.11–0.19	0.47–0.62	1.15–1.27
Inner regional	%	1.94	0.26	0.61	1.09
	95%CI	1.80–2.07	0.16–0.35	0.49–0.73	1.02–1.17
Outer regional/Remote	%	2.09	0.25*	0.61	1.04
	95%CI	1.86–2.33	0.12–0.37	0.49–0.73	0.91–1.17
<b>Year level of schooling</b>					
Year 10 or less	%	2.08	0.40	0.74	1.08
	95%CI	1.90–2.26	0.26–0.54	0.58–0.90	0.96–1.20
Year 11 or more	%	2.01	0.14	0.53	1.20
	95%CI	1.93–2.10	0.10–0.17	0.46–0.60	1.15–1.25
<b>Highest qualification attained</b>					
Degree or higher	%	1.94	0.10	0.46	1.27
	95%CI	1.83–2.04	0.06–0.13	0.34–0.57	1.19–1.35
Other/None	%	2.08	0.22	0.59	1.14
	95%CI	1.98–2.18	0.16–0.27	0.52–0.66	1.08–1.20
<b>Eligibility for public dental care</b>					
Eligible	%	2.05	0.32	0.66	1.11
	95%CI	1.93–2.16	0.23–0.41	0.53–0.78	1.01–1.20
Ineligible	%	2.01	0.14	0.53	1.19
	95%CI	1.92–2.10	0.10–0.17	0.46–0.60	1.14–1.25
<b>Dental insurance</b>					
Insured	%	2.04	0.11	0.49	1.29
	95%CI	1.95–2.13	0.08–0.14	0.42–0.56	1.23–1.34
Uninsured	%	1.99	0.32	0.71	0.96
	95%CI	1.86–2.12	0.23–0.41	0.60–0.82	0.87–1.04
<b>Usually visit dentist</b>					
For a check-up	%	1.96	0.10	0.43	1.27
	95%CI	1.88–2.04	0.07–0.12	0.38–0.49	1.22–1.32
For a dental problem	%	2.32	0.55	1.16	0.76
	95%CI	2.13–2.51	0.39–0.70	0.96–1.35	0.65–0.86
<b>Household Income tertile</b>					
Tertile 1 (<\$60,000)	%	2.19	0.36	0.73	1.14
	95%CI	2.03–2.35	0.24–0.47	0.61–0.85	1.05–1.22
Tertile 2 (\$60-<\$120k)	%	1.99	0.11	0.52	1.21
	95%CI	1.87–2.11	0.08–0.15	0.42–0.63	1.14–1.29
Tertile 3 (\$120K+)	%	1.92	0.08	0.47	1.21
	95%CI	1.78–2.07	0.05–0.11	0.35–0.58	1.12–1.29

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## Trends in types of dental services received

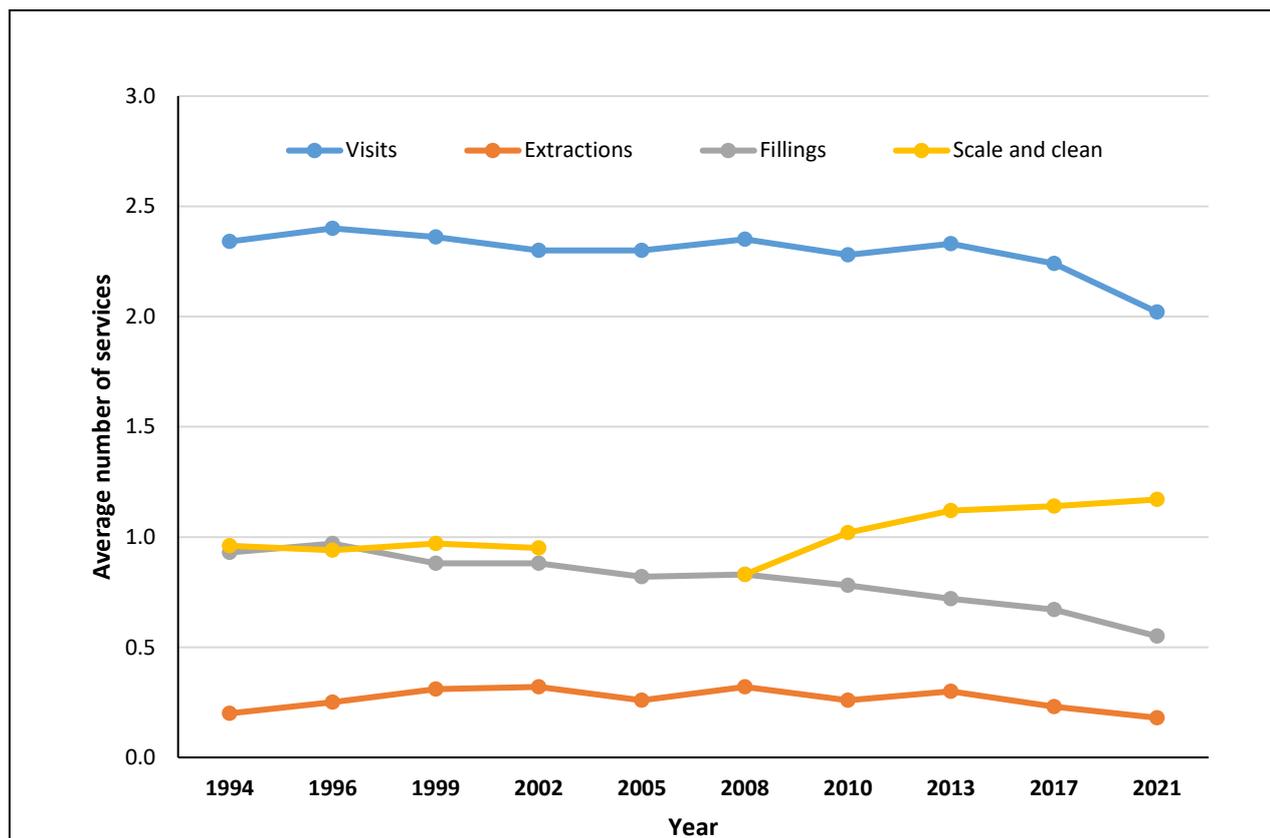
Time trends in the number of visits and types of dental services received among dentate adults aged 18 years and over who visited in the previous 12 months are presented in Figure 5-4.

There was a decline in the average number of visits over time, decreasing from, on average, 2.34 visits in 1994 to 2.02 visits in 2021.

Between 1994 and 2021, there was an overall decline in the average number of fillings received. The average ranged between 0.93 in 1994 to 0.55 in 2021.

There was an increase, over time, in the average number of scale and clean services received. Between 1994 and 2021, the average number of scale and clean services received ranged from 0.96 to 1.17.

The average number of extractions fluctuated over time.



### Notes

- Data in this figure relate to dentate adults aged 18 years and over who visited a dental practitioner in the previous 12 months.
- Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

Source: Appendix Table A-8

**Figure 5-4: Types of dental services received, dentate adults aged 18 years and over who visited a dental practitioner in the previous 12 months, 1994 to 2021 (average number)**

## 6 Dental visiting patterns for adults

Patterns of dental visiting can have an important influence on an individual's oral health, with the last dental visit giving a snapshot of dental attendance patterns. Questions about usual visiting patterns reflects longer term behaviours and intentions. This section reports on three components of usual visiting behaviour; usual frequency of dental visits, the use of a regular dentist, and usual reason for dental visiting, and combines them into a single variable, 'visiting pattern'.

### 6.1 Usual pattern of dental visits

In NDTIS 2021, people who were dentate were asked 'How often on average do you seek care from a dental professional?' The responses included 'Two or more times a year', 'Once a year', 'Once in two years', 'Less often than that' or 'Don't know'. The first two response categories have been combined into the percentage of people who usually visit a dentist at least once a year. The results are presented in Table 6-1.

Overall, 60.6% of the Australian dentate population aged 18 years and over usually visit a dental provider at least once a year, with three-quarters visiting once in two years (74.3%). The remaining 25.7% of dentate Australians usually visit less frequently than that. Persons aged 35-54 years were less likely to visit a dental provider at least once a year compared to persons aged 55-74 and 75 years and over (56.8%, 66.2% and 68.8%, respectively).

There were no differences in usually visiting a dental provider at least once a year by sex or by Indigenous status.

However, differences in visit frequency was observed by all other characteristics. For instance, those living in Inner regional and Outer regional/Remote areas were less likely to usually visit a dental provider at least once a year compared to Major city residents (50.8% and 48.7%, respectively compared to 64.6%); fewer persons with year 10 or less of schooling usually visited at least once a year compared to those with year 11 or more of schooling (49.2% and 63.1%, respectively); persons with other or no qualifications were less likely to usually visit at least once a year compared to those with a degree or higher (58.3% and 68.3%, respectively); those without dental insurance were less likely to usually visit at least once a year compared to insured persons (41.0% and 76.9%, respectively); those eligible for public dental care were less likely to usually visit once a year compared to those not eligible for public dental care (53.4% and 62.4%, respectively); those who usually visit for a problem were less likely to visit at least once per year compared to those who usually visit for a check-up (20.0% and 77.8%, respectively); and those in the lowest household income group were less likely to visit at least once a year compared to those in the highest household income group (54.6% compared with 68.4%).

In summary, just over 60% of the Australian dentate population aged 18 years and over usually visit a dental provider at least once a year. Usual visit frequency was associated with most characteristics. Usually visiting at least once a year was less likely among those living in Inner regional and Outer regional/Remote areas, those with year 10 or less of schooling, persons with other or no qualifications, those with dental insurance, those not eligible for public dental care, those who usually visit for a problem and those in low income groups.

**Table 6-1: Usual frequency of dental visits by selected characteristics, dentate people aged 18 years and over in the Australian population, 2021**

		Usual frequency of dental visits		
		At least once a year	Once in two years	Less often than that
<b>All people</b>	%	<b>60.6</b>	<b>13.7</b>	<b>25.7</b>
	95%CI	58.3–62.9	12.2–15.3	23.6–27.8
<b>Sex</b>				
Male	%	57.7	15.0	27.2
	95%CI	54.3–61.1	12.7–17.7	24.2–30.5
Female	%	63.4	12.4	24.2
	95%CI	60.3–66.3	10.6–14.5	21.5–27.1
<b>Age (years)</b>				
18–24	%	57.7	15.0	27.3
	95%CI	53.4–61.9	12.1–18.4	23.6–31.4
35–54	%	56.8	14.0	29.2
	95%CI	52.8–60.8	11.4–17.1	25.6–33.0
55–74	%	66.2	11.7	22.0
	95%CI	62.0–70.2	9.5–14.4	18.4–26.1
75+	%	68.8	14.1	17.1
	95%CI	61.5–75.0	9.4–20.6	12.6–22.8
<b>Indigenous identity</b>				
Non-Indigenous	%	60.9	13.7	25.4
	95%CI	58.6–63.2	12.1–15.4	23.3–27.6
Indigenous	%	50.0	14.6*	35.5
	95%CI	37.8–62.2	7.9–25.3	25.3–47.1
<b>Residential location</b>				
Major cities	%	64.6	12.3	23.1
	95%CI	61.6–67.4	10.5–14.4	20.6–25.8
Inner regional	%	50.8	18.1	31.1
	95%CI	46.5–55.0	14.7–22.0	27.2–35.3
Outer regional/Remote	%	48.7	15.9	35.4
	95%CI	44.0–53.5	12.6–19.9	30.9–40.1
<b>Year level of schooling</b>				
Year 10 or less	%	49.2	15.0	35.8
	95%CI	44.0–54.4	11.9–18.9	30.8–41.2
Year 11 or more	%	63.1	13.4	23.5
	95%CI	60.5–65.6	11.7–15.3	21.3–25.9
<b>Highest qualification attained</b>				
Degree or higher	%	68.3	12.6	19.1
	95%CI	63.6–72.6	10.0–15.8	15.4–23.5
Other/None	%	58.3	13.8	28.0
	95%CI	55.6–60.9	12.0–15.8	25.5–30.5
<b>Eligibility for public dental care</b>				
Eligible	%	53.4	13.5	33.1
	95%CI	49.0–57.8	11.0–16.4	29.0–37.5
Ineligible	%	62.4	13.9	23.7
	95%CI	59.7–65.1	12.1–15.9	21.3–26.2
<b>Dental insurance</b>				
Insured	%	76.9	11.7	11.4
	95%CI	74.2–79.4	9.8–14.0	9.7–13.3
Uninsured	%	41.0	15.8	43.2
	95%CI	37.5–44.6	13.5–18.4	39.6–46.9
<b>Usually visit dentist</b>				
For a check-up	%	77.8	12.5	9.7
	95%CI	75.5–80.0	10.8–14.4	8.2–11.4
For a dental problem	%	20.0	16.9	63.1
	95%CI	17.0–23.3	14.0–20.4	58.9–67.2
<b>Household Income tertile</b>				
Tertile 1 (<\$60,000)	%	54.6	12.0	33.5
	95%CI	50.3–58.8	9.7–14.7	29.5–37.7
Tertile 2 (\$60-<\$120k)	%	62.6	14.1	23.3
	95%CI	58.5–66.6	11.4–17.4	20.0–26.9
Tertile 3 (\$120K+)	%	68.4	14.7	16.8
	95%CI	64.2–72.4	11.8–18.2	13.7–20.5

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

Table 6-2 presents the percentage of people who usually visit a dental professional at least once a year. Some 60.6% of dentate Australians reported usually visiting a dentist at least once a year. A lower proportion of those aged 35–54 years reported usually visiting a dental professional at least once a year than those aged 55–74 and 75 years and over (56.8%, 66.2% and 68.8%, respectively).

Similar percentages of males and females reported usually visiting at least once a year, and this pattern was consistent across age groups.

The percentage of Indigenous persons who usually visited at least once a year was generally lower than non-Indigenous persons, however due to wide confidence intervals, this difference was not significant.

Those living in Major cities were more likely to report usually visiting at least once a year (64.6%) compared to Inner regional residents (50.8%) and Outer regional/Remote residents (48.7%). This pattern was observed in the 18–34 years and 55–74 years age groups.

The proportion of people who reported visiting at least once a year was higher for those with year 11 or more schooling (63.1%) compared to those with year 10 or less of schooling (49.2%). This pattern of a higher proportion of those with year 11 or more of schooling usually visiting at least once a year compared to those with year 10 or less of schooling was observed for the 18–34 years (59.5% and 31.7%, respectively), 35–54 years (59.5% and 38.2%, respectively) and 55–74 years (70.9% and 54.2%, respectively) age groups.

A higher proportion of people with a degree or higher reported visiting at least once a year than those with other or no qualifications (68.3% and 58.3%, respectively). This pattern was observed for the 35–54 years age group (66.6% and 52.9%, respectively).

The proportion of people who reported visiting at least once a year was higher for those not eligible for public dental care than those eligible for public dental care (62.4% and 53.4%, respectively). This pattern was observed for the 18–34 years (59.9% and 43.8%, respectively) and 35–54 years (59.7% and 33.2%, respectively) age groups.

The largest difference between groups in terms of usual frequency of visiting was for dental insurance and usual reason for visiting. There was a 35.9 percentage point difference in frequency of visiting between those with dental insurance (76.9%) and those without (41.0%). There was a four-fold difference in usual frequency of visiting between those who usually visit for a check-up (77.8%) and those who usually visit for a problem (20.0%). For both these characteristics, the frequency of usual visiting was consistent across all age groups.

Individuals in the low income group were less likely to report usually visiting a dental professional at least once a year, compared with those in the high income group (54.6% and 68.4%, respectively). Across age groups, the proportion of adults that usually visit at least once a year ranged from 40.5% in the 35–54 year age group to 62.5% in the 75 years and over group. In comparison, those in the high income group ranged from 66.3% for 35–54 year-olds to 97.7% for those aged 75 years and over.

In summary, usually visiting a dental professional at least once a year was associated with living in Major cities, having year 11 or more of schooling, having a degree or higher, not being eligible for public dental care, having dental insurance, usually visiting for a check-up and having a high household income.

**Table 6-2: Percentage of people who usually visit a dental professional at least once a year, dentate people aged 18 years and over in the Australian population, 2021**

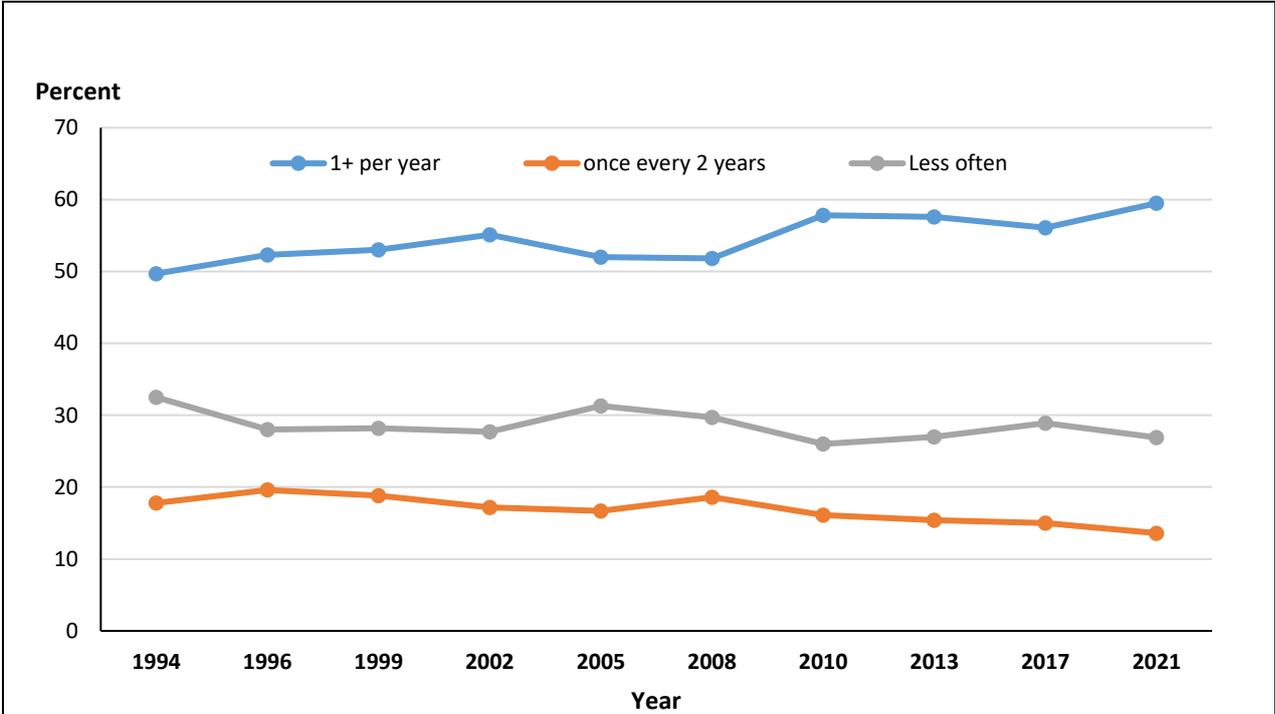
		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>60.6</b>	<b>57.7</b>	<b>56.8</b>	<b>66.2</b>	<b>68.8</b>
	95%CI	58.3–62.9	53.4–61.9	52.8–60.8	62.0–70.2	61.5–75.2
<b>Sex</b>						
Male	%	57.7	53.6	52.4	62.8	70.8
	95%CI	54.3–61.1	47.0–60.1	46.2–58.5	56.5–68.7	61.1–78.9
Female	%	63.4	61.6	60.1	69.7	65.1
	95%CI	60.3–66.3	56.0–66.9	54.8–65.3	63.9–74.8	54.0–74.7
<b>Indigenous identity</b>						
Non-Indigenous	%	60.9	58.2	56.9	66.4	68.9
	95%CI	58.6–63.2	53.7–62.5	52.8–60.9	62.2–70.5	61.6–75.3
Indigenous	%	50.0	47.3	53.9	50.9*	34.6*
	95%CI	37.8–62.2	28.8–66.6	35.7–71.1	26.0–75.5	4.2–86.4
<b>Residential location</b>						
Major cities	%	64.6	62.1	59.7	71.0	74.2
	95%CI	61.6–67.4	56.8–67.2	54.7–64.6	65.3–76.1	64.5–82.0
Inner regional	%	50.8	46.7	46.7	56.2	58.2
	95%CI	46.5–55.0	38.5–55.1	39.2–54.5	49.3–63.0	45.4–70.0
Outer regional/Remote	%	48.7	38.6	52.5	52.4	53.5
	95%CI	44.0–53.5	30.6–47.2	44.1–60.8	44.0–60.6	37.8–68.5
<b>Year level of schooling</b>						
Year 10 or less	%	49.2	31.7	38.2	54.2	61.6
	95%CI	44.0–54.4	19.6–47.0	27.8–49.7	46.8–61.5	51.1–71.1
Year 11 or more	%	63.1	59.5	59.5	70.9	77.2
	95%CI	60.5–65.6	55.0–63.8	55.2–63.7	65.7–75.7	66.4–85.3
<b>Highest qualification attained</b>						
Degree or higher	%	68.3	67.5	66.6	71.2	69.3
	95%CI	63.6–72.6	58.0–75.8	59.6–73.0	60.9–79.7	52.2–82.3
Other/None	%	58.3	55.5	52.9	65.8	67.9
	95%CI	55.6–60.9	50.7–60.3	47.9–57.9	61.1–70.2	59.4–75.4
<b>Eligibility for public dental care</b>						
Eligible	%	53.4	43.8	33.2	61.3	62.6
	95%CI	49.0–57.8	34.0–54.2	25.1–42.4	54.8–67.4	53.2–71.2
Ineligible	%	62.4	59.9	59.7	68.4	80.6
	95%CI	59.7–65.1	55.1–64.4	55.3–64.0	62.7–73.6	69.1–88.5
<b>Dental insurance</b>						
Insured	%	76.9	75.9	72.4	81.6	85.2
	95%CI	74.2–79.4	70.4–80.6	67.5–76.8	77.4–85.2	77.3–90.7
Uninsured	%	41.0	40.6	33.8	45.9	52.2
	95%CI	37.5–44.6	34.5–47.0	27.8–40.2	39.2–52.8	41.3–62.9
<b>Usually visit dentist</b>						
For a check-up	%	77.8	72.6	76.3	84.9	82.5
	95%CI	75.5–80.0	68.2–76.6	72.0–80.2	80.8–88.2	73.8–88.7
For a dental problem	%	20.0	11.7	15.3	27.8	36.6
	95%CI	17.0–23.3	7.5–17.7	11.2–20.4	22.0–34.4	23.6–51.9
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	54.6	49.4	40.5	59.5	62.5
	95%CI	50.3–58.8	39.7–59.1	31.0–50.8	53.1–65.6	52.4–71.7
Tertile 2 (\$60-<\$120k)	%	62.6	59.6	56.1	72.1	84.3
	95%CI	58.5–66.6	52.4–66.3	48.6–63.3	65.0–78.2	69.0–92.8
Tertile 3 (\$120K+)	%	68.4	68.0	66.3	74.9	97.7
	95%CI	64.2–72.4	60.8–74.5	60.1–72.0	64.1–83.3	83.5–99.7

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

### Trends in usual frequency of dental visits

Usual frequency of dental visits among dentate adults aged 18 years and over during the period 1994 to 2021 is presented in Figure 6-1.

Between 1994 and 2021, the percentage of people usually visiting at least once per year increased from 49.7% to 59.5%. Consequently, a decrease in the percentage of people usually visiting once every two years and less often than that is observed in the same period. Between 1994 and 2021, the percentage of people usually visiting once every two years decreased from 17.8% to 13.6%, and the percentage of people visiting less than once every two years decreased from 32.5% to 26.9%.



*Notes*

- Data in this figure relate to dentate adults aged 18 years and over who ever visited a dental practitioner.
- Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

Source: Appendix Table A-9

**Figure 6-1: Usual frequency of dental visits, dentate adults aged 18 years and over, 1994 to 2021 (per cent)**

## 6.2 Usual attendance at the same dental practitioner or clinic

A pattern of usual attendance at the same dental practitioner or clinic implies an ongoing relationship with a particular dental practitioner or clinic and a continuity of dental care. In NDTIS 2021, people who were dentate and had made a dental visit within the last 5 years were asked 'Is there a dental practitioner or clinic you usually go to for dental care?' People could answer yes or no.

Table 6-3 presents the percentage who replied 'Yes'. Some 83.2% of dentate people aged 18 years and over reported usually visiting the same dental practitioner or clinic for dental care. Younger adults aged 18–34 years were less likely to usually attend the same dental practitioner or clinic than their older counterparts aged 55–74 years and 75 years and over (77.0% compared to 88.8% and 90.6%, respectively).

Indigenous persons were less likely to usually visit the same dental practitioner or clinic for dental care than non-Indigenous persons (70.6% and 83.5%, respectively).

The proportion of people who reported visiting the same dental practitioner or clinic for dental care was also lower for those eligible for public dental care than those not eligible for public dental care (78.5% and 84.2%, respectively), those without dental insurance than those with dental insurance (73.3% and 90.6%, respectively) and those who usually visit for a dental problem than those who usually visit for a check-up insurance (64.5% and 89.3%, respectively).

In summary, those aged 18–34 years, Indigenous persons, those eligible for public dental care, those without dental insurance and those who usually visit for a dental problem were less likely to usually visit the same dental practitioner or clinic for dental care.

**Table 6-3: Usual attendance at the same dental practitioner or clinic by selected characteristics, dentate people aged 18 years and over in the Australian population, 2021 (per cent)**

		Usual attendance at the same dental practitioner or clinic	
		Yes	No
<b>All people</b>	%	<b>83.2</b>	<b>16.8</b>
	95%CI	81.4–84.9	15.1–18.6
<b>Sex</b>			
Male	%	82.1	17.9
	95%CI	79.2–84.6	15.4–20.8
Female	%	84.2	15.8
	95%CI	81.7–86.3	13.7–18.3
<b>Age (years)</b>			
18–24	%	77.0	23.0
	95%CI	73.2–80.4	19.6–26.8
35–54	%	82.3	17.7
	95%CI	78.8–85.3	14.7–21.2
55–74	%	88.8	11.2
	95%CI	85.8–91.2	8.8–14.2
75+	%	90.6	9.4
	95%CI	85.0–94.3	5.7–15.0
<b>Indigenous identity</b>			
Non-Indigenous	%	83.5	16.5
	95%CI	81.7–85.2	14.8–18.3
Indigenous	%	70.6	29.4
	95%CI	58.2–80.6	19.4–41.8
<b>Residential location</b>			
Major cities	%	84.3	15.7
	95%CI	82.0–86.4	13.6–18.0
Inner regional	%	80.2	19.8
	95%CI	76.5–83.5	16.5–23.5
Outer regional/Remote	%	79.7	20.3
	95%CI	75.5–83.4	16.6–24.5
<b>Year level of schooling</b>			
Year 10 or less	%	79.3	20.7
	95%CI	74.9–83.2	16.8–25.1
Year 11 or more	%	84.2	15.8
	95%CI	82.1–86.0	14.0–17.9
<b>Highest qualification attained</b>			
Degree or higher	%	85.4	14.6
	95%CI	81.3–88.8	11.2–18.7
Other/None	%	82.2	17.8
	95%CI	80.1–84.2	15.8–19.9
<b>Eligibility for public dental care</b>			
Eligible	%	78.5	21.5
	95%CI	74.6–82.0	18.0–25.4
Ineligible	%	84.4	15.6
	95%CI	82.2–86.3	13.7–17.8
<b>Dental insurance</b>			
Insured	%	90.6	9.4
	95%CI	88.6–92.3	7.7–11.4
Uninsured	%	73.3	26.7
	95%CI	69.8–76.4	23.6–30.2
<b>Usually visit dentist</b>			
For a check-up	%	89.3	10.7
	95%CI	87.5–90.9	9.1–12.5
For a dental problem	%	64.5	35.5
	95%CI	59.9–68.9	31.1–40.1
<b>Household Income tertile</b>			
Tertile 1 (<\$60,000)	%	82.4	17.6
	95%CI	79.0–85.3	14.7–21.0
Tertile 2 (\$60–<\$120k)	%	81.9	18.1
	95%CI	77.9–85.4	14.6–22.1
Tertile 3 (\$120K+)	%	86.4	13.6
	95%CI	83.2–89.1	10.9–16.8

Table 6-4 presents the percentage who replied 'Yes' to usually visiting the same dental practitioner or clinic by age group. The vast majority of the adult population (83.2%) reported that they had a regular dental practitioner or clinic that they visited.

The two older age groups, 55–74 years and 75 years or more, were more likely to report having a regular dentist (88.8% and 90.6%, respectively), compared to those aged 18–34 years (77.0%). In addition, those aged 55–74 years were more likely than those aged 35–54 years to report having a regular dentist or clinic they visited (88.8% and 82.3%, respectively).

Similar percentages of males and females reported having a regular dental practitioner or clinic they visited (82.1% and 84.2%, respectively), and there was also no significant variation across age groups.

A higher percentage of non-Indigenous persons reported usually visiting the same dental practitioner or clinic than Indigenous persons (83.5% and 70.6%, respectively). However, there were no significant differences across age groups.

There was no difference in the percentage of people who reported having a regular dental practitioner or clinic by residential location and there was also no significant variation across age groups.

Similar percentages of those with year 10 or less of schooling and those with year 11 or more of schooling reported usually visiting the same dental practitioner or clinic (79.3% and 84.2%, respectively). However, across age groups, a higher percentage of persons aged 18–34 years with year 11 or more of schooling reported usually visiting a regular dental practitioner or clinic than those with year 10 or less of schooling (78.4% and 56.9%, respectively).

Similar percentages of those with a degree or higher and those with other or no qualifications reported usually visiting the same dental practitioner or clinic (85.4% and 82.2%, respectively), and there was also no significant variation across age groups.

A higher percentage of people not eligible for public dental care reported usually visiting the same dental practitioner or clinic than those eligible for public dental care (84.4% compared to 78.5%). Across age groups, this pattern was observed for those aged 18–34 years (79.0% and 64.5%, respectively) and those aged 35–54 years (84.7% and 61.1%, respectively).

A higher percentage of dentally insured persons reported usually visiting the same dental practitioner or clinic than uninsured persons (90.6% and 73.3%, respectively), a pattern that was consistent across all age groups.

Similarly, a higher percentage of persons who usually visited for a check-up reported usually visiting the same dental practitioner or clinic than those who usually visit for a problem (89.3% and 64.5%, respectively). This pattern was consistent across all age groups.

There was no difference in the percentage of people who reported having a regular dental practitioner or clinic by household income groups. However, those aged 35–54 years in the highest income group were more likely to report usually visiting the same dental practitioner or clinic than those in the lowest and middle income groups (88.4% compared to 75.0% and 76.2%, respectively).

In summary, the majority of dentate Australians (83.2%) reported visiting a usual dentist or clinic. Higher percentages were reported for non-Indigenous persons, those not eligible for public dental care, those with dental insurance and for those who usually visit a dentist for a check-up. There were minimal differences across the remaining socio-demographic variables.

**Table 6-4: Percentage of people who have a dental practitioner or clinic they usually attend, dentate people aged 18 years and over in the Australian population, 2021**

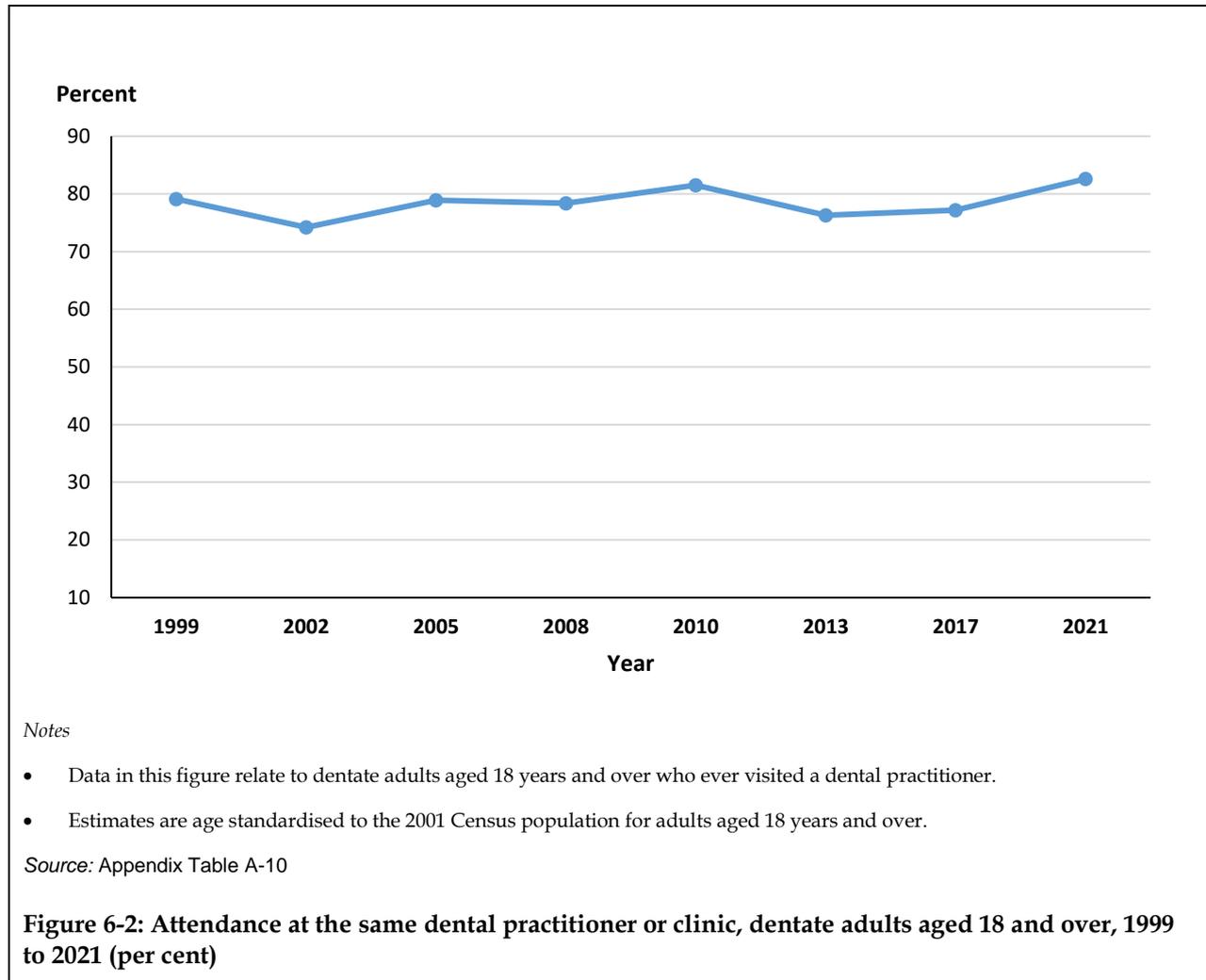
		Population: dentate people aged 18 years and over who visited in the last 5 years				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>83.2</b>	<b>77.0</b>	<b>82.3</b>	<b>88.8</b>	<b>90.6</b>
	95%CI	81.4–84.9	73.2–80.4	78.8–85.3	85.8–91.2	85.0–94.3
<b>Sex</b>						
Male	%	82.1	73.3	80.5	88.8	93.0
	95%CI	79.2–84.6	66.9–78.9	74.9–85.1	84.6–92.0	87.1–96.3
Female	%	84.2	80.3	83.5	88.7	86.2
	95%CI	81.7–86.3	75.9–84.1	78.9–87.2	84.3–92.1	73.5–93.4
<b>Indigenous identity</b>						
Non-Indigenous	%	83.5	77.3	82.7	88.8	90.8
	95%CI	81.7–85.2	73.3–80.7	79.2–85.7	85.9–91.3	85.1–94.4
Indigenous	%	70.6	71.3	65.8	84.0	34.6*
	95%CI	58.2–80.6	51.8–85.2	45.4–81.7	56.4–95.5	4.2–86.4
<b>Residential location</b>						
Major cities	%	84.3	77.8	83.1	91.1	92.3
	95%CI	82.0–86.4	73.1–81.9	78.6–86.7	87.3–93.9	84.5–96.3
Inner regional	%	80.2	76.0	79.6	82.8	84.8
	95%CI	76.5–83.5	68.1–82.4	72.4–85.2	76.2–87.9	72.3–92.3
Outer regional/Remote	%	79.7	70.9	80.8	83.4	93.4
	95%CI	75.5–83.4	61.4–78.8	73.5–86.5	75.9–88.9	80.4–98.0
<b>Year level of schooling</b>						
Year 10 or less	%	79.3	56.9	73.0	85.3	84.6
	95%CI	74.9–83.2	42.0–70.7	61.4–82.1	79.7–89.5	75.0–91.0
Year 11 or more	%	84.2	78.4	83.5	90.6	96.5
	95%CI	82.1–86.0	74.5–81.8	79.8–86.7	86.9–93.3	87.6–99.1
<b>Highest qualification attained</b>						
Degree or higher	%	85.4	76.7	85.2	92.4	91.5
	95%CI	81.3–88.8	66.5–84.5	78.1–90.2	85.3–96.2	73.7–97.7
Other/None	%	82.2	76.7	81.4	87.9	89.6
	95%CI	80.1–84.2	72.6–80.4	77.3–84.9	84.2–90.8	82.7–93.9
<b>Eligibility for public dental care</b>						
Eligible	%	78.5	64.5	61.1	85.9	88.2
	95%CI	74.6–82.0	54.9–73.1	49.6–71.5	80.7–89.9	81.1–92.9
Ineligible	%	84.4	79.0	84.7	90.0	94.9
	95%CI	82.2–86.3	74.8–82.7	81.2–87.7	86.1–92.9	76.7–99.0
<b>Dental insurance</b>						
Insured	%	90.6	84.9	89.5	95.6	98.5
	95%CI	88.6–92.3	79.7–88.9	85.7–92.4	93.2–97.2	96.0–99.5
Uninsured	%	73.3	68.6	70.4	78.8	82.2
	95%CI	69.8–76.4	62.4–74.1	63.5–76.4	72.5–83.9	71.6–89.4
<b>Usually visit dentist</b>						
For a check-up	%	89.3	82.4	90.4	94.4	95.2
	95%CI	87.5–90.9	78.5–85.7	86.9–93.1	91.5–96.4	89.7–97.9
For a dental problem	%	64.5	51.8	61.0	74.3	76.7
	95%CI	59.9–68.9	41.4–62.1	53.0–68.5	67.1–80.4	60.8–87.4
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	82.4	75.0	75.0	86.5	87.6
	95%CI	79.0–85.3	65.4–82.7	66.3–82.0	82.0–90.1	79.7–92.7
Tertile 2 (\$60-<\$120k)	%	81.9	77.8	76.2	93.0	93.6
	95%CI	77.9–85.4	70.7–83.6	67.8–82.9	87.8–96.1	66.7–99.1
Tertile 3 (\$120K+)	%	86.4	79.9	88.4	90.6	—
	95%CI	83.2–89.1	73.3–85.1	84.1–91.6	77.7–96.4	—

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

## Trends in attendance at the same dental practitioner or clinic

Figure 6-2 presents the percentage of dental adults aged 18 years and over who usually attended the same dental practitioner or clinic for the period 1999 to 2021.

Between 1999 and 2021 there was a slight increase in the percentage of persons reporting that they usually visited the same dental practitioner or clinic for dental care, from 79.1% to 82.6%.



### 6.3 Usual reason for attendance

The usual reason for visiting a dentist, whether for a check-up or a dental problem, is a defining characteristic of people's long-term patterns of visiting.

In NDTIS 2021 dentate people were asked 'What is your usual reason for visiting a dental professional?' Respondents were given the following options: 'for a check-up', 'for a dental problem', or 'Don't know'.

Table 6-5 presents the percentage of dentate adults who usually visit for a check-up or problem. Approximately 70.4% reported usually visiting for a check-up, while the remaining 29.6% usually visit for a dental problem.

The proportion of adults usually visiting for a check-up was higher for females than males (73.1% and 67.5%, respectively); 18–34 year-olds compared to 34–54 and 55–74 year-olds (76.5%, 67.9% and 67.2%, respectively); non-Indigenous (70.9%) compared with Indigenous (51.9%); those living in Major cities (73.6%) compared to those in Inner regional areas (60.2%) and Outer regional/Remote areas (61.3%); those with year 11 or more of schooling (74.9%) compared to those with year 10 or less of schooling (50.5%); having a degree or higher (81.4%) compared with other/no qualifications (67.2%); those not eligible for public dental care (74.9%) compared with those eligible for public dental care (55.2%); those with dental insurance (84.8%) than those without dental insurance (52.5%) and those in highest household income group (83.0%) than those in lowest household income group (55.6%).

Conversely, the largest differences in the proportion reporting usually visiting for a problem were observed for Indigenous Australians (48.1%) compared with non-Indigenous (29.1%); having year 10 or less of schooling (49.5%) compared with year 11 or more (25.1%); those eligible for public dental (44.8%) compared with those not eligible (25.1%); those without dental insurance (47.5%) compared with those with dental insurance (15.2%); and those in the lowest household income group (44.4%) than those in the highest household income group (17.0%).

In summary, visiting for a check-up was associated with being non-Indigenous, living in Major cities, having a year 11 or more of schooling, having a degree or higher, being ineligible for public dental care, having dental insurance and high household income. In contrast, visiting for a problem was associated with being Indigenous, having year 10 or less of schooling, being eligible for public dental care, not having dental insurance and low household income.

**Table 6-5: Usual reason for attendance by selected characteristics, dentate people aged 18 years and over in the Australian population, 2021 (per cent)**

		Usual reason for attendance	
		Check-up	Problem
<b>All people</b>	%	<b>70.4</b>	<b>29.6</b>
	95%CI	68.2–72.5	27.5–31.8
<b>Sex</b>			
Male	%	67.5	32.5
	95%CI	64.1–70.7	29.3–35.9
Female	%	73.1	26.9
	95%CI	70.2–75.8	24.2–29.8
<b>Age (years)</b>			
18–24	%	76.5	23.5
	95%CI	72.4–80.2	19.8–27.6
35–54	%	67.9	32.1
	95%CI	64.0–71.6	28.4–36.0
55–74	%	67.2	32.8
	95%CI	63.0–71.1	28.9–37.0
75+	%	69.2	30.8
	95%CI	61.8–75.7	24.3–38.2
<b>Indigenous identity</b>			
Non-Indigenous	%	70.9	29.1
	95%CI	68.7–73.0	27.0–31.3
Indigenous	%	51.9	48.1
	95%CI	39.8–63.8	36.2–60.2
<b>Residential location</b>			
Major cities	%	73.6	26.4
	95%CI	70.8–76.2	23.8–29.2
Inner regional	%	62.0	38.0
	95%CI	57.7–66.1	33.9–42.3
Outer regional/Remote	%	61.3	38.7
	95%CI	56.6–65.8	34.2–43.4
<b>Year level of schooling</b>			
Year 10 or less	%	50.5	49.5
	95%CI	45.3–55.7	44.3–54.7
Year 11 or more	%	74.9	25.1
	95%CI	72.5–77.1	22.9–27.5
<b>Highest qualification attained</b>			
Degree or higher	%	81.4	18.6
	95%CI	77.1–85.0	15.0–22.9
Other/None	%	67.2	32.8
	95%CI	64.6–69.7	30.3–35.4
<b>Eligibility for public dental care</b>			
Eligible	%	55.2	44.8
	95%CI	50.8–59.5	40.5–49.2
Ineligible	%	74.9	25.1
	95%CI	72.3–77.3	22.7–27.7
<b>Dental insurance</b>			
Insured	%	84.8	15.2
	95%CI	82.6–86.8	13.2–17.4
Uninsured	%	52.5	47.5
	95%CI	48.9–56.2	43.8–51.1
<b>Household Income tertile</b>			
Tertile 1 (<\$60,000)	%	55.6	44.4
	95%CI	51.3–59.80	40.2–48.70
Tertile 2 (\$60–<\$120k)	%	74.9	25.1
	95%CI	71.4–78.10	21.9–28.60
Tertile 3 (\$120K+)	%	83.0	17.0
	95%CI	79.4–86.10	13.9–20.60

## Usual dental attendance for a check-up

The percentage of dentate Australians aged 18 years and over who usually visit a dental provider for a check-up is shown in Table 6-6. Some 70.4% reported usually visiting for a check-up. Young adults aged 18–34 years were more likely to report usually visiting for a check-up (76.5%) compared to 35–54 year-olds (67.9%) and 55–74 year-olds (67.2%).

There was little difference in the percentage of males (67.5%) and females (73.1%) who reported having usually visiting for a check-up. However, among 55–74 year-olds a higher percentage of females (73.6%) reported usually visiting for a check-up than males (60.7%).

A higher proportion of non-Indigenous persons reported usually visiting for a check-up (70.9%) compared to Indigenous persons (51.9%).

A higher percentage of dentate adults living in Major cities reported visiting for a check-up (73.6%), compared to those living in Inner regional (62.0%) and Outer regional/Remote (61.3%) areas. Across age groups, the gap was larger for 18–34 year-olds, with 80.5% of Major city residents reporting usually visiting for a check-up compared to 65.1% of Inner regional and 62.1% of Outer regional/Remote residents. No other age groups were significant.

Higher rates of usually visiting for a check-up was also reported for those with year 11 or more of schooling (74.9%) than for those with year 10 or less of schooling (50.5%), a pattern that was similar across age groups, with the exception of those aged 75 years and over. Similarly, a higher percentage of people with a degree or higher (81.4%) reported usually visiting for a check-up than those with other or no qualifications (67.2%). Again, this pattern was similar across all age groups except for the 75 years and over age group.

A greater percentage of adults not eligible for public dental care reported usually visiting for a check-up than those eligible for public dental care (70.1% compared to 51.3%). This pattern was similar across age groups, with the exception of those aged 75 years and over where the difference was not significant.

A higher percentage of adults with dental insurance (84.8%) reported visiting for a check-up) than uninsured persons (52.5%). This pattern was consistent across all age groups.

A higher percentage of adults in the highest income group (83.0%) reported usually visiting a dentist for a check-up compared to those in the lowest income group (55.6%). This pattern was consistent across all age groups.

In summary, over two-thirds of dentate adults reported that their usual reason for a dental visit was for a check-up. There was considerable variation across the socio-demographic variables with visiting for a check-up associated with being non-Indigenous, living in Major cities, having a year 11 or more of schooling, having a degree or higher, being ineligible for public dental care, having dental insurance and being in a high household income group.

**Table 6-6: Percentage of people who usually visit a dentist for a check-up, dentate people aged 18 years and over in the Australian population, 2021**

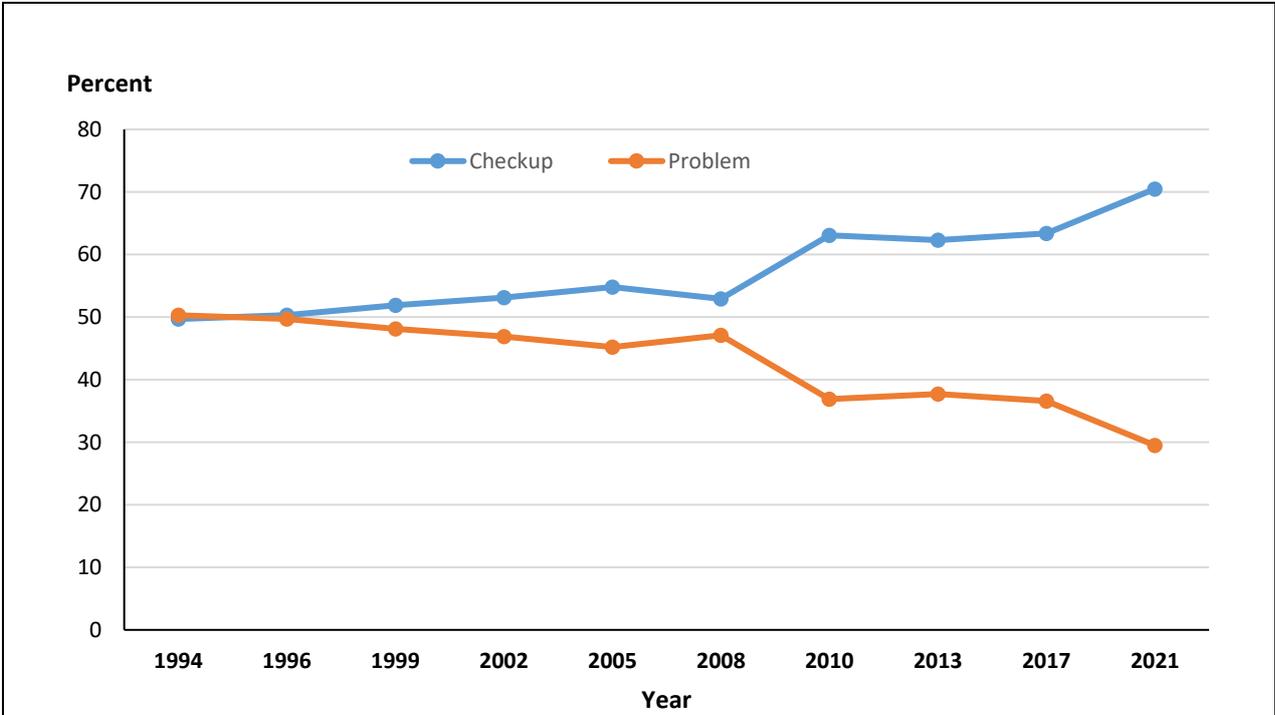
		Population: dentate people aged 18 years and over				
		Total	18-34	35-54	55-74	≥75
<b>All people</b>	%	<b>70.4</b>	<b>76.5</b>	<b>67.9</b>	<b>67.2</b>	<b>69.2</b>
	95%CI	68.2-72.5	72.4-80.2	64.0-71.6	63.0-71.1	61.8-75.7
<b>Sex</b>						
Male	%	67.5	75.4	65.8	60.7	67.5
	95%CI	64.1-70.7	69.0-80.8	59.5-71.6	54.5-66.6	57.6-76.1
Female	%	73.1	77.6	69.5	73.6	72.1
	95%CI	70.2-75.8	72.0-82.3	64.5-74.0	68.3-78.4	61.1-81.0
<b>Indigenous identity</b>						
Non-Indigenous	%	70.9	77.3	68.4	67.7	69.3
	95%CI	68.7-73.0	73.0-81.0	64.4-72.1	63.5-71.6	61.9-75.9
Indigenous	%	51.9	60.3	49.0	29.0*	25.5*
	95%CI	39.8-63.8	42.1-76.1	31.1-67.2	11.8-55.4	2.4-82.5
<b>Residential location</b>						
Major cities	%	73.6	80.5	69.5	71.4	72.0
	95%CI	70.8-76.2	75.5-84.8	64.5-74.0	66.0-76.3	62.1-80.2
Inner regional	%	62.0	65.1	63.7	56.4	64.8
	95%CI	57.7-66.1	55.3-73.8	56.1-70.7	49.3-63.3	52.0-75.7
Outer regional/Remote	%	61.3	62.1	63.3	58.7	58.1
	95%CI	56.6-65.8	53.1-70.4	55.1-70.7	50.2-66.8	42.3-72.4
<b>Year level of schooling</b>						
Year 10 or less	%	50.5	47.4	41.6	50.6	63.0
	95%CI	45.3-55.7	30.8-64.6	31.1-53.0	43.2-57.9	52.3-72.5
Year 11 or more	%	74.9	78.5	71.8	74.4	74.9
	95%CI	72.5-77.1	74.4-82.1	67.8-75.6	69.4-78.8	64.0-83.3
<b>Highest qualification attained</b>						
Degree or higher	%	81.4	87.6	77.6	82.7	78.0
	95%CI	77.1-85.0	78.6-93.2	70.8-83.1	72.7-89.6	62.0-88.4
Other/None	%	67.2	73.4	64.8	63.8	62.9
	95%CI	64.6-69.7	68.7-77.6	59.9-69.4	59.0-68.2	53.6-71.4
<b>Eligibility for public dental care</b>						
Eligible	%	55.2	63.5	35.5	53.9	64.6
	95%CI	50.8-59.5	51.9-73.7	26.6-45.6	47.4-60.2	55.2-73.0
Ineligible	%	74.9	78.7	72.2	73.8	77.6
	95%CI	72.3-77.3	74.3-82.6	67.9-76.0	68.4-78.5	64.2-87.0
<b>Dental insurance</b>						
Insured	%	84.8	88.2	82.0	85.1	85.6
	95%CI	82.6-86.8	84.3-91.3	77.8-85.6	81.5-88.1	75.9-91.8
Uninsured	%	52.5	64.1	47.4	43.8	53.9
	95%CI	48.9-56.2	57.3-70.4	40.8-54.0	37.2-50.7	43.2-64.2
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	55.6	61.4	47.6	51.7	63.5
	95%CI	51.3-59.8	50.6-71.1	38.1-57.4	45.4-58.0	53.4-72.5
Tertile 2 (\$60-<\$120k)	%	74.9	82.5	63.8	78.4	80.3
	95%CI	71.4-78.1	78.0-86.2	56.5-70.6	72.2-83.6	62.8-90.8
Tertile 3 (\$120K+)	%	83.0	85.8	81.0	83.8	99.8
	95%CI	79.4-86.1	79.5-90.3	75.5-85.5	75.5-89.7	98.7-100.0

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

### Trends in usual reason for visiting patterns

Figure 6-3 presents the percentage of dental adults aged 18 years and over by their usual reason for visiting a dentist (i.e., for a check-up or for a dental problem) for the period 1994 to 2021.

Between 1994 and 2021 there was a marked increase in the percentage of persons usually visiting for a check-up, from 49.7% to 70.5%. Similar percentages of people visited for a check-up and problem between 1994 and 1999, however the percentage of people usually visiting for a check-up significantly increased compared to those usually visiting for a problem from 2002 onwards, with the marked increases seen from 2010 onwards.



*Notes*

- Data in this figure relate to dentate adults aged 18 years and over who ever visited a dental practitioner.
- Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

Source: Appendix Table A-11

**Figure 6-3: Usual reason for visiting, dentate adults aged 18 and over, 1994 to 2021 (per cent)**

## 6.4 Visiting patterns

The measure 'visiting patterns' is derived from characteristics of people's dental attendance. Favourable attendance is visiting a dentist once or more per year (usually for a check-up) and having a usual dental provider. Unfavourable attendance is visiting less than once every 2 years (and usually for a problem), or visiting once every 2 years (usually for a problem) and without having a regular dental provider. The remaining combinations are classified as intermediate visiting patterns (Ellershaw & Spencer, 2011).

This section reports on the prevalence of favourable, intermediate and unfavourable visiting patterns as presented in Table 6-7. Overall, just over half (51.4%) of all dentate adults aged 18 years and over had favourable visiting patterns, while 1 in 5 people (20.1%) had unfavourable visiting patterns.

Females were more likely than males to have favourable visiting patterns (55.7% and 46.9%, respectively).

Indigenous persons were more likely to have unfavourable visiting patterns than non-Indigenous persons (33.5% and 19.8%, respectively).

Dentate adults living in Major cities had higher rates of favourable attendance (55.4%) than dentate adults living in Inner regional (41.5%) and Outer regional/Remote (39.6%) areas.

Over half (54.6%) of dentate adults with year 11 or more of schooling had favourable visiting patterns compared to 37.9% of dentate adults with year 10 or less schooling. Similarly, those with a degree or higher had higher rates of favourable attendance (62.0%) than those with other or no qualifications (48.0%).

Some 39.0% of dentate adults eligible for public dental care had favourable visiting patterns, compared to 54.7% of those not eligible for public dental care.

Over two-thirds (69.6%) of insured dentate adults had favourable visiting patterns, compared with just under one-third (29.5%) of those without dental insurance.

Adults in the lowest income group had lower rates of favourable visiting (41.1%) and higher rates of unfavourable visiting (28.4%) than those in the highest income group (61.9% and 11.4%, respectively).

In summary, having favourable visiting patterns was associated with being female, living in Major cities, having year 11 or more of schooling, having a degree or higher, not being eligible for public dental care, having dental insurance and having a high household income.

**Table 6-7: Dental visiting pattern by selected characteristics, dentate people aged 18 years and over in the Australian population, 2021 (per cent)**

		Dental visiting pattern		
		Favourable	Intermediate	Unfavourable
<b>All people</b>	%	<b>51.4</b>	<b>28.4</b>	<b>20.1</b>
	95%CI	49.1–53.8	26.4–30.6	18.2–22.2
<b>Sex</b>				
Male	%	46.9	31.6	21.6
	95%CI	43.4–50.3	28.4–34.9	18.7–24.8
Female	%	55.7	25.5	18.8
	95%CI	52.5–58.7	23.0–28.3	16.4–21.5
<b>Age (years)</b>				
18–24	%	48.6	31.9	19.5
	95%CI	44.3–52.9	28.1–36.0	16.0–23.6
35–54	%	49.3	28.1	22.6
	95%CI	45.3–53.3	24.6–31.8	19.4–26.3
55–74	%	55.4	25.8	18.8
	95%CI	51.1–59.7	22.4–29.5	15.4–22.8
75+	%	57.7	26.1	16.2
	95%CI	49.7–65.4	19.4–34.1	11.6–22.1
<b>Indigenous identity</b>				
Non-Indigenous	%	51.8	28.4	19.8
	95%CI	49.4–54.2	26.4–30.6	17.8–21.9
Indigenous	%	38.2	28.3	33.5
	95%CI	26.3–51.6	19.1–39.7	23.7–45.0
<b>Residential location</b>				
Major cities	%	55.4	27.3	17.3
	95%CI	52.4–58.3	24.8–30.0	15.0–19.9
Inner regional	%	41.5	31.3	27.2
	95%CI	37.4–45.6	27.4–35.5	23.3–31.5
Outer regional/Remote	%	39.6	31.7	28.7
	95%CI	35.0–44.4	27.4–36.3	24.5–33.4
<b>Year level of schooling</b>				
Year 10 or less	%	37.9	27.7	34.4
	95%CI	32.9–43.2	23.5–32.2	29.3–40.0
Year 11 or more	%	54.6	28.2	17.2
	95%CI	52.0–57.2	25.9–30.6	15.2–19.4
<b>Highest qualification attained</b>				
Degree or higher	%	62.0	25.2	12.7
	95%CI	57.2–66.6	21.4–29.5	9.5–16.8
Other/None	%	48.0	29.6	22.3
	95%CI	45.3–50.8	27.2–32.2	20.0–24.8
<b>Eligibility for public dental care</b>				
Eligible	%	39.0	32.8	28.3
	95%CI	34.7–43.4	28.8–37.0	24.3–32.6
Ineligible	%	54.7	27.3	18.0
	95%CI	52.0–57.5	24.9–29.8	15.8–20.4
<b>Dental insurance</b>				
Insured	%	69.6	22.1	8.3
	95%CI	66.7–72.3	19.6–24.8	6.8–10.0
Uninsured	%	29.5	35.6	35.0
	95%CI	26.3–32.9	32.2–39.1	31.4–38.7
<b>Usually visit dentist</b>				
For a check-up	%	72.7	27.3	—
	95%CI	70.2–75.1	24.9–29.8	—
For a dental problem	%	—	31.2	68.8
	95%CI	—	27.5–35.3	64.7–72.5
<b>Household Income tertile</b>				
Tertile 1 (<\$60,000)	%	41.1	30.5	28.4
	95%CI	36.9–45.5	26.7–34.5	24.5–32.7
Tertile 2 (\$60–<\$120k)	%	53.8	28.6	17.5
	95%CI	49.6–58.0	24.9–32.7	14.7–20.8
Tertile 3 (\$120K+)	%	61.9	26.7	11.4
	95%CI	57.5–66.1	22.9–30.8	8.8–14.6

Notes: 1. — zero or rounded to zero.

## Unfavourable attendance pattern

Table 6-8 reports on the prevalence of unfavourable visiting patterns among dentate Australians aged 18 years and over by age and selected characteristics. Overall, 20.1% of the adult dentate population reported an unfavourable attendance patterns.

There was little difference in the percentage of males (21.6%) and females (18.8%) who had unfavourable visiting patterns.

Indigenous persons reported higher rates of unfavourable visiting than non-Indigenous persons (33.5% and 19.8%, respectively), however, wide confidence intervals across age groups prevent interpretation.

Adults living in areas outside of Major cities reported higher rates of unfavourable attendance patterns than those living in Major cities (27.2% in Inner regional areas and 28.7% in Outer regional/Remote areas compared to 17.3% in Major cities). Persons aged 18–34 years living in Major cities were less likely than those living in Outer regional/Remote areas to have unfavourable visiting patterns (15.7% and 35.7%, respectively). In addition, Major city residents aged 55–74 years were less likely than their Inner regional counterparts to have unfavourable visiting patterns (15.3% and 27.7%, respectively).

There were higher rates of unfavourable visiting for those with year 10 or less of schooling (34.4%) than for those with year 11 or more of schooling (17.2%), a pattern that was consistent across age groups, although the difference was not significant for the 75 years and over age group. A slightly lower level of unfavourable visiting was seen across level of qualification attained, with 12.7% of those with a degree or higher reporting unfavourable attendance patterns compared to 22.3% for those with other or no qualifications.

Higher rates of unfavourable visiting were also observed for those eligible for public dental care (28.3%) than those not eligible for public dental care (18.0%). Persons aged 35–54 years who were eligible for public dental care were more likely to have unfavourable visiting patterns than persons aged 35–54 years who were not eligible for public dental care (48.4% and 19.5%, respectively).

Adults without dental insurance reported higher rates of unfavourable visiting than those with dental insurance (35.0% and 8.3%, respectively), a pattern that was consistent across all age groups.

Adults in the lowest household income group had higher rates of unfavourable vising patterns than those in the highest household income group (28.4% and 11.4%, respectively). Across age groups, this pattern was observed for those aged 18–34 years (32.1% and 10.9%, respectively) and those aged 35–54 years (37.4% and 12.4%, respectively).

In summary, unfavourable attendance patterns was associated with being Indigenous, living outside Major cities, having year 10 or less of schooling, having other or no qualifications, being eligible for public dental care, not having dental insurance and having a low household income.

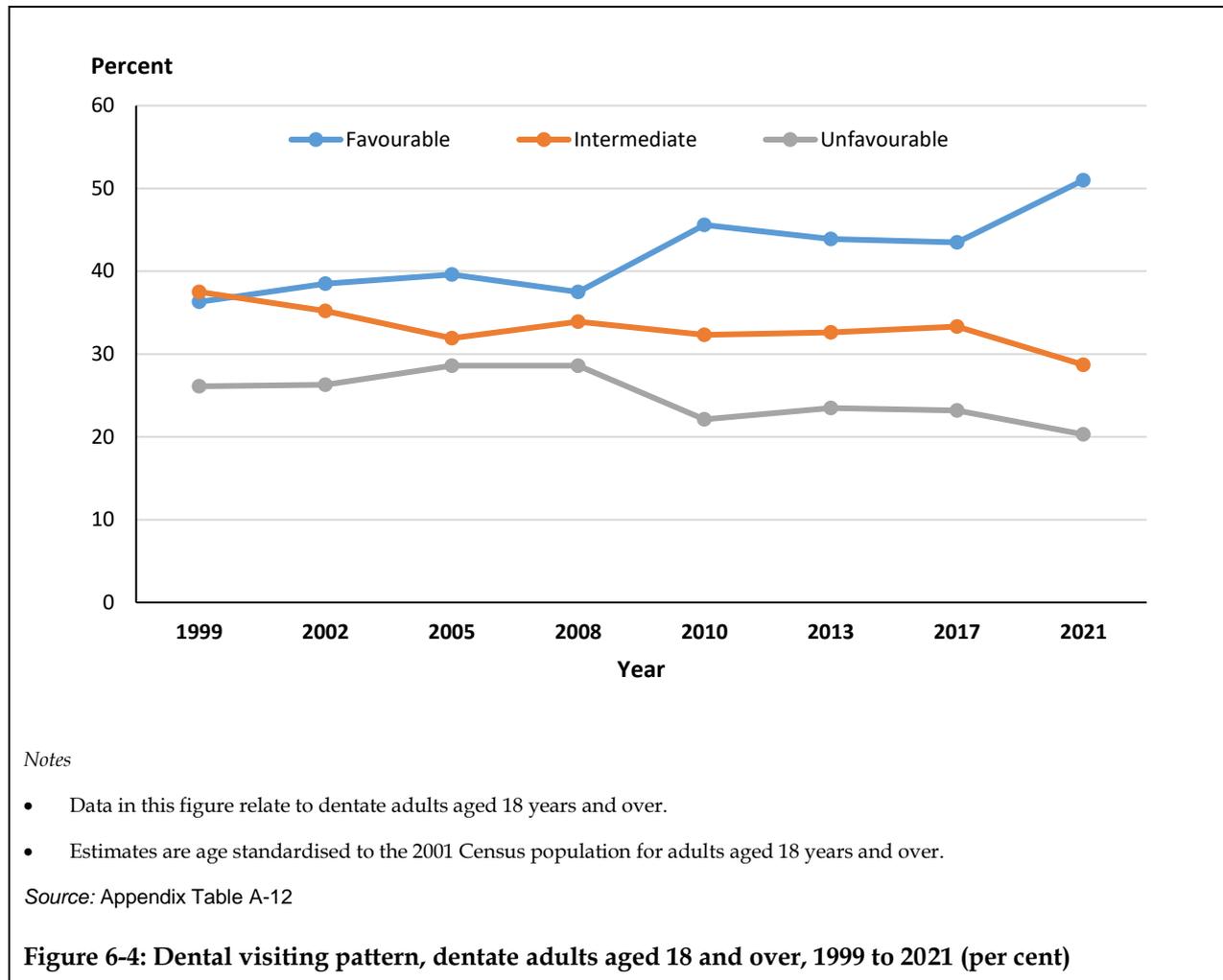
**Table 6-8: Percentage of people who reported unfavourable attendance patterns, dentate people aged 18 years and over in the Australian population, 2021**

		Population: dentate people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>20.1</b>	<b>19.5</b>	<b>22.6</b>	<b>18.8</b>	<b>16.2</b>
	95%CI	18.2–22.2	16.0–23.6	19.4–26.3	15.4–22.8	11.6–22.1
<b>Sex</b>						
Male	%	21.6	21.3	23.6	22.5	14.0
	95%CI	18.7–24.8	16.0–27.8	18.6–29.4	17.1–28.9	8.9–21.4
Female	%	18.8	17.8	21.9	15.1	19.8
	95%CI	16.4–21.5	13.4–23.2	17.8–26.7	11.3–20.0	12.2–30.7
<b>Indigenous identity</b>						
Non-Indigenous	%	19.8	19.0	22.1	18.6	16.0
	95%CI	17.8–21.9	15.4–23.3	18.8–25.8	15.2–22.6	11.4–21.9
Indigenous	%	33.5	29.0*	40.5	30.1*	65.4*
	95%CI	23.7–45.0	16.4–46.0	24.5–59.0	11.0–59.8	13.6–95.8
<b>Residential location</b>						
Major cities	%	17.3	15.7	21.3	15.3	12.2*
	95%CI	15.0–19.9	11.8–20.7	17.3–25.9	11.0–20.7	7.2–20.0
Inner regional	%	27.2	28.9	26.5	27.7	23.8
	95%CI	23.3–31.5	20.2–39.4	20.2–34.0	21.6–34.6	14.7–36.1
Outer regional/Remote	%	28.7	35.7	25.9	25.9	26.7*
	95%CI	24.5–33.4	27.4–44.9	19.5–33.6	18.6–34.8	14.2–44.6
<b>Year level of schooling</b>						
Year 10 or less	%	34.4	48.4	47.0	27.6	24.6
	95%CI	29.3–40.0	31.0–66.3	35.7–58.6	21.4–34.9	16.4–35.2
Year 11 or more	%	17.2	17.5	19.2	15.3	10.1*
	95%CI	15.2–19.4	14.1–21.5	16.0–22.8	11.3–20.3	5.4–18.3
<b>Highest qualification attained</b>						
Degree or higher	%	12.7	12.2*	16.2	9.0*	9.0*
	95%CI	9.5–16.8	6.7–21.4	11.4–22.5	3.5–21.2	3.3–21.9
Other/None	%	22.3	21.2	25.2	20.6	20.0
	95%CI	20.0–24.8	17.2–25.9	21.0–29.9	16.8–24.9	13.8–28.1
<b>Eligibility for public dental care</b>						
Eligible	%	28.3	31.1	48.4	25.1	16.6
	95%CI	24.3–32.6	21.0–43.4	38.7–58.3	19.5–31.7	11.3–23.8
Ineligible	%	18.0	17.6	19.5	16.2	17.3*
	95%CI	15.8–20.4	13.9–21.9	16.1–23.4	11.9–21.5	8.7–31.5
<b>Dental insurance</b>						
Insured	%	8.3	8.6	10.4	5.4	7.0*
	95%CI	6.8–10.0	5.9–12.2	7.7–14.0	3.8–7.7	3.6–12.9
Uninsured	%	35.0	31.0	40.9	36.3	25.2
	95%CI	31.4–38.7	24.8–38.0	34.5–47.6	29.6–43.7	17.2–35.4
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	28.4	32.1	37.4	27.8	17.4
	95%CI	24.5–32.7	22.5–43.5	29.1–46.5	22.1–34.3	11.8–25.0
Tertile 2 (\$60-<\$120k)	%	17.5	13.9	26.3	11.3	13.7*
	95%CI	14.7–20.8	10.6–17.9	20.2–33.4	7.3–17.1	4.9–32.8
Tertile 3 (\$120K+)	%	11.4	10.9	12.4	9.5*	—
	95%CI	8.8–14.6	6.9–16.8	8.8–17.3	5.0–17.1	—

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

## Trends in dental visiting patterns

Between 1999 and 2021 there was an overall increase in the proportion of adults aged 18 and over who had favourable visiting patterns, increasing from 36.3% to 51.0% during that period (Figure 6-4). Consequently, despite some year-to-year fluctuation, the overall rate of unfavourable visiting patterns has decreased from 26.1% in 1999 to 20.3% in 2021.



# 7 Financial barriers

Respondents to the NDTIS 2021 were asked a range of questions relating to the financial barriers to dental care. These questions included whether they had avoided or delayed visiting a dentist due to cost, whether cost had prevented them from receiving the recommended treatment, whether dental visiting in the previous year had caused a large financial burden and whether they would have a lot of difficulty paying for a basic preventive dental care package.

Financial barriers may reduce the likelihood of dental attendance and it can adversely influence the timeliness and comprehensiveness of care that is sought and provided. Reported avoidance or delay in seeking dental care because of cost represents a barrier prior to seeking care, while foregoing treatment due to cost is an indicator of a barrier to the receipt of treatment that is needed. Difficulty paying a \$200 dental bill provides an indication that a person would face a financial barrier if they soon had a need for dental care. Such a barrier would be substantial if treatment was paid for out of pocket in the private dental sector.

## 7.1 Avoided or delayed visiting due to cost

In NDTIS 2021, cost as a barrier to receipt of dental care was assessed with the question 'During the last 12 months, have you avoided or delayed visiting a dental professional because of the cost?' People who answered 'Yes' were classified as having delayed or avoided dental visiting due to cost and represented 31.6% of Australians aged 18 years and over (Table 7-1). Younger adults aged 18–34 years were more likely to have avoided or delayed visiting due to cost than adults aged 55–74 years and 75 years and over (35.9% compared to 28.0% and 17.5, respectively). Also, those aged 35–54 years were more likely to avoid or delay visiting than those aged 75 years or more (34.8% and 17.5%, respectively).

The greatest variation in the percentage of people who reported avoiding or delaying dental care due to cost was seen for eligibility for public dental care, dental insurance status and usual reason for visiting.

A significantly higher proportion of people eligible for public dental care reported having avoided or delayed dental visiting because of cost compared to those not eligible for public dental care (38.3% and 29.6%, respectively). This pattern of avoidance was observed among those aged 35–54 years and 55–74 years.

Uninsured individuals were two-and-a-half times more likely to report cost as a barrier to care than those with insurance (47.3% compared to 18.5%). This pattern was consistent across all age groups.

Individuals who usually visited for a problem were almost three times more likely to report cost as a barrier to dental care than those who usually visited for a check-up (56.2% compared to 20.6%, respectively). There was a two-fold difference among 18–34 year-olds who usually visited for a check-up compared to those who usually visited for a problem (61.6% compared to 27.9%). Over a three-fold difference was observed among those aged 35–54 years and 55–74 years and over who usually visited for a check-up compared to their respective counterparts who usually visited for a problem (19.9% and 15.7% compared to 65.2% and 50.9%, respectively).

Although the overall variation by level of schooling was not significant, people aged 55–74 years with year 11 or more of schooling were less likely to report avoiding care due to cost than those with year 10 or less of schooling (23.4% compared to 37.9%).

Individuals with other or no qualifications had higher rates of avoiding care due to cost than those with a degree or higher (34.0% and 25.3%, respectively). Across age groups, the difference was more pronounced for 55–74 year-olds, whereby adults in this age group with other or no qualifications were more likely to report avoiding care due to cost than 55–74 year-olds with a degree or higher (31.3% and 16.3%, respectively).

Individuals in the lowest income group were twice as likely to report avoiding or delaying dental care due to cost than those in the highest income group (40.9% and 19.4%, respectively). This pattern was observed for those aged 18–34 years and those aged 35–54 years.

In summary, avoiding or delaying dental care was associated with being aged 18–34 years, being eligible for public dental care, having other or no qualifications, not having dental insurance, usually visiting for a problem and having a low household income.

**Table 7-1: Percentage of people who avoided or delayed dental care due to cost, people aged 18 years and over in the Australian population, 2021**

		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>31.6</b>	<b>35.9</b>	<b>34.8</b>	<b>28.0</b>	<b>17.5</b>
	95%CI	29.5–33.8	31.9–40.1	31.1–38.7	24.4–31.8	12.6–23.7
<b>Sex</b>						
Male	%	29.7	34.2	34.0	25.9	17.3
	95%CI	26.6–33.1	27.9–41.1	28.2–40.4	21.1–31.5	11.0–26.0
Female	%	33.4	37.6	35.3	30.0	17.9
	95%CI	30.7–36.2	32.8–42.7	30.6–40.3	25.1–35.5	11.3–27.3
<b>Indigenous identity</b>						
Non-Indigenous	%	31.5	36.0	34.6	28.0	17.5
	95%CI	29.4–33.7	31.9–40.4	30.8–38.6	24.4–31.9	12.6–23.8
Indigenous	%	33.9	32.9	40.4	24.6*	9.1*
	95%CI	24.4–45.0	19.3–50.1	24.6–58.5	10.6–47.3	0.8–54.3
<b>Residential location</b>						
Major cities	%	30.5	35.1	34.2	25.8	15.3
	95%CI	27.9–33.3	30.1–40.4	29.6–39.2	21.3–30.8	9.5–23.9
Inner regional	%	34.1	40.1	33.4	34.4	21.4
	95%CI	30.4–38.0	32.4–48.3	27.0–40.5	28.0–41.3	13.3–32.5
Outer regional/Remote	%	34.9	34.9	41.4	30.6	24.6*
	95%CI	30.6–39.6	27.1–43.5	33.2–50.0	23.8–38.5	12.8–42.0
<b>Year level of schooling</b>						
Year 10 or less	%	37.1	42.8	46.4	37.9	22.0
	95%CI	32.5–42.0	28.6–58.4	35.7–57.4	31.3–45.0	14.5–31.8
Year 11 or more	%	30.5	35.4	32.8	23.4	15.5*
	95%CI	28.2–32.9	31.2–39.8	28.9–37.0	19.3–28.0	9.1–25.1
<b>Highest qualification attained</b>						
Degree or higher	%	25.3	32.3	29.2	16.3	14.8*
	95%CI	21.4–29.7	23.7–42.4	23.0–36.3	10.9–23.7	6.5–30.2
Other/None	%	34.0	37.6	36.6	31.3	18.5
	95%CI	31.5–36.6	33.1–42.4	32.1–41.4	27.0–35.8	12.8–26.1
<b>Eligibility for public dental care</b>						
Eligible	%	38.3	39.0	66.2	37.2	21.6
	95%CI	34.4–42.4	30.2–48.5	57.1–74.3	31.3–43.5	15.2–29.7
Ineligible	%	29.6	35.3	30.4	23.2	6.7*
	95%CI	27.1–32.2	30.8–40.1	26.5–34.6	18.9–28.2	2.6–15.8
<b>Dental insurance</b>						
Insured	%	18.5	24.8	19.6	14.1	9.1*
	95%CI	16.3–21.1	19.5–31.0	16.1–23.6	10.9–17.9	4.3–18.1
Uninsured	%	47.3	47.9	56.5	45.3	25.1
	95%CI	43.8–50.8	41.7–54.2	50.0–62.6	39.0–51.8	17.5–34.6
<b>Usually visit dentist</b>						
For a check-up	%	20.6	27.9	19.9	15.7	11.0*
	95%CI	18.5–22.9	23.8–32.5	16.2–24.0	12.3–19.8	6.2–18.7
For a dental problem	%	56.2	61.6	65.2	50.9	29.5
	95%CI	52.0–60.4	51.5–70.7	58.3–71.5	43.8–58.1	19.9–41.5
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	40.9	47.5	57.6	38.2	25.5
	95%CI	36.9–45.0	38.1–57.1	47.9–66.7	32.4–44.4	18.1–34.7
Tertile 2 (\$60-<\$120k)	%	35.2	39.4	46.6	20.5	1.2*
	95%CI	31.2–39.4	32.5–46.8	39.4–54.1	14.9–27.5	0.4–3.6
Tertile 3 (\$120K+)	%	19.4	25.9	19.6	7.7*	0.4*
	95%CI	16.3–23.0	20.0–32.9	15.3–24.9	4.3–13.5	0.0–3.1

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## 7.2 Recommended dental treatment forgone due to cost

Foregoing recommended dental treatment due to cost occurs when, after making an initial dental visit, cost prevents people from proceeding with recommended care. It indicates the likelihood of ongoing dental damage caused by untreated disease due to financial barriers to accessing dental care.

In NDTIS 2021, treatment foregone due to cost was assessed with the question ‘Has the cost prevented you from having any dental treatment that was recommended during the last 12 months?’ People who answered ‘Yes’ were classified as having foregone dental treatment due to cost and they represented 18.1% of the Australian dentate population aged 18 years and over (Table 7-2).

For people of all ages there was very little variation across groups in the percentage who reported foregoing recommended treatment due to cost for a number of sociodemographic characteristics. The greatest variation was found for reason for usual visiting. Those who usually visited for a problem were 3.2 times more likely than those who usually visit for a check-up to report that cost had prevented the recommended treatment (41.4% compared to 13.1%). This relative difference increased to 4.1 times for those aged 35–54 years.

People having dental insurance was also associated with cost preventing recommended treatment. Those without dental insurance were more likely to report foregoing recommended treatment due to cost than those with insurance (23.8% and 15.4%, respectively). Across age groups, those in the 35–54 year age group had the greatest variation, with 39.2% of uninsured persons reporting financial barriers to recommended treatment compared to 14.4% for insured persons.

Household income was also associated with cost barriers to recommended treatment. Those in the lowest household income group were nearly twice as likely to report that cost prevented recommend treatment compared to those in the highest household income group (23.4% and 13.7%, respectively). This difference was most pronounced in the 35–54 year age group, where those in the lowest income group were three times more likely to forgo recommended treatment due to cost compared to those in the highest income group (46.2% and 14.9%, respectively).

Across age groups, the proportion reporting barriers to recommended treatment were higher for adults aged 35–54 years with year 10 or less of schooling than those with year 11 or more for (41.2% and 18.1%, respectively); and 35–54 year-olds who were eligible for public dental care than those who were not eligible for public dental care (49.3% and 18.0%, respectively).

In summary, cost as a barrier to receiving recommended treatment was associated with not having dental insurance, usually visiting a dentist for a problem and low household income.

**Table 7-2: Percentage of people who reported that cost had prevented recommended dental treatment, dentate people aged 18 years and over in the Australian population, 2021**

		Population: dentate people aged 18 years and over who visited a dental practitioner in the last year				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>18.1</b>	<b>15.9</b>	<b>21.2</b>	<b>20.3</b>	<b>8.2*</b>
	95%CI	15.9–20.6	12.2–20.4	17.0–26.0	16.3–24.9	4.2–15.4
<b>Sex</b>						
Male	%	15.5	14.1*	19.0	16.7	8.8*
	95%CI	12.2–19.4	8.0–23.7	12.4–27.8	11.8–23.2	3.8–19.2
Female	%	20.4	17.2	22.6	23.7	6.7*
	95%CI	17.5–23.7	13.3–21.9	17.6–28.7	17.9–30.7	2.5–17.0
<b>Indigenous identity</b>						
Non-Indigenous	%	18.1	15.9	21.1	20.3	8.2*
	95%CI	15.8–20.6	12.1–20.5	16.8–26.0	16.3–25.0	4.2–15.5
Indigenous	%	19.3*	15.8*	26.5*	15.0*	—
	95%CI	9.9–34.2	5.7–36.8	10.0–53.8	2.0–59.9	—
<b>Residential location</b>						
Major cities	%	18.2	15.7	20.3	21.6	7.8*
	95%CI	15.4–21.3	11.3–21.4	15.4–26.4	16.6–27.7	3.2–18.1
Inner regional	%	18.7	15.5	27.1	17.2	10.0*
	95%CI	15.0–23.1	10.1–23.0	18.7–37.4	11.8–24.2	3.6–24.4
Outer regional/Remote	%	16.2	19.0*	18.2	15.2*	6.6*
	95%CI	12.1–21.4	10.8–31.3	11.2–28.3	8.9–24.7	2.4–17.2
<b>Year level of schooling</b>						
Year 10 or less	%	24.0	16.5*	41.2	25.8	4.7*
	95%CI	17.7–31.7	6.7–35.2	23.9–61.1	18.0–35.5	1.8–11.7
Year 11 or more	%	17.1	15.9	18.1	18.9	11.0*
	95%CI	14.8–19.7	12.1–20.5	14.4–22.7	14.4–24.4	4.8–23.0
<b>Highest qualification attained</b>						
Degree or higher	%	14.5	11.5*	13.1*	21.7	7.3*
	95%CI	10.9–19.0	6.0–21.0	7.9–21.0	14.1–32.0	1.9–24.3
Other/None	%	19.9	18.3	25.0	18.9	10.6*
	95%CI	17.1–22.9	13.7–24.0	19.5–31.4	14.7–23.9	4.8–21.9
<b>Eligibility for public dental care</b>						
Eligible	%	21.4	19.4	49.3	20.7	9.7*
	95%CI	17.2–26.3	12.1–29.6	34.9–63.8	15.4–27.4	4.3–20.4
Ineligible	%	17.1	15.6	18.0	19.8	3.0*
	95%CI	14.5–20.0	11.5–20.7	13.8–23.1	14.8–26.0	0.6–13.7
<b>Dental insurance</b>						
Insured	%	15.4	15.2	14.4	18.6	9.3*
	95%CI	12.8–18.4	10.3–21.8	10.7–19.1	13.6–25.0	3.8–20.9
Uninsured	%	23.8	17.4	39.2	23.7	6.9*
	95%CI	19.8–28.4	12.5–23.7	29.2–50.2	18.0–30.7	2.5–17.6
<b>Usually visit dentist</b>						
For a check-up	%	13.1	12.6	13.1	16.6	4.9*
	95%CI	11.0–15.6	9.1–17.2	9.6–17.7	12.2–22.1	2.1–11.0
For a dental problem	%	41.4	43.8	53.9	34.0	21.7*
	95%CI	34.6–48.5	26.9–62.2	40.4–66.9	25.6–43.7	8.0–46.8
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	23.4	17.2	46.2	24.9	13.3*
	95%CI	19.1–28.2	11.4–25.1	33.3–59.7	18.5–32.7	6.6–25.0
Tertile 2 (\$60-<\$120k)	%	18.7	19.1	20.2	21.0	1.3*
	95%CI	14.8–23.5	12.0–29.0	13.6–28.9	14.2–29.9	0.4–4.4
Tertile 3 (\$120K+)	%	13.7	14.6	14.9	9.9*	0.4*
	95%CI	10.5–17.7	9.1–22.7	10.4–21.0	4.9–18.8	0.0–3.1

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

2. — zero or rounded to zero.

### 7.3 Difficulty paying a \$200 dental bill

Many people who have difficulty paying a \$200 dental bill would be unable to afford to pay for a routine dental care visit. The cost of a basic preventive dental-care package was originally selected as the threshold for measuring the level of difficulty in paying a dental bill. In 2016, the Australian Dental Association Dental Fees Survey reported that the mean cost for a dental visit comprising a dental examination, two bitewing X-rays and a scale and clean service was approximately \$274 (ADA 2016). The use of “difficulty paying a \$200 dental bill” provides a conservative measure of a financial barrier or hardship in purchasing dental care. This captures both people who have and have not made a recent dental visit.

In NDTIS 2021, difficulty paying for dental care was assessed with the question ‘At most times of the year, how much difficulty would you have paying a \$200 dental bill? Would you say none, hardly any, a little, a lot of difficulty or don’t know?’ People who answered ‘A lot’ were classified as having difficulty paying a \$200 dental bill and they represented 13.1% of the Australian population aged 18 years and over (Table 7-3).

Females were more likely than males to report a lot of difficulty paying a \$200 dental bill (15.9% and 10.2%, respectively), but this pattern did not vary significantly by sex across age groups.

Indigenous persons were more likely to report a lot of difficulty paying a \$200 dental bill than non-Indigenous persons (33.2% and 12.6%, respectively). Across age groups, Indigenous persons aged 55–74 years were more likely to report difficulty paying a \$200 dental bill than their non-Indigenous counterparts (55.2% and 13.9%, respectively).

The percentage of people reporting a lot of difficulty paying a \$200 dental bill was higher for those living in Inner regional (16.8%) and Outer regional/Remote (17.9%) areas than those living in Major cities (11.6%). However this pattern did not vary significantly across age groups.

Variations were also seen for level of schooling. The percentage reporting a lot of difficulty paying a \$200 dental bill was higher for those with year 10 or less of schooling than for those with year 11 or more of schooling (22.2% and 11.1%, respectively). Across age groups, this difference was observed for the 35–54 years and 55–74 years age groups.

Individuals eligible to access public care were more likely to report a lot of difficulty paying a \$200 dental bill than those who were not eligible for public care (26.4% and 8.7%, respectively). Across age groups, the difference was more pronounced, with 33.5% of 18–34 year-olds, 43.8% of 35–54 year-olds and 26.7% of 55–74 year-olds eligible for public care reporting difficulty paying a \$200 dental bill, compared to 10.2%, 8.2% and 8.3% respectively, of those not eligible for public dental care.

A higher percentage of people without dental insurance reported a lot of difficulty paying a \$200 dental bill than those with insurance (20.5% and 6.7%, respectively). This pattern was consistent across all age groups.

Similarly, a higher proportion of individuals who usually visit for a problem reported a lot of difficulty paying a \$200 dental bill than those who usually visit for a check-up (25.6% and 7.4%, respectively), and those in the lowest income group than in the highest income group (25.7% and 4.4%, respectively). This pattern was consistent across all age groups.

In summary, difficulty paying a \$200 dental bill represents another aspect to financial barriers to accessing a basic preventive dental care package. A lot of difficulty paying a \$200 dental bill was associated with being female, being Indigenous, having year 10 or less of schooling, being eligible for public dental care, not having dental insurance, usually visiting a dentist for a problem and being in a low household income group.

**Table 7-3: Percentage of people who would have a lot of difficulty paying a \$200 dental bill, people aged 18 years and over in the Australian population, 2021**

		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>13.1</b>	<b>13.6</b>	<b>12.9</b>	<b>14.5</b>	<b>8.2</b>
	95%CI	11.8–14.6	11.3–16.4	10.7–15.5	11.8–17.7	5.6–11.7
<b>Sex</b>						
Male	%	10.2	10.6	10.7	10.9	5.8*
	95%CI	8.4–12.2	7.6–14.8	7.6–14.9	7.7–15.2	3.1–10.4
Female	%	15.9	16.6	14.5	18.1	11.9
	95%CI	14.0–18.1	13.3–20.6	11.6–18.0	14.0–23.2	7.5–18.5
<b>Indigenous identity</b>						
Non-Indigenous	%	12.6	12.9	12.4	13.9	8.2
	95%CI	11.2–14.0	10.5–15.7	10.2–15.0	11.2–17.1	5.6–11.7
Indigenous	%	33.2	28.4*	31.2*	55.2	9.1*
	95%CI	23.6–44.6	15.7–45.8	17.3–49.6	30.5–77.6	0.8–54.3
<b>Residential location</b>						
Major cities	%	11.6	12.2	11.8	12.4	5.9*
	95%CI	10.0–13.4	9.5–15.6	9.2–15.1	9.1–16.7	3.2–10.5
Inner regional	%	16.8	18.2	15.1	20.2	9.0*
	95%CI	13.9–20.1	12.5–25.6	10.8–20.8	14.8–26.9	4.4–17.5
Outer regional/Remote	%	17.9	17.4	17.2	17.3	23.3*
	95%CI	14.7–21.6	11.9–24.9	11.9–24.2	12.2–24.0	13.6–36.9
<b>Year level of schooling</b>						
Year 10 or less	%	22.2	25.8*	25.5	25.5	9.7
	95%CI	18.5–26.4	15.2–40.4	18.3–34.2	19.4–32.7	5.9–15.5
Year 11 or more	%	11.1	12.8	11.0	9.6	7.6*
	95%CI	9.7–12.7	10.4–15.6	8.8–13.8	7.0–13.1	4.1–13.6
<b>Highest qualification attained</b>						
Degree or higher	%	7.1	6.8*	9.0*	5.8	3.6*
	95%CI	5.2–9.7	3.6–12.4	5.4–14.5	3.6–9.0	1.4–9.1
Other/None	%	14.9	16.1	14.3	15.7	9.7
	95%CI	13.2–16.7	13.2–19.6	11.6–17.4	12.4–19.7	6.3–14.8
<b>Eligibility for public dental care</b>						
Eligible	%	26.4	33.5	43.8	26.7	10.4
	95%CI	23.2–30.0	25.2–42.9	34.7–53.3	21.3–32.8	7.0–15.3
Ineligible	%	8.7	10.2	8.2	8.3	2.5*
	95%CI	7.3–10.3	7.9–13.2	6.2–10.7	5.5–12.3	0.8–7.8
<b>Dental insurance</b>						
Insured	%	6.7	8.9	6.2	6.6	2.3*
	95%CI	5.4–8.3	6.1–12.7	4.1–9.2	4.6–9.4	1.1–4.7
Uninsured	%	20.5	18.4	22.0	24.6	12.6
	95%CI	18.1–23.2	14.6–23.0	17.8–27.0	19.3–30.8	8.2–19.0
<b>Usually visit dentist</b>						
For a check-up	%	7.4	10.4	5.9	6.8	4.0*
	95%CI	6.2–8.9	8.0–13.4	3.9–8.8	4.9–9.4	2.3–6.9
For a dental problem	%	25.6	23.5	26.4	28.8	17.5
	95%CI	22.3–29.2	17.4–30.9	21.3–32.1	22.4–36.1	10.9–27.0
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	25.7	23.8	43.1	26.5	11.9
	95%CI	22.4–29.3	17.8–31.1	34.1–52.6	21.1–32.8	7.9–17.6
Tertile 2 (\$60-<\$120k)	%	10.9	15.0	11.3	6.6*	—
	95%CI	8.7–13.4	10.7–20.6	8.1–15.6	3.9–10.9	—
Tertile 3 (\$120K+)	%	4.4	5.0*	4.6*	3.2*	—
	95%CI	2.8–6.8	2.6–9.4	2.4–8.6	1.0–10.1	—

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

2. — zero or rounded to zero.

## 7.4 Dental visits were a large financial burden

In NDTIS 2021 financial burden was assessed with the question 'In the last 12 months, how much of a financial burden have your dental visits been for you? Respondents were given the following options: 'None', 'Hardly any', 'A little', 'A large burden' or 'Don't know'. People who answered 'A large burden' were classified as finding dental visits being a large financial burden and they represented 8.7% of the Australian population aged 18 years and over (Table 7-4). There was little variation across age groups.

There was no significant variation in the proportion reporting that their dental visits caused a large financial burden by sex, Indigenous identity, residential location, year level of schooling or eligibility for public dental care.

The proportion of individuals who visited a dental provider in the previous 12 months who reported their dental care was a large financial burden did vary by highest qualification attained, dental insurance and usual reason for visiting.

Individuals with other or no qualifications were twice as likely to report a large financial burden caused by their dental visiting than those who had a degree or higher (10.7% compared to 5.2%).

Similarly, individuals without dental insurance were 2.4 times more likely than those with dental insurance to report that their dental visits in the previous year were a large financial burden (13.9% compared to 5.9%). This ratio increased to 3.7 times more likely to report a large financial burden for 35–54 year-olds.

The greatest variation was associated with usual reason for dental visiting. Individuals who reported usually visiting for a problem were 4.4 times more likely to report that their dental visits caused a large financial burden than those who usually visited for a check-up (23.7% compared to 5.4%). Across age groups, this pattern was observed for those aged 35–54 years and 55–74 years.

In summary dental visits being a large financial burden was associated with having other or no qualifications, not having dental insurance and usually visiting a dentist for a problem.

**Table 7-4: Percentage of people stating dental visits were a large financial burden, people aged 18 years and over in the Australian population, 2021**

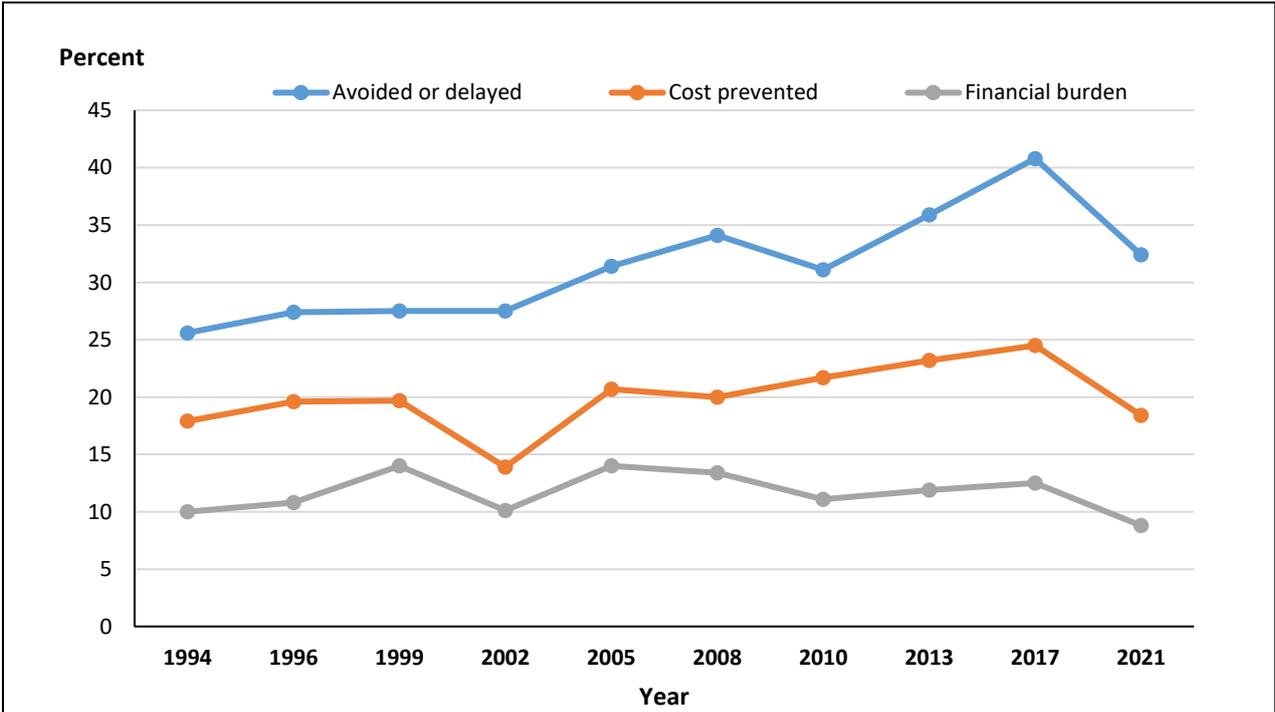
		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	8.7	6.9	11.5	8.9	3.9*
	95%CI	7.2–10.5	4.8–9.7	8.2–15.8	6.6–11.9	1.8–8.2
<b>Sex</b>						
Male	%	7.5	6.4*	10.2*	7.9	3.7*
	95%CI	5.3–10.6	3.1–12.7	5.1–19.4	4.9–12.6	1.3–9.9
Female	%	9.7	7.2	12.3	9.9	4.3*
	95%CI	7.8–12.0	5.0–10.2	8.6–17.4	6.8–14.2	1.4–12.3
<b>Indigenous identity</b>						
Non-Indigenous	%	8.5	6.7	11.0	8.9	3.8*
	95%CI	6.9–10.3	4.6–9.6	7.7–15.4	6.6–11.9	1.8–8.2
Indigenous	%	19.3*	10.8*	32.4*	15.0*	9.1*
	95%CI	9.5–35.1	3.4–29.4	12.9–60.8	2.0–59.9	0.8–54.3
<b>Residential location</b>						
Major cities	%	8.2	5.8	12.1	7.5	3.9*
	95%CI	6.4–10.4	3.6–9.3	8.1–17.7	5.1–10.8	1.5–10.0
Inner regional	%	10.3	10.2*	8.6*	14.2*	4.4*
	95%CI	7.3–14.4	5.8–17.2	4.6–15.5	7.9–24.3	1.2–14.6
Outer regional/Remote	%	9.9	11.2*	11.5*	9.8*	1.6*
	95%CI	6.5–14.8	4.9–23.4	5.6–22.2	4.9–18.4	0.4–7.0
<b>Year level of schooling</b>						
Year 10 or less	%	13.5	6.2*	28.1*	12.4*	2.7*
	95%CI	8.3–21.2	1.3–25.5	12.7–51.1	7.0–20.9	0.8–9.0
Year 11 or more	%	7.9	6.9	9.3	8.0	5.0*
	95%CI	6.4–9.6	4.7–9.8	6.6–13.0	5.6–11.2	1.9–12.3
<b>Highest qualification attained</b>						
Degree or higher	%	5.2	4.4*	6.3*	6.4*	—
	95%CI	3.3–8.1	1.1–15.6	3.3–11.6	3.5–11.5	—
Other/None	%	10.7	7.8	15.1	10.3	6.4*
	95%CI	8.6–13.3	5.6–10.6	10.2–21.7	7.2–14.5	2.8–14.1
<b>Eligibility for public dental care</b>						
Eligible	%	9.7	10.5*	16.2*	11.1	4.1*
	95%CI	7.2–12.8	5.7–18.5	9.1–27.1	7.3–16.6	1.5–10.6
Ineligible	%	8.6	6.4	11.0	8.4	3.9*
	95%CI	6.8–10.8	4.2–9.6	7.5–15.8	5.6–12.4	1.1–12.9
<b>Dental insurance</b>						
Insured	%	5.9	6.1*	6.4	6.6	0.9*
	95%CI	4.7–7.5	3.6–10.4	4.5–9.1	4.4–9.7	0.4–2.3
Uninsured	%	13.9	8.0	23.7	13.9	6.9*
	95%CI	10.4–18.4	5.2–12.3	14.5–36.4	8.8–21.1	2.6–17.3
<b>Usually visit dentist</b>						
For a check-up	%	5.4	3.8	7.5	5.9	1.8*
	95%CI	4.3–6.8	2.6–5.7	5.1–10.9	3.9–8.9	0.6–5.1
For a dental problem	%	23.7	32.0*	27.6	19.6	12.6*
	95%CI	17.8–30.8	17.7–50.8	16.3–42.7	12.8–28.7	4.4–31.0
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	11.0	11.0*	26.7	10.0	4.4*
	95%CI	8.2–14.6	6.5–18.0	15.9–41.3	6.1–15.9	1.6–11.2
Tertile 2 (\$60–<\$120k)	%	9.6	6.5*	13.7	11.3*	—
	95%CI	7.0–12.9	3.9–10.7	8.1–22.3	6.8–18.1	—
Tertile 3 (\$120K+)	%	5.7	6.5*	5.7	5.2*	—
	95%CI	3.8–8.5	2.7–14.7	3.5–9.2	1.8–13.8	—

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.  
2. — zero or rounded to zero.

### Trends in financial barriers to dental care

Figure 7-1 presents the percentage of persons who experienced a financial barrier (either avoided or delayed dental care due to cost, cost had prevented recommended dental or dental care was a large financial burden). Between 1994 and 2017, there was a steady increase in the proportion of individuals reporting that they avoided or delayed visiting a dentist because of cost, and that the cost of dental care prevented the recommended treatment. Despite some year-to-year fluctuations, there was little change in the proportion reporting that dental care was a large financial burden.

Across all three measures of financial barriers, there was a decline in 2021, possibly due to the reduced access to dental care as a result of the COVID-19 pandemic.



*Notes*

- Data in this figure relate to dentate adults aged 18 years and over.
- Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

Source: Appendix Table A-13

**Figure 7-1: Dentate people aged over 18 years who experienced a financial barrier to dental care, 1994 to 2021 (per cent)**

## 8 Private Dental Insurance

In Australia, the public health system, Medicare, does not cover the cost of most dental services in the way it does with other health services. Therefore, Australians can choose to purchase private health insurance for access to increased cover for health care services, including dental care. As the Australian dental care system is predominately a fee-for-service private practice system, private health insurance can help pay for some or all the costs of dental care not routinely covered by Medicare. Without dental insurance, most dental costs are paid for out-of-pocket by individuals.

This section reports on the proportion of Australians who held dental insurance cover at the time of the survey.

### 8.1 Holders of private dental insurance

In NDTIS 2021, dental insurance coverage was based on responses to three questions. People were first asked 'Do you have private health insurance other than Medicare?' People who responded 'Yes' or 'Don't know' were then asked 'What type of private medical insurance do you have?' and were given four options: 'Hospital cover only', 'Combined hospital and extras/general treatment', 'Extras/general treatment only' and 'Don't know'. People who answered 'Combined hospital and extras/general' and 'Extras/general treatment only' or 'Don't know' were asked, 'Does your private health insurance provide cover for dental services?' If people responded 'Yes' to the final question, they were then classified as having dental insurance.

The percentage of Australians aged 18 years and over with dental insurance is presented in Table 8-1. Overall, over half (54%) of the Australian population aged 18 years and over had dental insurance. Adults aged 35–54 years had the highest rate of coverage (59.2%) while those aged 75 years or more had the lowest rate (44.7%). Those aged 35–54 years were more likely to have dental insurance than those aged 18–34 years and those aged 75 years or more (59.2% compared to 49.7% and 44.7% respectively).

Indigenous persons were less likely to have dental insurance than non-Indigenous persons (28.5% and 54.7%, respectively).

Having dental insurance was also associated with residential location, with those living in Major cities more likely to have dental insurance than those living in Inner regional and Outer regional/Remote areas (57.5% compared to 44.8% and 45.3%, respectively). Those aged 18–34 years living in Major cities were more likely than 18–34 year-olds living in Inner regional areas to have dental insurance (53.3% and 37.4%, respectively). Similarly, 55–74 year-olds living in Major cities were more likely than 55–74 year-olds living in Inner regional and Outer regional/Remote areas to have dental insurance (60.6% compared to 45.2% and 39.4%, respectively).

A higher proportion of those with year 11 or more of schooling reported having dental insurance than those with year 10 or less of schooling (59.2% and 36.3%, respectively). This pattern was consistent across all age groups. Similarly, those with a degree or higher were more likely to have dental insurance than those with other or no qualifications (66.7% and 51.5%, respectively). Across age groups, this difference was observed for those aged 18–34 years and 35–54 years.

The greatest variation in the percentage of people who reported having dental insurance was seen for eligibility for public dental care and usual reason for visiting.

A significantly higher proportion of people not eligible for public dental care reported having dental insurance than those eligible for public dental care (60.8% and 33.0%, respectively). This pattern was consistent across all age groups.

Individuals who usually visited for a check-up were 2.3 times more likely to report having dental insurance than those who usually visited for a problem (66.1% and 28.5%, respectively). Again, this pattern was consistent across all age groups.

Those in the highest household income group were also twice as likely to report having dental insurance than those in the lowest household income group (75.0% and 35.7%, respectively), increasing to nearly four times in the 35–54 years age group.

In summary, having dental insurance was associated with being aged 35–54 years, being non-Indigenous, living in Major cities, having year 11 or more of schooling, having a degree or higher, not being eligible for public dental care, usually visiting for a check-up and having a high household income.

**Table 8-1: Percentage of people with dental insurance, people aged 18 years and over in the Australian population, 2021**

		Population: all people aged 18 years and over				
		Total	18–34	35–54	55–74	≥75
<b>All people</b>	%	<b>54.0</b>	<b>49.7</b>	<b>59.2</b>	<b>55.4</b>	<b>44.7</b>
	95%CI	51.8–56.3	45.4–54.0	55.2–63.1	51.2–59.5	37.9–51.8
<b>Sex</b>						
Male	%	52.1	47.6	58.1	52.0	48.6
	95%CI	48.7–55.5	41.2–54.2	51.9–64.1	46.1–57.8	39.1–58.2
Female	%	55.8	51.7	60.0	58.9	38.4
	95%CI	52.8–58.8	46.1–57.3	54.7–65.0	53.0–64.4	29.6–48.0
<b>Indigenous identity</b>						
Non-Indigenous	%	54.7	50.9	59.8	55.8	44.8
	95%CI	52.4–57.0	46.5–55.3	55.7–63.7	51.6–59.9	37.9–51.8
Indigenous	%	28.5	23.5*	37.3*	26.4*	25.5*
	95%CI	19.4–39.9	12.7–39.3	20.7–57.5	9.9–54.0	2.4–82.5
<b>Residential location</b>						
Major cities	%	57.5	53.3	61.0	60.6	48.6
	95%CI	54.6–60.4	47.9–58.6	55.9–65.9	55.1–66.0	39.5–57.9
Inner regional	%	44.8	37.4	52.8	45.2	38.5
	95%CI	40.8–48.9	30.2–45.1	45.2–60.3	38.5–51.9	27.8–50.4
Outer regional/Remote	%	45.3	42.2	56.8	39.4	30.0
	95%CI	40.8–49.9	33.6–51.3	48.4–64.7	32.4–46.8	19.1–43.9
<b>Year level of schooling</b>						
Year 10 or less	%	36.3	22.6*	39.2	39.7	32.7
	95%CI	31.8–41.0	13.1–36.0	28.9–50.5	33.2–46.6	24.9–41.7
Year 11 or more	%	59.2	51.9	62.1	63.6	64.1
	95%CI	56.6–61.7	47.4–56.4	57.8–66.2	58.3–68.6	53.4–73.5
<b>Highest qualification attained</b>						
Degree or higher	%	66.7	65.7	69.5	66.9	56.1
	95%CI	62.0–71.1	55.4–74.7	62.7–75.6	56.9–75.6	39.9–71.1
Other/None	%	51.5	46.1	56.4	53.7	46.8
	95%CI	48.9–54.2	41.4–50.9	51.3–61.3	49.0–58.3	38.7–55.0
<b>Eligibility for public dental care</b>						
Eligible	%	33.0	32.4	19.3	38.2	34.6
	95%CI	29.2–36.9	24.2–41.7	12.7–28.2	32.4–44.3	26.8–43.2
Ineligible	%	60.8	52.7	65.0	63.8	69.8
	95%CI	58.1–63.5	47.9–57.4	60.6–69.2	58.2–69.1	56.3–80.5
<b>Usually visit dentist</b>						
For a check-up	%	66.1	57.9	72.1	70.7	58.7
	95%CI	63.5–68.6	53.1–62.5	67.4–76.3	65.8–75.2	49.4–67.4
For a dental problem	%	28.5	25.3	33.3	27.5	21.4
	95%CI	25.0–32.2	18.6–33.4	27.1–40.2	22.1–33.6	13.3–32.7
<b>Last visited a dentist</b>						
<12 months	%	57.8	53.4	55.5	63.1	63.6
	95%CI	55.5–60.0	49.2–57.6	51.5–59.4	58.9–67.0	56.7–69.9
1-<2 years	%	16.8	18.2	18.7	14.6	12.5
	95%CI	15.2–18.6	15.3–21.5	15.7–22.1	12.1–17.7	8.8–17.6
2-<5 years	%	15.4	16.9	17.0	13.4	11.0
	95%CI	13.8–17.2	14.0–20.3	14.1–20.4	10.7–16.7	7.4–16.1
5+ years	%	10.0	11.5	8.9	8.9	12.9
	95%CI	8.6–11.6	8.6–15.1	7.0–11.2	6.4–12.1	9.0–18.1
<b>Household Income tertile</b>						
Tertile 1 (<\$60,000)	%	35.7	36.0	19.3	41.2	37.5
	95%CI	31.9–39.6	28.0–44.9	13.7–26.5	35.3–47.3	29.1–46.8
Tertile 2 (\$60-<\$120k)	%	57.4	50.9	55.2	66.5	71.1
	95%CI	53.2–61.5	43.6–58.2	47.7–62.5	58.7–73.5	53.5–84.0
Tertile 3 (\$120K+)	%	75.0	69.8	75.9	78.9	97.7
	95%CI	71.1–78.5	63.3–75.7	70.2–80.8	67.8–87.0	83.9–99.7

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

## 8.2 Use of private dental insurance

In 2021, the majority of adults with some form of private health insurance that included cover for dental care reported that their insurance paid some (76.3%) or all (16.4%) of the dental costs of their last visit in the previous 12 months. Only 4.0% of insured adults that visited a dental provider in the previous 12 months paid all their own dental expenses (Table 8-2).

**Table 8-2: Percentage of people with insurance who reported that health insurance paid all or some of the cost of their care by source of payment, people aged 18 years and over in the Australian population who visited in the previous 12 months, 2021**

	Paid all own expenses	Insurance paid some/patient paid some	Insurance paid all/patient paid none	Govt paid some/patient or insurance paid some	Govt paid all/patient paid none	Other payment option
%	4.0	76.3	16.4	1.8*	1.3*	0.2*
95%CI	2.7–5.9	73.2–79.1	14.0–19.1	1.0–3.2	0.7–2.2	0.1–0.6

Notes: 1. Estimates succeeded by \* indicate a Relative Standard Error of at least 25% and should be used with caution.

An estimated 13.5% of insured adults who were required to pay all their own dental expenses indicated that dental care caused a large financial burden. This compared with 0.7% of those for whom insurance paid all expenses, and 6.6% of those who co-contributed (along with their insurer) to the cost of their dental care (Table 8-3).

**Table 8-3: Percentage of people who reported that dental care caused a large financial burden by source of payment, insured people aged 18 and over in the Australian population who visited in the previous 12 months, 2021**

	Paid all own expenses	Insurance paid some/patient paid some	Insurance paid all/patient paid none	Govt paid some/patient or insurance paid some	Govt paid all/patient paid none	Other payment option
%	13.5	6.6	0.7	2.6	9.7	14.4
95%CI	1.9–25.0	4.9–8.3	0.0–1.8	0.0–7.1	0.0–25.8	0.0–42.6

# 9 Hospital separations

This chapter draws on hospital separations data published by the Australian Institute of Health and Welfare (AIHW) and reports on dental conditions resulting in the provision of services in hospitals under two broad measures:

1. Potentially preventable hospitalisations (PPHs) related to dental conditions
2. Hospitalisations for dental procedures requiring general anaesthetic.

It should be noted that while many PPHs will require a general anaesthetic, not all dental care provided under general anaesthetic is for potentially preventable care. In this chapter hospital separations is reported for all ages in the Australian population.

## 9.1 Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. PPHs are one of the key performance indicators for the National Oral Health Plan 2015-2024 and provide important information about the receipt of quality, timely and adequate non-hospital dental care. A high rate of PPHs may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an inappropriate use of the hospital system to respond to greater need (AIHW, 2012).

Hospitalisations where the principal diagnosis was a dental-related condition are considered dental PPHs for this report. The number and separation rate of these PPHs for all ages is reported in this section.

In the 2020–21 financial year, the total number of PPHs related to dental conditions was 82,916 or 3.2 separations per 100,000 population. The age-standardised separation rate in 2020–21 ranged from 2.7 separations per 1,000 population in Victoria to 4.4 in South Australia (Table 9-1).

Between 2016–17 and 2018–19, the total number of PPHs increased from 70,151 to 72,487, dropping to 66,809 in 2019–20 and then increasing to 82,916 in 2020–21. Taking into account population growth, the separation rate of dental related PPHs was 2.9 separations per 100,000 population between 2016–17 to 2018–19, dropping to 2.6 in 2019–20 and then increasing to 3.2 in 2020–21 (Table 9-1).

**Table 9-1: Hospital separations for potentially preventable hospitalisations due to dental conditions<sup>(a)</sup>, state or territory of usual residence, 2016–17 to 2020–21**

Financial Year	State or territory of usual residence								Australia <sup>(b)</sup>
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	
	Number <sup>(c)</sup>								
2020–21	23,576	17,353	19,272	10,667	8,010	1,694	1,407	849	82,916
2019–20	17,583	15,848	14,731	8,756	6,445	1,512	947	803	66,809
2018–19	19,464	16,996	15,384	9,508	7,689	1,540	902	876	72,487
2017–18	19,432	17,399	14,875	9,647	7,207	1,716	864	767	72,031
2016–17	18,998	17,278	13,708	9,661	7,086	1,678	844	798	70,151
	Separation rate <sup>(d)</sup>								
2020–21	2.9	2.7	3.7	3.9	4.4	3.0	3.1	3.4	3.2
2019–20	2.2	2.4	2.9	3.2	3.6	2.7	2.1	3.2	2.6
2018–19	2.4	2.6	3.0	3.6	4.4	2.8	2.1	3.6	2.9
2017–18	2.4	2.7	3.0	3.7	4.1	3.2	2.0	3.1	2.9
2016–17	2.4	2.7	2.8	3.7	4.1	3.2	2.0	3.2	2.9

a) Potentially preventable hospitalisations related to dental care are defined as the following ICD-10-AM 6th edn (see NCCH 2008) Principal diagnosis categories: K02 Dental caries; K03 Other diseases of hard tissues of teeth; K04 Diseases of pulp and periapical tissues; K05 Gingivitis and periodontal diseases; K06 Other diseases of gingival and edentulous alveolar ridge; K08 Other disorders of teeth and supporting structures; K09.8 Other cysts of oral region, not elsewhere classified; K09.9 Cyst of oral region, unspecified; K12 Stomatitis and related lesions; K13 Other diseases of lip and oral mucosa; K14.0 Glossitis. Data are defined using ICD-10-AM 9<sup>th</sup>- 11<sup>th</sup> edn.

b) Includes Other territories.

c) Excludes records with care type of Newborn (without qualified days), Hospital boarders and Posthumous organ procurement.

d) Number of separations per 1,000 population. Separation rates were directly age standardised to the Australian population, using the estimated resident populations as at 30 June for the respective year.

Sources: AIHW Hospital Morbidity database 2016–17, 2020–21. ABS (2023) Quarterly Population Estimates (ERP), by State/Territory, Sex and Age.

Across remoteness areas, the rate of PPHs due to dental conditions ranged from 3.0 separations per 100,000 population in Major cities to 4.6 in Very remote areas in 2020–21. Between 2016–17 and 2020–21, the number of PPHs in Major cities increased from 47,506 to 55,491 and the separation rate increased from 2.8 separations per 100,000 population to 3.0 (Table 9-2).

**Table 9-2: Hospital separations for potentially preventable hospitalisations due to dental conditions<sup>(a)</sup>, remoteness area of usual residence, 2016–17 to 2020–21**

Financial Year	Remoteness area of usual residence					Total <sup>(b)</sup>
	Major cities	Inner regional	Outer regional	Remote	Very remote	
	<b>Number<sup>(c)</sup></b>					
2020–21	55,491	17,621	7,367	1,203	955	82,916
2019–20	44,622	14,150	5,807	1,103	834	66,809
2018–19	48,627	15,073	6,357	1,138	1,005	72,487
2017–18	48,243	14,867	6,530	1,240	866	72,031
2016–17	47,506	13,861	6,659	1,133	810	70,151
	<b>Separation rate<sup>(d)</sup></b>					
2020–21	3.0	3.9	3.5	4.0	4.9	3.2
2019–20	2.4	3.1	2.8	3.7	4.2	2.6
2018–19	2.7	3.4	3.1	3.8	5.1	2.9
2017–18	2.7	3.4	3.2	4.2	4.4	2.9
2016–17	2.7	3.2	3.3	3.8	4.1	2.9

**Notes:**

- a) Potentially preventable hospitalisations related to dental care are defined as the following ICD-10-AM 6th edn (see NCCH 2008) Principal diagnosis categories: K02 Dental caries; K03 Other diseases of hard tissues of teeth; K04 Diseases of pulp and periapical tissues; K05 Gingivitis and periodontal diseases; K06 Other diseases of gingival and edentulous alveolar ridge; K08 Other disorders of teeth and supporting structures; K09.8 Other cysts of oral region, not elsewhere classified; K09.9 Cyst of oral region, unspecified; K12 Stomatitis and related lesions; K13 Other diseases of lip and oral mucosa; K14.0 Glossitis. Data are defined using ICD-10-AM 9<sup>th</sup>- 11<sup>th</sup> edn.
- b) Includes Other territories.
- c) Excludes records with care type of Newborn (without qualified days), Hospital boarders and Posthumous organ procurement.
- d) Number of separations per 1,000 population. Separation rates were directly age standardised to the Australian population, using the estimated resident populations as at 30 June for the respective year.

Sources: AIHW Hospital Morbidity database 2016–17 to 2020–21. ABS (2023) Regional population 2021-22.

In 2020–21, among those aged 15 years and over, adults aged 65 years and over had the highest number of PPHs due to dental conditions (13,645 separations or 3.2 separations per 1,000 adults aged 65 years and over) (Table 9-3). Between 2016–17 and 2020–21, the number of PPHs for adults aged 65 years and over increased from 10,495 to 13,645, or 2.8 separations per 1,000 adults aged 65 years and over to 3.2 in 2020–21. In 2020–21, adults aged 35–54 years had the lowest number of separations for PPHs due to dental conditions (6,357, 1.8 separations per 1,000 adults aged 35–54 years).

**Table 9-3: Hospital separations for potentially preventable hospitalisations due to dental conditions<sup>(a)</sup>, by age group, persons aged 15 years and over, 2016–17 to 2020–21**

Financial Year	Age group (years)						Total
	15–24	25–34	35–44	45–54	55–64	65+	
	<b>Number<sup>(b)</sup></b>						
2020–21	8,139	7,186	6,357	7,663	8,816	13,645	51,806
2019–20	6,554	5,759	5,153	6,224	7,496	11,016	42,202
2018–19	6,790	6,068	5,663	7,069	8,247	11,750	45,587
2017–18	7,119	6,120	5,726	7,249	7,970	11,178	45,362
2016–17	6,664	5,869	5,575	7,148	8,021	10,495	43,772
	<b>Separation rate<sup>(c)</sup></b>						
2020–21	2.6	1.9	1.8	2.3	2.9	3.2	2.5
2019–20	2.1	1.5	1.5	1.9	2.5	2.6	2.0
2018–19	2.1	1.6	1.7	2.2	2.8	2.9	2.2
2017–18	2.2	1.6	1.7	2.3	2.8	2.9	2.2
2016–17	2.1	1.6	1.7	2.2	2.8	2.8	2.2

**Notes:**

- a) Potentially preventable hospitalisations related to dental care are defined as the following ICD-10-AM 6th edn (see NCCH 2008) Principal diagnosis categories: K02 Dental caries; K03 Other diseases of hard tissues of teeth; K04 Diseases of pulp and periapical tissues; K05 Gingivitis and periodontal diseases; K06 Other diseases of gingival and edentulous alveolar ridge; K08 Other disorders of teeth and supporting structures; K09.8 Other cysts of oral region, not elsewhere classified; K09.9 Cyst of oral region, unspecified; K12 Stomatitis and related lesions; K13 Other diseases of lip and oral mucosa; K14.0 Glossitis. Data are defined using ICD-10-AM 9<sup>th</sup>- 11<sup>th</sup> edn.
- b) Excludes records with care type of Newborn (without qualified days), Hospital boarders and Posthumous organ procurement.
- c) Number of separations per 1,000 population. Separation rates were directly age standardised to the Australian population, using the estimated resident populations as at 30 June for the respective year.

Sources: AIHW Hospital Morbidity database 2016–17 to 2020–21. ABS (2023) Estimated Resident Population by single year of age, Australia.

## 9.2 Dental procedures requiring general anaesthetic

Depending on the severity of the dental condition, or other factors such as medical conditions or physical/behavioural considerations, care may be provided to some adults under general anaesthesia. Aside from the risks associated with a general anaesthetic, providing dental care under a general anaesthetic is resource intensive.

In 2020–21, for persons aged 15 years and over, the total number of hospital separations for dental procedures requiring a general anaesthetic was 108,445, or 5.2 separations per 1,000 adults aged 15 years and over. Across age groups, people aged 15–24 had the highest number of separations (51,966, or 16.8 per 1,000 people aged 15–24 years), and those aged 55–64 had the lowest (7,669, or 2.5 per 1,000 people aged 55–64 years) (Table 9-4). Between 2016–17 and 2020–21, there was a 10% increase in the total number of separations (from 98,618 to 108,445), with a corresponding increase in separation rate from 4.9 separations per 1,000 population to 5.2 separations per 1,000 people aged 15 years and over.

**Table 9-4: Hospital separations requiring general anaesthesia for procedures related to dental conditions<sup>a</sup> by age group, persons aged 15 years and over, 2016–17 to 2020–21**

Financial Year	Age group (years)						Total
	15–24	25–34	35–44	45–54	55–64	65+	
	<b>Number</b>						
2020–21	51,966	20,384	10,299	8,000	7,669	10,127	108,445
2019–20	42,270	15,152	7,584	6,284	6,426	8,174	85,890
2018–19	48,251	17,256	8,782	7,239	6,955	8,669	97,152
2017–18	48,806	17,472	8,905	7,284	6,825	8,116	97,408
2016–17	49,724	18,181	8,793	7,375	6,733	7,812	98,618
	<b>Separation rate<sup>(d)</sup></b>						
2020–21	16.8	5.5	2.9	2.5	2.5	2.3	5.2
2019–20	13.2	4.0	2.2	1.9	2.1	2.0	4.1
2018–19	14.9	4.6	2.6	2.2	2.4	2.1	4.7
2017–18	15.2	4.7	2.7	2.3	2.4	2.1	4.8
2016–17	15.6	4.9	2.7	2.3	2.4	2.1	4.9

**Notes:**

- a) Hospital separations for any of the dental conditions listed that required a general anaesthesia. Dental conditions are as defined by following Australian Classification of Health interventions 10th edn block numbers and procedure codes: 457 Nonsurgical removal of tooth; 458 Surgical removal of tooth; 462 Pulp treatment; 463 Periradicular surgery; 465 Metallic restoration; 466 Tooth-coloured restoration; 469 Other restorative dental service; 470 Crown; 471 Bridge; 472 Other dental service on crown and bridge; 97241-00 Tooth root resection, per root; 97387-00 Replantation and splinting of tooth; 97388-00 Transplantation of tooth or tooth bud; 97445-00 Exploration or negotiation of calcified root canal, per canal; 97455-00 Irrigation and dressing of root canal system; 97457-00 Obturation of resorption defect or perforation; 97458-00 Interim therapeutic root filling; 97772-00 Provision of resin splint, indirect; 97773-00 Provision of metal splint, indirect; 97778-00 Metallic inlay for denture tooth, with general anaesthesia (92514-XX). Data for 2016–17 are defined using ACHI 9<sup>th</sup> to 11<sup>th</sup> Ed.
- b) Excludes records with care type of Newborn (without qualified days), Hospital boarders and Posthumous organ procurement.
- c) Number of separations per 1,000 population. Separation rates were directly age standardised to the Australian population, using the estimated resident populations as at 30 June for the respective year.

Sources: AIHW Hospital Morbidity database 2016–17 to 2020–21. ABS (2023) Estimated Resident Population by single year of age, Australia.

# Appendix A: Estimates and confidence intervals for figures

**Table A-1: The prevalence of complete tooth loss by age group, 1994 to 2021 (per cent)**

Age group		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>Total*</b>	<b>%</b>	<b>12.6</b>	<b>11.4</b>	<b>9.3</b>	<b>8.6</b>	<b>6.8</b>	<b>5.9</b>	<b>5.3</b>	<b>4.2</b>	<b>3.7</b>	<b>3.0</b>
	<i>95%CI</i>	<i>11.8–13.6</i>	<i>10.6–12.3</i>	<i>8.5–10.1</i>	<i>7.9–9.3</i>	<i>6.4–7.2</i>	<i>5.4–6.5</i>	<i>4.7–6.0</i>	<i>3.7–4.8</i>	<i>3.4–4.1</i>	<i>2.4–3.7</i>
<b>18-34</b>	<b>%</b>	<b>0.3</b>	<b>0.4</b>	<b>0.3</b>	<b>0.3</b>	—	—	—	—	—	<b>0.3</b>
	<i>95%CI</i>	<i>0.1–0.8</i>	<i>0.1–1.2</i>	<i>0.1–1.1</i>	<i>0.1–0.8</i>	<i>0.0–0.1</i>	<i>0.0–0.1</i>	—	—	—	<i>0.1–0.6</i>
<b>35-54</b>	<b>%</b>	<b>6.8</b>	<b>4.7</b>	<b>3.7</b>	<b>2.3</b>	<b>1.7</b>	<b>0.9</b>	<b>1.6</b>	<b>0.9</b>	<b>1.1</b>	<b>1.7</b>
	<i>95%CI</i>	<i>5.6–8.4</i>	<i>3.7–5.9</i>	<i>2.8–4.9</i>	<i>1.6–3.2</i>	<i>1.3–2.1</i>	<i>0.6–1.4</i>	<i>1.1–2.4</i>	<i>0.6–1.6</i>	<i>0.7–1.6</i>	<i>0.9–3.2</i>
<b>55-74</b>	<b>%</b>	<b>25.9</b>	<b>25.8</b>	<b>22.4</b>	<b>18.3</b>	<b>13.9</b>	<b>12.6</b>	<b>11.1</b>	<b>8</b>	<b>8.1</b>	<b>5.9</b>
	<i>95%CI</i>	<i>23.4–28.5</i>	<i>23.2–28.6</i>	<i>19.9–25.0</i>	<i>16.2–20.7</i>	<i>12.8–15.1</i>	<i>11.0–14.3</i>	<i>9.4–13.0</i>	<i>6.6–9.7</i>	<i>7.0–9.3</i>	<i>4.3–8.0</i>
<b>75+</b>	<b>%</b>	<b>52.2</b>	<b>48.1</b>	<b>36.8</b>	<b>43.8</b>	<b>35.7</b>	<b>31.6</b>	<b>27.9</b>	<b>27.5</b>	<b>20.5</b>	<b>12.9</b>
	<i>95%CI</i>	<i>46.7–57.7</i>	<i>42.7–53.5</i>	<i>32.0–41.9</i>	<i>38.9–48.8</i>	<i>32.7–38.8</i>	<i>27.7–35.9</i>	<i>22.6–33.8</i>	<i>23.1–32.5</i>	<i>18.1–23.1</i>	<i>9.1–17.9</i>

\*Total standardised to the 2001 Census population.

CI = confidence interval; — = Data not collected

This Table relates to Figure 4-1

**Table A-2: The prevalence of people with fewer than 21 teeth by age group, 1994 to 2021 (per cent)**

Age group		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>Total*</b>	<b>%</b>	<b>19.1</b>	<b>15.9</b>	<b>15.3</b>	<b>14.1</b>	<b>13.7</b>	<b>14.2</b>	<b>11.8</b>	<b>11.0</b>	<b>10.3</b>	<b>7.5</b>
	<i>95%CI</i>	<i>17.8–20.5</i>	<i>14.6–17.2</i>	<i>13.9–16.8</i>	<i>13.0–15.3</i>	<i>13.1–14.4</i>	<i>13.3–15.1</i>	<i>10.9–12.8</i>	<i>10.1–11.9</i>	<i>9.7–11.00</i>	<i>6.6–8.60</i>
<b>18-34</b>	<b>%</b>	<b>1.6</b>	<b>1.8</b>	<b>2.0</b>	<b>0.8</b>	<b>0.4</b>	<b>0.9</b>	<b>0.9</b>	<b>0.7</b>	<b>0.6</b>	<b>0.2</b>
	<i>95%CI</i>	<i>1.0–2.6</i>	<i>0.9–3.6</i>	<i>1.2–3.5</i>	<i>0.3–1.7</i>	<i>0.2–0.8</i>	<i>0.4–1.9</i>	<i>0.4–2.0</i>	<i>0.2–1.9</i>	<i>0.4–1.1</i>	<i>0.1–0.5</i>
<b>35-54</b>	<b>%</b>	<b>13.3</b>	<b>10.6</b>	<b>9.6</b>	<b>6.8</b>	<b>6.8</b>	<b>6.5</b>	<b>4.8</b>	<b>5.6</b>	<b>4.9</b>	<b>3.2</b>
	<i>95%CI</i>	<i>11.5–15.4</i>	<i>8.8–12.5</i>	<i>7.8–11.8</i>	<i>5.3–8.8</i>	<i>6.0–7.7</i>	<i>5.3–8.0</i>	<i>3.7–6.0</i>	<i>4.4–7.1</i>	<i>4.1–5.7</i>	<i>2.0–5.1</i>
<b>55-74</b>	<b>%</b>	<b>38.7</b>	<b>32.2</b>	<b>32</b>	<b>31.9</b>	<b>28.6</b>	<b>29.5</b>	<b>25.1</b>	<b>22.8</b>	<b>22.2</b>	<b>15.8</b>
	<i>95%CI</i>	<i>35.0–42.4</i>	<i>28.7–35.9</i>	<i>28.1–36.1</i>	<i>28.5–35.4</i>	<i>26.9–30.4</i>	<i>27.1–32.0</i>	<i>22.6–27.7</i>	<i>20.3–25.5</i>	<i>20.5–23.9</i>	<i>13.2–18.7</i>
<b>75+</b>	<b>%</b>	<b>63.0</b>	<b>55.5</b>	<b>49.0</b>	<b>53.7</b>	<b>55.1</b>	<b>57.1</b>	<b>53.4</b>	<b>48.7</b>	<b>45.6</b>	<b>37.5</b>
	<i>95%CI</i>	<i>54.0–71.2</i>	<i>47.0–63.7</i>	<i>40.4–57.7</i>	<i>46.2–61.1</i>	<i>51.1–59.0</i>	<i>51.2–62.9</i>	<i>45.7–60.9</i>	<i>42.5–55.0</i>	<i>41.9–49.3</i>	<i>30.6–44.9</i>

\*Total standardised to the 2001 Census population.

CI = confidence interval.

This Table relates to Figure 4-2.

**Table A-3: Percentage of dentate adults rating their oral health fair or poor by age group, 2005 to 2021**

Oral health impact	Age group		2005	2007	2010	2013	2017	2021
Fair or poor self-rated oral health	Total*	%	17.0	20.9	18.7	20.1	25.9	23.7
		95%CI	16.2–17.9	19.4–22.4	17.2–20.2	18.7–21.7	24.7–27.1	21.7–25.7
	18-34	%	14.6	17.1	14.5	14.7	20.5	19.1
		95%CI	13.0–16.4	14.4–20.2	11.8–17.6	12.2–17.7	18.7–22.4	16.0–22.7
	35-54	%	18.2	21.2	19.7	22.8	26.2	24.0
		95%CI	17.0–19.6	18.8–23.7	17.5–22.1	20.4–25.4	24.4–28.0	20.6–27.8
	55-74	%	18.1	24.7	23.0	24.0	29.2	27.3
		95%CI	16.7–19.7	22.3–27.2	20.5–25.6	21.4–26.9	27.3–31.1	23.7–31.1
	75+	%	18.0	23.2	19.5	20.2	23.0	30.9
		95%CI	15.1–21.2	18.7–28.5	14.3–26.1	15.5–25.8	20.2–26.2	24.2–38.4

\*Total standardised to the 2001 Census population.

CI = confidence interval.

This Table relates to Figure 4-3.

**Table A-4: The prevalence of any oral health impact 1994 to 2021 (per cent)**

Oral health impact		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
Toothache experience	%	10.9	12.0	14.0	13.8	14.9	16.5	15.3	16.8	19.2	18.8
	95%CI	9.8-12.0	10.9-13.3	12.7-15.4	12.5-15.2	14.1-15.8	15.1-17.9	13.9-16.6	15.3-18.2	18.2-20.2	17.0-20.6
Uncomfortable with appearance	%	19.6	19.2	21.6	20.3	24.7	26.8	24.5	26.7	34.9	31.8
	95%CI	18.3-21.0	17.9-20.7	20.1-23.2	18.9-21.8	23.8-25.7	25.2-28.4	22.8-26.1	25.0-28.5	33.8-36.0	29.7-34.0
Avoided certain foods	%	15.2	15.1	17.5	15.0	17.2	20.3	17.2	20.6	25.1	22.3
	95%CI	14.1-16.4	13.9-16.4	16.2-18.9	13.7-16.3	16.4-18.1	18.9-21.7	15.9-18.5	19.2-22.1	24.1-26.1	20.4-24.2
Any oral health impact	%	32.3	33.3	35.8	34.0	38.5	40.4	36.4	39.8	48.0	44.3
	95%CI	30.8-33.8	31.7-35.0	34.0-37.6	32.2-35.7	37.4-39.7	38.7-42.2	34.7-38.1	38.0-41.6	46.9-49.2	42.0-46.6

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 4-4.

**Table A-5: Percentage of people whose last dental visit was in the previous 12 months, and those who visited more than 5 years ago, dentate adults aged 18 years and over, 1994 to 2021**

Dental attendance		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
Visited in previous 12 months	%	50.5	52.8	53.4	53.8	58.3	56.4	58.2	59.4	54.8	57.1
	95%CI	48.9-52.1	51.1-54.5	51.6-55.1	52-55.6	57.2-59.4	54.7-58.2	56.5-59.9	57.6-61.1	53.5-56.1	54.8-59.3
Visited more than 5 years ago	%	15.7	14.4	13	13.7	12.4	12.8	10.8	9.9	11.9	10.1
	95%CI	14.6-16.9	13.3-15.6	11.9-14.2	12.6-14.9	11.7-13.2	11.7-14.1	9.7-11.9	8.8-11	11.1-12.8	8.7-11.7

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 5-1

**Table A-6: Reason for last dental visit, all adults aged 18 years and over who visited a dental practitioner in the previous 2 years, 1994 to 2021 (per cent)**

Reason for last visit		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>Check-up</b>	%	45.6	40.9	44.3	48.9	54.1	53.9	59.5	59.0	59.7	65.8
	95%CI	43.4–47.9	38.6–43.3	41.9–46.7	46.4–51.4	52.8–55.3	51.9–55.8	57.6–61.3	57.0–60.9	58.2–61.1	63.3–68.2
<b>Problem</b>	%	54.4	59.1	55.7	51.1	45.9	46.1	40.5	41.0	40.3	34.2
	95%CI	52.1–56.6	56.7–61.4	53.3–58.1	48.6–53.6	44.7–47.2	44.2–48.1	38.7–42.4	39.1–43.0	38.9–41.8	31.8–36.7

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 5-2.

**Table A-7: Type of practice visited at last dental visit, all adults aged 18 years and over, 1994 to 2021 (per cent)**

Reason for last visit		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>Private</b>	%	85.0	86.9	84.4	83.6	84.3	85.1	88.2	85.4	82.5	85.2
	95%CI	83.9–86.0	85.8–87.9	83.1–85.5	82.3–84.7	83.4–85.1	83.7–86.3	87.1–89.2	84.1–86.7	81.4–83.5	83.5–86.7
<b>Public</b>	%	12.0	11.7	13	12.9	12.1	11.9	9.6	11.7	13.3	11.4
	95%CI	11.1–13.0	10.7–12.8	11.9–14.1	11.9–14.0	11.4–12.9	10.8–13.1	8.7–10.7	10.5–12.9	12.4–14.2	10.1–12.8
<b>Other</b>	%	3.0	1.4	2.6	3.6	3.6	3.0	2.2	2.9	4.2	3.4
	95%CI	2.5–3.6	1.1–1.9	2.1–3.3	3.0–4.2	3.2–4.1	2.5–3.7	1.7–2.7	2.3–3.6	3.7–4.7	2.5–4.6

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 5-3.

**Table A-8: Types of dental services received, dentate adults aged 18 years and over who visited in the previous 12 months, 1994 to 2021 (average number)**

Dental service received		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>Visits</b>	Average	2.34	2.4	2.36	2.3	2.3	2.35	2.28	2.33	2.24	2.02
	95%CI	2.24–2.45	2.26–2.53	2.23–2.49	2.22–2.39	2.24–2.35	2.26–2.44	2.20–2.36	2.24–2.43	2.19–2.29	1.94–2.10
<b>Extractions</b>	Average	0.2	0.25	0.31	0.32	0.26	0.32	0.26	0.30	0.23	0.18
	95%CI	0.17–0.23	0.21–0.29	0.27–0.36	0.28–0.37	0.23–0.28	0.28–0.37	0.22–0.31	0.26–0.35	0.20–0.26	0.14–0.21
<b>Fillings</b>	Average	0.93	0.97	0.88	0.88	0.82	0.83	0.78	0.72	0.67	0.55
	95%CI	0.86–1.00	0.90–1.04	0.81–0.95	0.80–0.96	0.77–0.86	0.76–0.90	0.71–0.85	0.67–0.77	0.63–0.71	0.49–0.62
<b>Scale and clean</b>	Average	0.96	0.94	0.97	0.95	..	0.83	1.02	1.12	1.14	1.17
	95%CI	0.91–1.00	0.90–0.98	0.92–1.01	0.90–0.99	1.27–1.30	0.79–0.86	0.99–1.05	1.08–1.16	1.11–1.16	1.12–1.21

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval; .. = Not applicable

This Table relates to Figure 5-4.

**Table A-9: Usual frequency of dental visits, dentate adults aged 18 years and over, 1994 to 2021 (per cent)**

Usual frequency of visits		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>1+ per year</b>	%	49.7	52.3	53.0	55.1	52.0	51.8	57.8	57.6	56.1	59.5
	95%CI	47.9–51.5	50.5–54.2	51.1–54.9	53.2–57.1	50.9–53.1	50.0–53.5	56.0–59.6	55.8–59.4	54.6–57.5	57.2–61.7
<b>Once every 2 years</b>	%	17.8	19.6	18.8	17.2	16.7	18.6	16.1	15.4	15.0	13.6
	95%CI	16.5–19.2	18.2–21.1	17.3–20.4	15.7–18.7	15.8–17.5	17.2–20.0	14.9–17.5	14.1–16.7	14.2–15.9	12.1–15.3
<b>Less often</b>	%	32.5	28.0	28.2	27.7	31.3	29.7	26.0	27.0	28.9	26.9
	95%CI	30.9–34.2	26.4–29.7	26.5–29.9	26.0–29.5	30.3–32.4	28.0–31.4	24.5–27.7	25.4–28.7	27.6–30.2	24.8–29.1

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 6-1.

**Table A-10: Attendance at the same dental practitioner or clinic, dentate adults aged 18 and over, 1999 to 2021 (per cent)**

		1999	2002	2005	2007	2010	2013	2017	2021
<b>Same dental practitioner or clinic</b>	%	79.1	74.2	78.9	78.4	81.5	76.3	77.2	82.6
	95%CI	77.4–80.7	72.4–75.9	77.9–79.9	76.7–80.0	80.0–83.0	74.5–77.9	76.0–78.3	80.7–84.3

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 6-2.

**Table A-11: Usual reason for visiting a dentist, dentate adults aged 18 years and over, 1994 to 2021 (per cent)**

Usual reason for dental visit		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>Check-up</b>	%	49.7	50.3	51.9	53.1	54.8	52.9	63.1	62.3	63.4	70.5
	95%CI	47.9–51.5	48.5–52.2	50.0–53.8	51.2–55.0	53.7–55.9	51.1–54.7	61.4–64.8	60.5–64.1	62.0–64.8	68.3–72.7
<b>Problem</b>	%	50.3	49.7	48.1	46.9	45.2	47.1	36.9	37.7	36.6	29.5
	95%CI	48.5–52.1	47.8–51.5	46.2–50.0	45.0–48.8	44.1–46.3	45.3–48.9	35.2–38.6	35.9–39.5	35.2–38.0	27.3–31.7

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 6-3.

**Table A-12: Dental visiting pattern, dentate adults aged 18 and over, 1999 to 2021 (per cent)**

Dental visit pattern		1999	2002	2005	2007	2010	2013	2017	2021
<b>Favourable</b>	%	36.3	38.5	39.6	37.5	45.6	43.9	43.5	51.0
	95%CI	34.5–38.2	36.6–40.5	38.5–40.7	35.8–39.2	43.8–47.4	42.2–45.7	42.1–45.0	48.7–53.3
<b>Intermediate</b>	%	37.5	35.2	31.9	33.9	32.3	32.6	33.3	28.7
	95%CI	35.7–39.4	33.4–37.1	30.8–32.9	32.2–35.6	30.6–34.0	30.8–34.4	32.1–34.5	26.6–30.8
<b>Unfavourable</b>	%	26.1	26.3	28.6	28.6	22.1	23.5	23.2	20.3
	95%CI	24.5–27.8	24.6–28.0	27.5–29.6	27.0–30.3	20.6–23.6	21.9–25.1	21.9–24.4	18.4–22.4

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 6-4.

**Table A-13: Dentate people aged over 18 years who experienced a financial barrier to dental care, 1994 to 2021 (per cent)**

Financial barrier		1994	1996	1999	2002	2005	2007	2010	2013	2017	2021
<b>Avoided or delayed visiting due to cost</b>	%	25.6	27.4	27.5	27.5	31.4	34.1	31.1	35.9	40.8	32.4
	95%CI	24.2–27.0	25.9–29.0	26.0–29.2	25.9–29.1	30.4–32.4	32.4–35.8	29.4–32.8	34.2–37.6	39.5–42.1	30.3–34.6
<b>Cost prevented recommended treatment</b>	%	17.9	19.6	19.7	13.9	20.7	20.0	21.7	23.2	24.5	18.4
	95%CI	16.2–19.8	17.8–21.7	17.7–21.8	12.3–15.8	19.6–21.9	18.1–21.9	19.9–23.7	21.3–25.3	23.1–25.9	16.2–20.8
<b>Large financial burden</b>	%	10.0	10.8	14.0	10.1	14.0	13.4	11.1	11.9	12.5	8.8
	95%CI	8.7–11.5	9.3–12.4	12.3–15.9	8.8–11.7	13.0–15.0	11.9–15.1	9.8–12.6	10.5–13.5	11.5–13.6	7.3–10.6

Estimates are age standardised to the 2001 Census population for adults aged 18 years and over.

CI = confidence interval.

This Table relates to Figure 7-1.

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