



THE ORAL HEALTH OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Health outcomes for Aboriginal and Torres Strait Islander people are much worse than for the general population. Aboriginal and Torres Strait Islander people experience greater levels of disease and disability, die much younger and experience a poorer quality of life due to ill health.¹

For Indigenous males, life expectancy is 59.4 years compared to 76.6 years for non-Indigenous males. For Indigenous females, life expectancy is 64.8 years compared to 82.0 for non-Indigenous females. For all age groups, mortality rates for Indigenous Australians are almost three times higher than non-Indigenous Australians.²

Indigenous oral health

The oral health of Aboriginal and Torres Strait Islander people is consistent with their poor general health. In 2003–04, for example, there were approximately 2,000 hospital admissions for Aboriginal and Torres Strait Islander people due to oral conditions.³

Until the 1980s Aboriginal children were recognised as having better oral health than non-Aboriginal children. Today, average rates of tooth decay in Aboriginal children are twice as high as non-Aboriginal children.^{4,5} A recently published Western Australian study of pre-school children found only 26% of Aboriginal children were caries-free compared to 51% for non-Aboriginal children. The same study also showed that the average number of decayed, missing and filled teeth for Aboriginal children was 4.29 compared to 1.89 for non-Aboriginal children.⁶

During 1998–2000, tooth decay and the number of missing teeth doubled for Aboriginal adults aged 35–44 years, while the number of filled teeth grew three-fold. Complete loss of all natural teeth (edentulism) was higher for Aboriginal people of all age groups (16.2%) compared to non-Aboriginal people (10.2%).⁷

Contributing factors to poor Indigenous oral health

There are a range of factors that contribute to the poor oral health of Aboriginal and Torres Strait Islander people. These include:

1. Access to dental care – many Aboriginal and Torres Strait Islander people live in remote parts of Australia. In these communities there are fewer dental services

and people are required to travel further to obtain care.^{8,6}

2. Common risk factors – many diseases, such as heart disease, stroke, cancer, diabetes and dental caries, share common risk factors including smoking, poor diet, alcohol, stress, poor hygiene and trauma.^{9,10} Aboriginal and Torres Strait Islander people have higher rates of these health risk factors than non-Aboriginal people.¹

3. Social determinants of health – social exclusion, unemployment, stress and addiction are all factors that contribute to poor health, including poor oral health.^{11,12}

4. Changing lifestyle patterns – a change from a traditional diet (high in fibre and sugar and low in saturated fats) to one high in sugar, saturated fats and refined carbohydrates is reflected in the poor oral health

of Indigenous Australians. Additionally, access to fresh fruit and vegetables is particularly difficult for many living in remote communities.^{8,4}

5. Access to fluoride – fluoridation of drinking water has been shown to be a highly successful public health measure that prevents dental decay.¹³ Despite this,

rural and remote areas of Australia are less likely to be fluoridated than metropolitan areas, reducing access for many Aboriginal communities.⁸ In 2005, Armfield¹⁴ found that decayed, missing and filled teeth (dmft) in 5–6 year-olds was 47–75% higher in non-fluoridated areas compared to fluoridated areas.

ADA recommendations

• Immediate effort is required to reduce risk factors associated with the poor oral health of Aboriginal and Torres Strait Islander people.

• Steps are also required to improve diet, access to dental care and to increase access to fluoridated water supplies.

• Initiatives in the areas of Indigenous health should focus on the provision of primary care, particularly through the involvement of Aboriginal health workers. In the short to medium-term, this necessitates the need for Aboriginal health workers to receive oral health training which focuses on oral health promotion. In the long-term, additional vocational and higher education places should be set aside to increase the number of Aboriginal and Torres Strait Islander people working in oral health.¹⁵

“Immediate effort is required to reduce risk factors associated with the poor oral health of Aboriginal and Torres Strait Islander people.”



AUSTRALIAN DENTAL ASSOCIATION INC.

References

1. Australian Institute of Health and Welfare (2006) *Australia's Health 2006: The Tenth Biennial Health Report of the Australian Institute of Health and Welfare*, AIHW Cat. No. AUS 73, p. 221.
2. Australian Institute of Health and Welfare (2006) *Mortality Over the Twentieth Century in Australia: Trends and Patterns in Major Causes of Death*, AIHW Cat. No. PHE 73, p. 7.
3. Trewin D, Madden R (2005) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Australian Bureau of Statistics and Australian Institute of Health and Welfare, ABS Cat. No. 4704.0, AIHW Cat. No. IHW14.
4. Jamieson LM, Bailie RS, Beneforti M, Koster CR, Spencer AJ (2006) 'Dental self-care and dietary characteristics of remote-living Indigenous children', *Rural and Remote Health*, 6: 503.
5. Australian Research Centre for Population Oral Health (2003) *Oral Health of Aboriginal and Torres Strait Islander Persons*, DSRU Research Report No. 14, The University of Adelaide.
6. Kruger E, Dyson K, Tennant M (2005) 'Pre-school child oral health in rural Western Australia', *Australian Dental Journal*, Vol. 50, No. 4: 258-262.
7. Australian Research Centre for Population Oral Health (2003) *Oral Health of Aboriginal and Torres Strait Islander Persons*, DSRU Research Report No. 14, The University of Adelaide.
8. Martin-Iverson N, Phatouros A, Tennant M (1999) 'A brief review of indigenous Australian health as it impacts on oral health', *Australian Dental Journal*, Vol. 44, No. 2: 88-92.
9. Watt RG (2005) 'Strategies and approaches in oral disease prevention and health promotion', *Bulletin of the World Health Organization*, Vol. 83, No. 9: 711-718.
10. Sheiham A, Watt RG (2000) 'The common risk factor approach: a rational basis for promoting oral health', *Community Dentistry and Oral Epidemiology*, Vol. 28: 399-406.
11. Wilkinson R, Marmot M (2003) *Social Determinants of Health: The Solid Facts*, Second Edition, World Health Organization.
12. Australian Research Centre for Population Oral Health (2003) *Social Determinants of Oral Health*, AIHW Dental Statistics and Research Unit, Research Report No. 9, The University of Adelaide, Australian Institute of Health and Welfare.
13. Australian Dental Association (2005) 'The Public Health Benefits of Water Fluoridation', *National Dental Update*, November.
14. Armfield J (2005) 'Public Water Fluoridation and dental health in New South Wales', *Australian and New Zealand Journal of Public Health*, Vol. 29, No. 5: 477-483.
15. National Advisory Committee on Oral Health (2004) *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013*, A Committee Established by the Australian Health Ministers' Conference.