



## ACCESS TO RURAL ORAL HEALTH CARE

There are a number of ways to measure the accessibility of oral health services in Australia. On the demand side, income is a particularly important factor as research shows there is a relationship between low income and poor oral health.<sup>1,2</sup> On the supply side, the supply of the dental workforce is an important indicator of access, particularly for people living in regional, rural and remote parts of Australia. Recent research by Teusner<sup>3</sup> highlights the maldistribution of the dental workforce in Australia. As the table below indicates, there is a significant difference in the number of dentists working in capital cities compared to those outside metropolitan areas.

**Estimated practising dentists and dentists per 100,000 population by ASGC Remoteness Area of main practice location, 2001**

State/Territory	Practising dentists per 100,000 population				Australia
	Major city	Inner regional	Outer regional	Remote/ very remote	
NSW	57.0	33.6	18.1	11.1	49.0
VIC	52.4	28.4	22.8	0.0	45.7
QLD	55.7	39.8	34.2	10.6	45.9
SA	66.0	23.5	28.1	27.1	54.7
WA	55.8	32.0	34.9	17.7	48.0
TAS	n.a	39.2	9.6	0.0	28.2
NT	n.a	n.a	36.6	13.8	26.1
ACT	56.0	0.0	n.a	n.a	55.9
<b>AUSTRALIA</b>	<b>56.2</b>	<b>33.6</b>	<b>26.6</b>	<b>22.9</b>	<b>47.4</b>

Source: Teusner DN (2005) Geographic distribution of the dentist labour force, Australian Research Centre for Population Oral Health, Aust Dent J 50:119-122.

Previous research by Teusner and Spencer<sup>4</sup> has highlighted examples of areas where the number of dentists per 100,000 population is particularly low. These include:

- Central West New South Wales – 17.4 practising dentists per 100,000 population.
- Wimmera in Victoria – 23.6 practising dentists per 100,000 population.
- North West Queensland – 2.8 practising dentists per 100,000 population.
- Yorke and Lower North South Australia – 22.6 practising dentists per 100,000 population.
- Pilbara in Western Australia – 7.4 practising dentists per 100,000 population.

According to *Australia's National Oral Health Plan*,<sup>5</sup> the impact of workforce shortages means:

*"[M]any Australians access dental care, if it is available at all, only in emergencies or when advanced oral disease is present. This leaves little opportunity for preventive care and oral health promotion, and treatment tends to focus on extraction rather than restoration of teeth."*



**Contacts: Dr Bill O'Reilly, President Mr Robert Boyd-Boland, Chief Executive Officer**



## **ADA recommendations**

The Australian Dental Association (ADA) has taken a number of steps to highlight concerns about the lack of access to dental care in regional, rural and remote areas. The ADA has written submissions to parliamentary inquiries<sup>6</sup> and the Productivity Commission,<sup>7</sup> met with Federal parliamentarians, and participates in the rural leadership program. Most recently, the ADA has moved to fund scholarships for dental students in these areas.

The ADA recommends that the Commonwealth Government take the following steps to alleviate workforce shortages in regional, rural and remote parts of Australia:

- Create further scholarships for students from regional, rural and remote parts of Australia as one measure to address the maldistribution of dentists. Research suggests that students from regional, rural and remote areas are more likely to work in these areas following their graduation.<sup>8,9</sup>
- Create a moratorium or debt forgiveness on fee indebtedness for all dental graduates who in turn agree to provide their services in regional, rural and remote areas or in the public sector. The extent of the moratorium or debt forgiveness could reflect the period of time the dental graduate undertakes practice in those particular areas. The longer the period of guaranteed service in regional, rural or remote areas, the greater the moratorium or debt forgiveness.

## **References**

1. 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 Minister's Conference, pp. 27-29.
2. Spencer AJ (2004) *Narrowing the Inequality Gap in Oral Health and Dental Care in Australia*, Australian Health Policy Institute, The University of Sydney, p. 11.
3. Teusner DN (2005) *Geographic distribution of the dentist labour force*, Australian Research Centre for Population Oral Health, *Aust Dent J* 50:119-122.
4. Teusner DN and Spencer AJ (2003) *Dental Labour Force, Australia 2000*, Dental Statistics and Research Unit, Australian Institute of Health and Welfare, AIHW Cat. No. DEN 116, p. 57.
5. National Advisory Committee on Oral Health, *op. cit.*, p. 39.
6. Australian Dental Association (2005) *Submission to the Department of Education, Science and Training: Building University Diversity: Future Approval and Accreditation Processes for Australian Higher Education (Issues Paper)*, St Leonards.
7. Australian Dental Association (2005) *Submission to the Productivity Commission's Health Workforce Study*, St Leonards.
8. National Advisory Committee on Oral Health, *op. cit.*, p. 41.
9. Azer S, Simmons D and Elliot S (2001) *Rural training and the state of rural health services: effect of rural background on the perception and attitude of first-year medical students at the University of Melbourne*, *AJRH* 9:178-185.