



AUSTRALIA'S NATIONAL ORAL HEALTH PLAN 2004-2013

Part 4 – Groups with particular oral health needs

Previous editions of the *National Dental Update* (August, October and November 2004) have reported on *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013*.

This edition examines the oral health needs of particular groups identified in *Australia's National Oral Health Plan* including children and adolescents, older people, low income and socially disadvantaged groups, people with special needs, and Aboriginal and Torres Strait Islander peoples.

Children, adolescents and young adults

The oral health of Australian children ranks second best amongst OECD countries.¹ Despite this, research shows that after many years of improvement, child oral health is beginning to decline. Deciduous decay across children of all age groups increased during the period from 1996-1999. (This followed a fall in rates of decay from 1991-1996.) The trend since 1996 was most significant for five year olds who experienced a 21.7% increase in deciduous decay.²

Beyond the age of 12 years, the oral health of Australian children declines. Research shows:

- Dental caries increases four-fold between the ages of 12-21 years.³
- Public dental patients between 18-24 years of age have an average of five teeth with untreated decay.⁴
- A Queensland study found almost 20% of dentate adults between 18-29 years experienced toothache the previous month.⁵

Older people

The number of older Australians who retain their teeth and the number of teeth being retained is growing.⁶ Despite this, periodontal disease and oral cancer is more common for older people.⁷ Furthermore, tooth loss and disease are higher for older people who are functionally dependent compared to those living independently in the community.⁸

Low income and socially disadvantaged groups

People from socio-economically disadvantaged groups rate their oral health poorer than more advantaged groups. Disadvantaged groups report more tooth loss and more problems with their teeth, mouth or dentures than advantaged groups.⁹ People on low-incomes without private health insurance are 25 times more

likely to have their teeth extracted than high-income people with private health insurance.¹⁰

The poor oral health of socially disadvantaged groups is exacerbated by poor access to public dental care. The ADA estimates there are over 600,000 people on public dental waiting lists throughout Australia.¹¹

People with special needs

Australia's National Oral Health Plan makes the point that people with special needs (such as those with psychiatric and intellectual disabilities) experience higher levels of oral health disease and poorer access to care than the general population. For many people with special needs, socio-economic disadvantage adds to their risk of oral disease and difficulties in accessing dental care.¹²

Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples are identified by *Australia's National Oral Health Plan* as a group with particular oral health needs.

According to the Australian Institute of Health and Welfare:¹³

"Aboriginal and Torres Strait Islander children have more than twice the caries rates of non-Indigenous children in the deciduous dentition. Dental caries in the permanent dentition among 12-year-old Indigenous children is almost twice that of non-Indigenous children. Dental caries rates in Indigenous children seem to be increasing."

For Aboriginal and Torres Strait Islander adults, the Australian Health Ministers' Advisory Council¹⁴ has reported that "some 16.3 per cent of Australia's Indigenous population is edentulous compared to 10 per cent of the non-Indigenous population".

Conclusion

Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013 has the potential to act as a key framework to guide the planning and delivery of oral health care in Australia. The ADA believes it is imperative that governments, the dental profession and the broader community work together to ensure that the oral health needs of the particular groups highlighted in this edition are addressed. By doing so, Australia has a greater chance of meeting the population health objectives set out in the Plan.

"Australia's National Oral Health Plan has the potential to act as a key framework to guide the planning and delivery of oral health care in Australia."

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