

Oral health of adults in the public dental sector

A new report published by the Australian Institute of Health and Welfare, *Oral health of adults in the public dental sector*, shows that public dental patients have significantly worse oral health than the Australian population. The higher prevalence of an inadequate dentition and the increased presence of decayed teeth and periodontal pockets suggest that this low income group's disadvantage in oral health status is related to lower socioeconomic status and ability to access dental services. This has been the case for some time now.

The report, based on the Adult Dental Programs Survey (ADPS), provides information on the oral health of patients attending for public dental care in Australia. While there are variations among States and Territories in details of eligibility criteria, dental patients sampled were eligible primarily because they had one of the following entitlement cards: Health Care Card, Health Benefits Card or Pensioner Concession Card.

All Australian States and Territories provide public dental services. These services are largely provided by publicly employed dentists in government clinics (often associated with hospitals or health centres) at minimal or no cost to the patient. Public clinics provide access to a restricted level of care and generally do not include all aspects of dental treatment. Limited resources and small numbers of public dental clinics remote from population growth centres restrict access to government-funded care for many disadvantaged Australians.

There are currently a large number of people waiting for general dental care at public dental services. While waiting times for emergency dental care are short, for general dental care they vary and can be extensive.

A summary of findings is as follows:

Public dental patients: oral health compared with Australian population

- *Public dental patients were much more likely than the Australian population in general to have fewer than 21 teeth – 35.3% of public dental patients attending for emergency care, and 38.6% of those attending for general care, compared with 11.4% for the Australian population.*
- *The prevalence of dental decay was also higher for public dental patients – 49.9% of those attending for emergency care and 42.2% of those attending for general care, compared with 25.5% for the Australian population.*
- *Public dental patients were more likely to have periodontal pockets of 4mm+ – 24.4% of emergency care patients and 30.5% of general care patients, compared with 19.8% for the Australian population.*

(A full copy of the report (Brennan DS 2008. *Oral health of adults in the public dental sector*. Dental statistics and research series no. 47. Cat. no. DEN 192. Canberra: AIHW) can be viewed at www.arcpho.adelaide.edu.au/publications/report/statistics/pdf_08/adult_47.pdf)

ADA comment

Dr Neil Hewson, Federal President of the Australian Dental Association said, "The findings in the report are reflected by the impact of a poorly resourced public dental sector including dental workforce shortages. In 2005, 83% of the 10,074 practising dentists worked in the private sector¹. A maldistribution of dentists is a contributing factor that makes timely and affordable access to dental treatment a difficult proposition for many Australians.

"The public sector needs much better funding in order to retain dentists by providing improved working conditions and careers. Also, more funding is needed to improve and expand public dental infrastructure and ensure that payments for treatment to public and private clinics are regularly increased in line with costs. Further, all spheres of governments in Australia should work together to ensure the various Federal, State and Territory public dental schemes are uniform and compatible.

"The Blame Game must stop and it is now time for federal dental plans to be delivered to those most who are most disadvantaged. An impasse seems to have been reached between the Federal Senate which wishes to retain the Medicare Enhanced Primary Care Scheme and the ALP's call for the introduction of an ill-defined and underfunded Commonwealth Dental Health Program². An effective compromise between the conflicting positions espoused would be to accept the ADA's long-held recommendation to **limit eligibility of federal dental schemes to financially disadvantaged Australians**. This would prove to be an effective way to not only provide many more Australians with access to dental care, but would also help alleviate the dire position of the States and Territories in relation to their substantial public dental waiting lists, with an average waiting time of 27 months."

References

1. AIHW Dental Statistics and Research Unit Research Report No. 33, *Dentist labour force in Australia, 2005*.
2. Through which patients with chronic illnesses can be referred by their medical GP for dental treatment covered by Medicare.