

Oral health in Australia



A growing health concern which starts early

Oral diseases such as dental caries are some of the most common and expensive health problems experienced by Australians¹

Tooth decay in Australian children has been on the rise since the 1990s², with recent figures indicating that 40% of five year olds experience tooth decay.³ It is this poor oral health and hygiene in childhood which often set the foundation for oral health issues in adulthood, and so the problem becomes even more widespread in the adult population. For example, recent data shows us that 90% of Australian adults have signs of both treated and untreated dental decay.⁴ Despite this, research shows that only two in three people aged five and older have visited a dentist in the past year.⁵ The current system is geared towards late-stage or acute intervention, meaning that patients seek treatment once their symptoms become severe. As a result, more than 63,000 Australians are hospitalised for preventable dental conditions⁶ each year.



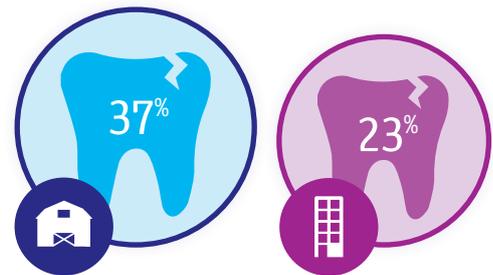
Barriers to treatment and gaps in the system

Particular populations with restricted access to dental care tend to have poorer levels of oral health. Indigenous, low income, older people, people with a disability, rural & remote, and some culturally and linguistically diverse people experience higher rates of oral disease⁷ than the wider population.

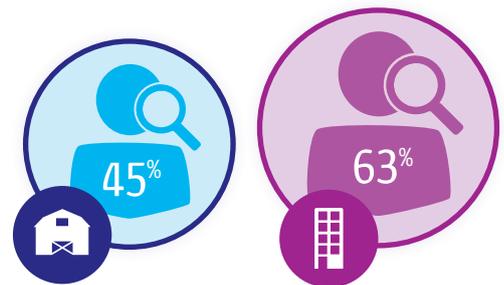
Cost is also a barrier for many families. While State, Territory and Federal Governments and private health insurers contribute to dental care services, individuals still fund the majority of treatment costs, with patients covering three in every four dollars spent.⁸ As a result more than 30% of Australians delay or avoid dental treatment because they can't afford it.²

There can be significant differences between States' and Territories' oral care funding and service models resulting patients experiencing a very different service and quality of care and oral care education depending on their location. With no consistent, Australia-wide approach to dental treatment or oral care education, the current system results in duplication, fragmentation and delivery gaps. Across the country, patient outcomes remain low in comparison to the level of investment in care.

Access to oral health



37% of adults in rural areas have untreated tooth decay, compared to 23% of adults in major cities⁹



Regional disparity is directly related to availability and access – 45% of rural Australians visited a dentist each year compared to 63% of their city cousins⁹



¹Oral Health Monitoring Group, Australian Health Ministers' Advisory Council. *Healthy mouths healthy lives: Australia's National Oral Health Plan 2015-2024*, 2014.

²Australian Institute of Health and Welfare 2014. "Oral health snapshot 4.13", *Australia's health 2014*.

³Centre for Oral Health Strategy NSW. *The New South Wales Child Dental Health Survey 2007*.

⁴Standing Committee on Health and Ageing. *Inquiry into Adult Dental Services in Australia: Bridging the Dental Gap: Report on the inquiry into adult dental services*, 2013.

⁵Australian Institute of Health and Welfare. *Dental and Oral Health*. Accessed at <http://www.aihw.gov.au/dental-and-oral-health/>

⁶Australian Institute of Health and Welfare. *Australian hospital statistics 2012-13*.

⁷Australian Greens. *Denticare Initiative*. Accessed at <http://greens.org.au/initiatives/vic/denticare>

⁸Australian Institute of Health and Welfare. *The Cost of Dental Care*. Accessed at <http://www.aihw.gov.au/dental/cost/>

The current system: ill-equipped to manage oral health as a lifestyle disease

The current service model and funding for public dental care is designed for acute or primary care, focusing on treatment for serious dental issues rather than delivering educational and preventative initiatives.¹⁰ This focus on primary and acute care leads to a prevalence of expensive and invasive treatments, as well as avoidable hospitalisations, all at a high a cost to both the public health system and the individual patient's quality of life. By focusing on treatment rather than education and prevention, the current model of care cannot fully engage with the lifestyle and broader health issues affecting oral health.

Lifestyle and diet have a significant impact

The prevalence of dental caries (tooth decay or cavities) in the adult population has been on the increase since the 1990s¹¹ with recent figures indicating that 90% of adults show signs of both treated and untreated tooth decay.¹² Today, our diets tend to include carbohydrate-dense foods along with higher levels of sugar and acid, all of which increase a person's risk of poor oral health. Our busier lifestyles also have an impact on dental hygiene – more foods and beverages are now consumed on the run, with people snacking four times as much as they did 10 years ago. In these situations, brushing isn't always possible and this can have a substantial, cumulative impact on an individual's oral health.

In recognition of these changing lifestyle habits, there is growing support from a number of stakeholders for adopting the preventative and disease management approach applied to lifestyle diseases like diabetes.* Just as ignoring the diet and lifestyle factors of a person with diabetes can lead to a gangrenous leg and ultimately an amputation and prosthesis, untreated dental caries can lead to surgical removal of teeth which can affect a person's diet, nutrition and systemic health.

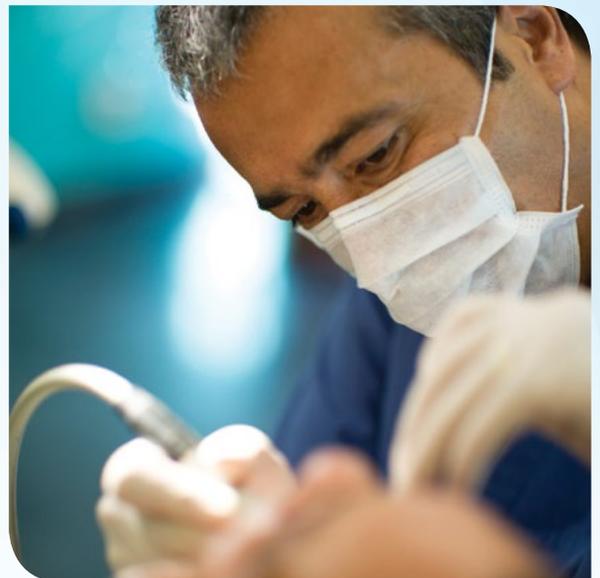


A shift in approach

Preventative and minimal intervention dentistry are emerging approaches to oral healthcare that are gaining support from clinicians and academics alike. These approaches prioritise education and the prevention and management of lifestyle factors early on to limit a patient's risk of developing oral diseases and other associated health problems.

While treatment continues to play an important role in the delivery of dental care in Australia, the emerging preventative paradigm promises the potential of high cost savings and better health outcomes for the individual and the healthcare system.¹³

*A recent study into the implementation of a minimal intervention and preventative approach by Denmark's Odder Municipal Dental Service¹⁴ yielded promising results. Over a seven year period (2005-2012), the incidence and severity of caries among adolescent populations dropped significantly and qualitative outcomes relating to patient satisfaction soared to 97%.



The economic impact of Australia's poor oral health

-  After medication, dentistry is the second highest medical expense for Australians and a major cost to the public health sector
-  In the period 2012-2013 Australia spent \$8.71 billion on dental care, up from \$5.95 billion in 2004-2005. This represents 6% of all healthcare spending¹⁴
-  Public expenditure on dental care continues to increase as the scale of the oral health problems in the population grow each year
-  Oral conditions are the second most expensive disease group to treat¹⁵ just behind cardiovascular conditions

⁹Royal Flying Doctor Service. *Filling the Gap Disparities in oral health access and outcomes between major cities and remote and rural Australia*, 2015.

¹⁰Prof. Calache, Hanny, Interview with Arli Miller, phone (Sydney), 22 March 2016.

¹¹Australian Institute of Health and Welfare, *Oral health and dental care in Australia Key facts and figures trends 2014*. Accessed: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548452>

¹²Standing Committee on Health and Ageing. *Inquiry into Adult Dental Services in Australia: Bridging the Dental Gap: Report on the inquiry into adult dental services*, 2013.

¹³Calache, Hopcraft & Martin, 2014, Accessed: <http://onlinelibrary.wiley.com/doi/10.1111/adj.12046/full>

¹⁴Oral Health Monitoring Group, Australian Health Ministers' Advisory Council. *Healthy mouths healthy lives: Australia's National Oral Health Plan 2015-2024*, 2014.

¹⁵Australian Institute of Health and Welfare. *Australia's Health 2014*.

¹⁶Fejerskov, O et al. "A functional natural dentition for all – and for life? The oral healthcare system needs revision" *Journal of Oral Rehabilitation* 2013.