

# Access to Oral Health Care - One International Perspective

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**Professor and Dean**

Presented to NOHC  
Pittsburgh, May 2005



# Outline of this Presentation

- Australian Reality and Context
- Oral Health Care in Australia
- Access Issues in Australian Dentistry
- Narrowing the Inequality Gap
- Future Challenges

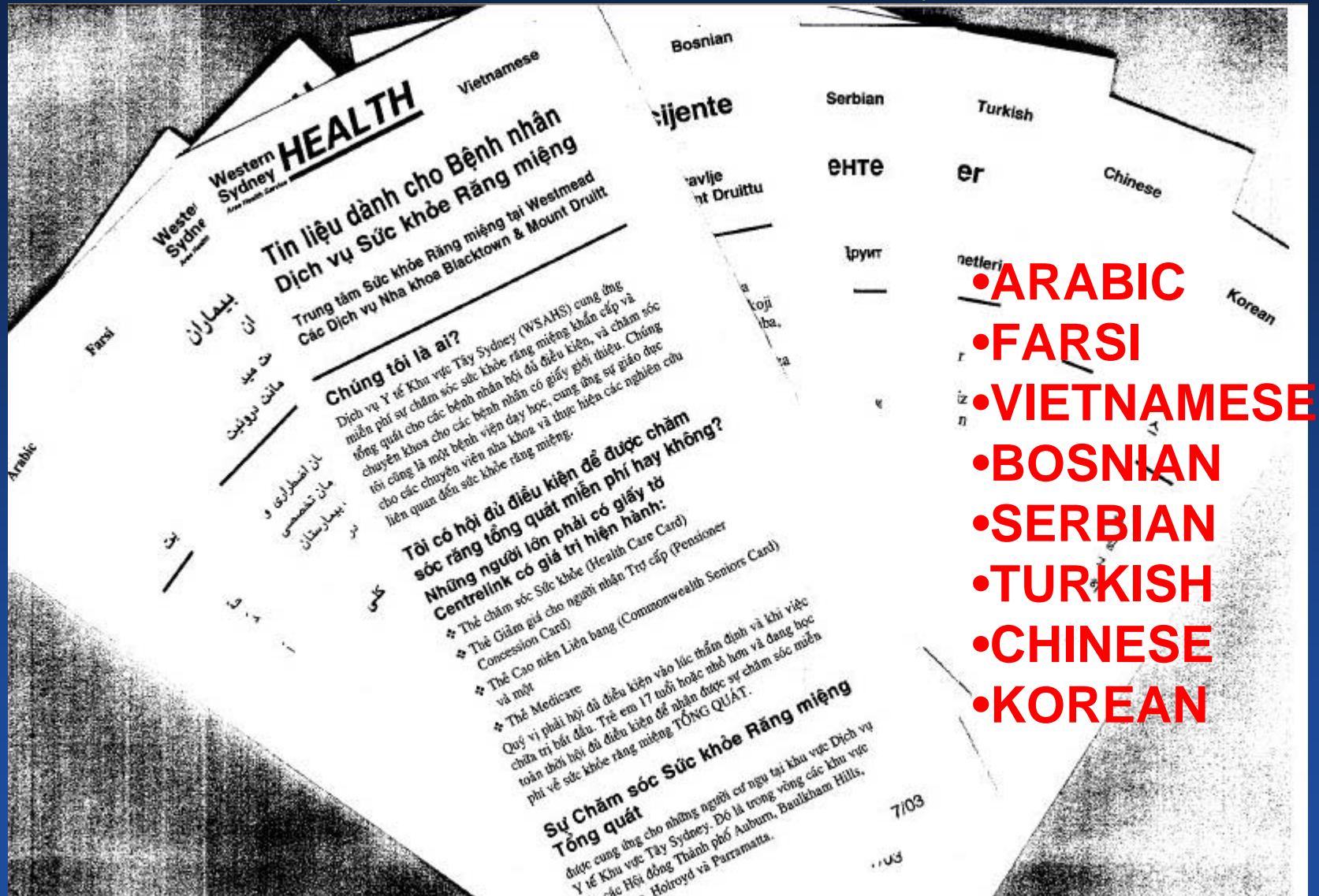




# AUSTRALIA POLITICAL



# Population Diversity

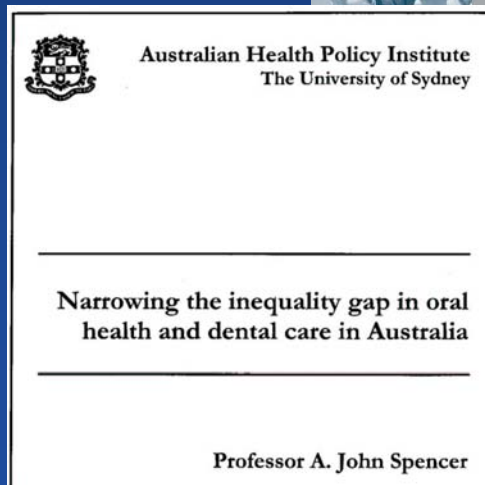


- ARABIC
- FARSI
- VIETNAMESE
- BOSNIAN
- SERBIAN
- TURKISH
- CHINESE
- KOREAN

# Oral Health of Australians: National Planning for Oral Health Improvement: Final Report, AHMAC 2001

## Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2004-2013, NACOH 2004

## Spencer J. Narrowing the Inequality Gap in Oral Health and Dental Care in Australia, AHPI, U of Sydney 2004 AIHW-DSRU publications





- Oral health, like general health, has improved dramatically in recent decades ....
- However, *not all* Americans are achieving the same degree of oral health .....  
What amounts to “a silent epidemic” of oral diseases is affecting our most vulnerable citizens ..

Surgeon-General's report on oral  
health, 2000

- Australians have made substantial gains in oral health, particularly in the reduced caries experience of children....
- Despite the reduction in decay experience in children and tooth loss in adults, oral diseases and disorders remain prevalent and a substantial burden on the Australian population....

Oral Health of Australians, 2001

"The quality of life of several million low-income Australians is destroyed by repeated bouts of pain and infection. The final years of older people are made miserable for want of simple preventive dental care. This is clearly attributable to the lack of access to affordable and timely dental treatment which remains out of the reach of many Australians - half a million people are waiting between 8 months and 5 years for public dental care".

Dr Peter Sainsbury, Public Health Association of Australia,  
January 2004





# The Sydney Morning Herald

First published 1831 No. 52,236 \$1.2

Tuesday February 15, 2005

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## Dental crisis exposes great divide

A HERALD INVESTIGATION

- Little help for those most in need
- Sufferers resort to home remedies

Jonathan Pearman  
and Gerard Ryle

Public dental health in NSW is in a state of serious neglect, with some patients waiting eight years for attention, and the number of children needing hospital treatment doubling over the past decade.

There are only about 240 public dentists to cater for more than 2.5 million health card holders, children and the elderly. This compares with more than 3000 private dentists to treat the rest of the population.

Poor oral health has been linked to diabetes, strokes, cancer and low-birthweight babies. But NSW spends less per person on public dental health than any other state, according to figures compiled by the Herald.

Oral health has declined since the Federal Government withdrew its funding for public dental programs after the 1996 election. Unlike some other states, NSW did not make up the shortfall.

Wealthier people receive higher public subsidies for dental treatment than those on low incomes. This is because the Federal Government's private insurance rebates exceed the state's spending per person on public care.

Out of frustration, some public

position, said the budget of \$305 million a year was "four or five times" less than he needed.

"There is a significant proportion of the population with really bad oral health," he said. "We would like to at least offer treatment to every single school child in that range. I don't think we are doing it at the moment."

Private dental practices are skewed to wealthier areas. There is one dentist for every 1400 people in Sydney's north and east. In some regions, it is one for every 5000.

Public clinics have vacancies for dentists in almost every part of NSW, and some are unable to fill up to 20 per cent of positions. Despite the shortage, the state's only dental school, at the University of Sydney, has halved the number of places in the past 20 years due to funding cuts.

John Spencer, professor of social and preventive dentistry at Adelaide University, said the lack of funding had created a huge divide between rich and poor. "You're mopping up advanced level decay and people with considerable pain and serious infections. What these people go through is repeated cycles of emergency care with teeth extracted."

Figures supplied by the NSW



Not long now ... Kalissa McMahon with her father, Errol Carval, at Westmead Hospital before she went under general anaesthetic to have four teeth removed and two capped. Photo: Ben Reardon

After a year in pain, Kalissa's tooth fairy finally arrives

**HERALD POLL**  
Two-party preferred

Labour 43%



Mark Matheson

Beazley PM? Not yet, but narrow

Mark Matheson  
Political Correspondent

Kim Beazley has made his name in the Labor and out of it.

The latest in the gap between the two-party preferred and Labor's percentage.

Beazley remains Labor's best bet. His return has received approval from Minister, John

last month after rounding the Mark Latham. Labor's standing with 46 per cent, a October's slice of five percent month's poll, Beazley was a

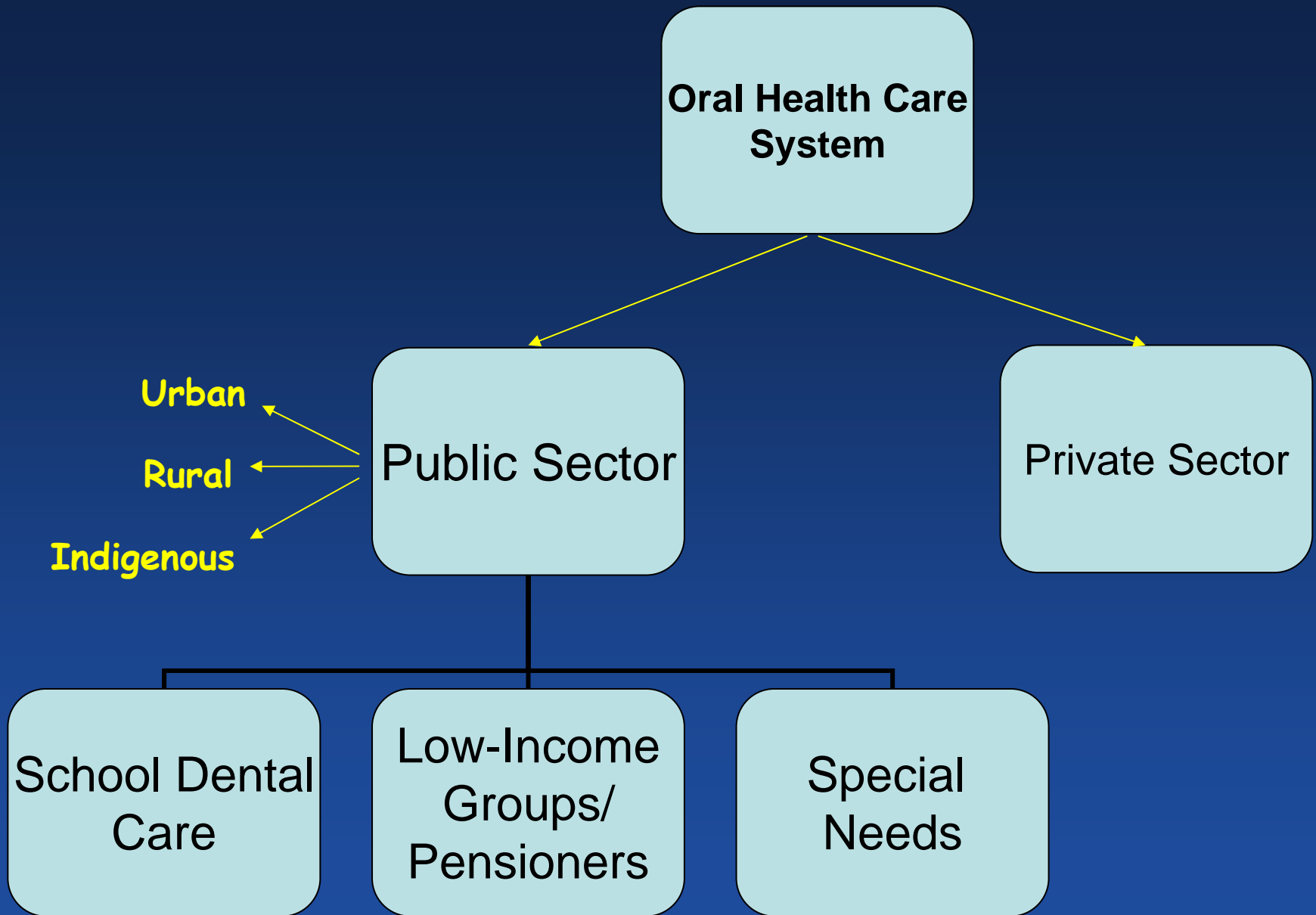
February 15, 2005

Faculty of Dentistry



The University of Sydney  
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# Oral Health Care System



# Medicare - Australia's Universal Health Care System Excludes Dentistry

Governments in Australia have generally displayed little interest in funding dental care....

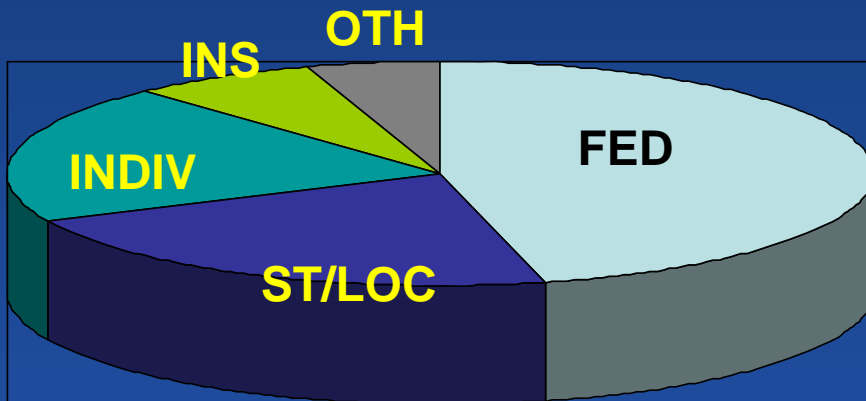
the dental profession has consistently believed its interests to be best served by staying well clear of government subsidies....

Lewis, 2000



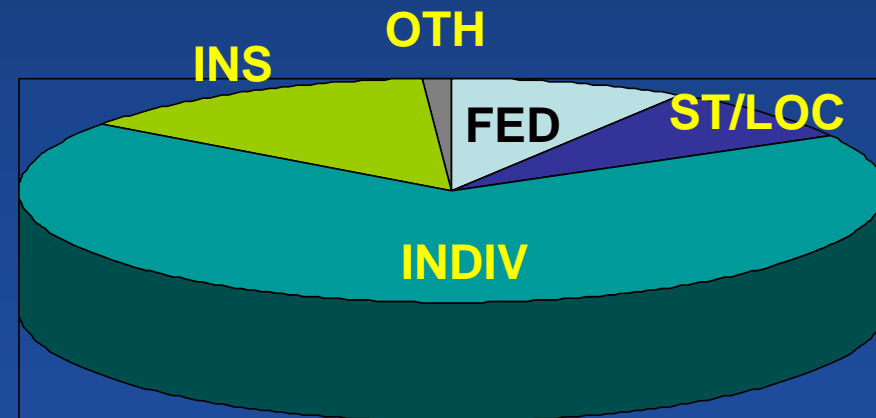
# Expenditure by Source for Health and Dental Services

## Health Services



## Dental Services

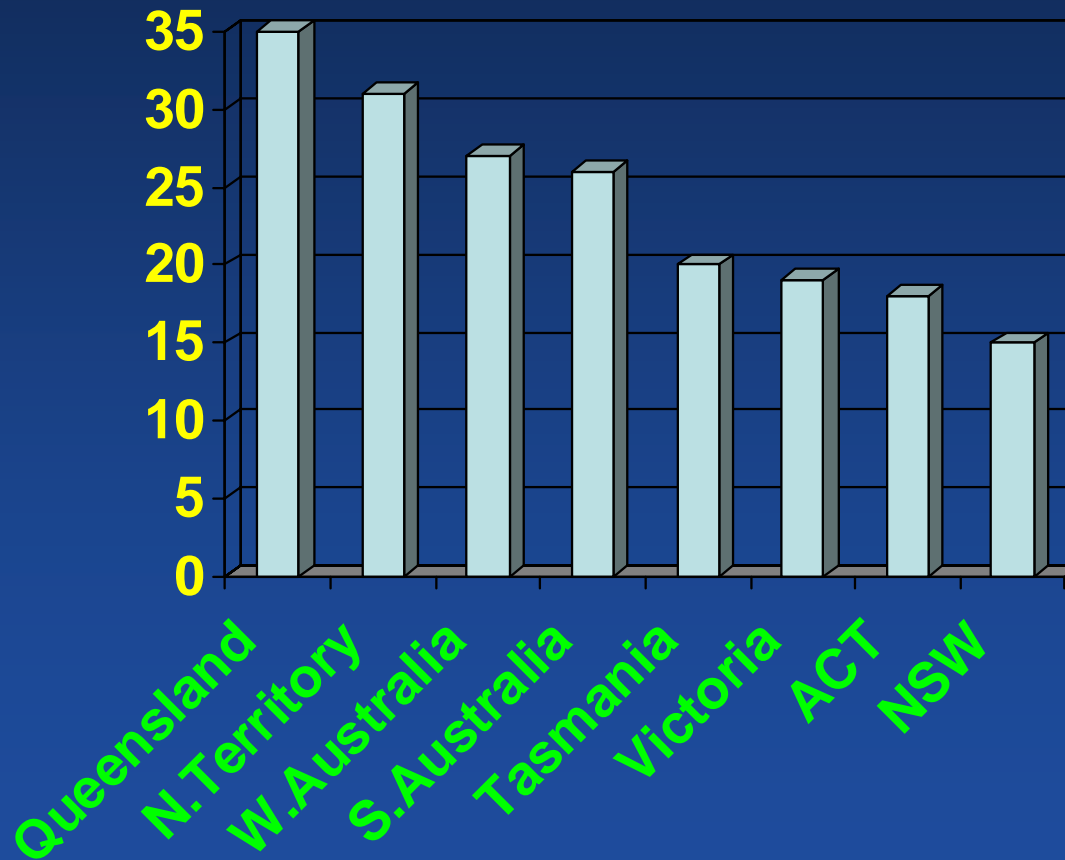
A\$ 4.4Bill.=6.4% of H.Ex.



Health Expenditure Australia 2002-03, AIHW



# State Dental Expenditure Per Capita (A\$)



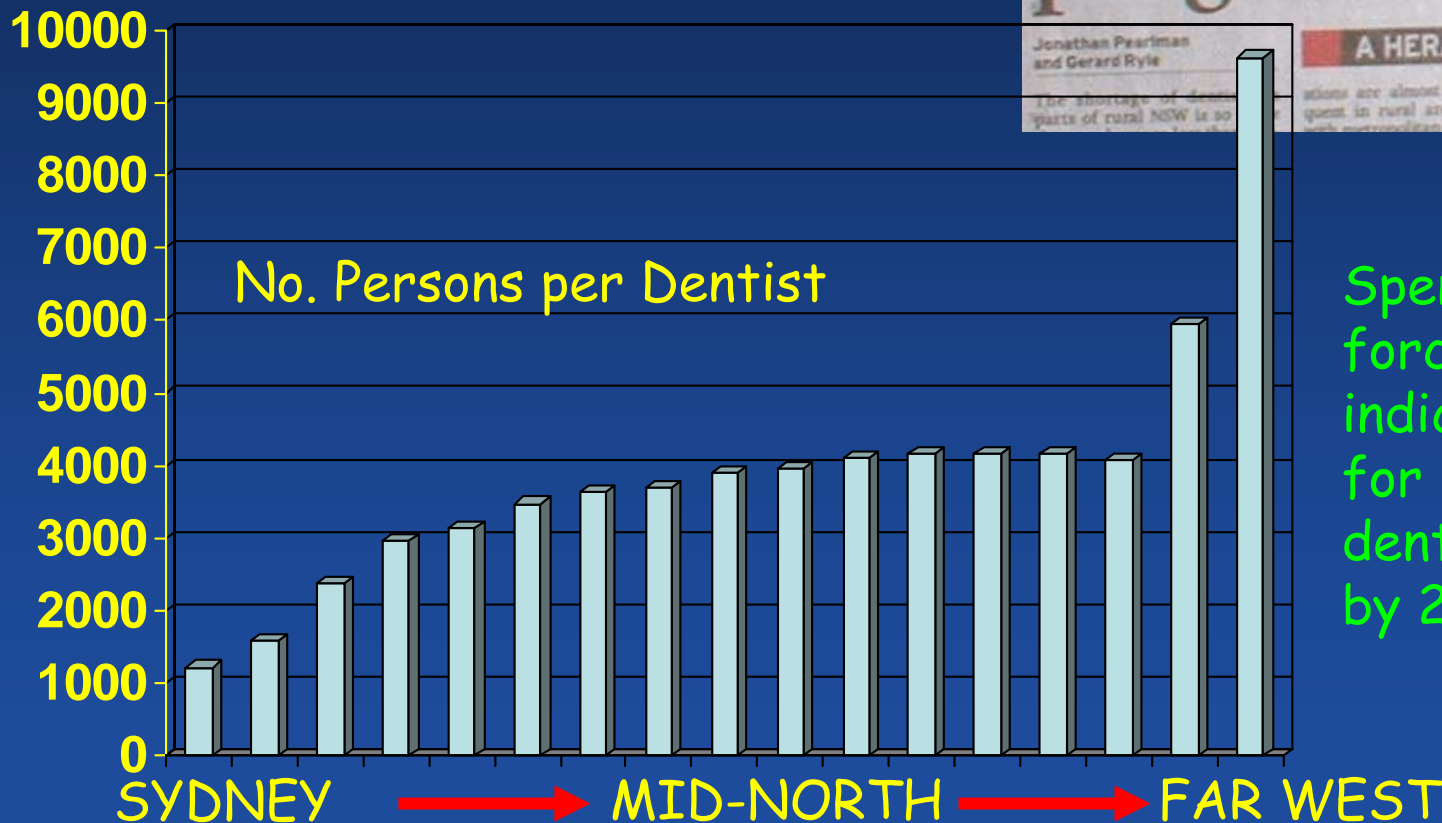
# NSW Oral Health Workforce

- *Private Sector*
  - >3500 Dentists
  - >400 Prosthetists
  - >60 Hygienists
  - >420 Specialists
- *Public Sector*
  - >250 Dentists
  - >190 Dental Therapists
  - >30 Specialists

Population ~ 6 mill.  
of which ~ 50% eligible for  
public dental care



# Access - Availability of Dentists - New South Wales



Spencer's labor force analyses indicate a need for 1500 additional dental providers by 2010...

# Utilization of Child Services versus Total Children Eligible, 2003

0-4 Years	5-9 Years	10-14 Years	15 Years & Over
11440	59,388	43,442	12,846
422,266	445,853	444,977	436,627

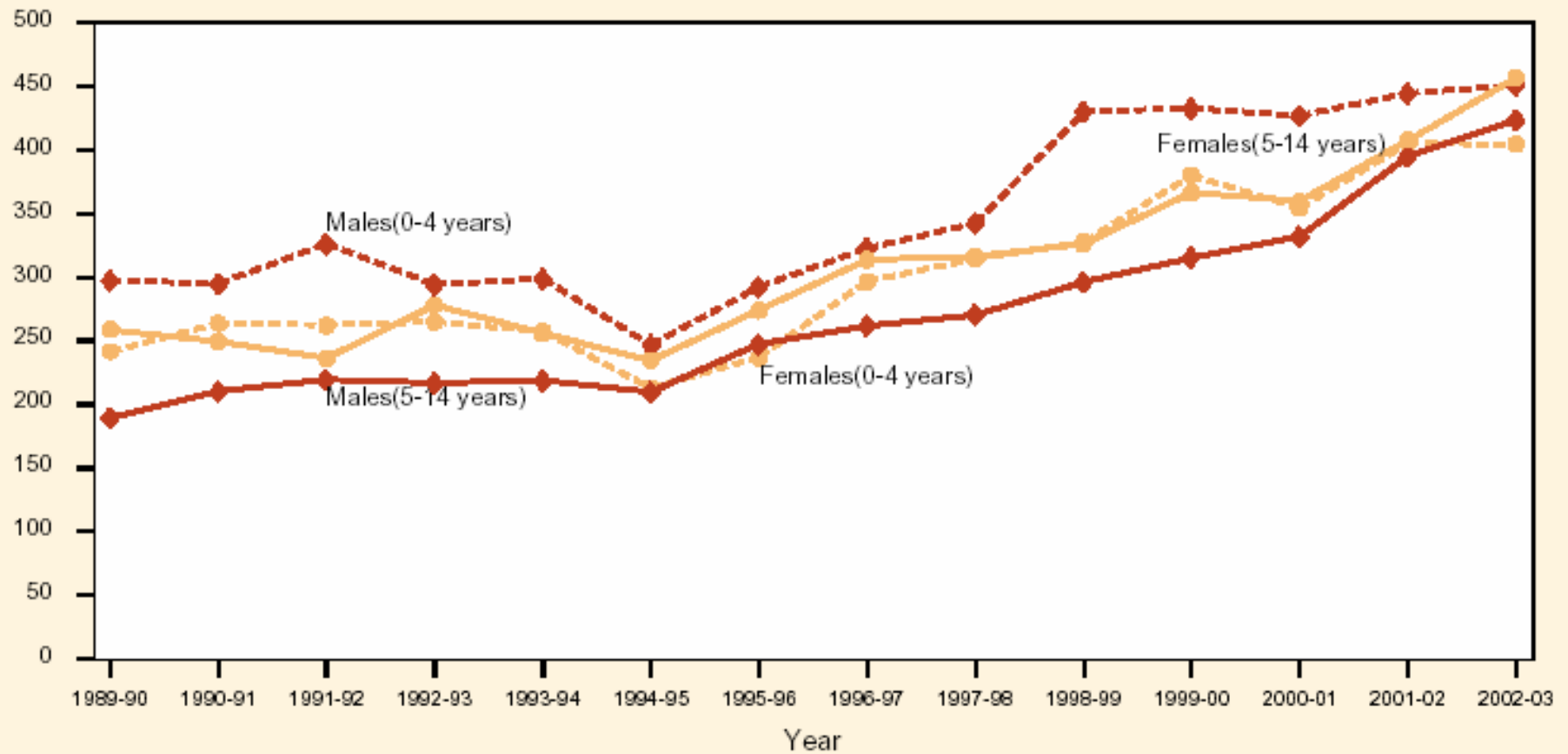
NSW Health

- Approx 65% of children reportedly access dental care privately in the NSW Child Health Survey, 2001



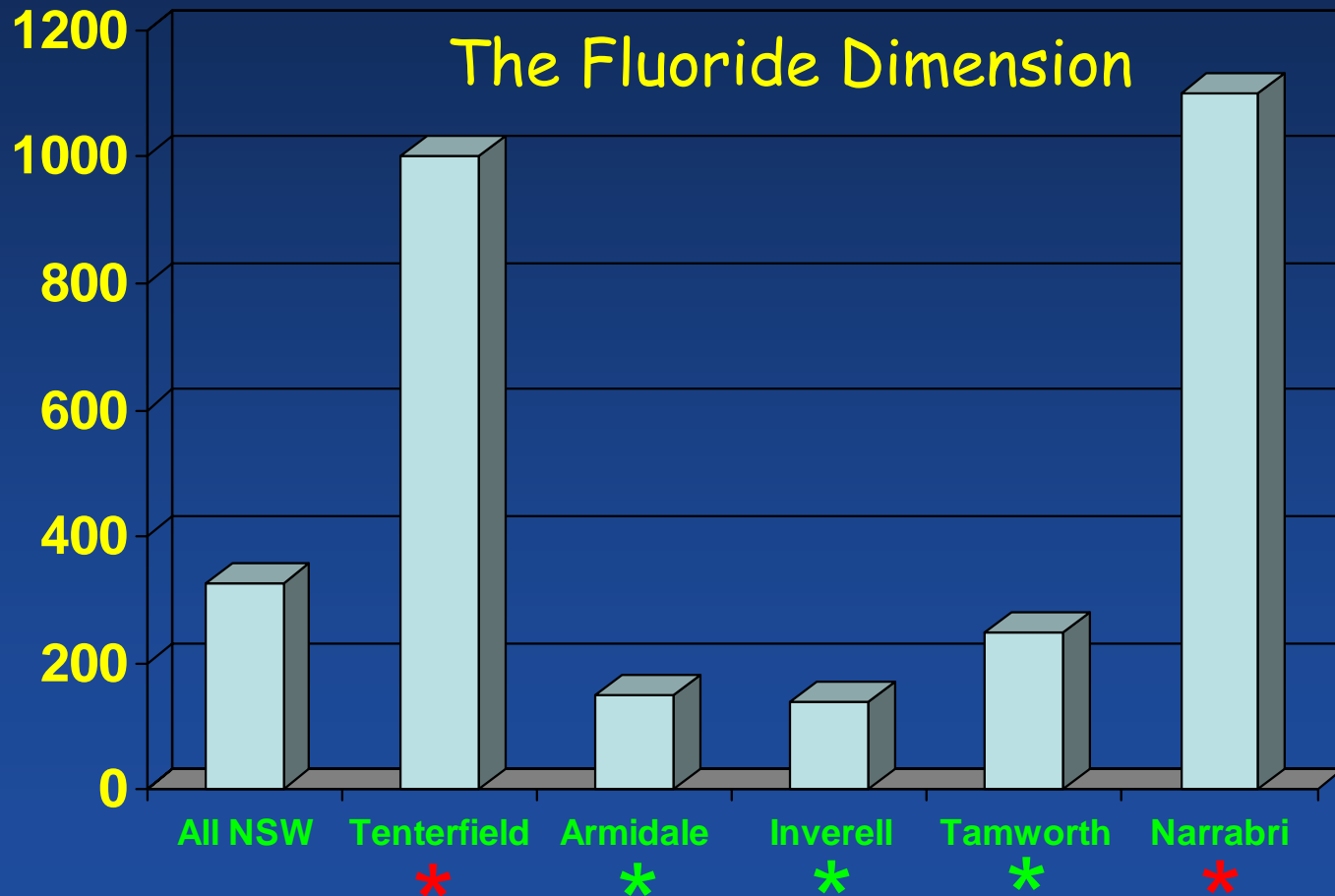
## Hospital separations for removal and restoration of teeth by sex, children aged 0-4 and 5-14 years, NSW 1989-90 to 2002-03

Rate  
per 100,000 population

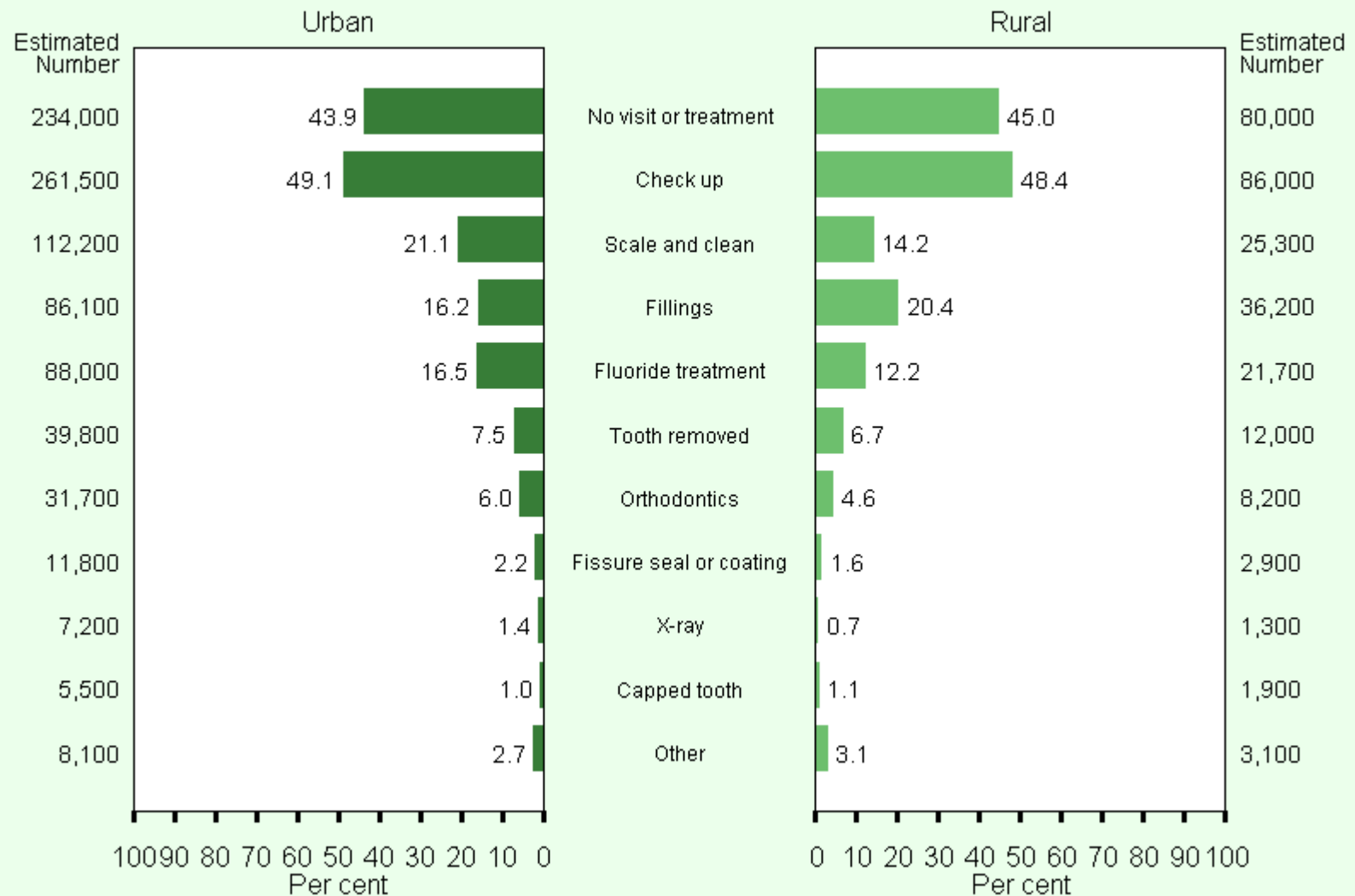


# Hospital Separations for Removal and Restoration of Teeth, NSW 0-4 Yr-olds

Per 100,000 Pop.



# Dental visits and treatments in past 12 months, by urban-rural health area of residence, children aged 5-12 years, NSW 2001



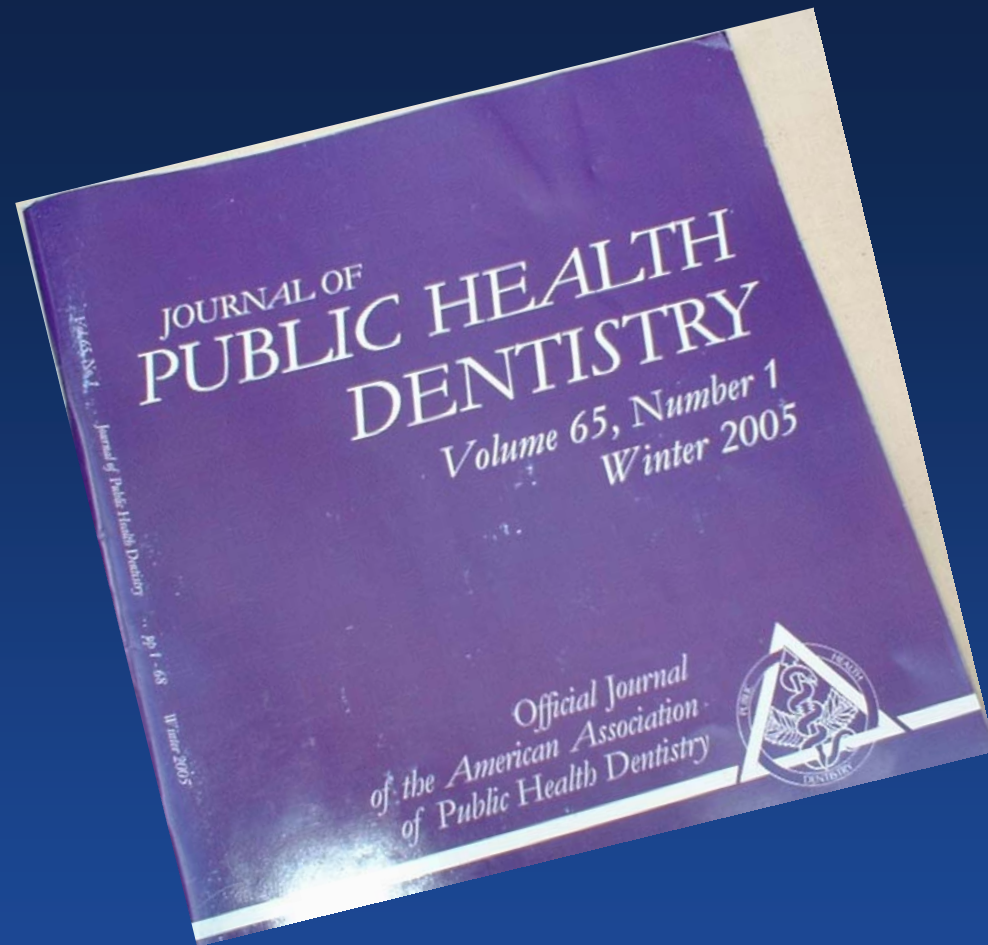
# Chasm in Access to Dental Care - Adults

PERFORMANCE INDICATOR	AFFLUENT	HEALTH CARD HOLDERS, PP
Perceived need for treatment	32	53
Experienced a toothache <12m	8	27
Visited dentist 5+ yrs ago	5	11
Last visited for a problem	41	74
Avoided/delayed due to cost	17	41
Waited >6m for appointment	0.4	31
Cost prevented rec. treatment	8	22
Received Xtractions <12m	12	43
Received fillings <12m	40	54

Spencer 2004







**Nash DA. Developing and Deploying a New Member of the Dental Team: A Pediatric Oral Health Therapist.  
Journal of Public Health Dentistry 2005;65:48-55**



# Evolution of New “Dental Team” Member

Dental Therapist )

Dental Hygienist )



**Oral Health Therapist**

Oral health education and promotion

Dental Hygiene

Dental Therapy

*(In Victoria, Queensland and South Australia Dental Therapists can work in private practice)*

After Dennison 2005



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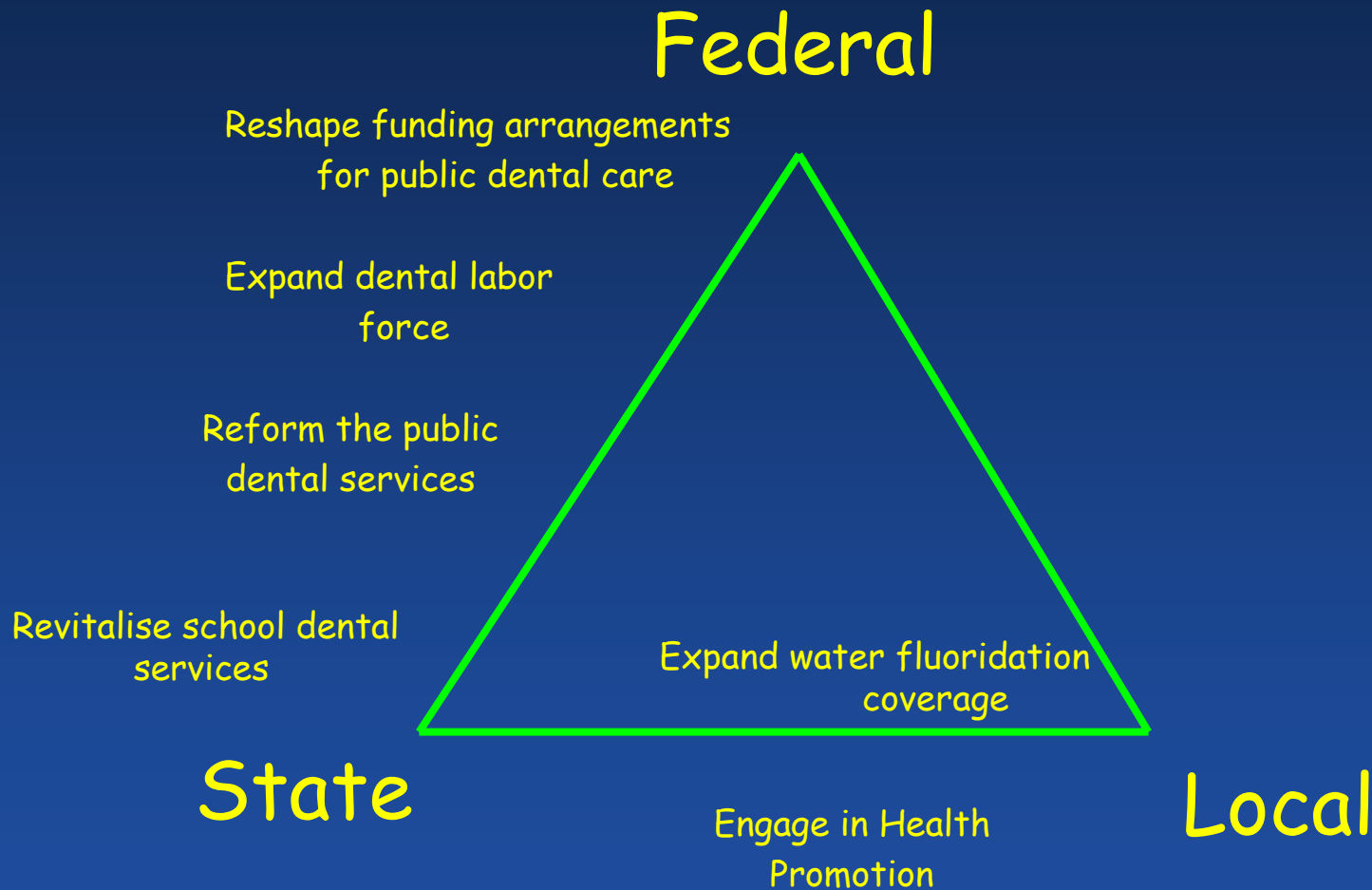
# Oral Health Challenges in NSW

- Managing the shift in focus from treatment services to prevention, promotion & early intervention
- Funding - investment and disinvestment
- Managing community expectations
- Workforce - appropriate mix & number, treatment philosophies of clinicians

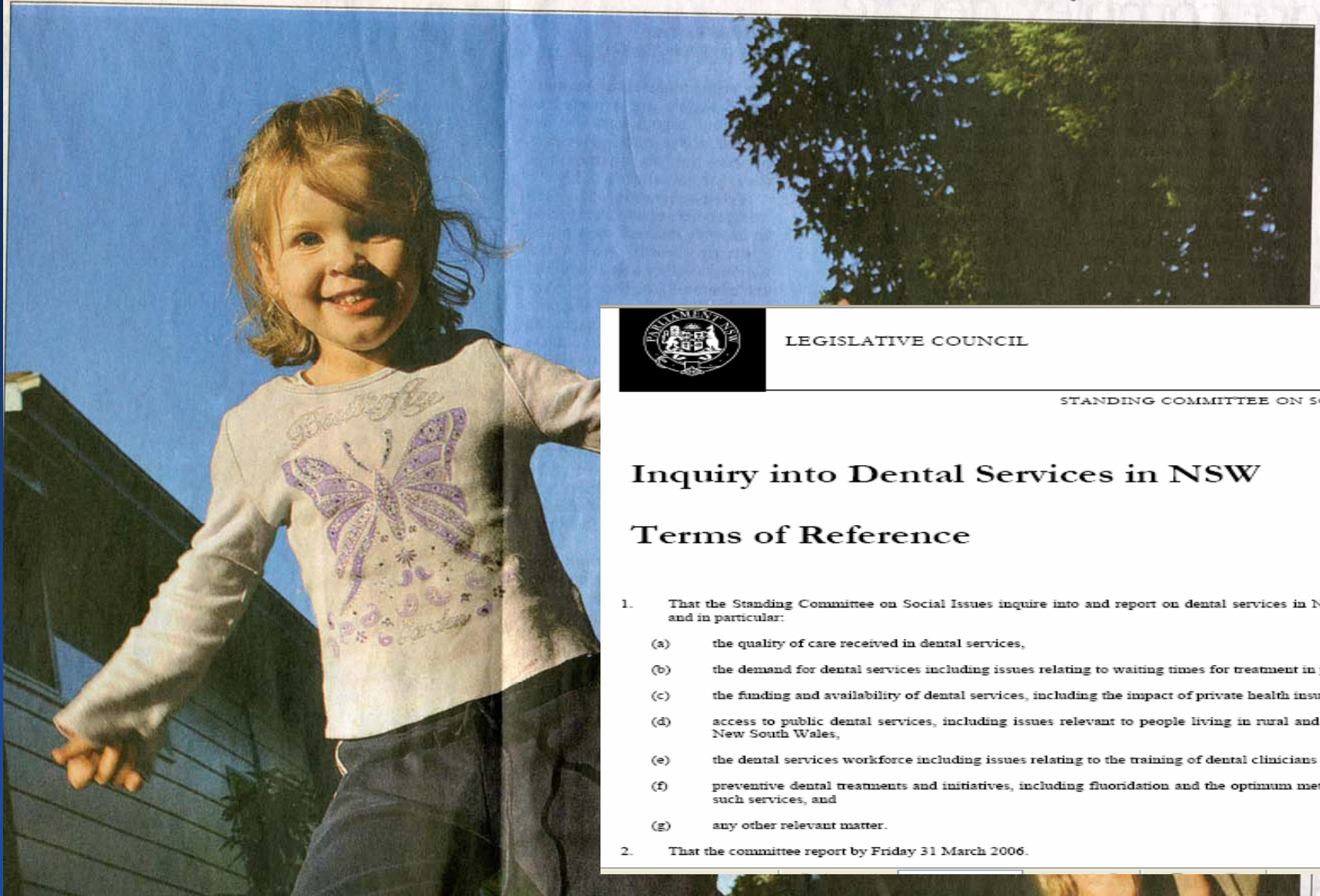
Robinson 2005



# Narrowing the Inequality Gap



# Painful road ends as dental inquiry called



LEGISLATIVE COUNCIL

STANDING COMMITTEE ON SOCIAL ISSUES

## Inquiry into Dental Services in NSW

### Terms of Reference

1. That the Standing Committee on Social Issues inquire into and report on dental services in New South Wales, and in particular:
  - (a) the quality of care received in dental services,
  - (b) the demand for dental services including issues relating to waiting times for treatment in public services,
  - (c) the funding and availability of dental services, including the impact of private health insurance,
  - (d) access to public dental services, including issues relevant to people living in rural and regional areas of New South Wales,
  - (e) the dental services workforce including issues relating to the training of dental clinicians and specialists,
  - (f) preventive dental treatments and initiatives, including fluoridation and the optimum method of delivering such services, and
  - (g) any other relevant matter.
2. That the committee report by Friday 31 March 2006.

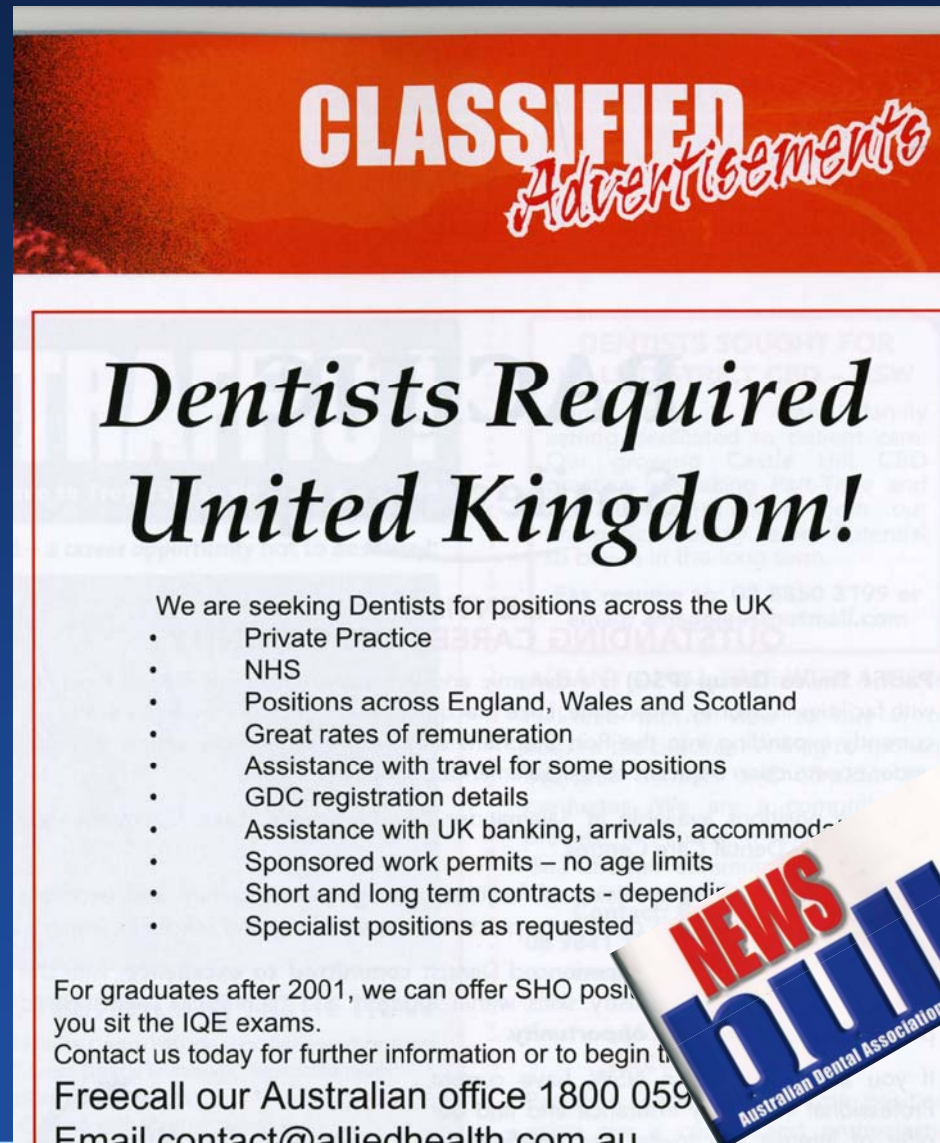


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# Access - the Ultimate Irony



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**ADA NEWS Bulletin**  
Australian Dental Association Inc.  
April 2005 No. 331





