Access to Oral Health Care - One International Perspective

Eli Schwarz KOD
DDS, MPH, Ph.D., FHKAM (Dent. Surg.), FACD
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
Population Diversity

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


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.

• 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.

Surgeon-General’s report on oral health, 2000

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
Dental crisis exposes great divide

A HERALD INVESTIGATION

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

Jonathan Pearman and Gerard Rylee

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

There are only about 245 public dental practices in more than 2.5 million health care holders, children, and the elderly. This compares with more than 6,000 private dentists in the same market.

Poor oral health has been linked to chronic diseases, tooth decay and low birthweight babies. But NSW is one of the few states that still does not have public dental health services for children.

The Federal Government was to be given $470 million in the 2004-5 Federal Budget for dental health services. However, the state government has only matched this amount with a $250 million injection over six years.

Public clinics have vacancies for doctors in almost every part of NSW and none are available to fill up to 20 per cent of positions. Despite this, the state's only dental school, at the University of Sydney, has halved the number of students in the past 20 years due to funding cuts.

John Squires, professor of social and preventive dentistry at Adelaide University, said the lack of funding had created a huge divide between rich and poor.

"People are being denied access to basic dental care, which is a human right," he said.

"The government has moved from a focus on prevention to a focus on treatment. This is a failure to address the root causes of dental disease."

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

Not long now... Kalissa McNaughton with her father, Steve Carad, at Westmead Hospital before the second operation to remove and replace the two teeth.
Oral Health Care System

Public Sector

Private Sector

School Dental Care

Low-Income Groups/Pensioners

Special Needs

Urban

Rural

Indigenous
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.
State Dental Expenditure Per Capita (A$)

Queensland, N.Territory, W.Australia, S.Australia, Tasmania, Victoria, ACT, NSW
**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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>0-4 Years</th>
<th>5-9 Years</th>
<th>10-14 Years</th>
<th>15 Years &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 Years</td>
<td>11440</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-9 Years</td>
<td>59,388</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10-14 Years</td>
<td>43,442</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15 Years &amp; Over</td>
<td>12,846</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Years &amp; Over</td>
<td>422,266</td>
<td>445,853</td>
<td>444,977</td>
<td>436,627</td>
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</tr>
</tbody>
</table>

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

Per 100,000 Pop.

The Fluoride Dimension

- All NSW
- Tenterfield
- Armidale
- Inverell
- Tamworth
- Narrabri

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

<table>
<thead>
<tr>
<th>Estimated Number</th>
<th>Urban</th>
<th>Rural</th>
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</thead>
<tbody>
<tr>
<td>234,000</td>
<td>43.9</td>
<td>45.0</td>
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<tr>
<td>261,500</td>
<td>49.1</td>
<td>48.4</td>
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<tr>
<td>112,200</td>
<td>21.1</td>
<td>14.2</td>
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<td>86,100</td>
<td>16.2</td>
<td>20.4</td>
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<tr>
<td>88,000</td>
<td>16.5</td>
<td>12.2</td>
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<tr>
<td>39,800</td>
<td>7.5</td>
<td>6.7</td>
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<td>31,700</td>
<td>6.0</td>
<td>4.6</td>
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<tr>
<td>11,600</td>
<td>2.2</td>
<td>1.6</td>
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<td>7,200</td>
<td>1.4</td>
<td>0.7</td>
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<tr>
<td>5,500</td>
<td>1.0</td>
<td>1.1</td>
</tr>
<tr>
<td>8,100</td>
<td>2.7</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Per cent

Estimated Number

The University of Sydney
Faculty of Dentistry
## Chasm in Access to Dental Care - Adults

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

Spencer 2004
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
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

Federal

- Reshape funding arrangements for public dental care
- Expand dental labor force
- Reform the public dental services
- Revitalise school dental services
- Expand water fluoridation coverage

State

Local

Engage in Health Promotion
Painful road ends as dental inquiry called

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.
Access - the Ultimate Irony

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Faculty of Dentistry
Thanks for your attention