

# The role of oral health services in addressing oral health inequalities

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What oral health services?

What inequalities?

What groups?

# What oral health services?

Publicly funded dental care  
(mostly)

# What inequalities?

## Dental Caries

- Experience (severity)
- Untreated

# What groups?

## Adults

- Eligible for publicly funded dental care/not eligible\*\*
- Indigenous/ non-indigenous\*\*\*

# What groups?

## Children

- Low/middle/high income families
- Indigenous/non-indigenous \*\*

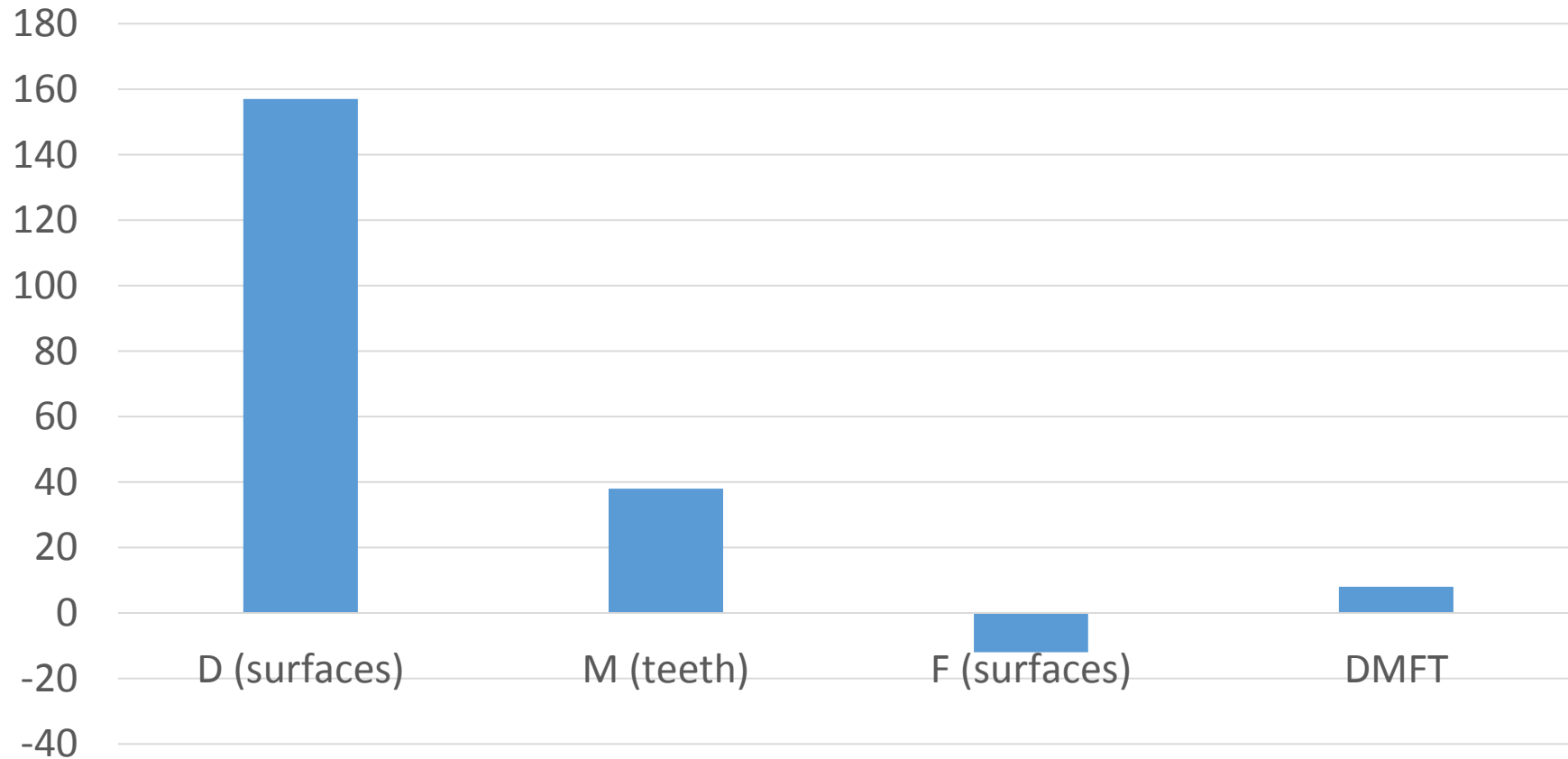
# Dental caries in 35-54 yr olds 2004-2006

(National Survey of adult oral health, Australia)

- Why 35-54 years?

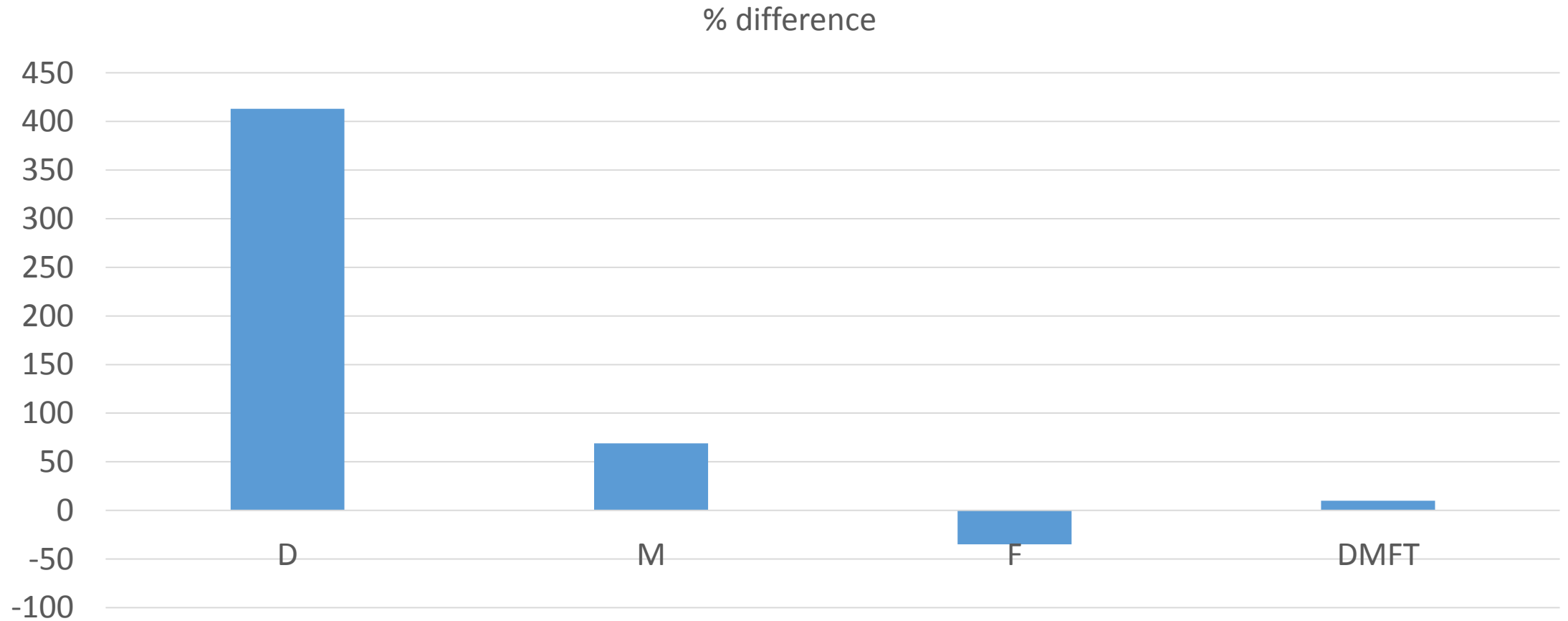
	D surfaces	M teeth**	F surfaces	DMFT
Eligible*	1.8	5.1	21.9	15.4
Non eligible	0.7	3.7	24.9	14.2
% difference	+157%	+38%	-12%	+8%
Indigenous	4.1	6.6	15.9	15.8
Non-indigenous	0.8	3.9	24.5	14.3
% difference indigenous to non indigenous	+413%	+69%	-35%	+10%

# Percentage inequality eligible to non eligible adults 35-54 yrs





# Percentage variation Indigenous to non-indigenous (adults 35-54 yrs)



# Strategies

- Primary prevention to reduce difference in DMFT
- Secondary prevention ie early intervention-fillings

Lack of early treatment is a very important cause of inequality

# Opportunity costs

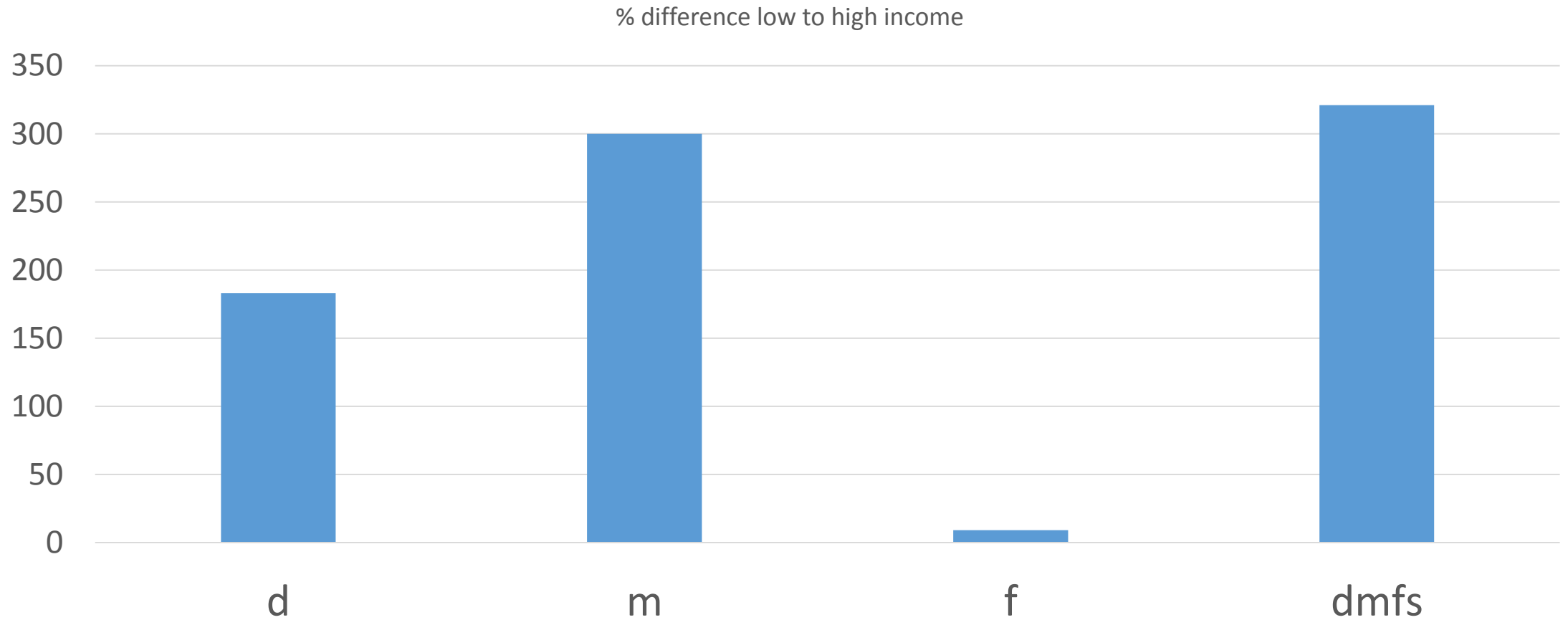
- Dollar for dollar what will have the greatest impact on which inequality?

# Children 5-6 years\*\* 2012-14

(The National Child Oral Health Study, Australia)

	<b>d (surfaces)</b>	<b>m (surfaces)</b>	<b>f (surfaces)</b>	<b>dmfs</b>
<b>Low income</b>	2.6	0.5	1.2	4.3
<b>middle income</b>	1.1	0.2	0.9	2.2
<b>High income</b>	0.6	0.1	1.1	1.3
<b>% difference Low to high income</b>	+333%	+400%	+9%	+231%
<b>Indigenous</b>	3.4	0.8	1.1	5.9
<b>Non-indigenous</b>	1.2	0.2	0.9	2.5
<b>% difference indigenous to non-indigenous</b>	+183%	+300%	+22%	+136%

# Percentage differences children 5-6 yrs

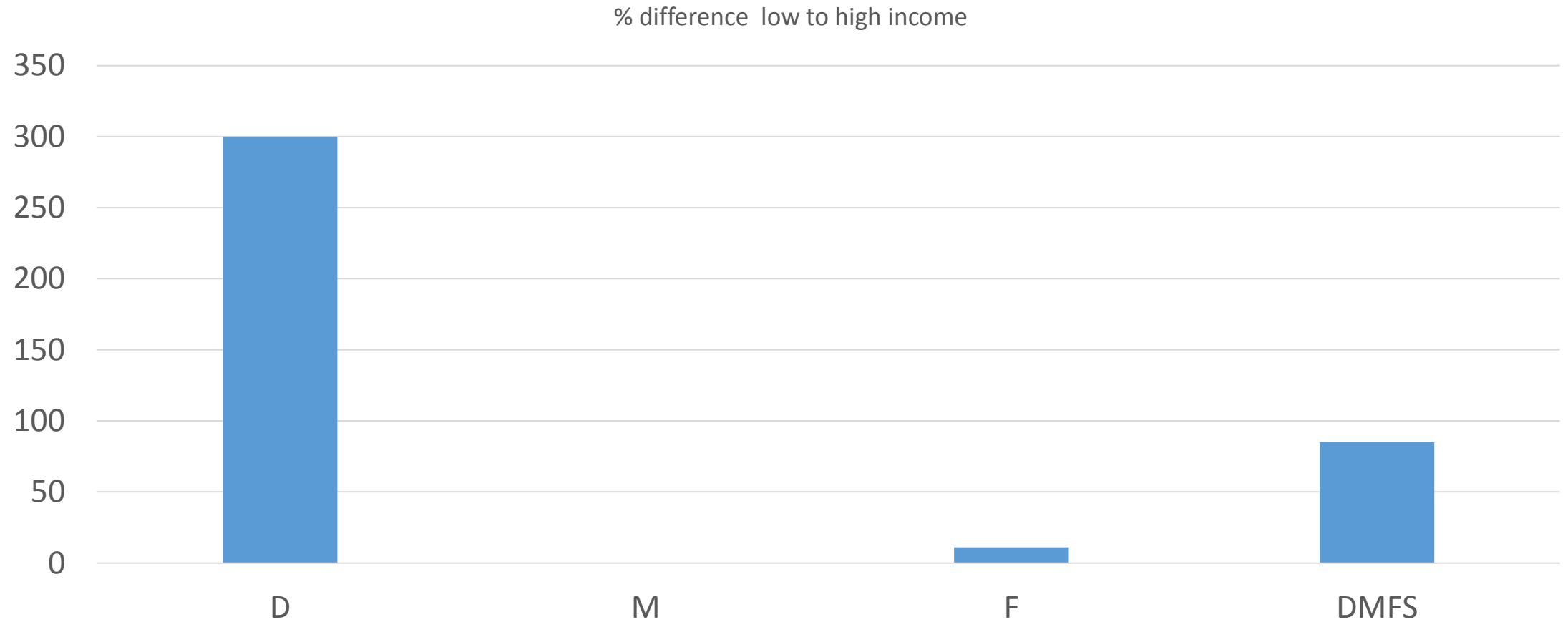


# Children 12-14\*\* years 2012-14

(The National Child Oral Health Study, Australia)

	D (surfaces)	M (surfaces)	F (surfaces)	DMFS
<b>Low income</b>	0.6	-	0.9	1.6
<b>Middle income</b>	0.3	-	0.9	1.3
<b>High income</b>	0.2	-	0.8	1.1
<b>% difference low to high income</b>	+200%	-	+13%	+45%
<b>Indigenous</b>	1.2	-	1.0	2.4
<b>Non-indigenous</b>	0.3	-	0.9	1.3
<b>% difference indigenous to non-indigenous</b>	+300%	-	+11%	+85%

# Percentage differences 12-14 years



# Strategies for children

Emphasis on both primary and secondary prevention



# Characteristics of dental treatment and inequalities in Australia

- Problem based visiting vs check-ups

Public Dental Sector management of 'dental emergencies' for adults

- Priority for more urgent treatment
- Waiting list for routine dental care

# Impact of treatment policies

## **Health promotion**

‘make healthy choices the easy choices’

## **Priority for dental ‘emergencies’**

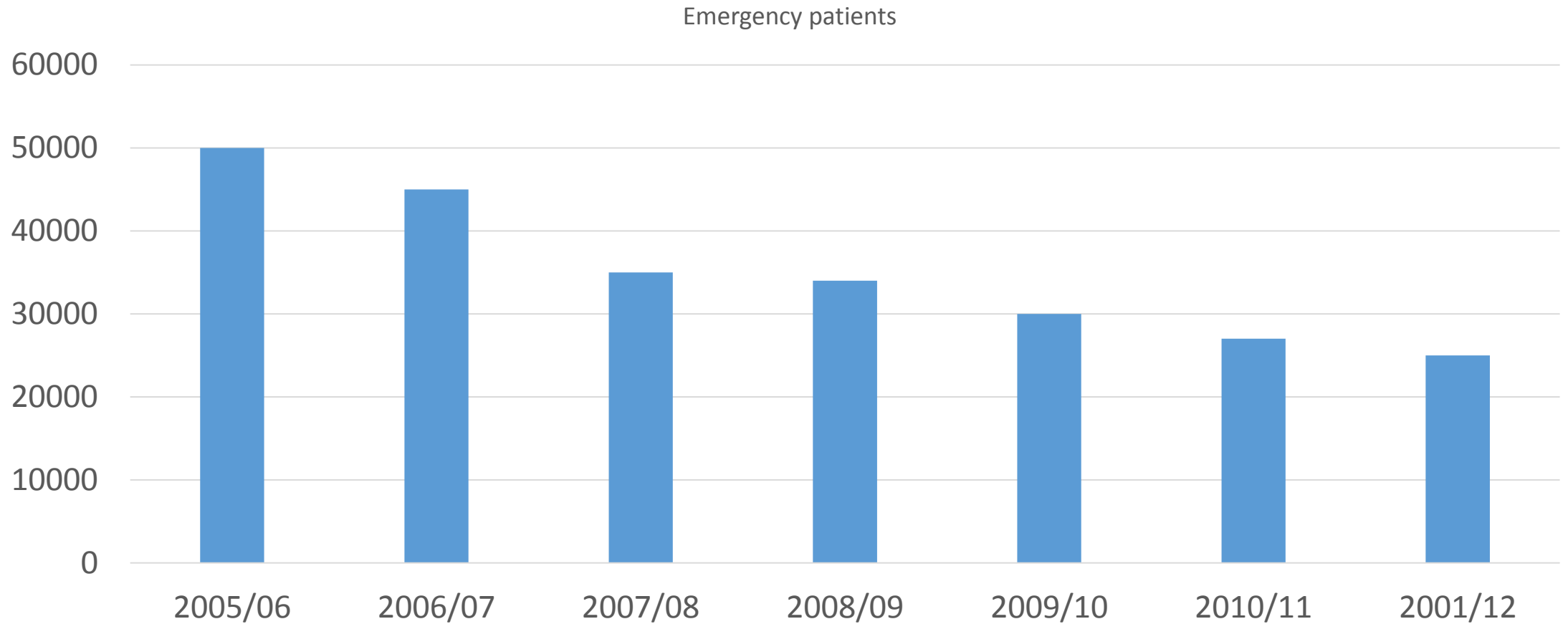
‘makes problem based visiting the easy choice and seeking check-ups the difficult choice’

# Alternative approach-Relative needs index\*\*

- Relative needs index applied
- Barriers to quick treatment of a 'problem'
- Transfer resources saved to check-up and early treatment.

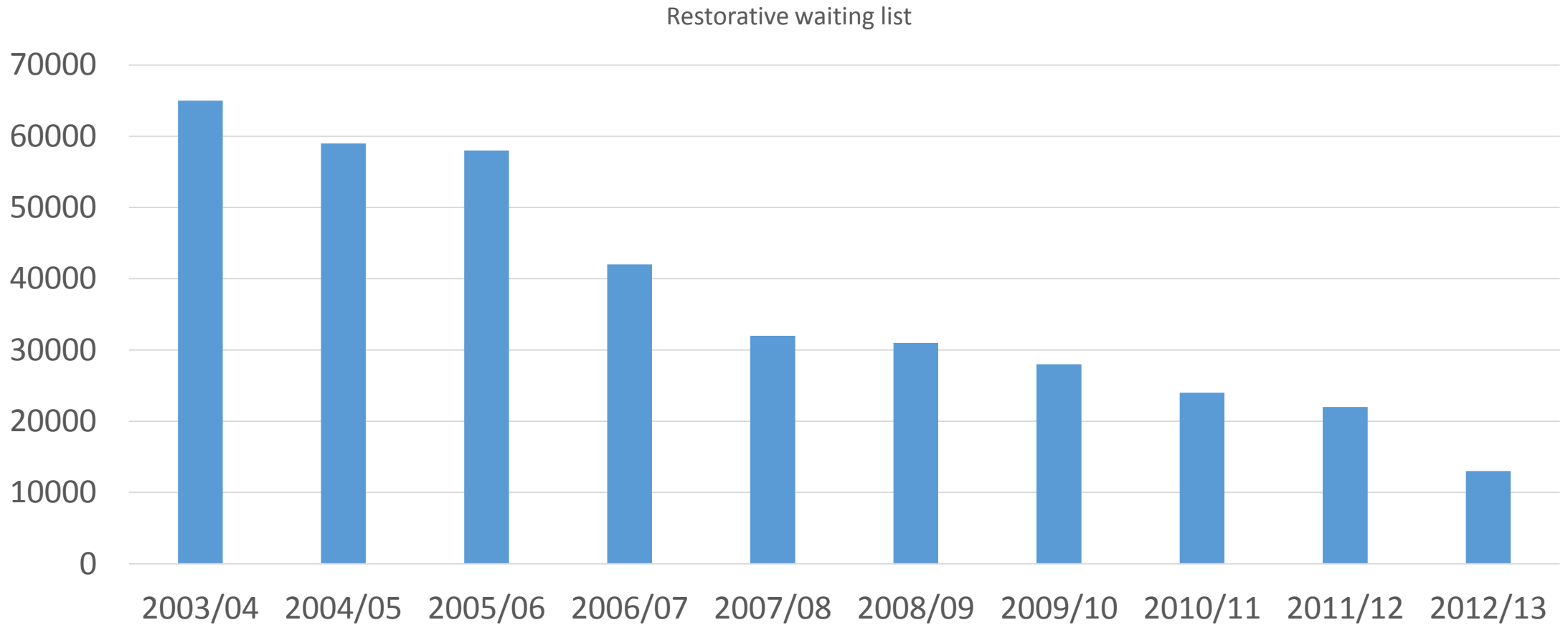
# Impact on emergency visits

(SA Dental Service Yearbook)



# Restorative dentistry waiting lists

(SA Dental Service Yearbook)



# Other policy impacts

## Patient copayments

- For dental 'problem' visits
- For check-ups
- For preventive services
- For simple restorative care.

# Come and get it!

Eg Denticare

- Who will seek treatment?
- Who will miss out?

# Indigenous people

- Aboriginal controlled dental services
- Mainstream public dental services



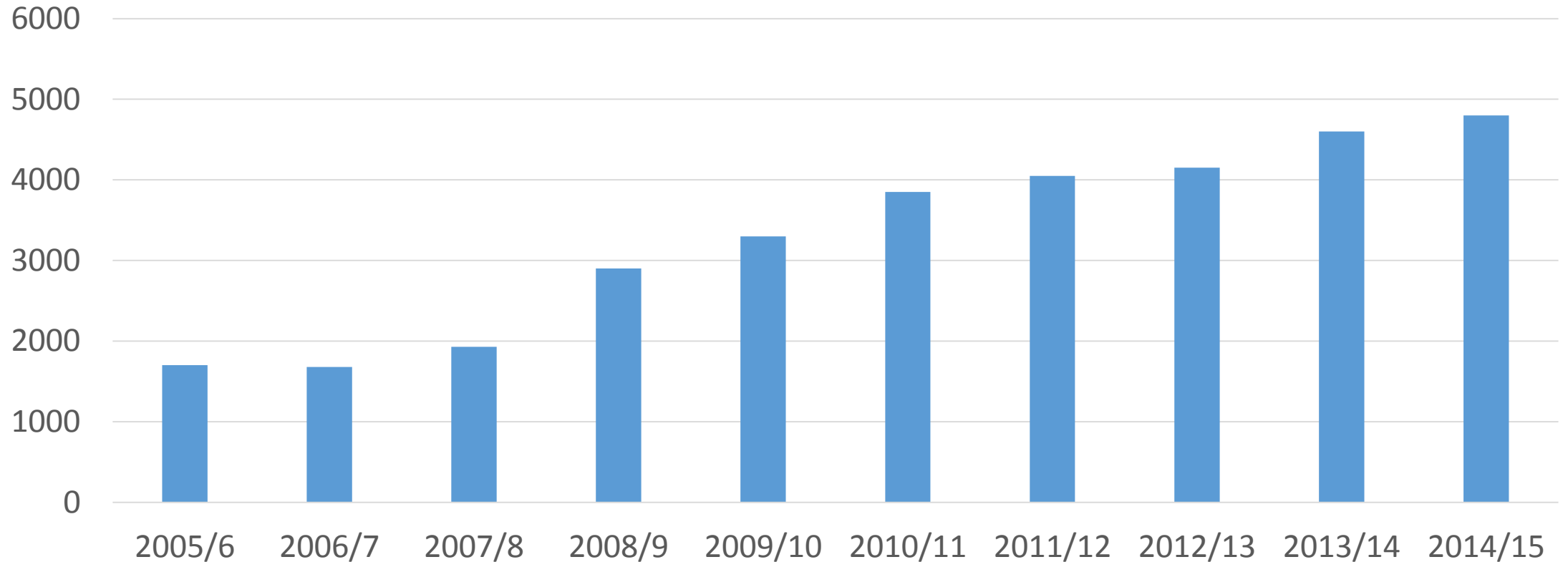
# Aboriginal Liaison Program

- Consultation with Aboriginal Communities
- Training for public dental staff
- Priority treatment for Aboriginal people (problem and general)
- Removal of all copayments

# Aboriginal Liaison Program

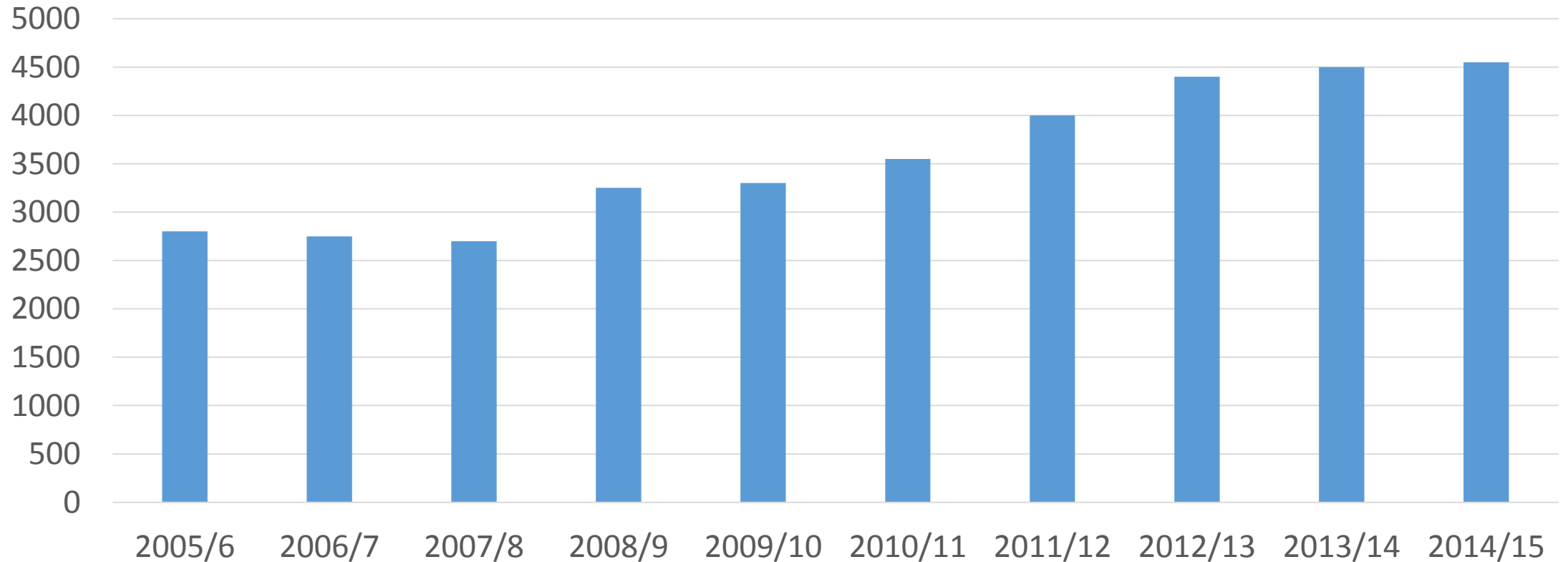
(SA Dental Service Yearbook)

Aboriginal adult patients patients



# Impact of Aboriginal Liaison Program Children (SA Dental Service Yearbook)

Aboriginal child patients



# Other disadvantaged groups ?

- Community living elderly
- Residential Aged Care
- Supported Residential Aged Care
- Homeless
  
- etc

# Policy implications

- Pressures to reduce waiting lists rather than reduce inequalities
- Select targeted groups
- Choose the inequalities to reduce and the interventions that will work for them-evidence based
- Make sure the treatment programs support desirable patterns of care (not problem based visiting)
- Develop active programs to seek out and treat the targeted groups
- Within funding available, very difficult treatment priorities will be necessary.
- Make full use of the entire dental team