

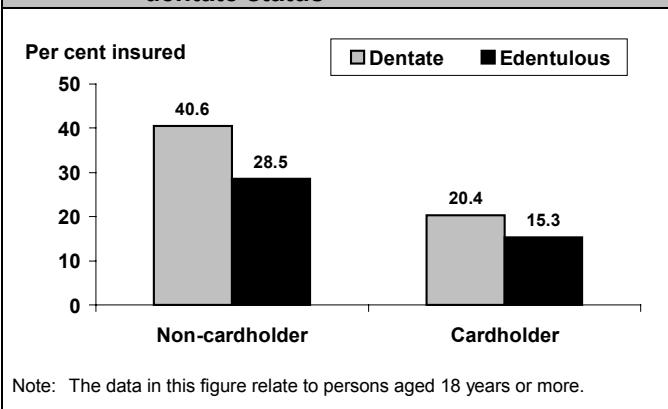


Dental insurance is an important factor modifying access to dental care. In Australia a sizeable minority of persons hold, or are covered by, dental insurance. Predominantly, insurance is individually purchased out of taxable income, and insurance companies rebate the individual for services provided. In 1998–99 a total of \$2.57 billion was spent on dental services, of which \$506 million came from health insurance funds, \$1.65 billion from individuals and the remainder from government sources. The data presented in this report are from the 1999 National Dental Telephone Interview Survey, which collected information about use of services, frequency of dental problems and the types of dental care received. The survey included users and non-users of dental services, and those eligible and those not eligible for public-funded dental care. A total of 7,829 interviews were conducted, providing a representative sample of the Australian population at that time.

Insurance coverage

The level of insurance coverage among adults was found to vary by cardholder and dentate status (Figure 1). Adults who were not covered by a government health concession card were twice as likely to have private dental insurance than cardholders, 40.0% compared with 19.3%. This most likely reflects a lower ability of cardholders to purchase such insurance.

Figure 1: Per cent insured by cardholder and dentate status



Dentate adults were more likely to have dental insurance than edentulous adults (those with no natural teeth remaining), 36.2% compared with 20.5%. This relationship was also found to be consistent for both cardholders and non-cardholders. It is probable that this relationship is, at least in part, a result of edentulous adults perceiving fewer future benefits to be gained from having dental insurance compared to persons who still have teeth remaining.

The percentage of dentate adults with dental insurance is presented in Table 1. Overall, dental insurance was lowest among 18–24-year-old persons (31.3%), peaking among 45–64-year-olds (45.8%), and declining among those aged 65 years or more (37.1%). For all age groups, cardholders were less likely to have insurance than non-cardholders. Among dentate cardholders, dental insurance was highest for those aged 65 years or more (29.4%), while among non-cardholders the percentage insured was around 50% for persons aged 45 years or more.

Table 1: Per cent insured by age group

	Age group (years)				Total
	18–24	25–44	45–64	65+	
Cardholder	15.1	12.7	20.0	29.4	20.4
Non-cardholder	35.8	34.3	51.5	48.2	40.6
Total	31.3	31.5	45.8	37.1	36.2

Note: The data in this table relate to dentate persons aged 18 years or more.

There was considerable variation in dental insurance among dentate adults across the States and Territories of Australia (Table 2). Three States recorded more than 50% insured among non-cardholders: South Australia (57.0%), Western Australia (55.7%), and Tasmania (50.7%). These same three States also had the three highest percentages of cardholders with dental insurance, 23.8%, 30.8%, and 23.4% respectively. Victoria recorded the lowest percentage of insured non-cardholders (29.2%), the second lowest percentage of insured cardholders (15.3%), and the lowest overall percentage insured (26.2%). For dental care, Queenslanders were the second least insured (33.1%).

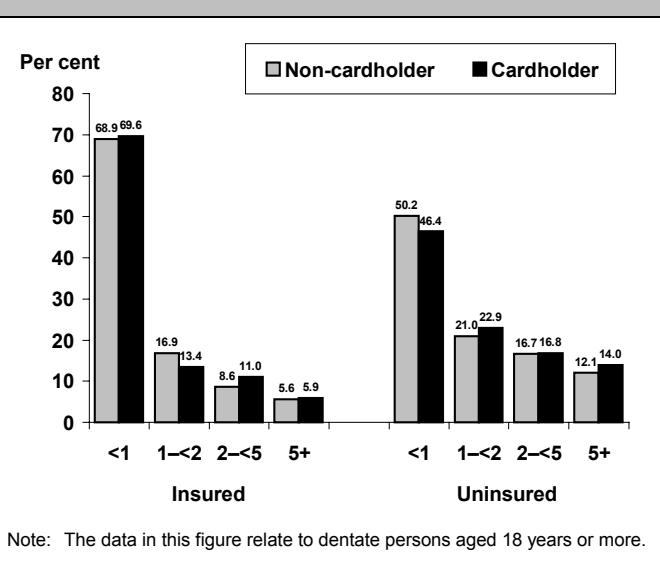
Table 2: Per cent insured by State and Territory

State/Territory	Cardholder	Non-cardholder	Total
NSW	21.1	42.0	38.2
Vic	15.3	29.2	26.2
Qld	18.4	37.7	33.1
SA	23.8	57.0	47.4
WA	30.8	55.7	49.9
Tas	23.4	50.7	42.9
ACT	14.8	39.4	35.5
NT	17.4	39.1	37.1
Total	20.4	40.6	36.2

Note: The data in this table relate to dentate persons aged 18 years or more.

Access to services

Figure 2 illustrates the effect of dental insurance on time since last dental visit by cardholder status. Within a level of insurance status, cardholders and non-cardholders exhibited very similar visiting patterns, while considerable differences can be observed between insured and uninsured persons within a level of cardholder status. Nearly 70% of dentate adults with dental insurance reported that they visited a dental professional in the previous 12 months, regardless of cardholder status, and just over 5% reported not visiting for five or more years. This is compared with around 50% or less of uninsured non-cardholders and cardholders visiting in the previous 12 months, and around 12–14% having not visited for five or more years.

Figure 2: Time since last dental visit (years)

Dental insurance among those dentate adults who made a visit in the previous 12 months is examined in Table 3 by cardholder status and place of last visit (public or private) by age group. Among cardholders who last visited a public dental clinic in the previous 12 months, only 3.7% reported that they had dental insurance. Nearly 50% of non-cardholders who last visited a private practice had dental insurance, while 44.1% of cardholders who last visited a private practice had dental insurance. Among those who had visited a private dental practice, non-cardholders aged 45–64 and 65 years or more reported the highest percentage insured (56.9% and 54.9%), while cardholders aged 25–44 and 45–64 years reported the lowest percentage insured (37.2% and 36.9%).

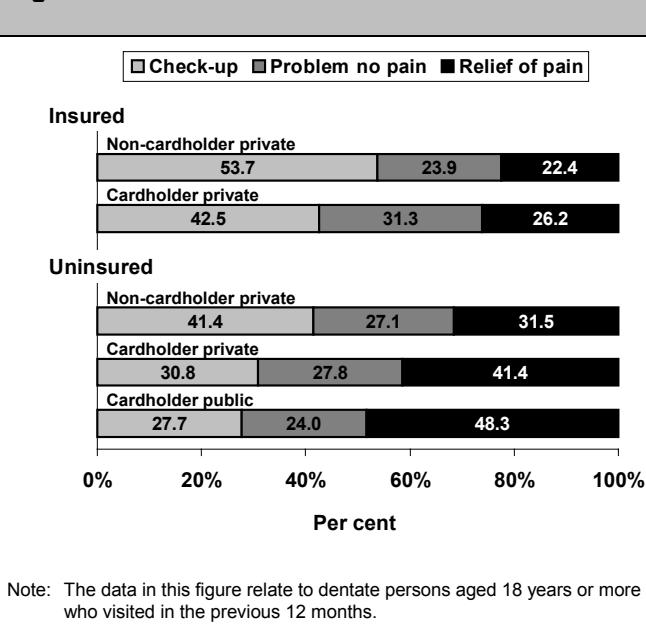
Table 3: Per cent insured by age, card status and place of last visit

	Age group (years)				Total
	18-24	25-44	45-64	65+	
Card public	0.0	2.1	6.1	5.7	3.7
Card private	49.6	37.2	36.9	52.4	44.1
No card private	47.5	43.7	56.9	54.9	49.6
Total	40.1	39.8	51.4	46.7	44.4

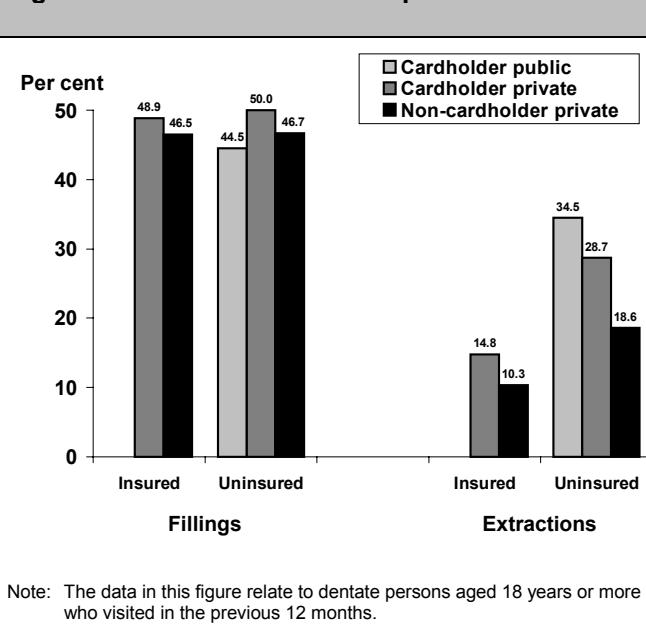
Note: The data in this table relate to dentate persons aged 18 years or more who visited in the previous 12 months.

Due to the extremely low numbers of cardholders who reported last visiting a public clinic and also having dental insurance, this group has not been included in any of the remaining figures.

Figure 3 further examines the effects of insurance by cardholder status and place of last visit in terms of the reason for last visit in the previous 12 months. Among the insured who last visited a private dentist, 53.7% of non-cardholders last visited for a check-up compared to 42.5% of cardholders. The percentage last visiting for a check-up was lower among the uninsured, ranging from 41.4% of non-cardholders going private to 27.7% of cardholders who went to a public clinic. The reverse trend was observed for the percentage last visiting for relief of pain. Among the insured who last went private, 22.4% of non-cardholders and 26.2% of cardholders reported relief of pain as the reason for visiting. The percentages of the uninsured visiting for the relief of pain ranged from 31.5% of non-cardholders to 48.3% of cardholders who went public. Less variation was observed among the percentage reporting a problem with no pain, which ranged from 24.0% to 31.3%.

Figure 3: Reason for last dental visit

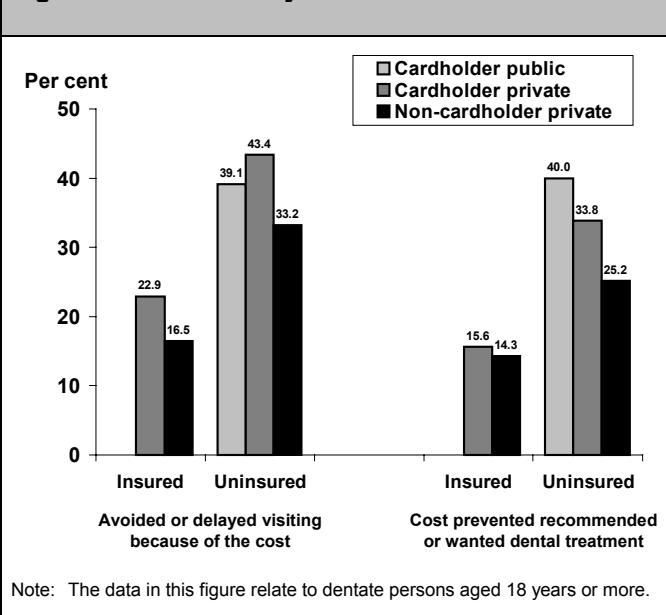
For each group the percentage who received fillings in the previous 12 months was similar between insured and uninsured persons (Figure 4). The same was not true for extractions. Uninsured persons were more likely to have had an extraction in the previous 12 months than insured persons. Among the uninsured, 34.5% of cardholders who last went to a public clinic reported extractions, compared with 28.7% of cardholders who last went to a private dentist and 18.6% of non-cardholders. The percentage of insured persons who received extractions and last went privately was 14.8% for cardholders and 10.3% for non-cardholders.

Figure 4: Services received in previous 12 months

Financial burden of dental care

Uninsured dentate adults were approximately twice as likely to have reported that they had avoided or delayed visiting a dentist in the previous 12 months because of the cost than those who were insured (Figure 5). Approximately 40% of uninsured cardholders, whether last visiting private or public, avoided or delayed visiting, compared to 33.2% of uninsured non-cardholders.

Irrespective of card status or place of last visit, uninsured dentate adults were more likely than either of the insured groups to report that cost had prevented recommended or wanted dental treatment during the previous 12 months. Among the uninsured, 40.0% of cardholders who went to a public clinic reported that cost had prevented treatment, 33.8% of cardholders who went to a private dentist, and 25.2% of non-cardholders, compared with the insured groups, which reported 15.6% and 14.3%.

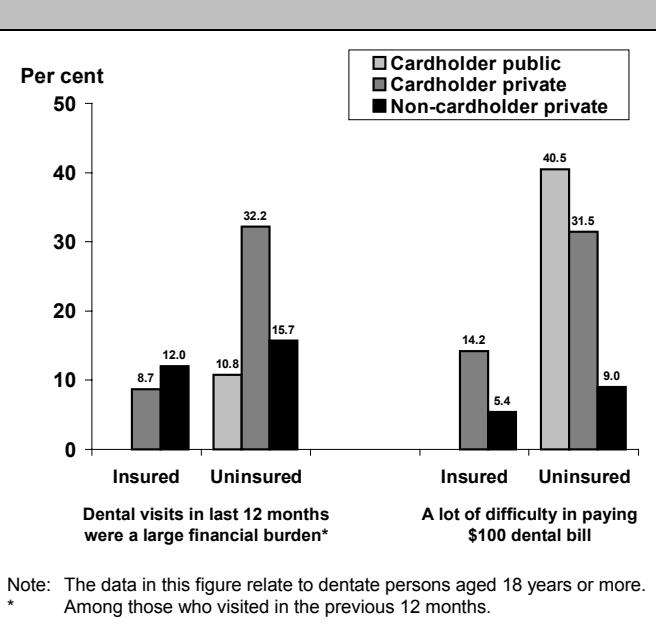
Figure 5: Affordability of dental care

Among persons who had visited in the previous 12 months, nearly one-third of uninsured cardholders whose last visit was to a private practice reported that dental visits in the previous year were a large financial burden—more than double the experience reported by any of the other groups presented (Figure 6). This indicates that in terms of the realisation of dental care, cardholders without dental insurance who visit a private dentist were the most exposed group to the costs of receiving care. They were not accessing the subsidised care provided by public clinics and do not have the cost protection that

insurance offers, and many do not have the resource capacity of non-cardholders.

The greatest variation between groups with respect to affordability and hardship issues was observed for the question relating to the level of difficulty in paying \$100 dental bill. For each of the three groups the percentage of insured persons who reported that they would have a lot of difficulty in paying a \$100 dental bill was approximately one-half of the percentage reported by uninsured adults. Among the uninsured, cardholders who last went to a public clinic were the most likely to report a lot of difficulty (40.5%), followed by cardholders who last went to a private practice (31.5%), while 9.0% of uninsured non-cardholders reported that they would have such difficulty paying.

Figure 6: Financial burden of dental care



Summary

- A sizeable minority reported that they had dental insurance cover.
- Non-cardholders and dentate persons were more likely to have dental insurance than cardholders and the edentulous.
- Younger adults tended to be less likely to be covered by dental insurance.
- There was considerable variation across the States and Territories in the percentage of adults with dental insurance.
- Insured adults (regardless of cardholder status) were more likely to have visited

recently and less likely to have not visited for five or more years than uninsured persons.

- Very few cardholders who last went to a public clinic had dental insurance.
- Among those who visited in the last year, insured persons were more likely to have visited for a check-up and less likely to have visited for relief of pain than uninsured persons.
- Similar percentages of insured and uninsured persons received fillings. However, uninsured persons were more likely to receive extractions.
- Compared to the insured, uninsured persons were more likely to report: that they had avoided or delayed visiting a dentist because of the cost; that cost had prevented recommended or wanted dental treatment; and that they would have a lot of difficulty paying a \$100 dental bill.
- Uninsured cardholders who last visited a private dentist was the group with the highest percentage reporting that dental visits in the last 12 months were a large financial burden.
- Overall there were substantial differences between insured and uninsured persons with respect to access to dental care.

Acknowledgements

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the Australian Institute of Health and Welfare established in 1988 at The University of Adelaide. The DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of information on oral health and access to dental care, the practice of dentistry and the dental labour force in Australia.

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