

This research report provides information on the use of dental services by children (aged 6–12 years) and adolescents (aged 13–16 years) in Australia. Data were collected through the National Dental Telephone Interview Surveys 1994–96. Since the 1970s the school dental services have provided dental care for large numbers of Australian children. Variation in utilisation of these services in different States and Territories and by sociodemographic factors in the period 1994–96 is described.

Data collection

The National Dental Telephone Interview Surveys 1994–96 targeted random samples of Australians aged 5 years and over from all States and Territories. The Surveys were conducted in the first quarter of each of the years 1994–1996, using computer assisted telephone interviewing techniques.

A primary approach letter was sent to each sampled household approximately 10 days prior to the initial phone call. Once contact was made with the household, a person aged 5 years and over was chosen at random from that household. Proxy interviews were conducted for children under 16 years of age. The Surveys collected information about the use of dental services, frequency of dental problems and social characteristics of households.

The data were weighted to ensure that the age and sex distribution of the Australian population were reflected as estimated by the Australian Bureau of Statistics. Data from the Surveys were combined for further analyses on the use of dental services by children and adolescents.

As since 1996 many States have either changed eligibility criteria or introduced charges for school dental services, these data provide a baseline from which to measure the effects of those changes.

Response rates

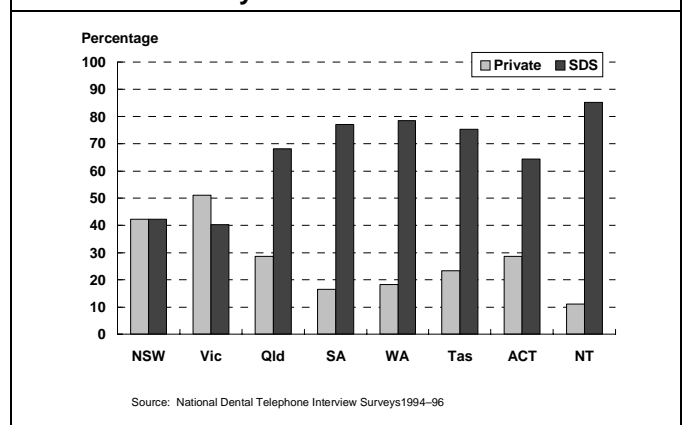
The response rate in the survey was 75% of all households with whom contact was made. This resulted in 2,351 children aged from 6–12 years and 1,384 adolescents aged 13–16 years. These data were then analysed by State and Territory to ascertain regional differences.

Place of last dental visit

In 1994–96 the school dental services (SDS) provided free dental care for children in all States and Territories. Provision of dental care for adolescents has been provided through both the private and public sector largely dependent on policies within individual States and Territories.

A greater proportion of primary school children (aged 6–12 years) visited the SDS for their last visit in Queensland, South Australia, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory, whereas in New South Wales and Victoria a greater or equal proportion visited a private practitioner (Figure 1). Australia-wide 62% of the 6–12 years-olds visited the SDS and 38% visited a private practitioner at their last visit.

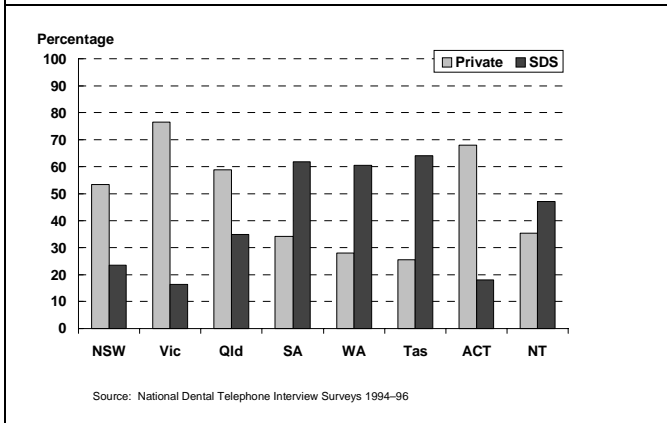
Figure 1: Place of last dental visit by State – 6–12 year-olds



A greater proportion of children aged 13–16 years visited the SDS for their last visit in South Australia, Western Australia, Tasmania and the Northern

Territory, whereas in New South Wales, Victoria, Queensland and the Australian Capital Territory, a greater proportion visited a private practitioner (Figure 2). Among 13–16 year-olds 33% visited the SDS, 56% private practitioners, and 10% other public providers for their last dental visit nationally. This lower figure for SDS, compared with that for 6–12 year-olds, reflects the different eligibility criteria which exist in some States for adolescents.

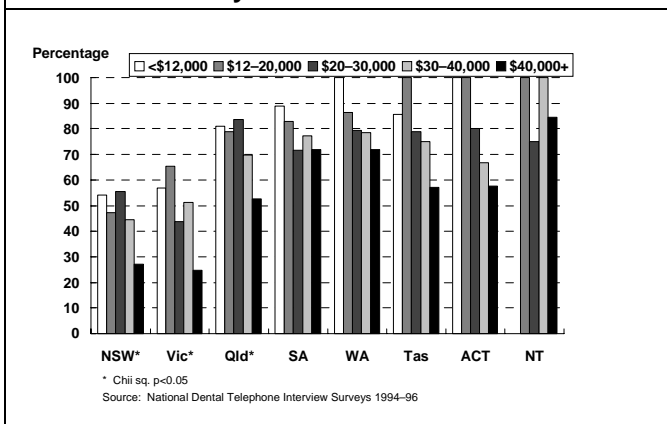
Figure 2: Place of last dental visit by State – 13–16 year-olds



Dental visiting by sociodemographic variables

Figure 3 shows that in all States and Territories, except the Northern Territory where there were insufficient numbers in the less than \$12,000 per annum group, a greater proportion of children 6 to 12 years of age from households with low incomes (on the left of each group) used the SDS at their last visit than those from high income households (shown at the right of each group).

Figure 3: Use of the SDS by income – 6–12 year-olds

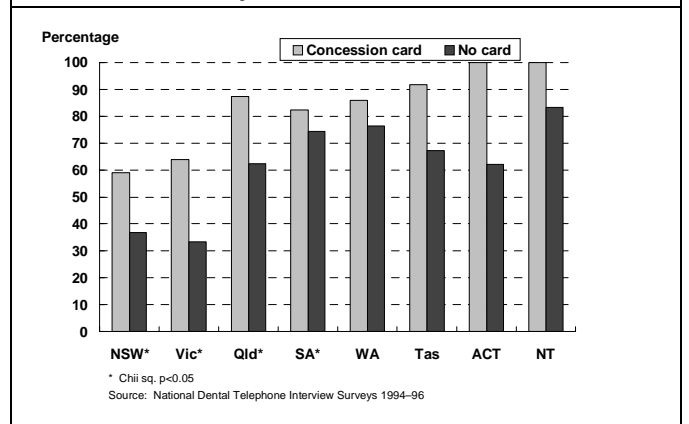


Nearly 100% of children in families with a household income of less than \$12,000 per annum used the SDS in Western Australia compared with 56% in New South Wales. About 72% of children from households with an income over \$40,000 in Western Australia and South Australia used the SDS whereas in Victoria the

proportion was only 25% in that income bracket. This compares with national data which show 87% of children used the SDS at last visit in the lowest income group, compared to 48% in the highest income group.

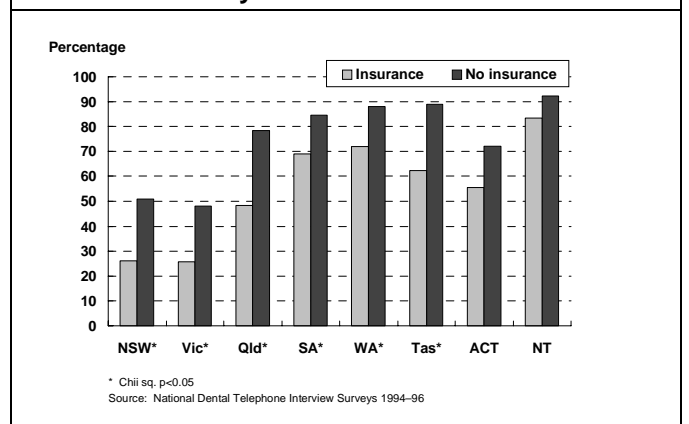
The data for children eligible for a concession card show that in all States except New South Wales and Victoria, over 80% of these children used the SDS for their last visit (Figure 4). In New South Wales and Victoria more concession card holders utilise the SDS more than non-card-holders, although the percentage drops to about 60%. Australia-wide, 84% of concession card-holders and 55% of non-card-holders used the SDS for their last dental visit.

Figure 4: Use of the SDS by concession card – 6–12 year-olds



In all States and Territories, a greater proportion of primary children not covered by private dental insurance used the SDS for dental care at their last visit than those with dental insurance (Figure 5). This difference was significant in all States except the Australian Capital Territory and the Northern Territory.

Figure 5: Use of the SDS by insurance – 6–12 year-olds



There was no difference in the proportions of primary school children born overseas and those born in Australia utilising the SDS in all States and Territories except in New South Wales. Some States and Territories are not represented in Figure 6 due to very low numbers.

Figure 6: Use of the SDS by place of birth – 6–12 year-olds

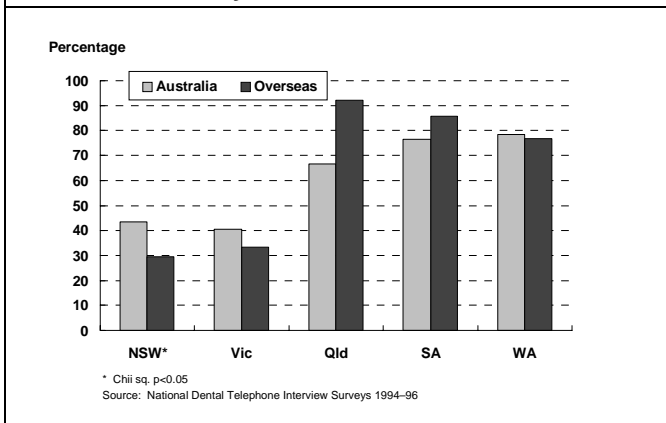
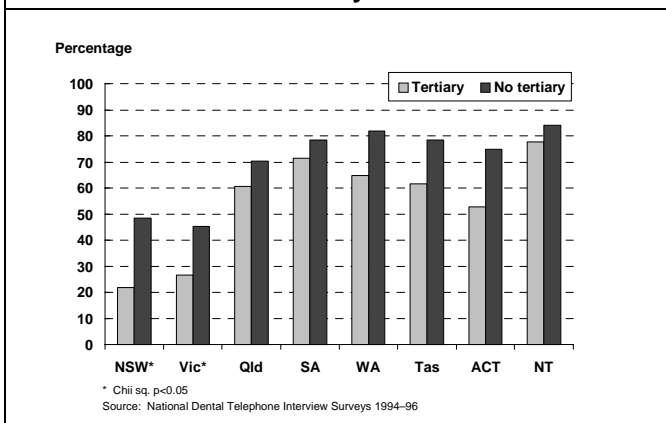


Figure 7 shows use of the SDS of children by maternal education level. In New South Wales and Victoria a greater proportion of children of mothers without tertiary education used the SDS than of children whose mothers had tertiary education.

Figure 7: Use of the SDS by education level of mother – 6–12 year-olds



Time since last dental visit

Figure 8 shows the proportion of children who had made a dental visit in the previous 12 months in 6–12 and 13–16 year age groups. Over 85% of the younger age group had made a dental visit in the previous 12 months compared with 75% of the adolescents.

Figure 8: Visited in the previous 12 months by age and State

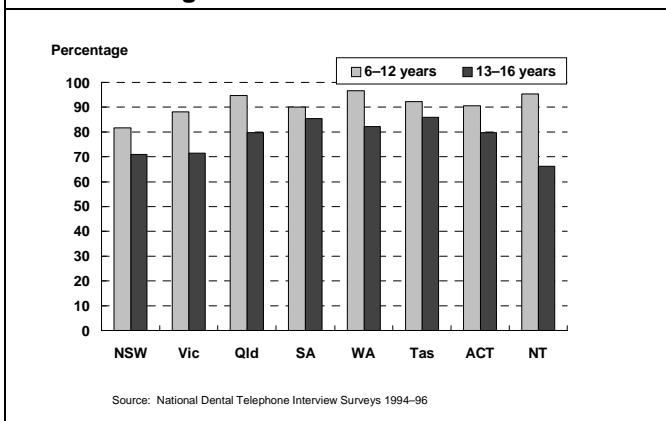


Figure 9 shows the proportion of children who had not made a dental visit in the previous 2 years in both the 6–12 and 13–16 year age groups in the States and Territories.

Amongst the younger age group, 2% or lower had not visited for 2 or more years in all States except New South Wales where over 10% had not visited, Victoria 5% and the Australian Capital Territory 4%. In Australia as a whole, 5.5% of 6–12 year-olds had not made a dental visit in the previous 2 years.

In contrast, over 10% of the older age group of 13–16 year-olds in New South Wales, Queensland, the Australian Capital Territory and the Northern Territory, and less than 5% in South Australia and Tasmania had not visited for 2 or more years. The percentage of 13–16 year-olds nationally who had not made a visit in the past 2 years was 9.6%.

Figure 9: No visit in last 2 years by age and State

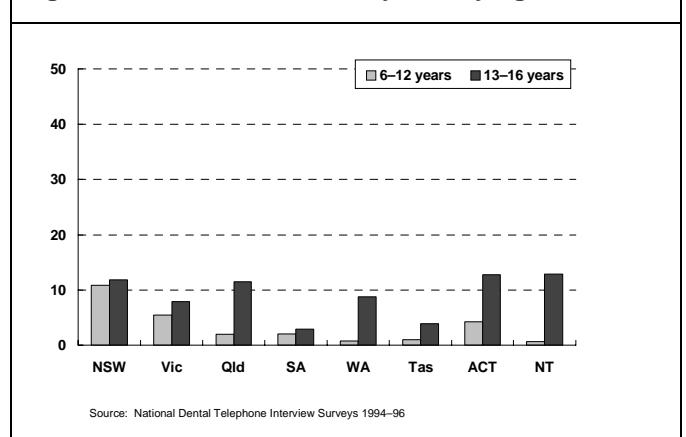
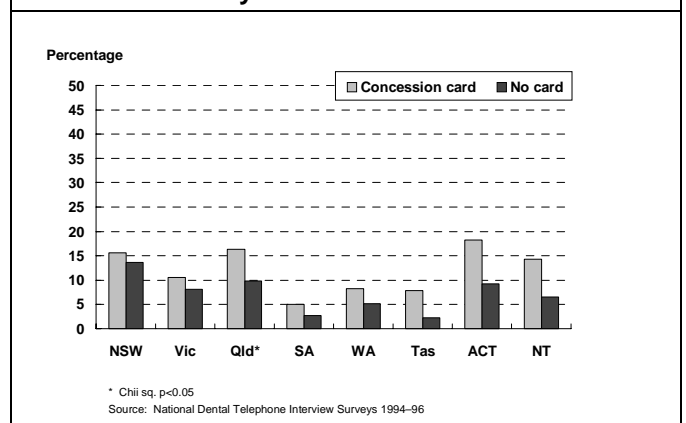


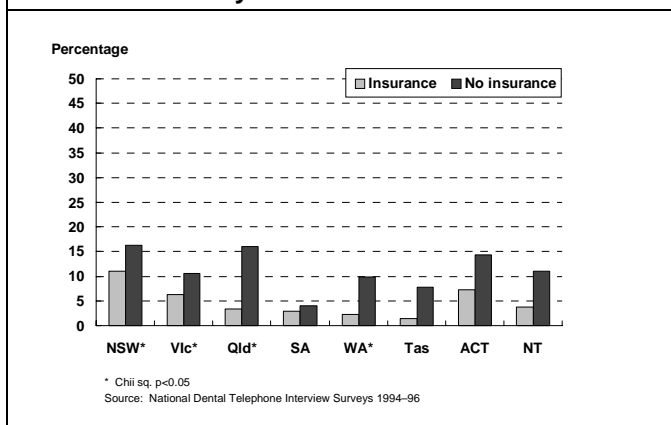
Figure 10 shows that children covered by a concession card were more likely to have not made a dental visit in the previous 2 years than children who were not covered. This difference was significant in Queensland.

Figure 10: No visit in last 2 years by card status – 6–16 year-olds



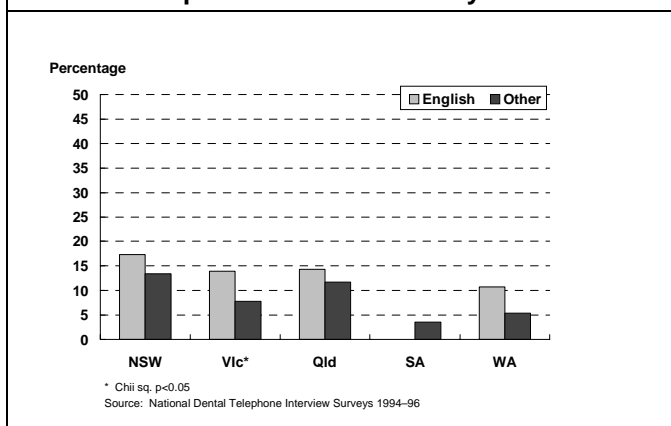
In all States and Territories a greater or equal proportion of children who had no private dental insurance had not visited in the previous 2 years than those covered by dental insurance. These differences were significant in New South Wales, Victoria, Queensland and Western Australia (Figure 11).

Figure 11: No visit in last 2 years by insurance – 6–16 year-olds



Those who spoke English at home were as or more likely to have not made a dental visit for 2 or more years than those who spoke a language other than English at home (Figure 12). In Victoria there was a significant difference between the two groups.

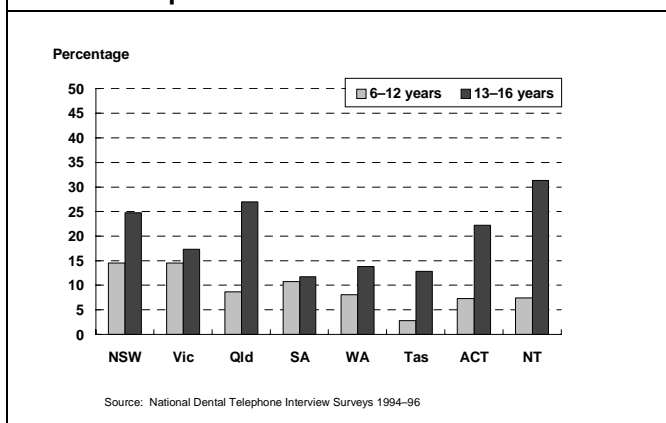
Figure 12: No visit in last 2 years by language spoken at home – 6–16 year-olds



Usual reason for dental visit

Visits which are undertaken for a check-up are more likely to result in timely preventive and treatment interventions compared to those sought because of a problem. Figure 13 shows that a greater proportion of 13–16 year-olds report that their usual reason for a dental visit is for a problem than 6–12 year-old children. The difference in usual reason for visit between children and adolescents is greatest in New South Wales and Queensland, and least in South Australia. Nationally, 12% of 6–12 year-olds and 21% of 13–16 year-olds usually visit for a problem.

Figure 13: Usual reason for a dental visit is for a problem



Conclusions

- School dental services were used by nearly two-thirds of 6–12 year-olds and approximately one-third of all 13–16 year-olds in Australia.
- School dental services are utilised more by those who are less advantaged, but in relation to time since last dental visit, barriers indicated by language, low income and lack of insurance still exist across the population.
- Adolescents are more likely than children to report that their usual reason for a dental visit is because of a problem rather than for a check-up.

Acknowledgements

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborative 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 dental statistics and research on dental health status, use of dental services, provision of dental services and the dental labour force.

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