



Australian Government

Australian Institute of
Health and Welfare



THE UNIVERSITY
of ADELAIDE



Oral health and dental care in Australia

Key facts and figures 2012

Sergio Chrisopoulos, Jane Harford



Australian Government

**Australian Institute of
Health and Welfare**

*Authoritative information and statistics
to promote better health and wellbeing*

Oral health and dental care in Australia

Key facts and figures 2012

Sergio Chrisopoulos

Research Associate

Jane Harford

Research Fellow

Australian Research Centre for Population Oral Health

The University of Adelaide

Australian Institute of Health and Welfare

Canberra

Cat. no. DEN 224

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.

© Australian Institute of Health and Welfare 2013

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare.

Requests and enquiries concerning reproduction and rights should be directed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN 978-1-74249-425-8

Suggested citation

Chrisopoulos S & Harford JE 2013. Oral health and dental care in Australia: key facts and figures 2012. Cat. no. DEN 224. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Dr Andrew Refshauge

Director

David Kalisch

Any enquiries about or comments on this publication should be directed to:

Communications, Media and Marketing Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1032

Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Acknowledgments.....	v
Abbreviations.....	vi
Places.....	vii
Summary	viii
1 Introduction.....	1
2 Oral health.....	4
2.1 Caries experience of children	4
2.2 Caries experience of adults.....	6
2.3 Periodontal disease	9
2.4 Tooth retention and loss.....	10
2.5 Social impact.....	13
3 Hospital separations	15
3.1 Potentially preventable hospital separations.....	15
3.2 Hospital separations for oral health procedures involving general anaesthetics.....	17
4 Use of dental services	19
4.1 Time since last dental visit.....	19
4.2 Reason for last dental visit.....	21
4.3 Type of practice visited at last dental visit	23
4.4 Dental visiting patterns.....	26
4.5 Dental services received.....	28
4.6 Fissure sealants in children.....	30
5 Financial barriers.....	31
6 Private health insurance.....	34
7 Utilisation of private health insurance	36
8 Expenditure	37
9 Dental workforce.....	39
9.1 Size and distribution of practising workforce.....	39
9.2 Characteristics of practising dentists.....	41
9.3 Dental specialists.....	44
Appendix A: Data collections used in this report	45
Child Dental Health Survey.....	45
National Survey of Adult Oral Health	46
National Dental Telephone Interview Survey	47

National Health Workforce Data Set.....	48
National Hospital Morbidity Database.....	49
Appendix B: Confidence intervals for estimates.....	50
Glossary.....	68
References.....	71
List of tables.....	72
Related publications.....	78

Acknowledgments

The authors wish to acknowledge all those who contributed to the data collections used in this report.

This research was funded by the Australian Government Department of Health and Ageing.

Abbreviations

ABS	Australian Bureau of Statistics
AEC	Australian Electoral Commission
AHMAC	Australian Health Ministers' Advisory Council
AHPRA	Australian Health Practitioner Registration Agency
AIHW	Australian Institute of Health and Welfare
ARCPOH	Australian Research Centre for Population Oral Health
ASGC	Australian Standard Geographical Classification
CDC	Centers for Disease Control and Prevention
CDHS	Child Dental Health Survey
CI	confidence interval
dmft	The count of deciduous teeth that are decayed (d), missing due to caries (m) and filled due to caries (f)
DMFT	The count of permanent teeth that are decayed (D), missing due to caries (M) and filled due to caries (F)
DSRU	Dental Statistics and Research Unit
ERP	estimated resident population
EWP	Electronic White Pages
FTE	Full-time equivalent
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
NDTIS	National Dental Telephone Interview Survey
NHMD	National Hospital Morbidity Database
NHWDS	National Health Workforce Data Set
PPH	potentially preventable hospitalisation
SDS	school dental service
WHO	World Health Organization

Places

NSW	New South Wales
Vic	Victoria
Qld	Queensland
WA	Western Australia
SA	South Australia
Tas	Tasmania
ACT	Australian Capital Territory
NT	Northern Territory

Summary

This report presents the most recent key information on the oral health and dental care of the Australian population. Data from a number of different years are presented to reflect the most recent data available.

Children

In 2009, the proportion of children who had experienced decay in their baby (deciduous) teeth ranged from 42% for 5 year olds to 61% for 9 year olds. The proportion of children with permanent teeth affected by decay ranged from 5% for 6 year olds to 58% for 14 year olds.

Adults

In 2010, approximately 21% of adults aged 65 and over had no natural teeth (edentulous). Females had a slightly higher rate of edentulism (25%) than males (17%). Of those aged 65 and over with natural teeth (dentate), nearly half (47%) wore dentures.

Data from 2004–2006, show that adults living in *Remote/Very remote* areas (38%) had higher rates of untreated decay than those in *Major cities* (24%). More adults without dental insurance had untreated decay (31%) than those with insurance (19%). In 2010, around 15% of adults reported experience of toothache in the previous 12 months, and 25% reported feeling uncomfortable about their dental appearance. A higher proportion of adults aged 45–64 felt uncomfortable about their dental appearance (29%) than those aged 15–24 (19%).

Visiting a dentist

In 2010, 64% of people aged 5 and over had visited a dentist in the previous year. This ranged from 78% of children aged 5–14 to 57% of adults aged 25–44. Almost half (49%) of adults aged over 18 had regular dental check-ups with the same dental provider (a favourable visiting pattern).

Insurance

In 2010, the majority (54%) of people aged 5 and over had some level of private dental cover. More people living in *Major cities* (59%) had dental insurance than those in *Inner regional* (47%) and *Outer regional* areas (46%). People living in lower income households were less likely to have dental insurance than those in higher income households.

Expenditure

In 2010, most (79%) adults with some level of dental insurance made co-contributions towards the cost of dental visits. Nearly 1 in 10 insured adults (9%) paid all their own expenses. Of these, approximately 17% reported that this caused a large financial burden.

In 2010–11, total spending on dental services in Australia was \$7,857 million: a 2% increase on the previous year. Individuals contributed 58% to total dental spending in 2010–11.

Workforce

Overall, in 2009, there were 54.1 dentists, 5.6 dental therapists, 4.2 dental hygienists, 2.7 oral health therapists and 4.6 prosthetists per 100,000 population. The majority (84.5%) of practising dentists were general dentists and 11.4% were specialists.

1 Introduction

Oral health is an integral aspect of general health. Poor oral health is likely to exist when general health is poor, and vice versa (AHMAC 2001). Oral health is a standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment (UK Department of Health 1994).

This report summarises the latest key findings on the state of oral health of the Australian population. Data were sourced from surveys managed by the Australian Research Centre for Population Oral Health (ARCPOH) and administrative data sets maintained by the Australian Institute of Health and Welfare (AIHW). Topics in this report are described below.

Oral health indicators

This publication presents data on the dental caries (tooth decay) experience and periodontal health of children attending public school dental services, and adults as reported in the National Survey of Adult Oral Health.

Dental caries

Dental caries is the most prevalent health problem among Australians (AHMAC 2001).

Deciduous caries experience (dmft) is recorded as the number of deciduous teeth that are either decayed (d), missing (m) because of dental caries or filled (f) because of dental caries. The measure is based on the World Health Organization (WHO) protocol (WHO 1997), with additional guidelines from Palmer et al. (1984).

Permanent caries experience (DMFT) is recorded as the number of permanent teeth that are either decayed (D), missing (M) because of dental caries or filled (F) because of dental caries, and is also based on the WHO protocol (WHO 1997).

Periodontal disease

Periodontal disease is the fifth most prevalent health problem among Australians (AHMAC 2001). It affects the tissues and structures relating to, and supporting, teeth. Periodontal status is based on the definition used by the Centers for Disease Control and Prevention (CDC). The CDC defines periodontal disease using a combination of deep periodontal pockets, clinical attachment loss and the number of sites affected (Page & Eke 2007).

Tooth loss

About 90% of all tooth loss can be attributed to dental caries and periodontal disease (gum disease) (AHMAC 2001). Tooth loss occurs primarily because of a treatment decision to extract one or more teeth. Teeth are usually extracted because of extensive disease precluding other treatments, the preference of a patient and the recommendation of a dentist (Slade et al. 2007). Measures of tooth loss include prevalence of complete tooth loss (edentulism) and the average number of missing teeth.

Impacts

Dental problems may result in the experience of pain, avoidance of certain foods and a feeling of discomfort about appearance. The social impacts of these experiences may include withdrawal behaviours or a reduced ability to participate in certain activities.

Hospital separations

Potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need (AIHW 2012a).

Hospitalisations where the principal diagnosis was a dental-related condition are considered PPHs. The rate of PPHs associated with dental treatment of adults and children is reported in this publication.

Use of dental services

Many factors influence how frequently people use dental services. The reason a person seeks dental care influences the type of care they are likely to receive and the level of untreated problems they may have at any time. People who visit a dental professional for a routine check-up are most likely to benefit from early detection and treatment, and receive preventive services. Those who seek care for a dental problem may receive less comprehensive treatment, and are less likely to receive preventive services. Generally, people who seek regular and routine care report low levels of extractions and relatively low levels of fillings (Ellershaw & Spencer 2011).

Comparisons of the use of dental services – including time since last visit, usual visiting pattern and type of practice last visited – are presented by age, sex, insurance status and annual household income.

Financial barriers

Financial burden is often cited as a reason why people do not seek regular dental care or comply with recommended treatment (AHMAC 2001). Financial burden reflects the direct and indirect cost of dental services to the individual, the disposable income of a household and the number of people dependent on that income.

Respondents to the National Dental Telephone Survey (NDTIS) 2010 were asked a range of questions relating to the financial burden of dental care, including whether they had avoided or delayed dental care due to cost, whether cost had prevented dental treatment recommended by a dental professional, whether dental visits in the previous 12 months had been a large financial burden, and the level of difficulty they would experience in paying a \$150 dental bill. This amount was selected because, in 2004, the Australian Dental Association Schedule of Fees cost for a dental visit comprising a dental examination, two bitewing X-rays and a scale and clean service was \$150.

Private health insurance

In Australia, coverage of dental costs by private health insurance is based on individuals or families purchasing a health insurance policy that covers all or part of the cost of visiting a private dentist. This report provides information on the proportion of Australian adults who were covered by dental insurance in the 2010 NDTIS, and their utilisation of dental services.

Dental workforce

The dental workforce, consisting of registered dentists, dental therapists, dental hygienists, oral health therapists and dental prosthetists, has a vital role to play in the maintenance and improvement of the oral health of Australians through the provision of preventive and restorative dental services. This report provides an overview of the characteristics of the dental workforce and the projected size of the future workforce.

2 Oral health

2.1 Caries experience of children

Caries experience describes the number of teeth that have been affected by tooth decay. Teeth are affected by decay if they are decayed (d), missing (m) due to caries or filled (f) because of caries in either their deciduous teeth (dmft) or their permanent teeth (DMFT). The combined caries experience (dmft + DMFT) provides an indication of the total amount of disease seen in children attending a school dental service (SDS).

In 2009, the proportion of children with caries experience (dmft + DMFT > 0), in either their deciduous or permanent teeth, ranged from 41.8% for 5 year olds to 67.3% for 8 year olds (Table 2.1).

Table 2.1: Deciduous and permanent dentition: percentage of children with dmft + DMFT > 0 by age children attending a school dental service, 2009

	Age (years)							
	5	6	7	8	9	10	11	12
dmft + DMFT > 0	41.8	52.5	61.1	67.3	66.6	63.8	56.0	54.8

Note: 95% confidence intervals for these estimates are available in Table B.2.1.

Source: Child Dental Health Survey 2009.

The average dmft for children attending a SDS ranged between 1.80 for 5 year olds and 2.54 for 8 year olds. The average dmft was lowest for 10 year olds (1.79) because fewer deciduous teeth remain at this age (Table 2.2).

Children aged 5–6 had higher rates of untreated decay (d) than older children, while numbers of filled teeth (f) were highest for 8 to 9 year olds (1.43 and 1.45 teeth, respectively).

Table 2.2: Deciduous dentition: average dmft by age, children attending a school dental service, 2009

Age (years)	Decayed teeth (d)	Missing teeth (m)	Filled teeth (f)	dmft
	Average	Average	Average	Average
5	1.12	0.17	0.51	1.80
6	1.17	0.28	0.90	2.36
7	0.98	0.31	1.19	2.47
8	0.85	0.27	1.43	2.54
9	0.72	0.21	1.45	2.38
10	0.51	0.15	1.13	1.79

Notes

- Total DMFT may not equal sum of parts due to rounding.
- 95% confidence intervals for these estimates are available in Table B.2.2.

Source: Child Dental Health Survey 2009.

The proportion of children with dmft > 0 ranged from 41.5% for 5 year olds to 60.7% for 9 year olds (Table 2.3).

Table 2.3: Deciduous dentition: percentage of children with dmft > 0 by age, children attending a school dental service, 2009

	Age (years)					
	5	6	7	8	9	10
dmft > 0	41.5	51.0	58.2	59.8	60.7	52.4

Note: 95% confidence intervals for these estimates are available in Table B.2.3.

Source: Child Dental Health Survey 2009.

Caries experience in permanent teeth (DMFT) was associated with age, varying from 0.08 for 6 year olds to 1.70 for 13 year olds (Table 2.4). This reflects both the higher number of permanent teeth in older children and the longer time they have been exposed to the risk of decay.

Untreated decay (D) accounted for most of the DMFT score in children aged 6–8, while filled (F) teeth accounted for most of the DMFT score from age 9.

Table 2.4: Permanent dentition: average DMFT by age, children attending a school dental service, 2009

Age (years)	Decayed teeth (D)	Missing teeth (M)	Filled teeth (F)	DMFT
	Average	Average	Average	Average
6	0.06	—	0.01	0.08
7	0.17	0.01	0.06	0.23
8	0.19	0.02	0.13	0.33
9	0.28	0.02	0.22	0.52
10	0.31	0.03	0.42	0.76
11	0.32	0.02	0.41	0.75
12	0.44	0.08	0.53	1.05
13	0.77	0.05	0.88	1.70
14	0.64	0.05	0.99	1.68

— Nil or rounded to zero.

Notes

1. Total DMFT may not equal sum of parts due to rounding.
2. 95% confidence intervals for these estimates are available in Table B.2.4.

Source: Child Dental Health Survey 2009.

The proportion of children with caries experience in their permanent teeth (DMFT > 0) was also associated with age, ranging from 4.9% for 6 year olds to 57.7% for 14 year olds (Table 2.5). The association between caries prevalence and age reflects the length of time teeth have been exposed to factors putting them at risk of decay.

Table 2.5: Permanent dentition: percentage of children with DMFT > 0 by age, children attending a school dental service, 2009

Age (years)	DMFT > 0
	Per cent
6	4.9
7	12.8
8	18.5
9	24.4
10	31.8
11	34.2
12	44.1
13	54.1
14	57.7

Notes

1. Missing teeth scores were based on missing teeth because of pathology recorded at clinical examination.
2. 95% confidence intervals for these estimates are available in Table B.2.5.

Source: Child Dental Health Survey 2009.

2.2 Caries experience of adults

In 2004–2006, average DMFT scores for adults were higher for older age groups, ranging from 3.17 for the 15–24 age group to 23.70 for those 65 and over. For people aged 15–64, filled teeth contributed the most to the DMFT score. For those aged 65 and over, missing teeth contributed the most to the DMFT score (Table 2.6).

Table 2.6: Average DMFT by age, dentate people aged 15 and over, 2004–2006

Age (years)	Decayed (D)	Missing (M)	Filled (F)	DMFT
15–24	0.62	0.60	1.96	3.17
25–44	0.74	1.55	6.05	8.33
45–64	0.50	7.27	12.07	19.84
65+	0.44	12.85	10.40	23.70
All people	0.61	4.55	7.69	12.85

Notes

1. Missing teeth scores were based on missing teeth because of pathology recorded at clinical examination.
2. Total DMFT may not equal sum of parts due to rounding.
3. 95% confidence intervals for these estimates are available in Table B.2.6.

Source: National Survey of Adult Oral Health 2004–2006.

In 2004–2006, males had a higher number of teeth with untreated decay than females (0.70 and 0.51, respectively). Females had more teeth that had been treated with a filling (7.24 for males and 8.14 for females) (Table 2.7).

People living in *Inner regional* areas had the highest DMFT at 14.75 teeth. Filled teeth contributed the most to DMFT in all remoteness areas, contributing the most to DMFT in *Major cities*, at 61.8%. *Inner regional* areas had the highest average number of teeth missing due to decay.

Uninsured people had a higher number of teeth with untreated decay and teeth missing due to decay, but a lower number of filled teeth. The pattern of more teeth that have been filled, but fewer teeth with untreated decay or missing teeth, for insured people is consistent with more timely dental care.

Total DMFT was associated with household income, with lower DMFT associated with higher income up to an income of \$60,000–<\$80,000. The number of teeth missing due to decay was highest in the lowest household income group and lowest for higher household income groups.

Table 2.7: Average DMFT by sex, remoteness area and dental insurance status, dentate people aged 15 and over, 2004–2006

	Decayed (D)	Missing (M)	Filled (F)	DMFT
Sex				
Male	0.70	4.47	7.24	12.42
Female	0.51	4.64	8.14	13.29
Remoteness area				
Major cities	0.54	4.16	7.61	12.31
Inner regional	0.78	5.80	8.17	14.75
Outer regional	0.68	4.98	7.40	13.06
Remote/Very remote	0.97	3.68	6.40	11.07
Dental insurance status				
Insured	0.38	4.17	8.99	13.54
Uninsured	0.81	5.04	6.79	12.64
Annual household income (\$)				
<12,000	1.06	11.02	7.66	19.74
12,000–<20,000	0.89	9.59	7.98	18.45
20,000–<30,000	0.55	7.21	8.36	16.11
30,000–<40,000	0.79	5.17	8.45	14.41
40,000–<60,000	0.68	3.97	8.22	12.87
60,000–<80,000	0.50	2.82	7.56	10.89
80,000–<100,000	0.41	3.07	8.11	11.59
100,000+	0.43	2.64	7.77	10.84

Notes

1. Total DMFT may not equal sum of parts due to rounding.
2. 95% confidence intervals for these estimates are available in Table B.2.7.

Source: National Survey of Adult Oral Health 2004–2006.

The proportion of people with untreated decay was highest for 25–44 year olds (28.5%) and lowest for people aged 65 and over (21.8%) (Table 2.8).

Table 2.8: Percentage of people with untreated decay by age, dentate people aged 15 and over, 2004–2006

	Age (years)				All people
	15–24	25–44	45–64	65+	
With untreated decay	24.4	28.5	23.8	21.8	25.5

Note: 95% confidence intervals for these estimates are available in Table B.2.8.

Source: National Survey of Adult Oral Health 2004–2006.

A higher proportion of males had untreated decay (28.2%) than females (22.7%) (Table 2.9).

The proportion of people with untreated decay ranged from 23.5% in *Major cities* to 37.6% in *Remote/Very remote* areas.

A higher proportion of uninsured people (31.1%) had untreated decay than insured people (19.4%).

Table 2.9: Percentage of people with untreated decay by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006

	Sex		Remoteness area				Dental insurance status	
	Male	Female	Major cities	Inner regional	Outer regional	Remote/Very remote	Insured	Uninsured
With untreated decay	28.2	22.7	23.5	29.8	30.4	37.6	19.4	31.1

Note: 95% confidence intervals for these estimates are available in Table B.2.9.

Source: National Survey of Adult Oral Health 2004–2006.

Overall, the proportion of people with untreated decay was lower at higher levels of household income. The highest proportion was for people living in households earning less than \$12,000 per year, while the lowest was for people living in households earning \$100,000 or more per year (Table 2.10).

Table 2.10: Percentage of people with untreated decay by income group, dentate people aged 15 and over, 2004–2006

	Annual household income (\$)							
	<12,000	12,000–<20,000	20,000–<30,000	30,000–<40,000	40,000–<60,000	60,000–<80,000	80,000–<100,000	100,000+
With untreated decay	35.4	35.1	23.6	28.9	31.0	22.3	22.2	16.5

Note: 95% confidence intervals for these estimates are available in Table B.2.10.

Source: National Survey of Adult Oral Health 2004–2006.

2.3 Periodontal disease

Periodontal disease (or periodontitis) is the inflammation of tissues surrounding the tooth. It affects the gum, ligaments and the bone, and is caused by bacterial infection. This inflammation can develop into pockets or gaps between the tooth and its surrounding gum and the loss of ligaments and bone that support the tooth. In severe forms of periodontal disease, there can be extensive loss of bone that supports the tooth, resulting in the tooth becoming loose and even causing tooth loss.

In 2004–2006, the prevalence of moderate or severe periodontal disease was higher at older ages and ranged from 2.7% at age 15–24 to 53.4% at age 65 and over.

Table 2.11: Prevalence of moderate or severe periodontal disease by age, dentate people aged 15 and over, 2004–2006 (per cent)

	Age (years)				All people
	15–24	25–44	45–64	65+	
Periodontal disease	2.7	15.3	35.3	53.4	22.9

Note: 95% confidence intervals for these estimates are available in Table B.2.11.

Source: National Survey of Adult Oral Health 2004–2006.

Males were one and half times more likely than females to have moderate or severe periodontal disease (26.8% compared with 19.0%) (Table 2.12).

People in *Major cities* had the lowest occurrence periodontal disease (22.1%), while those from *Remote/Very remote* areas had the highest (36.3%).

A lower proportion of insured (19.4%) than uninsured (27.0%) people had periodontal disease.

Table 2.12: Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006 (per cent)

	Sex		Remoteness area				Dental insurance status	
	Male	Female	Major cities	Inner regional	Outer regional	Remote/Very remote	Insured	Uninsured
Periodontal disease	26.8	19.0	22.1	23.0	28.5	36.3	19.4	27.0

Note: 95% confidence intervals for these estimates are available in Table B.2.12.

Source: National Survey of Adult Oral Health 2004–2006.

The proportion of people with periodontal disease was lower for high household income groups. It varied from 42.3% for people in households earning less than \$12,000 per year to 14.3% for people in households earning \$100,000 or more per year (Table 2.13).

Table 2.13: Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by annual household income, dentate people aged 15 and over, 2004–2006 (per cent)

	Annual household income (\$)							
	<12,000	12,000–<20,000	20,000–<30,000	30,000–<40,000	40,000–<60,000	60,000–<80,000	80,000–<100,000	100,000+
Periodontal disease	42.3	41.0	31.8	26.8	24.8	19.8	15.2	14.3

Note: 95% confidence intervals for these estimates are available in Table B.2.13.

Source: National Survey of Adult Oral Health 2004–2006.

2.4 Tooth retention and loss

In 2010, the proportion of people aged 15 and over who had no natural teeth (edentulous) was 5.2%. Overall, males had lower rates of edentulism (4.1%) than females (6.4%) (Table 2.14).

The proportion who were edentulous was negligible for the 25–44 age group (0.2%) and highest for the 65 and over group (21.1%).

Table 2.14: Percentage of edentulous people by age and sex, people aged 15 and over, 2010

Age group (years)	Sex		All people
	Male	Female	
15–24	—	—	—
25–44	0.1	0.2	0.2
45–64	4.9	6.1	5.5
65+	16.5	24.9	21.1
All people	4.1	6.4	5.2

— Nil or rounded to zero.

Note: 95% confidence intervals for these estimates are available in Table B.2.14.

Source: National Dental Telephone Interview Survey 2010.

The proportion of dentate people aged 15 and over who wore dentures was 13.2%, ranging from 0.9% for those aged 15–24 to 47.4% for those aged 65 and over (Table 2.15).

Table 2.15: Percentage of people wearing dentures by age, dentate adults aged 15 and over, 2010

	Age (years)				All people
	15–24	25–44	45–64	65+	
With dentures	0.9	2.5	16.2	47.4	13.2

Note: 95% confidence intervals for these estimates are available in Table B.2.15.

Source: National Dental Telephone Interview Survey 2010.

Females had higher average rates of tooth loss than males (5.7 and 4.8 teeth, respectively). Across age groups, the average number of missing teeth ranged from 2.2 teeth for people aged 15–24 to 11.9 teeth for those aged 65 and over (Table 2.16).

Table 2.16: Average number of missing teeth by age and sex, dentate people aged 15 and over, 2010

Age group (years)	Sex		All people
	Male	Female	
15–24	1.8	2.6	2.2
25–44	2.9	3.6	3.3
45–64	5.6	6.3	6.0
65+	11.3	12.4	11.9
All people	4.8	5.7	5.3

Notes

1. The number of missing teeth was derived from the self-reported number of natural teeth at the time of the interview and includes all missing teeth regardless of reason.
2. 95% confidence intervals for these estimates are available in Table B.2.16.

Source: National Dental Telephone Interview Survey 2010.

The average number of missing teeth was inversely related to household income. Adults in the lowest four household income categories had between 6.7 and 10.3 missing teeth, compared with between 3.6 and 4.4 for those in the three highest household income groups (Table 2.17).

Overall, adults with some level of dental insurance had a significantly lower number of missing teeth than those without insurance (4.7 and 6.2 missing teeth, respectively). Adults in *Major cities* with dental insurance had fewer missing teeth than adults in *Major cities* without insurance (4.4 and 5.8 teeth, respectively).

Table 2.17: Average number of missing teeth by annual household income, dental insurance status and region, dentate people aged 15 and over, 2010

Insurance status	Annual household income (\$)								All people
	<12,000	12,000–<20,000	20,000–<30,000	30,000–<40,000	40,000–<60,000	60,000–<80,000	80,000–<100,000	100,000+	
Insured									
Major cities	6.0	7.2	8.7	6.4	4.6	4.9	4.0	3.5	4.4
Inner regional	1.9	9.5	11.8	6.6	6.1	4.7	3.6	4.4	5.6
Outer regional	7.2	12.0	8.1	7.9	9.5	4.5	4.5	4.0	5.7
Remote/ Very remote	..	7.5	17.0	3.8	8.8	4.7	3.1	3.7	5.0
<i>All insured</i>	<i>5.1</i>	<i>8.0</i>	<i>9.7</i>	<i>6.5</i>	<i>5.3</i>	<i>4.8</i>	<i>3.9</i>	<i>3.7</i>	4.7
Uninsured									
Major cities	8.9	8.6	10.0	7.1	6.0	3.9	3.3	3.7	5.8
Inner regional	14.9	10.8	11.6	6.1	5.1	3.7	3.9	2.9	6.7
Outer regional	13.6	9.1	11.7	7.9	4.6	4.8	5.3	4.0	6.6
Remote/ Very remote	..	12.0	9.9	4.7	10.4	12.1	2.7	3.8	8.8
<i>All uninsured</i>	<i>11.0</i>	<i>9.3</i>	<i>10.6</i>	<i>6.9</i>	<i>5.8</i>	<i>4.0</i>	<i>3.7</i>	<i>3.5</i>	6.2
All people									
Major cities	8.0	8.2	9.6	6.8	5.4	4.5	3.7	3.5	5.0
Inner regional	11.4	10.5	11.7	6.3	5.5	4.0	3.7	3.9	6.2
Outer regional	11.6	9.6	10.6	7.9	6.3	4.7	4.9	4.0	6.2
Remote/ Very remote	..	9.7	12.2	4.6	9.8	8.0	3.0	3.8	6.7
All regions	8.8	8.9	10.3	6.7	5.6	4.4	3.8	3.6	5.4

.. Not applicable.

Note: 95% confidence intervals for these estimates are available in Table B.2.17.

Source: National Dental Telephone Interview Survey 2010.

2.5 Social impact

In 2010, about one in seven (15.0%) dentate people aged 15 and over reported they had experienced toothache in the previous 12 months. This ranged from 10.1% of those aged 65 and over to 17.1% of those aged 25–44 (Table 2.18).

Table 2.18: Percentage of people who experienced toothache in previous 12 months by age, dentate people aged 15 and over, 2010

	Age (years)				All people
	15–24	25–44	45–64	65+	
Toothache experience	16.4	17.1	13.8	10.1	15.0

Note: 95% confidence intervals for these estimates are available in Table B.2.18.

Source: National Dental Telephone Interview Survey 2010.

A quarter (25.0%) of all adults over the age of 15 reported they had felt uncomfortable about their dental appearance in the previous 12 months, ranging from 18.7% for those aged 15–24 to 28.8% for those aged 45–64 (Table 2.19). Among dentate adults, those aged 45–64 were most concerned about their dental appearance (28.7%), while among edentulous adults, those aged 65 and over were the least concerned (75.2%).

Table 2.19: Percentage of people uncomfortable about their dental appearance in previous 12 months by age and dentate status, people aged 15 and over, 2010

Age group (years)	Dentate status		All people
	Dentate	Edentulous	
15–24	18.7	—	18.7
25–44	25.2	75.2	25.3
45–64	28.7	29.6	28.8
65+	24.0	11.3	21.4
Total	25.4	18.0	25.0

— Nil or rounded to zero.

Note: 95% confidence intervals for these estimates are available in Table B.2.19.

Source: National Dental Telephone Interview Survey 2010.

Approximately 17% of adults avoided eating certain foods because of problems with their teeth, ranging from 12.2% of people aged 15–24 to 20.9% of those aged 45–64 (Table 2.20). Dentate adults were less likely to avoid eating certain foods because of problems with their teeth than edentulous adults (16.5% and 30.6%, respectively). Dentate people aged 15–24 had significantly lower rates of avoiding certain foods than the two age groups 45 and over (12.2%, 19.7% and 19.3%, respectively).

Table 2.20: Percentage of people who avoided certain foods in previous 12 months by age and dentate status, people aged 15 and over, 2010

Age (years)	Dentate status		All people
	Dentate	Edentulous	
15–24	12.2	—	12.2
25–44	15.0	75.2	15.1
45–64	19.7	40.5	20.9
65+	19.3	25.0	20.5
Total	16.5	30.6	17.3

— Nil or rounded to zero.

Note: 95% confidence intervals for these estimates are available in Table B.2.20.

Source: National Dental Telephone Interview Survey 2010.

3 Hospital separations

3.1 Potentially preventable hospital separations

Potentially preventable hospitalisations (PPHs) are hospital separations where the principal diagnosis of the hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided. Separation rates, or rates of completed episodes of care for PPHs for dental conditions, therefore provide an indicator of the potential inadequacy of dental care in the community.

In 2010–11, the total number of PPHs related to dental conditions was 60,590 or 2.8 separations per 1,000 population. The age-standardised separation rate ranged from 2.1 separations per 1,000 population in the Australian Capital Territory to 3.7 in Western Australia (Table 3.1).

Table 3.1: Hospital separations for potentially preventable hospitalisations due to dental conditions^(a), state or territory of usual residence, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number ^(b)	16,102	15,937	12,173	8,461	5,350	1,099	725	707	60,590
Separation rate ^(c)	2.3	2.9	2.7	3.7	3.3	2.3	2.1	2.9	2.8

- (a) Potentially avoidable hospitalisations related to dental care are defined as the following ICD-10-AM 6th edition (see NCCH 2008) Principal diagnosis categories: K02 Dental caries; K03 Other diseases of hard tissues of teeth; K04 Diseases of pulp and periapical tissues; K05 Gingivitis and periodontal diseases; K06 Other diseases of gingival and edentulous alveolar ridge; K08 Other disorders of teeth and supporting structures; K09.8 Other cysts of oral region, not elsewhere classified; K09.9 Cyst of oral region, unspecified; K12 Stomatitis and related lesions; K13 Other diseases of lip and oral mucosa.
- (b) Excludes multiple diagnoses for the same separation within the same group and records with care type of Newborn (without qualified days), Hospital boarders and Posthumous organ procurement.
- (c) Number of separations per 1,000 population. Separation rates were directly age standardised using the estimated resident populations as at 30 June 2009. The estimated resident populations use a highest age group of 85 and over (see AIHW 2011 for more detail).

Source: Australian hospital statistics 2010–11, AIHW 2011.

Across remoteness areas, the rate of PPHs due to dental conditions was lowest for *Major cities* (2.6) and highest for *Very remote* areas (4.1) (Table 3.2).

Table 3.2: Hospital separations for potentially preventable hospitalisations due to dental conditions^(a), remoteness area of usual residence, 2010–11

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number ^(b)	38,548	13,496	6,446	1,238	812	60,590
Separation rate ^(c)	2.6	3.1	3.1	3.7	4.1	2.8

- (a) Potentially avoidable hospitalisations related to dental care are defined as the following ICD-10-AM 6th edition Principal diagnosis categories: K02 Dental caries; K03 Other diseases of hard tissues of teeth; K04 Diseases of pulp and periapical tissues; K05 Gingivitis and periodontal diseases; K06 Other diseases of gingival and edentulous alveolar ridge; K08 Other disorders of teeth and supporting structures; K09.8 Other cysts of oral region, not elsewhere classified; K09.9 Cyst of oral region, unspecified; K12 Stomatitis and related lesions; K13 Other diseases of lip and oral mucosa.
- (b) Excludes multiple diagnoses for the same separation within the same group and records with care type of Newborn (without qualified days), Hospital boarders and Posthumous organ procurement.
- (c) Number of separations per 1,000 population. Separation rates were directly age standardised using the estimated resident populations as at 30 June 2009. The estimated resident populations use a highest age group of 85 and over (see AIHW 2011 for more detail).

Source: Australian hospital statistics 2010–11, AIHW 2011.

In 2009–10, children aged 5–9 had the highest number of separations related to potentially avoidable dental conditions (12,291 separations or 9.0 separations per 1,000 children aged 5–9), followed by children aged 0–4 (7,681, or 5.3 per 1,000 children aged 0–4) (Table 3.3).

Table 3.3: Number and rate of hospital separations for potentially preventable hospitalisations due to dental conditions^(a), by sex and age group, 2009–10

	Age (years)									Total ^(d)
	0–4	5–9	10–14	15–24	25–34	35–44	45–54	55–64	65+	
	Number^(b)									
Male	4,104	6,498	1,635	2,700	2,694	2,706	2,840	3,026	3,200	29,403
Female	3,577	5,793	1,641	3,505	2,717	3,030	3,937	3,578	3,496	31,274
All people	7,681	12,291	3,276	6,205	5,411	5,736	6,777	6,604	6,696	60,677
	Separation rate^(c)									
Male	5.5	9.3	2.3	1.7	1.7	1.7	1.9	2.4	2.4	2.7
Female	5.1	8.7	2.4	2.3	1.7	1.9	2.6	2.8	2.2	2.8
All people	5.3	9.0	2.3	2.0	1.7	1.8	2.2	2.6	2.3	2.7

(a) Potentially avoidable hospitalisations related to dental care are defined as the following ICD-10-AM 6th edition Principal diagnosis categories: K02 Dental caries; K03 Other diseases of hard tissues of teeth; K04 Diseases of pulp and periapical tissues; K05 Gingivitis and periodontal diseases; K06 Other diseases of gingival and edentulous alveolar ridge; K08 Other disorders of teeth and supporting structures; K09.8 Other cysts of oral region, not elsewhere classified; K09.9 Cyst of oral region, unspecified; K12 Stomatitis and related lesions; K13 Other diseases of lip and oral mucosa.

(b) Excludes multiple diagnoses for the same separation within the same group and records with care type of Newborn (without qualified days) and records for Hospital boarders and Posthumous organ procurement.

(c) The separation rate used in this table (number of separations per 1,000 population) is a crude population rate based on the 2009 estimated resident population.

(d) Totals differ from those in Tables 3.1 and 3.2 due to differences in data sources. Totals presented here were extracted from AIHW data cubes.

Source: Australian hospital statistics 2009–10 data cubes, AIHW (accessed 28 September 2011).

3.2 Hospital separations for oral health procedures involving general anaesthetics

In 2010–11, the total number of hospital separations for dental procedures requiring a general anaesthetic was 129,084, or 5.8 separations per 1,000 population. People aged 15–24 had the highest number of separations (51,984, or 16.5 per 1,000 people aged 15–24), and those aged 65 and over had the lowest (5,027, or 1.7 per 1,000 people aged 65 and over) (Table 3.4).

Table 3.4: Number and rate of hospital separations for hospitalisations requiring general anaesthesia for procedures related to dental conditions^(a), by sex and age group, Australia, 2010–11

	Age (years)									Total
	0–4	5–9	10–14	15–24	25–34	35–44	45–54	55–64	65+	
	Number^(b)									
Male	4,241	7,088	3,706	20,544	8,360	4,747	3,415	2,709	2,334	57,144
Female	3,549	6,215	4,821	31,435	11,044	5,114	4,040	3,023	2,693	71,934
All people	7,790	13,303	8,527	51,984	19,405	9,861	7,455	5,732	5,027	129,084
	Separation rate^(c)									
Male	5.7	10.1	5.1	12.7	5.2	3.0	2.3	2.2	1.7	5.1
Female	5.0	9.4	7.0	20.6	7.0	3.2	2.6	2.4	1.7	6.4
All people	5.4	9.7	6.1	16.5	6.1	3.1	2.5	2.3	1.7	5.8

(a) Hospital separations requiring general anaesthesia for dental conditions as defined by following Australian Classification of Health interventions 6th edition block numbers and procedure codes: 457 Nonsurgical removal of tooth; 458 Surgical removal of tooth; 462 Pulp treatment; 463 Periradicular surgery; 465 Metallic restoration; 466 Tooth-coloured restoration; 468 Inlay, onlay, indirect; 469 Other restorative dental service; 470 Crown; 471 Bridge; 472 Other dental service on crown and bridge; 97241–00 Tooth root resection, per root; 97387–00 Replantation and splinting of tooth; 97388–00 Transplantation of tooth or tooth bud; 97445–00 Exploration or negotiation of calcified root canal, per canal; 97457–00 Obturation of resorption defect or perforation; 97458–00 Interim therapeutic root filling; 97772–00 Provision of resin splint, indirect; 97773–00 Provision of metal splint, indirect; 97778–00 Metallic inlay for denture tooth.

(b) Excludes records with care type of Newborn (without qualified days) and records for Hospital boarders and Posthumous organ procurement.

(c) The separation rate used in this table (number of separations per 1,000 population) is a crude population rate based on the 2010 projected Aboriginal and Torres Strait Islander population.

Source: ARCPHO analysis of AIHW Hospital Morbidity database, unpublished.

For the Aboriginal and Torres Strait Islander population, the total number of hospital separations for dental procedures requiring a general anaesthetic was 2,799 in 2010–11, or 5.0 per 1,000 Aboriginal and Torres Strait Islander people. Indigenous children aged 5–9 had the highest number of separations (808, or 12.6 per 1,000 children aged 5–9), followed by those aged 0–4 (691, or 10.0 per 1,000 children aged 0–4). Indigenous adults aged 65 and over had the lowest number of separations for dental procedures requiring a general anaesthetic (18 or 1.0 per 1,000 people aged 65 and over) (Table 3.5).

Table 3.5: Number and rate of hospital separations for hospitalisations requiring general anaesthesia for procedures related to dental conditions^(a), by sex and age group, Aboriginal and Torres Strait Islander people, 2010–11

	Age (years)									Total
	0–4	5–9	10–14	15–24	25–34	35–44	45–54	55–64	65+	
	Number^(b)									
Male	380	409	96	212	147	94	50	25	6	1,419
Female	311	399	98	250	152	86	49	23	12	1,380
All people	691	808	194	462	299	180	99	48	18	2,799
	Separation rate^(c)									
Male	10.8	12.5	2.9	3.6	3.7	2.8	2.0	1.7	0.7	5.1
Female	9.2	12.7	3.1	4.4	3.9	2.4	1.8	1.4	1.1	4.9
All people	10.0	12.6	3.0	4.0	3.8	2.6	1.9	1.6	1.0	5.0

(a) Hospital separations requiring general anaesthesia for dental conditions as defined by following Australian Classification of Health interventions 6th edition block numbers and procedure codes: 457 Nonsurgical removal of tooth; 458 Surgical removal of tooth; 462 Pulp treatment; 463 Periradicular surgery; 465 Metallic restoration; 466 Tooth-coloured restoration; 468 Inlay, onlay, indirect; 469 Other restorative dental service; 470 Crown; 471 Bridge; 472 Other dental service on crown and bridge; 97241–00 Tooth root resection, per root; 97387–00 Replantation and splinting of tooth; 97388–00 Transplantation of tooth or tooth bud; 97445–00 Exploration or negotiation of calcified root canal, per canal; 97457–00 Obturation of resorption defect or perforation; 97458–00 Interim therapeutic root filling; 97772–00 Provision of resin splint, indirect; 97773–00 Provision of metal splint, indirect; 97778–00 Metallic inlay for denture tooth.

(b) Excludes records with care type of Newborn (without qualified days) and records for Hospital boarders and Posthumous organ procurement.

(c) The separation rate used in this table (number of separations per 1,000 population) is a crude population rate based on the 2010 projected Aboriginal and Torres Strait Islander population.

Sources: ARCPOH analysis of AIHW Hospital Morbidity database, unpublished; Australian Bureau of Statistics, Projected Aboriginal and Torres Strait Islander population, series B, June 2010.

4 Use of dental services

4.1 Time since last dental visit

In 2010, approximately two-thirds (64.0%) of people aged 5 and over had visited a dental practitioner in the previous 12 months. More females had visited within the previous year than males (67.4% and 60.6%, respectively) (Table 4.1).

Just over 1 in 4 children aged 2–4 visited a dentist in the previous 12 months (28.4%), with 32.1% having visited within the previous 2 years and 67.7% never having visited a dentist. For children aged 5–14, 78.0% had visited in the previous 12 months, with 91.1% having visited within the previous 2 years.

In contrast, 57.1% of all adults aged 25–44 had visited a dental practitioner in the previous 12 months, with 77.6% having visited in the previous 2 years.

Table 4.1: Time since last dental visit by age and sex, percentage of dentate people aged 2 and over, 2010

	Time since last visit			
	<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
Sex				
<i>People aged 2–4</i>				
Male	22.1	4.7	0.1	73.0
Female	35.0	2.7	0.1	62.2
<i>People aged 5+</i>				
Male	60.6	18.6	11.3	9.5
Female	67.4	16.3	9.9	6.4
Age (years)				
2–4	28.4	3.7	0.1	67.7
5–14	78.0	13.1	2.5	6.4
15–24	63.9	17.8	12.8	5.5
25–44	57.1	20.5	13.2	9.2
45–64	63.6	18.4	10.8	7.2
65+	66.9	12.2	9.8	11.1
People aged 2+	62.6	16.9	10.2	10.4
People aged 5+	64.0	17.5	10.6	7.9

Note: 95% confidence intervals for these estimates are available in Table B.4.1.

Source: National Dental Telephone Interview Survey 2010.

The proportion of adults who visited a dental practitioner within the previous 12 months was lowest (49.8%) for those with the lowest household incomes and highest (66.8%) for those with the highest household incomes. The proportion of dentate adults whose last visit was more than 2 years ago ranged from 34.4% to 15.7% across the same income groups (Table 4.2).

Table 4.2: Time since last dental visit by annual household income, percentage of dentate people aged 15 and over, 2010

Annual household income (\$)	Time since last visit			
	<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
<12,000	49.8	15.8	13.9	20.5
12,000–<20,000	55.6	14.6	12.0	17.9
20,000–<30,000	56.3	16.1	16.7	10.9
30,000–<40,000	53.7	21.9	14.4	10.0
40,000–<60,000	57.2	18.2	13.6	10.9
60,000–<80,000	62.2	20.8	11.1	5.8
80,000–<100,000	61.8	20.8	11.1	6.3
100,000+	66.8	17.5	10.5	5.2
All people	61.7	18.2	11.9	8.2

Note: 95% confidence intervals for these estimates are available in Table B.4.2.

Source: National Dental Telephone Interview Survey 2010.

Across remoteness areas, a higher proportion of adults living in *Major cities* had visited a dental practitioner in the previous year (64.0%) than those living in other areas (Table 4.3).

Table 4.3: Time since last dental visit by remoteness area, percentage of dentate people aged 15 and over, 2010

Remoteness area	Time since last visit			
	<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
Major cities	64.0	17.7	10.7	7.7
Inner regional	56.7	18.7	14.8	9.8
Outer regional	57.0	20.1	14.7	8.2
Remote/Very remote	50.8	24.9	16.0	8.3
All people	61.7	18.2	11.9	8.2

Note: 95% confidence intervals for these estimates are available in Table B.4.3.

Source: National Dental Telephone Interview Survey 2010.

Almost three-quarters of dentate adults with dental insurance (71.9%) saw a dentist within the previous year, compared with around half of those without dental insurance (49.6%) (Table 4.4).

Table 4.4: Time since last dental visit by dental insurance status, percentage of dentate people aged 15 and over, 2010

Insurance status	Time since last visit			
	<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
Insured	71.9	16.3	7.8	4.1
Uninsured	49.6	20.6	16.6	13.2
All people	61.7	18.2	11.9	8.2

Note: 95% confidence intervals for these estimates are available in Table B.4.4.

Source: National Dental Telephone Interview Survey 2010.

4.2 Reason for last dental visit

Younger people were more likely to attend a dental visit for a check-up than adults in 2010. More than 4 in 5 people aged less than 25 reported that their last dental visit was for a check-up (82.6% for those aged 2–4, 83.2% for those aged 5–14 and 80.3% for those aged 15–24). In contrast, just under half of people aged 45–64 attended because of a problem (46.6%) (Table 4.5).

Table 4.5: Reason for last dental visit by age group, percentage of dentate people aged 2 and over, 2010

Age (years)	Reason for last visit	
	Check-up	Problem
2–4	82.6	17.4
5–14	83.2	16.8
15–24	80.3	19.7
25–44	61.1	38.9
45–64	53.4	46.6
65+	56.0	44.0
All people (aged 2+)	65.3	34.7
All people (aged 5+)	65.0	35.0

Notes

1. Dentate people aged 2 and over who made a dental visit in the previous 2 years.
2. 95% confidence intervals for these estimates are available in Table B.4.5.

Source: National Dental Telephone Interview Survey 2010.

With the exception of individuals living in the lowest household income group (less than \$12,000 per year), the proportion of individuals who reported that their last visit was for a check-up was positively associated with household income, varying from 52.5% for those in the \$12,000–\$20,000 income group to 72.1% for those in the \$100,000+ group (Table 4.6).

Table 4.6: Reason for last dental visit by household income, percentage of dentate people aged 5 and over, 2010

Annual household income (\$)	Reason for last visit	
	Check-up	Problem
<12,000	62.3	37.7
12,000–<20,000	52.5	47.5
20,000–<30,000	50.9	49.1
30,000–<40,000	50.8	49.2
40,000–<60,000	61.6	38.4
60,000–<80,000	61.1	38.9
80,000–<100,000	71.9	28.1
100,000+	72.1	27.9
All people	65.0	35.0

Notes

1. Dentate people aged 5 and over who made a dental visit in the previous 2 years.
2. 95% confidence intervals for these estimates are available in Table B.4.6.

Source: National Dental Telephone Interview Survey 2010.

People living in *Major cities* had higher rates of visiting for a check-up (66.8%) than those in *Outer regional* areas (56.8%) (Table 4.7).

Table 4.7: Reason for last dental visit by remoteness area, percentage of dentate people aged 5 and over, 2010

Remoteness	Reason for last visit	
	Check-up	Problem
Major cities	66.8	33.2
Inner regional	61.8	38.2
Outer regional	56.8	43.2
Remote/Very remote	65.0	35.0
All people	65.0	35.0

Notes

1. Dentate people aged 5 and over who made a dental visit in the previous 2 years.
2. 95% confidence intervals for these estimates are available in Table B.4.7.

Source: National Dental Telephone Interview Survey 2010.

More people with insurance (70.2%) reported their last visit was for a check-up than those without insurance (56.8%) (Table 4.8).

Table 4.8: Reason for last dental visit by dental insurance status, percentage of dentate people aged 5 and over, 2010

Insurance status	Reason for last visit	
	Check-up	Problem
Insured	70.2	29.8
Uninsured	56.8	43.2
All people	65.0	35.0

Notes

1. Dentate people aged 5 and over who made a dental visit in the previous 2 years.
2. 95% confidence intervals for these estimates are available in Table B.4.8.

Source: National Dental Telephone Interview Survey 2010.

4.3 Type of practice visited at last dental visit

In 2010, most (88.2%) people aged 2 and over reported that their last dental visit was to a private dental practice, compared with 6.1% at a public dental service and 4.8% to a SDS (Table 4.9).

Almost a quarter (22.8%) of children aged 5–14 attended a SDS for their last dental visit and over two-thirds (68.2%) attended a private practice, compared with 6.0% and 76.7%, respectively, for those aged 2–4.

People aged 65 and over had higher rates of public dental service attendance than younger age groups.

Table 4.9: Type of practice visited at last dental visit by age, percentage of dentate people aged 2 and over who visited in last 12 months, 2010

Age (years)	Type of practice visited at last dental visit			
	Private	Public	SDS	Other
2–4	76.7	12.5	6.0	4.8
5–14	68.2	8.6	22.8	0.3
15–24	87.8	5.8	5.1	1.2
25–44	94.6	4.0	..	1.4
45–64	95.3	3.8	..	0.9
65+	87.9	11.6	..	0.5
All people 2+	88.2	6.1	4.8	1.0
All people 5+	88.3	6.0	4.8	0.9

.. Not applicable.

Note: 95% confidence intervals for these estimates are available in Table B.4.9.

Source: National Dental Telephone Interview Survey 2010.

With the exception of the lowest income group, those in lower household income groups (up to \$40,000) had higher rates of public dental service visits than those in the higher income groups. Over a quarter (28.3%) of dentate people in the \$12,000–<\$20,000 bracket visited a public dental service at their last visit, compared with only 1.3% of those in the \$100,000 and over income group. SDS use was relatively even across all income groups (Table 4.10).

Table 4.10: Type of practice visited at last dental visit by household, percentage of dentate people aged 5 and over who visited in last 12 months, 2010

Annual household income (\$)	Type of practice visited at last dental visit			
	Private	Public	SDS	Other
<12,000	84.0	11.9	4.2	—
12,000–<20,000	64.8	28.3	6.7	0.3
20,000–<30,000	77.6	16.9	4.4	1.0
30,000–<40,000	80.0	14.5	4.6	1.0
40,000–<60,000	88.6	4.6	6.3	0.4
60,000–<80,000	87.5	3.9	7.1	1.5
80,000–<100,000	89.8	3.3	6.0	0.9
100,000+	94.2	1.3	3.4	1.1
All people	88.3	6.0	4.8	0.9

— Nil or rounded to zero.

Note: 95% confidence intervals for these estimates are available in Table B.4.10.

Source: National Dental Telephone Interview Survey 2010.

Across remoteness areas, use of a SDS was highest in *Remote/Very remote* areas, with 24.8% of dentate people in *Remote/Very remote* areas accessing this service compared with 3.2% of people living in *Major cities*. The proportion of dentate people using public dental services was lower in *Major cities* (5.0%) than in *Inner regional* (8.6%) and *Outer regional* (8.2%) areas (Table 4.11).

Table 4.11: Type of practice visited at last dental visit by remoteness area, percentage of dentate people aged 5 and over who visited in last 12 months, 2010

Remoteness area	Type of practice visited at last dental visit			
	Private	Public	SDS	Other
Major cities	90.9	5.0	3.2	0.9
Inner regional	83.6	8.6	6.6	1.2
Outer regional	80.4	8.2	10.4	1.0
Remote/Very remote	66.8	7.1	24.8	1.2
All people	88.3	6.0	4.8	0.9

Note: 95% confidence intervals for these estimates are available in Table B.4.11.

Source: National Dental Telephone Interview Survey 2010.

More insured people accessed private care at their last visit than uninsured people (94.9% and 76.8%, respectively) (Table 4.12).

Table 4.12: Type of practice visited at last dental visit by dental insurance status, percentage of dentate people aged 5 and over who visited in last 12 months, 2010

Insurance status	Type of practice visited at last dental visit			
	Private	Public	SDS	Other
Insured	94.9	1.7	2.8	0.6
Uninsured	76.8	13.4	8.2	1.6
All people	88.3	6.0	4.8	0.9

Note: 95% confidence intervals for these estimates are available in Table B.4.12.

Source: National Dental Telephone Interview Survey 2010.

4.4 Dental visiting patterns

The measure 'visiting patterns' was derived from characteristics of people's dental attendance. Favourable attendance relates to visiting a dentist once or more per year, usually for a check-up, and having a usual dental provider. Unfavourable attendance relates to visiting less than once every 2 years and usually visiting for a problem, or visiting once every 2 years usually for a problem and without a regular dental provider. All combinations between are classified as intermediate visiting patterns.

Overall, in 2010, approximately half (49.4%) of all dentate adults over the age of 18 had favourable visiting patterns and a third (33.2%) had intermediate visiting patterns (Table 4.13).

Females were more likely to have favourable visiting patterns (53.4%) than males (45.3%).

Dentate adults 65 and over had higher rates of favourable attendance than those aged 25–44 (56.6% and 46.4%, respectively). Higher rates of unfavourable attendance were reported for 25–44 year olds than 18–24 year olds (19.0% and 12.3%, respectively).

Table 4.13: Dental visiting pattern by age and sex, percentage of dentate people aged 18 and over, 2010

	Dental visiting pattern		
	Favourable	Intermediate	Unfavourable
Sex			
Male	45.3	35.7	19.1
Female	53.4	30.9	15.7
Age (years)			
18–24	48.2	39.5	12.3
25–44	46.4	34.6	19.0
45–64	50.5	31.9	17.6
65+	56.6	26.3	17.1
All people	49.4	33.2	17.3

Note: 95% confidence intervals for these estimates are available in Table B.4.13.

Source: National Dental Telephone Interview Survey 2010.

In 2010, the proportion of dentate adults with favourable visiting patterns varied by household income. Just over a third (35.3%) of adults in the lowest income group had favourable visiting patterns, compared with nearly two-thirds (59.2%) of those in the highest income group (Table 4.14).

Table 4.14: Dental visiting pattern by household income, percentage of dentate people aged 18 and over, 2010

Annual household income (\$)	Dental visiting pattern		
	Favourable	Intermediate	Unfavourable
<12,000	35.3	37.6	27.1
12,000–<20,000	37.7	33.3	29.0
20,000–<30,000	38.9	34.3	26.9
30,000–<40,000	36.8	42.4	20.9
40,000–<60,000	44.8	33.9	21.2
60,000–<80,000	48.2	35.9	15.9
80,000–<100,000	51.9	33.2	15.0
100,000+	59.2	29.5	11.4
All people	49.4	33.2	17.3

Note: 95% confidence intervals for these estimates are available in Table B.4.14.

Source: National Dental Telephone Interview Survey 2010.

Across remoteness areas, dentate adults in *Major cities* had higher rates of favourable attendance (52.7%) than those in *Remote/Very remote* areas (34.1%). Dentate adults in *Major cities* had the lowest rates of unfavourable attendance (14.8%), while those in *Outer regional* areas had the highest (26.2%) (Table 4.15).

Table 4.15: Dental visiting pattern by remoteness area, percentage of dentate people aged 18 and over, 2010

Remoteness area	Dental visiting pattern		
	Favourable	Intermediate	Unfavourable
Major cities	52.7	32.4	14.8
Inner regional	44.4	33.0	22.6
Outer regional	35.2	38.6	26.2
Remote/Very remote	34.1	45.1	20.8
All people	49.4	33.2	17.3

Note: 95% confidence intervals for these estimates are available in Table B.4.15.

Source: National Dental Telephone Interview Survey 2010.

Almost two-thirds (62.8%) of insured dentate adults had favourable visiting patterns, compared with just under a third (31.1%) of those without dental insurance (Table 4.16).

Table 4.16: Dental visiting pattern by dental insurance status, percentage of dentate people aged 18 and over, 2010

Insurance status	Dental visiting pattern		
	Favourable	Intermediate	Unfavourable
Insured	62.8	27.9	9.3
Uninsured	31.1	40.3	28.7
Total	49.4	33.2	17.3

Note: 95% confidence intervals for these estimates are available in Table B.4.16.

Source: National Dental Telephone Interview Survey 2010.

4.5 Dental services received

In 2010, dentate people aged 5 and over who visited a dentist in the last 12 months made, on average, 2.34 visits. On average, they received 0.98 scale and clean services, 0.69 fillings and 0.25 extractions. There was no significant difference between the average number of services for males and females (Table 4.17).

Across age groups, adults aged 25–44 had a lower average number of dental visits (2.13) than 15–24 year olds (2.63) and those aged 65 and over (2.55). Adults aged 25 and over had, on average, more fillings than 5–14 year olds (0.43) and 15–24 year olds (0.47).

Table 4.17: Average number of dental services received in last 12 months by age and sex, dentate people aged 2 and over who visited in previous 12 months, 2010

	Number of visits	Extraction(s)	Filling(s)	Scale and clean
Sex				
<i>People aged 2–4</i>				
Male	1.19	0.02	0.04	..
Female	1.10	0.23	0.36	..
<i>People aged 5+</i>				
Male	2.30	0.26	0.73	0.96
Female	2.39	0.23	0.66	1.00
Age (years)				
2–4	1.14	0.15	0.23	..
5–14	2.31	0.20	0.43	0.79
15–24	2.63	0.26	0.47	0.97
25–44	2.13	0.25	0.80	0.98
45–64	2.33	0.21	0.84	1.05
65+	2.55	0.36	0.80	1.09
All people 2+	2.32	0.24	0.69	0.98
All people 5+	2.34	0.25	0.69	0.98

.. Not applicable.

Note: 95% confidence intervals for these estimates are available in Table B.4.17.

Source: National Dental Telephone Interview Survey 2010.

The average number of dental visits made in the past 12 months by dentate people aged 5 and over ranged from 2.01 to 2.73 visits across income groups (Table 4.18).

The average number of extractions ranged from 0.15 to 0.35, with no significant differences between household income groups. People in the highest and second highest income groups had on average fewer fillings (0.57 and 0.55, respectively) than those in the \$20,000–<\$30,000, \$30,000–<\$40,000 and \$40,000–<\$60,000 income groups (0.87, 1.03 and 0.99, respectively).

Table 4.18: Average number of dental services received in previous 12 months by annual household income, dentate people aged 5 and over who visited in previous 12 months, 2010

Annual household income (\$)	Number of visits	Extraction(s)	Filling(s)	Scale and clean
<12,000	2.01	0.15	0.91	0.80
12,000–<20,000	2.73	0.35	0.76	0.92
20,000–<30,000	2.42	0.31	0.87	0.87
30,000–<40,000	2.61	0.34	1.03	0.92
40,000–<60,000	2.41	0.24	0.99	0.91
60,000–<80,000	2.25	0.21	0.66	0.93
80,000–<100,000	2.11	0.17	0.55	0.93
100,000+	2.37	0.24	0.57	1.09
All people	2.34	0.25	0.69	0.98

Note: 95% confidence intervals for these estimates are available in Table B.4.18.

Source: National Dental Telephone Interview Survey 2010.

Across remoteness areas, there were no significant differences in the average number of dental visits (ranging from 2.26 to 2.37), number of extractions (0.21 to 0.77) or the number of fillings (0.56 to 0.80) received in the past 12 months. Those in *Major cities* had higher rates of scale and clean services (1.05) than other regions (Table 4.19).

Table 4.19: Average number of dental services received in previous 12 months by remoteness area, dentate people aged 5 and over who visited in previous 12 months, 2010

Remoteness area	Number of visits	Extraction(s)	Filling(s)	Scale and clean
Major cities	2.37	0.21	0.66	1.05
Inner regional	2.29	0.27	0.80	0.82
Outer regional	2.29	0.40	0.80	0.78
Remote/Very remote	2.26	0.77	0.56	0.75
All people	2.34	0.25	0.69	0.98

Note: 95% confidence intervals for these estimates are available in Table B.4.19.

Source: National Dental Telephone Interview Survey 2010.

There was no significant difference in the average number of visits made in the previous 12 months between insured and uninsured people (2.37 compared with 2.32). However, insured people had fewer extractions (0.21 compared with 0.31), fewer fillings (0.62 compared with 0.83) and more scale and clean services (1.11 compared with 0.76) than uninsured individuals (Table 4.20).

Table 4.20: Average number of dental services received in previous 12 months by dental insurance status, dentate people aged 5 and over who visited in previous 12 months, 2010

Insurance status	Number of visits	Extraction(s)	Filling(s)	Scale and clean
Insured	2.37	0.21	0.62	1.11
Uninsured	2.32	0.31	0.83	0.76
All people	2.34	0.25	0.69	0.98

Note: 95% confidence intervals for these estimates are available in Table B.4.20.

Source: National Dental Telephone Interview Survey 2010.

4.6 Fissure sealants in children

A common and effective preventive practice to halt the development of active decay in permanent teeth is to seal or cover the pits and fissures of teeth (normally molars) with a resin or glass-ionomer (cement) material. This prevents the future build-up of plaque and bacteria in the more decay-susceptible tooth grooves.

In 2009, children aged 6–14 with permanent tooth decay experience (DMFT > 0) were more likely to have a fissure sealant than were children with no permanent decay experience at every age. Overall, this indicates an increasing propensity to provide fissure sealants to those children who are more prone to dental decay (Table 4.21).

Table 4.21: Percentage of children with fissure-sealed teeth by DMFT status and age, children attending a school dental service, 2009

	Age (years)								
	6	7	8	9	10	11	12	13	14
DMFT = 0	2.8	8.2	18.4	23.2	25.0	23.5	26.5	28.7	26.0
DMFT > 0	7.0	16.9	26.8	28.2	31.0	34.0	40.3	39.7	40.8

Note: 95% confidence intervals for these estimates are available in Table B.4.21.

Source: Child Dental Health Survey 2009.

The average number of fissure-sealed teeth in children attending a school dental service ranged from 0.08 teeth in 6 year olds to 1.07 in 13 year olds (Table 4.22).

Table 4.22: Average number of fissure-sealed teeth by age, children attending a school dental service, 2009

	Age (years)								
	6	7	8	9	10	11	12	13	14
Average	0.08	0.27	0.58	0.70	0.77	0.72	0.91	1.07	1.06

Note: 95% confidence intervals for these estimates are available in Table B.4.22.

Source: Child Dental Health Survey 2009.

5 Financial barriers

In 2010, the overall proportion of people aged 2 and over who avoided or delayed visiting a dentist due to cost was 27.4%, ranging from 8.7% for children aged 2–4 to 37.0% for adults aged 25–44 (Table 5.1)

Those in lower household income groups were more likely to delay visiting a dentist due to cost than those in the \$80,000 and over income groups.

Across all income groups, those aged 25–44 and 45–64 were more likely to avoid or delay seeing a dentist, although this pattern was most prevalent in the lower income groups.

Table 5.1: Percentage of people who avoided or delayed visiting a dentist due to cost, by age and household income, dentate people aged 2 and over, 2010

Annual household income (\$)	Age (years)						All people aged 2+	All people aged 5+
	2–4	5–14	15–24	25–44	45–64	65+		
<12,000	0.0	29.1	72.7	21.4	54.5	30.0	39.3	40.4
12,000–<20,000	45.4	31.4	49.8	45.0	55.9	26.8	39.2	39.0
20,000–<30,000	20.6	30.6	32.1	67.0	48.3	27.8	38.8	39.4
30,000–<40,000	8.8	15.4	24.1	49.3	50.1	22.8	35.7	36.6
40,000–<60,000	8.8	19.0	31.3	58.1	36.3	8.7	35.9	37.0
60,000–<80,000	15.7	12.6	35.9	44.8	34.5	14.4	33.1	34.0
80,000–<100,000	7.4	11.2	22.0	34.0	25.4	4.2	23.8	24.8
100,000+	0.2	7.0	19.2	23.8	13.1	3.9	16.5	17.2
All people	8.7	13.9	26.2	37.0	30.0	19.8	27.4	28.2

Note: 95% confidence intervals for these estimates are available in Table B.5.1.

Source: National Dental Telephone Interview Survey 2010.

Nearly one-fifth (18.3%) of people aged 5 and over indicated that cost prevented them from receiving recommended dental treatment (Table 5.2).

Cost was less of an issue for the treatment of children aged 5–14 (5.3%) whereas adults aged 25–44 and 45–64 had the highest rates of not receiving recommended dental treatment due to cost (24.5% and 24.2%, respectively).

Across household income groups, the overall proportion of people not receiving recommended dental treatment due to cost was inversely associated with household income.

Table 5.2: Percentage of people stating cost prevented recommended dental treatment, by age and household income, dentate people aged 2 and over, 2010

Annual household income (\$)	Age (years)						All people aged 2+	All people aged 5+
	2–4	5–14	15–24	25–44	45–64	65+		
<12,000	..	1.0	81.2	40.9	74.6	12.0	40.8	40.8
12,000–<20,000	..	2.6	14.1	49.0	48.3	24.8	29.8	29.8
20,000–<30,000	..	18.5	26.5	61.7	25.3	18.5	25.6	25.6
30,000–<40,000	..	5.8	8.1	30.0	33.7	24.0	22.8	22.8
40,000–<60,000	..	8.4	24.3	33.6	28.0	8.6	22.6	22.6
60,000–<80,000	..	5.9	12.5	25.4	27.0	15.9	19.5	19.5
80,000–<100,000	..	3.1	12.4	28.4	25.0	0.0	18.0	18.0
100,000+	..	3.5	9.6	17.8	16.0	4.0	13.1	13.1
All people	..	5.4	14.1	25.3	24.4	17.0	18.8	18.8

.. Not collected for 2–4 year olds.

Note: 95% confidence intervals for these estimates are available in Table B.5.2.

Source: National Dental Telephone Interview Survey 2010.

A higher proportion of adults aged 18–24 (24.9%) reported they would have a lot of difficulty paying a \$150 dental bill than adults aged 25–44 and 45–54 (17.7% and 17.6%, respectively) (Table 5.3).

The difficulty in paying a \$150 dental bill was inversely related to household income, with over a third of adults (between 33.7% and 45.1%) with a household income of less than \$40,000 per year expressing a lot of difficulty, compared with 6.9% of adults in the \$100,000 and over income bracket.

Table 5.3: Percentage of people who would have a lot of difficulty paying a \$150 dental bill, by age and household income, dentate people aged 18 and over, 2010

Annual household income (\$)	Age (years)				All people
	18–24	25–44	45–64	65+	
<12,000	34.9	28.9	46.9	32.9	36.6
12,000–<20,000	58.9	52.4	59.1	32.9	45.1
20,000–<30,000	63.8	37.1	47.2	26.2	36.3
30,000–<40,000	45.0	38.7	32.8	21.4	33.7
40,000–<60,000	22.2	28.4	20.3	4.7	21.4
60,000–<80,000	24.0	17.6	14.3	4.5	16.4
80,000–<100,000	12.0	16.2	9.3	6.6	13.0
100,000+	20.7	6.3	2.4	5.3	6.9
All people	24.9	17.7	17.6	19.7	18.9

Notes

1. The item 'Difficulty paying a \$150 dental bill' was only collected for adults aged 18 and over.
2. 95% confidence intervals for these estimates are available in Table B.5.3.

Source: National Dental Telephone Interview Survey 2010.

6 Private health insurance

In Australia, the dental insurance system is based on individuals or families purchasing insurance that covers all or part of the cost of visiting a private dentist. This section reports the proportion of Australians who were covered by dental insurance at the time of the survey.

Over half (53.8%) of all people over the age of 5 reported having some level of dental insurance. Adults aged 45–64 had significantly higher rates of dental insurance and those aged 65 and over had significantly lower rates of insurance than other age groups (Table 6.1).

Table 6.1: Percentage of people with dental insurance by age, people aged 2 and over, 2010

Insurance status	Age (years)						All people aged 2+	All people aged 5+
	2–4	5–14	15–24	25–44	45–64	65+		
Insured	53.2	53.2	51.8	54.6	60.5	42.5	53.8	53.8
Uninsured	46.8	46.8	48.2	45.4	39.5	57.5	46.2	46.2

Note: 95% confidence intervals for these estimates are available in Table B.6.1.

Source: National Dental Telephone Interview Survey 2010.

The majority of dentate adults (55.7%) aged 15 and over reported having dental insurance, with rates of insurance ranging from 47.3% in the 65 and over age group to 62.9% for those aged 45–64. Edentulous adults had much lower rates of dental insurance, with only 18.7% of adults aged 45–64 and 24.4% aged 65 and over having some level of dental insurance (Table 6.2).

Table 6.2: Percentage of people with dental insurance by dentate status, people aged 15 and over, 2010

Age (years)	Dentate status		All people
	Dentate	Edentulous	
15–24	51.8	—	51.8
25–44	54.6	—	54.6
45–64	62.9	18.7	60.5
65+	47.3	24.4	42.5
Total	55.7	22.3	53.9

— Nil.

Note: 95% confidence intervals for these estimates are available in Table B.6.2.

Source: National Dental Telephone Interview Survey 2010.

Adult dentate males and females in *Major cities* had higher rates of dental insurance than those in *Inner regional* and *Outer regional* areas (Table 6.3).

Approximately three-quarters (76.3%) of dentate adults in the \$100,000 and over per year annual household income group had some level of dental insurance, compared with less than a third of adults in the bottom three income groups (from 27.3% in the \$12,000–<\$20,000 income group to 29.8% in the \$20,000–<\$30,000 income group).

Table 6.3: Percentage of people with dental insurance by sex, remoteness area and annual household income, dentate people aged 15 and over, 2010

	Remoteness area				All people
	Major cities	Inner regional	Outer regional	Remote/ Very remote	
Sex					
Male	59.2	45.4	43.0	56.5	55.0
Female	59.7	47.7	47.9	55.1	56.3
Annual household income (\$)					
<12,000	30.3	25.6	31.9	100.0	29.3
12,000–<20,000	30.5	22.7	17.8	48.1	27.3
20,000–<30,000	31.4	27.3	27.3	27.4	29.8
30,000–<40,000	40.8	36.7	35.1	35.4	38.9
40,000–<60,000	45.6	40.1	39.9	31.1	43.5
60,000–<80,000	58.6	39.5	46.9	51.7	53.5
80,000–<100,000	67.0	60.4	53.5	74.3	64.6
100,000+	78.3	70.0	66.1	76.5	76.3
All people	59.5	46.5	45.4	55.8	55.7

Note: 95% confidence intervals for these estimates are available in Table B.6.3.

Source: National Dental Telephone Interview Survey 2010.

7 Utilisation of private health insurance

In 2010, the majority of adults with health insurance reported that their insurance paid some (78.7%) or all (7.8%) of the dental costs of their last visit. Only 9.4% of insured adults paid all their own dental expenses (Table 7.1).

Table 7.1: Percentage of people with dental insurance who reported that health insurance paid all or some of the cost of their care by source of payment, people aged 18 and over, 2010

Paid all own expenses	Insurance paid some/patient paid some	Insurance paid all/patient paid none	Govt paid some/patient or insurance paid some	Govt paid all/patient paid none	Other payment option
9.4	78.7	7.8	1.8	1.8	0.5

Note: 95% confidence intervals for these estimates are available in Table B.7.1.

Source: National Dental Telephone Interview Survey 2010.

Almost one-fifth (17.3%) of insured adults who were required to pay all their own dental expenses indicated that dental care caused a large financial burden. This compared with 1.3% of those where insurance paid all expenses, and 8.4% of those who co-contributed (along with their insurer) to the cost of their dental care (Table 7.2).

Table 7.2: Percentage of people who reported that dental care caused a large financial burden by source of payment, insured people aged 18 and over, 2010

Paid all own expenses	Insurance paid some/patient paid some	Insurance paid all/patient paid none	Govt paid some/patient or insurance paid some	Govt paid all/patient paid none	Other payment option	All insured people
17.3	8.4	1.3	18.0	2.5	19.8	8.6

Note: 95% confidence intervals for these estimates are available in Table B.7.2.

Source: National Dental Telephone Interview Survey 2010.

8 Expenditure

Total expenditure on dental services in Australia was \$7,857 million in 2010–11, up from \$5,375 million in 2005–06. Total expenditure increased by 2.2% from 2009–10 to 2010–11, compared with 13.2% from 2008–09 to 2009–10 (Table 8.1).

Total expenditure on dental services increased every year from 2005–06 to 2010–11. Increases were recorded from all sources except state and local government, which decreased by \$12 million from 2008–09 to 2009–10, and individual spending, which decreased by \$132 million from 2009–10 to 2010–11. Federal government direct outlay had the greatest percentage increase from 2005–06 to 2010–11, although in dollar terms, the increase was less than that for individual spending (\$812 million for federal government and \$965 million for individuals).

Table 8.1: Total expenditure (\$ million) on dental services, current prices, by source of funds, 2005–06 to 2010–11

Year	Source of funds						Total
	Federal govt direct outlay	State and local govt	Federal govt premium rebates	Health insurance funds	Individuals	Other	
2005–06	96	526	348	795	3,599	10	5,375
2006–07	114	532	369	865	3,860	10	5,749
2007–08	222	580	423	927	3,944	10	6,106
2008–09	539	640	426	1,034	4,129	22	6,790
2009–10	761	628	504	1,067	4,696	32	7,688
2010–11	908	699	528	1,122	4,564	35	7,857

Note: Column/row totals may not sum to total because of rounding of estimates.

Source: Health expenditure Australia 2010–11, AIHW 2012b.

In 2010–11, individuals were the largest source of funds for total dental expenditure, paying directly out-of-pocket for 58.1% of dental costs. A further 14.3% was paid via health insurance funds. Federal government premium rebates accounted for 6.7% of dental expenditure. Other government contributions to dental expenditure accounted for 20.5% of total expenditure – 11.6% from federal government direct outlay and 8.9% from state and local government (Table 8.2).

Table 8.2: Contribution of government and private funding sources to total dental expenditure, 2005–06 to 2010–11

Year	Source of funds						Total
	Federal govt direct outlay	State and local govt	Federal govt premium rebates	Health insurance funds	Individuals	Other	
2005–06	1.8	9.8	6.5	14.8	67.0	0.2	100.0
2006–07	2.0	9.3	6.4	15.0	67.1	0.2	100.0
2007–08	3.6	9.5	6.9	15.2	64.6	0.2	100.0
2008–09	7.9	9.4	6.3	15.2	60.8	0.3	100.0
2009–10	9.9	8.2	6.6	13.9	61.1	0.4	100.0
2010–11	11.6	8.9	6.7	14.3	58.1	0.4	100.0

Note: Column/row totals may not sum to total because of rounding of estimates.

Source: Health expenditure Australia 2010–11, AIHW 2012b.

As a proportion of overall health expenditure, state and local government contributions to dental services decreased between 2005–06 and 2010–11, from 2.6% to 2.3%. In dollar terms, expenditure increased from \$526 million to \$699 million over the period: an increase of 32.9%. This compares with the increase in overall health expenditure of 51.7% for the same period (Table 8.3).

Table 8.3: State and local government expenditure on dental health in current dollars and as a percentage of total recurrent health expenditure, 2005–06 to 2010–11

State and local govt expenditure	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11
Dental health expenditure (\$ million)	526	532	580	640	628	699
Total health expenditure (\$ million)	19,963	22,357	24,369	25,798	29,056	30,292
Percentage of health expenditure	2.6	2.4	2.4	2.4	2.2	2.3

Source: Health expenditure Australia 2010–11, AIHW 2012b.

9 Dental workforce

9.1 Size and distribution of practising workforce

In 2011, the number of practicing dental practitioners per 100,000 population was 57.0 dentists, 4.7 dental therapists, 4.8 dental hygienists, 4.5 oral health therapists and 4.9 dental prosthetists (Table 9.1).

Table 9.1: Practising dental practitioners per 100,000 population, 2011

	Dentists	Dental therapists	Dental hygienists	Oral health therapists	Prosthetists
Rate (per 100,000)	57.0	4.7	4.8	4.5	4.9

Source: Dental workforce 2011, AIHW 2013.

Across jurisdictions, the number of dentists per 100,000 population ranged from 36.5 in Tasmania to 62.8 in the Australian Capital Territory (Table 9.2).

The number of dental therapists per 100,000 population ranged from 2.8 in New South Wales to 12.6 in Western Australia.

Table 9.2: Employed dental practitioners per 100,000 population by practitioner type, states and territories, 2011

Practitioner type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Dentists	59.0	56.0	56.5	56.6	61.0	36.6	62.8	41.5	57.0
Dental therapists	2.8	3.0	4.4	12.6	6.1	10.2	3.5	6.9	4.7
Dental hygienists	4.2	2.7	2.3	10.0	12.5	2.5	12.9	3.0	4.8
Oral health therapists	2.5	4.2	8.6	2.0	7.2	0.6	4.6	4.8	4.5
Dental prosthetists	5.4	5.7	4.6	3.1	2.6	9.6	3.8	1.7	4.9

Source: Dental workforce 2011, AIHW 2013.

Across remoteness areas, *Major cities* had the highest number of employed dentists (65.1), dental hygienists (5.8) and oral health therapists (4.7) per 100,000 population. *Remote/Very remote* regions had the lowest rates of nearly all practitioners – dentists (25.2), oral health therapists (2.3), dental hygienists (0.8) and prosthetists (0.4) (Table 9.3).

The number of practising dental therapists per 100,000 population was highest in *Outer regional* areas (6.7) and lowest in *Major cities* (4.0).

The number of practising prosthetists per 100,000 population was highest in *Inner regional* areas (5.4) and lowest in *Remote/Very remote* regions (0.4).

Table 9.3: Number of employed dental practitioners per 100,000 population by practitioner type and remoteness area, 2011

Practitioner type	Remoteness area				All regions
	Major cities	Inner regional	Outer regional	Remote/ Very remote	
Dentists	65.1	42.6	33.8	25.2	57.0
Dental therapists	4.0	6.1	6.7	5.8	4.7
Dental hygienists	5.8	2.8	2.5	0.8	4.8
Oral health therapists	4.7	4.0	3.9	2.3	4.5
Dental prosthetists	5.1	5.4	3.5	0.4	4.9

Source: Dental workforce 2011, AIHW 2013.

Approximately 78% of dentists practised in the private sector only, ranging from 54% in the Northern Territory to 82% in New South Wales (Table 9.4).

Table 9.4: Number of employed dentists by sector, states and territories, 2011

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private only	3,505	2,345	1,934	1,028	712	147	188	52	9,916
Public only	367	323	329	155	133	18	28	27	1,381
Working both private and public	379	430	264	148	155	22	15	17	1,437
Total	4,252	3,098	2,526	1,331	1,000	187	231	96	12,734

Note: Column/row totals may not sum to total because of rounding of estimates.

Source: NHWDS: dental practitioners 2011, unpublished.

9.2 Characteristics of practising dentists

In 2011, there were 12,734 employed dentists in Australia, of whom 77.9% worked solely in private practice and 11.3% worked in both private and public practice (Table 9.5).

Female dentists accounted for 35.6% of practising dentists and 46.9% of dentists working solely in the public sector. They were younger than their male colleagues (an average age of 38.0 compared with 46.5), worked fewer hours per week (33.7 hours compared with 39.5 hours), and were more likely to work part-time (43.8% compared with 22.2%).

Table 9.5: Practice characteristics of dentists by sector, 2011

	Sector			Total
	Public	Private	Public and private	
	Number practising			
People	1,381	9,916	1,437	12,734
	Percentage practising			
Female	46.9	33.6	38.1	35.6
	Average age (years)			
Male	46.9	46.5	45.8	46.5
Female	39.0	37.9	37.5	38.0
People	43.2	43.6	42.6	43.5
	Average total hours usually worked per week			
Male	36.5	39.5	42.2	39.5
Female	34.2	33.1	37.1	33.7
People	35.4	43.6	40.2	37.4
	Percentage part-time			
Male	22.8	23.0	16.3	22.2
Female	36.0	47.1	33.0	43.8
People	29.0	31.1	22.7	29.9

Note: Column/row totals may not sum to total because of rounding of estimates.

Source: NHWDS: dental practitioners 2011, unpublished.

Employed dentists predominantly worked as clinicians (95.4%) or dentists who spends the majority of their time working in clinical practice, representing 53.7 full-time equivalent dentists per 100,000 population. Of those predominantly in non-clinical roles, 42.0% were teacher/educators, 30.5% worked in administrator roles and 8.4% worked as researchers (Table 9.6).

Clinicians, were on average younger than their colleagues (43.2 years compared with 49.6 years for all non-clinicians), more likely to be male (64.7 compared with 60.2% for non-clinicians), and worked on average more hours per week than non-clinicians (37.5 and 35.6 hours, respectively) (Table 9.6).

Table 9.6: Employed dentists by principal role, selected characteristics, 2011

Principal role	Number	Average age	Aged 55 and over (per cent)	Women (per cent)	Average hours	FTE rate ^(a)
Clinician	12,154	43.2	22.3	35.3	37.5	53.7
Non-clinician	581	49.6	37.1	39.8	35.6	2.4
Administrator	177	50.1	38.0	42.6	36.1	0.8
Teacher/educator	244	51.7	41.6	41.7	34.0	1.0
Researcher	49	45.4	n.p.	n.p.	43.3	0.3
Other	111	46.2	31.4	32.5	34.7	0.5
Total	12,734	43.5	23.0	35.6	37.4	56.1

(a) Full-time equivalent (FTE) number per 100,000 population, based on a 38-hour week.

n.p. values had been suppressed.

Note: Column/row totals may not sum to total because of rounding of estimates.

Source: Dental workforce 2011, AIHW 2013.

Dentists work in a range of settings. Around half of all employed dentists worked in a group practice (52.1%) and a quarter (25.1%) worked in solo practice. Across jurisdictions, the proportion working in group practices ranged from 34.4% in the Northern Territory to 58.0% in the Australian Capital Territory, and those working in solo practices ranged from 14.6% in the Northern Territory to 30.0% in New South Wales (Table 9.7).

Table 9.7: Number of practising dentists by type of main practice, states and territories, 2011

Type of main practice	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Solo private practice	1,276	732	514	345	212	39	56	14	3,192
Group private practice	2,109	1,681	1,386	657	523	108	134	33	6,634
Locum private practice	32	24	34	28	5	4	3	3	133
Aboriginal health service	27	10	13	n.p.	1	—	n.p.	n.p.	60
Health promotion service	7	3	2	4	3	—	—	—	18
Other community health care service	76	197	91	46	39	18	13	6	485
Hospital	267	135	160	16	46	4	4	4	635
Other residential health care facility	5	3	5	1	1	—	—	—	15
Commercial/business service	33	5	9	—	1	—	—	—	48
Tertiary educational facility	44	49	58	50	49	—	—	—	250
School	—	2	22	11	8	—	—	—	42
Other educational facility	4	5	5	1	1	—	—	—	16
Correctional service	7	3	1	n.p.	—	—	n.p.	n.p.	14
Defence forces	43	17	34	9	6	—	8	14	130
Other government department or agency	21	13	29	59	23	4	n.p.	n.p.	162
Other	88	26	13	9	16	—	n.p.	n.p.	155
Unknown/inadequately described/not stated	212	193	150	91	67	10	10	3	744
Total	4,252	3,098	2,526	1,331	1,000	187	231	96	12,734

— Nil or rounded to zero.

n.p. values had been suppressed.

Note: Column/row totals may not sum to total because of rounding of estimates.

Source: NHWDS: dental practitioners 2011, unpublished.

9.3 Dental specialists

Almost two-fifths (39.8%) of all employed specialists practised in orthodontics, 13.7% practised in periodontics, 11.5% in oral and maxillofacial surgery, and 11.3% in prosthodontics. Oral and maxillofacial surgeons were on average older than their dental specialist colleagues (51.8 years compared with 48.8 years for all specialists), more likely to be male (90.7% compared with 76.6% for all specialists) and worked more hours per week (45.8 and 40.1 hours, respectively) (Table 9.8).

Table 9.8: Employed dental specialists not working in the area of general dental practice: selected characteristics, 2011

Specialty	Number	Average age (years)	Aged 55 and over (per cent)	Women (per cent)	Average weekly hours	FTE rate ^(a)
Dental-maxillofacial radiology	10	46.5	n.p.	n.p.	38.3	—
Endodontics	136	45.8	22.7	21.5	41.2	0.7
Oral and maxillofacial surgery	164	51.8	41.4	9.3	45.8	0.9
Oral medicine	28	n.p.	n.p.	n.p.	39.1	0.1
Oral pathology	6	n.p.	n.p.	n.p.	38.8	—
Oral surgery	19	n.p.	n.p.	n.p.	43.0	0.1
Orthodontics	567	49.7	36.8	20.8	38.1	2.5
Paediatric dentistry	102	41.8	14.4	61.6	40.6	0.5
Periodontics	196	47.7	28.1	26.8	39.7	0.9
Prosthodontics	161	49.5	34.5	15.5	40.6	0.8
Public health dentistry (community dentistry)	9	n.p.	n.p.	n.p.	42.5	—
Special needs dentistry	14	n.p.	n.p.	n.p.	39.2	0.1
Forensic odontology	14	n.p.	n.p.	n.p.	37.1	0.1
All	1,426	48.8	33.5	23.4	40.1	6.7

(a) Full-time equivalent (FTE) number per 100,000 population, based on a 38-hour week.

— Nil or rounded to zero.

n.p. values had been suppressed.

Note: Column/row totals may not sum to total because of rounding of estimates.

Source: Dental workforce 2011, AIHW 2013.

Appendix A: Data collections used in this report

The data presented in this report are sourced from the following:

- Child Dental Health Survey
- National Survey of Adult Oral health
- National Dental Telephone Interview Survey
- National Health Workforce Data Set
- National Hospital Morbidity Database.

Information on other data sources can be found at <www.aihw.gov.au>.

Child Dental Health Survey

Purpose

The Child Dental Health Survey (CDHS) provides time-series data on the oral health status of Australian children attending school dental services (SDS). The aims of the survey are to:

- examine the time-series of statistics, providing annual estimates of children's oral health status
- examine changes over time in oral health status among children
- examine the distribution of oral health status by geographic location and demographic factors
- identify high-risk groups according to geographic location and demographic status.

Data collection

Data for this report have been derived from the annual CDHS conducted in 2009. CDHS is an ongoing national surveillance program that monitors the dental health of children enrolled in school and community dental services operated by the health departments or authorities of Australia's six state and two territory governments. In all jurisdictions, children from both public and private schools are eligible for SDS care. The care typically provided includes dental examinations, preventive services and restorative treatment as required. However, there are some variations among state and territory programs with respect to priority age groups and the nature of services. For example, in some states, caries risk assessment is used to determine recall interval and preventive treatment, while other states do not use caries risk assessment. Consequently, there are variations in the extent of enrolments in each SDS, with some jurisdictions serving more than 80% of primary school children and others serving smaller proportions.

In the 2009 collection, results from Victoria were excluded due to lack of access to the data. New South Wales was excluded from the data collection due to a lack of representativeness of the sample. Children are only seen in the New South Wales public dental service if they have been identified as having treatment needs, such as having decay, meaning that the oral

health of these children does not represent the oral health of the entire child population of New South Wales, many of whom do not have treatment needs.

The data quality statement for the 2009 CDHS is available from the AIHW website at <http://meteor.aihw.gov.au/content/index.phtml/itemId/515381>.

Sampling procedure and weighting

The target population for the CDHS is children attending school dental services operated by each of the states and territories. Data are collected from a random sample of children attending these services for some states. Data from South Australia are collected in full enumeration. Results for New South Wales and Victoria are not reported here.

National Survey of Adult Oral Health

Purpose

The purpose of this collection was to provide a descriptive 'snapshot' of oral health in the adult population of Australia. The findings were intended to provide up-to-date evidence that could contribute to the development of oral health policies and programs in Australia.

Data collection

The National Survey of Adult Oral Health was conducted in 2004–2006. Information was collected using interviews and standardised dental examinations that were conducted among a sample of residents aged 15 years or over.

Self-reported information about oral health and characteristics associated with it was obtained through telephone interviews.

Information about clinical oral status was collected during standardised dental examinations conducted by dentists who undertook training in the survey procedures. Examinations were limited to people who reported having some of their own natural teeth at the time of the interview. Examining dentists followed a standardised protocol to record levels of tooth loss, dental decay experience, tooth wear and – for participants with no medical contraindications to periodontal probing – signs of gum disease.

Sampling procedure and weighting

A three-stage stratified clustered sampling design was used to select people from the target population of Australian residents aged 15 years or over:

- Postcodes were sampled at random from capital city and non-capital city strata in six states and the Northern Territory, and from a single stratum in the Australian Capital Territory. Postcodes represented the geographical clustering in the design and were selected with probability proportional to size, where size was defined as the number of households listed in the 'electronic white pages' (EWP) in each postcode.
- A systematic sample of households listed in the EWP was selected for each sampled postcode. Thirty households per metropolitan postcode and 40 households per non-metropolitan postcode were selected.

- One person aged 15 or over was randomly selected per household. In households with only one person aged 15 or over, that person was selected. In other households, telephone interviewers asked for the name of the person aged 15 or over who had most recently had a birthday and the name of the person aged 15 or over who would have the next birthday.

Data were weighted to compensate for individuals' different probabilities of selection and survey participation rates. For the telephone interview survey, weights were adjusted to ensure that survey estimates were consistent with the 2005 Australian Bureau of Statistics (ABS) estimated resident population (ERP) data. For the oral examination survey, which was restricted to dentate people aged 15 and over, estimates of the dentate population were derived from the telephone interview survey and used to derive examination weights.

National Dental Telephone Interview Survey

Purpose

The purposes of the National Dental Telephone Interview Survey (NDTIS) are to:

- collect basic features of oral health and dental care within the Australian population
- provide information on the broader parameters of oral health and access to services
- monitor the extent of social inequalities within the dental sector
- investigate the underlying reasons behind dental behaviours and the consequences of these behaviours.

Data collection

Data reported in this publication are from the 2010 NDTIS, which was conducted between July 2010 and February 2011. Data were collected from a random sample of people across Australia via telephone interview. The AIHW Dental Statistics and Research Unit (DSRU) was responsible for the selection and management of the data collection phase. Experienced interviewers conducted telephone interviews using computer-assisted telephone interview software. Data collected included measures of self-reported oral health status, use of and access to dental services, social impact of oral health, financial burden of dental care and dental insurance.

Sampling procedure and weighting

The 2010 NDTIS involved a random sample of Australian residents aged 2 and over in all states and territories. The sample was selected using a two-stage stratified design. The first stage of selection involved selecting an initial sample of people aged 18 and over from the Commonwealth electoral roll by the Australian Electoral Commission (AEC). Electoral roll records do not contain telephone numbers, so the records were matched against the Sensis® *MacroMatch* database (which uses the same source data as other Sensis® products, such as EWP and White Pages Online) to append a residential telephone number. Records from the AEC sample that matched to EWP by surname and address and returned a telephone number (either landline or mobile number) formed the basis of the 2010 NDTIS sampling frame. Households listed on this frame were stratified by state and region (metropolitan/non-metropolitan) and a systematic sample of households was selected from within each stratum. Once telephone contact was made with a selected household, the

second stage of selection involved randomly selecting one person aged 5 or over from the household.

Data were weighted to account for a person's probability of selection, which was based on the stratum they were assigned to and the number of people resident in their household who were eligible for selection. Data were further adjusted to reflect the age by sex ERP estimates produced by the ABS.

The data quality statement for the 2010 NDTIS is available from the AIHW website at <http://meteor.aihw.gov.au/content/index.phtml/itemId/519645>.

National Health Workforce Data Set

Purpose

Dental workforce data presented in this publication are sourced from the National Health Workforce Data Set (NHWDS): dental practitioners. Dental practitioners are required by law to be registered with the Dental Board of Australia to practise in Australia. The NHWDS combines initial registration data, including qualifications and demographic information (for new registrants) with updated information on new qualifications and various employment characteristics (for renewing registrants).

Although the data collected through the registration process are collected primarily for administrative purposes, through careful survey design and validation of reported data, they form a rich source of information on dental work force characteristics.

Data collection

The NHWDS: dental practitioners is a combination of data collected through the registration renewal process for dental practitioners. The registration process has been centralised with the recent creation of the Australian Health Practitioner Registration Agency (AHPRA). This has simplified the previous state-based registration so that dentists are required to register once only to practice in all Australian states and territories. Dental practitioners can register, or renew, their registration either online via the AHPRA website or by using a paper form provided by the AHPRA.

When dentists first register, the process is more exhaustive. Registration data collected include demographic information such as age, sex, country of birth, and details of health qualification(s) and registration status (see <http://www.dentalboard.gov.au/Registration-and-Endorsement/Forms.aspx>). Dentists renewing registration provide less detail, but update information previously captured (e.g. adding new qualifications).

Whether dentists register online or in hard copy, they are also asked to complete the Dental Workforce Survey questionnaire. The questionnaire collects information on the employment characteristics, primary work location and work activity of dental practitioners (see <http://www.aihw.gov.au/workforce-publications/>.) Information gathered from registrations and questionnaires is cleansed and adjusted for non-response by the AIHW, to form a nationally consistent data set. The final data set is then known as the National Health Workforce Data Set: dental practitioners.

The AIHW produces and releases reports and data tables based on the NHWDS: dental practitioners. These reports and data tables are available from the AIHW website at <<http://www.aihw.gov.au/workforce-publications/>> (select link to *Dental workforce 2011*).

The data quality statement for the NHWDS: dental workforce is available from the AIHW website at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/510981>>.

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The database contains data relating to admitted patients in almost all hospitals, including public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. Public sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (for example, hospitals operated by the Department of Defence or correctional authorities and hospitals located in offshore territories).

The data supplied are based on the National Minimum Data Set for Admitted Patient Care and include demographic, administrative and length of stay data, as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Data on diagnoses are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 6th edition (NCCH 2008).

Detailed information relating to the NHMD can be found in the report *Australian hospitals statistics 2010–11* (AIHW 2012a).

The data quality statement for the NHMD is available from the AIHW website at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/511338>>.

Appendix B: Confidence intervals for estimates

Table B.2.1: Deciduous and permanent dentition: percentage of children with dmft + DMFT > 0 by age, children attending a school dental service, 2009 (95% confidence intervals)

	Age (years)							
	5	6	7	8	9	10	11	12
dmft + DMFT > 0	(41.5, 42.0)	(52.2, 52.8)	(60.8, 61.3)	(63.5, 64.0)	(66.3, 66.8)	(63.5, 64.1)	(55.7, 56.3)	(54.6, 55.1)

Table B.2.2: Deciduous dentition: average dmft by age, children attending a school dental service, 2009 (95% confidence intervals)

Age (years)	Decayed teeth (d)	Missing teeth (m)	Filled teeth (f)	dmft
	95% CI	95% CI	95% CI	95% CI
5	(1.07, 1.17)	(0.15, 0.19)	(0.48, 0.54)	(1.74, 1.87)
6	(1.13, 1.22)	(0.26, 0.30)	(0.87, 0.94)	(2.29, 2.42)
7	(0.94, 1.01)	(0.29, 0.33)	(1.15, 1.23)	(2.41, 2.53)
8	(0.82, 0.88)	(0.25, 0.29)	(1.39, 1.47)	(2.49, 2.60)
9	(0.69, 0.74)	(0.20, 0.23)	(1.41, 1.49)	(2.33, 2.43)
10	(0.49, 0.53)	(0.14, 0.16)	(1.10, 1.17)	(1.74, 1.83)

Table B.2.3: Deciduous dentition: percentage of children with dmft > 0 by age, children attending a school dental service, 2009 (95% confidence intervals)

	Age (years)					
	5	6	7	8	9	10
dmft > 0	(41.2, 41.8)	(50.8, 51.3)	(57.9, 58.5)	(59.5, 60.1)	(60.4, 61.0)	(52.1, 52.7)

Table B.2.4: Permanent dentition: average DMFT by age, children attending a school dental service, 2009 (95% confidence intervals)

Age (years)	Decayed (D)	Missing (M)	Filled (F)	DMFT
	95% CI	95% CI	95% CI	95% CI
6	(0.06, 0.07)	—	(0.01, 0.02)	(0.07, 0.09)
7	(0.15, 0.18)	(0.00, 0.01)	(0.05, 0.07)	(0.22, 0.25)
8	(0.17, 0.20)	(0.01, 0.02)	(0.12, 0.14)	(0.31, 0.35)
9	(0.26, 0.29)	(0.02, 0.03)	(0.20, 0.23)	(0.49, 0.54)
10	(0.30, 0.33)	(0.02, 0.04)	(0.40, 0.44)	(0.73, 0.79)
11	(0.30, 0.34)	(0.02, 0.03)	(0.39, 0.43)	(0.72, 0.78)
12	(0.42, 0.46)	(0.07, 0.09)	(0.50, 0.55)	(1.01, 1.08)
13	(0.73, 0.81)	(0.04, 0.06)	(0.84, 0.91)	(1.64, 1.76)
14	(0.60, 0.67)	(0.04, 0.06)	(0.95, 1.03)	(1.62, 1.73)

— Nil or rounded to zero.

Table B.2.5: Permanent dentition: percentage of children with DMFT > 0 by age, children attending a school dental service, 2006 (95% confidence intervals)

Age (years)	DMFT > 0
	95% CI
6	(4.8, 5.0)
7	(12.6, 13.0)
8	(18.3, 18.7)
9	(24.2, 24.7)
10	(31.6, 32.1)
11	(33.9, 34.5)
12	(44.8, 45.4)
13	(53.8, 54.4)
14	(57.4, 58.0)

Table B.2.6: Average DMFT by age, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)

Age (years)		Decayed (D)	Missing (M)	Filled (F)	DMFT
15–24	95% CI	(0.42, 0.82)	(0.37, 0.82)	(1.42, 2.50)	(2.43, 3.91)
25–44	95% CI	(0.60, 0.87)	(1.35, 1.74)	(5.70, 6.40)	(7.89, 8.78)
45–64	95% CI	(0.41, 0.60)	(6.91, 7.64)	(11.71, 12.42)	(19.50, 20.18)
65+	95% CI	(0.35, 0.53)	(12.25, 13.45)	(9.87, 10.94)	(23.32, 24.08)
All people	95% CI	(0.54, 0.68)	(4.31, 4.80)	(7.40, 7.99)	(12.41, 13.30)

Table B.2.7: Average DMFT by sex, remoteness area and dental insurance status, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)

		Decayed (D)	Missing (M)	Filled (F)	DMFT
Sex					
Male	95% CI	(0.60, 0.81)	(4.14, 4.80)	(6.80, 7.69)	(11.76, 13.08)
Female	95% CI	(0.43, 0.59)	(4.32, 4.95)	(7.77, 8.52)	(12.72, 13.86)
Remoteness area					
Major cities	95% CI	(0.47, 0.62)	(3.87, 4.45)	(7.25, 7.97)	(11.77, 12.85)
Inner regional	95% CI	(0.57, 0.99)	(5.30, 6.31)	(7.54, 8.80)	(13.91, 15.60)
Outer regional	95% CI	(0.48, 0.88)	(4.10, 5.86)	(6.58, 8.22)	(11.63, 14.49)
Remote/Very remote	95% CI	(0.69, 1.25)	(2.37, 4.99)	(5.75, 7.08)	(9.55, 12.58)
Dental insurance status					
Insured	95% CI	(0.31, 0.45)	(3.85, 4.49)	(8.54, 9.45)	(12.91, 14.18)
Uninsured	95% CI	(0.69, 0.93)	(4.68, 5.40)	(6.45, 7.13)	(12.08, 13.21)
Annual household income (\$)					
<12,000	95% CI	(0.52, 1.60)	(9.72, 12.32)	(6.70, 8.63)	(18.33, 21.15)
12,000–<20,000	95% CI	(0.67, 1.10)	(8.65, 10.52)	(7.33, 8.64)	(17.37, 19.53)
20,000–<30,000	95% CI	(0.40, 0.70)	(6.38, 8.03)	(7.57, 9.14)	(14.83, 17.40)
30,000–<40,000	95% CI	(0.53, 1.05)	(4.47, 5.88)	(7.72, 9.19)	(13.36, 15.47)
40,000–<60,000	95% CI	(0.55, 0.80)	(3.55, 4.40)	(7.61, 8.84)	(12.01, 13.74)
60,000–<80,000	95% CI	(0.36, 0.65)	(2.46, 3.19)	(6.86, 8.27)	(9.93, 11.84)
80,000–<100,000	95% CI	(0.27, 0.55)	(2.48, 3.66)	(7.27, 8.95)	(10.42, 12.76)
100,000+	95% CI	(0.23, 0.62)	(2.28, 3.01)	(7.00, 8.55)	(9.88, 11.80)

Table B.2.8: Percentage of people with untreated decay by age, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)

		Age (years)				All people
		15–24	25–44	45–64	65+	
With untreated decay	95% CI	(18.8, 30.0)	(25.3, 31.6)	(21.4, 26.3)	(18.6, 24.9)	(23.6, 27.3)

Table B.2.9: Percentage of people with untreated decay by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)

	Sex		Remoteness area				Dental insurance status	
	Male	Female	Major cities	Inner regional	Outer regional	Remote/ Very remote	Insured	Uninsured
With untreated decay	95% CI (25.4, 31.0)	(20.4, 24.9)	(21.3, 25.8)	(25.4, 34.2)	(25.0, 35.7)	(33.2, 42.0)	(16.8, 22.0)	(28.5, 33.8)

Table B.2.10: Percentage of people with untreated decay by income group, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)

	Annual household income (\$)							
	<12,000	12,000– <20,000	20,000– <30,000	30,000– <40,000	40,000– <60,000	60,000– <80,000	80,000– <100,000	100,000+
With untreated decay	95% CI (28.1, 42.6)	(30.1, 40.2)	(18.8, 28.5)	(23.1, 34.7)	(26.8, 35.1)	(18.2, 26.5)	(15.8, 28.7)	(11.6, 21.3)

Table B.2.11: Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by age, dentate people aged 15 and over, 2004–2006 (per cent) (95% confidence intervals)

		Age (years)				All people
		15–24	25–44	45–64	65+	
Deep pocket 4+ mm	95% CI	(4.4, 12.3)	(17.2, 23.2)	(22.5, 28.3)	(18.4, 27.0)	(17.8, 21.7)
Attachment loss 4+ mm	95% CI	(5.9, 15.0)	(28.0, 34.9)	(62.1, 68.3)	(73.4, 81.4)	(40.1, 44.9)
Periodontal disease	95% CI	(0.7, 4.7)	(12.7, 17.9)	(32.3, 28.4)	(49.1, 57.8)	(21.2, 24.6)

Table B.2.12: Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006 (per cent) (95% confidence intervals)

	Sex		Remoteness area				Dental insurance status	
	Male	Female	Major cities	Inner regional	Outer regional	Remote/ Very remote	Insured	Uninsured
Deep pocket 4+ mm	95% CI (19.8, 25.8)	(14.8, 18.5)	(17.8, 22.3)	(11.6, 19.0)	(18.7, 33.7)	(38.8, 52.9)	(15.9, 20.8)	(19.1, 24.4)
Attachment loss 4+ mm	95% CI (42.7, 50.5)	(35.7, 40.8)	(38.1, 43.5)	(39.2, 51.0)	(41.0, 56.6)	(43.9, 67.1)	(38.7, 45.4)	(41.1, 47.1)
Periodontal disease	95% CI (24.0, 29.5)	(17.1, 20.9)	(20.1, 24.1)	(19.5, 26.5)	(21.6, 35.4)	(27.7, 45.0)	(17.2, 21.6)	(24.6, 29.4)

Table B.2.13: Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by annual household income, dentate people aged 15 and over, 2004–2006 (per cent) (95% confidence intervals)

		Annual household income (\$)							
		<12,000	12,000– <20,000	20,000– <30,000	30,000– <40,000	40,000– <60,000	60,000– <80,000	80,000– 100,000+	
Deep pocket 4+ mm	95% CI	(15.0, 26.3)	(20.0, 31.6)	(19.0, 29.6)	(16.8, 26.4)	(16.8, 24.2)	(17.1, 26.5)	(9.6, 18.0)	(14.8, 24.4)
Attachment loss 4+ mm	95% CI	(52.9, 69.0)	(57.1, 69.3)	(46.7, 59.8)	(38.9, 50.4)	(39.5, 48.4)	(33.4, 44.8)	(26.3, 38.4)	(32.8, 44.6)
Periodontal disease	95% CI	(34.3, 50.3)	(34.9, 47.1)	(26.2, 37.5)	(21.8, 31.8)	(21.0, 28.6)	(15.8, 23.7)	(10.7, 19.7)	(10.6, 18.0)

Table B.2.14: Percentage of edentulous people by age and sex, people aged 15 and over, 2010 (95% confidence intervals)

Age group (years)		Sex		All people
		Male	Female	
15–24	95% CI	—	—	—
25–44	95% CI	(0.0, 0.2)	(0.0, 0.6)	(0.0, 0.3)
45–64	95% CI	(3.4, 6.5)	(4.5, 7.7)	(4.4, 6.6)
65+	95% CI	(12.3, 20.7)	(20.3, 29.6)	(17.9, 24.3)
All people	95% CI	(3.2, 4.9)	(5.3, 7.4)	(4.5, 5.9)

— Nil or rounded to zero.

Table B.2.15: Percentage of people wearing dentures by age, dentate adults aged 15 and over, 2010 (95% confidence intervals)

	Age (years)				All people
	15–24	25–44	45–64	65+	
With dentures					
95% CI	(0.1, 1.6)	(1.6, 3.3)	(14.4, 18.0)	(43.2, 51.6)	(12.2, 14.3)

Table B.2.16: Average number of missing teeth by age and sex, dentate people aged 15 and over, 2010 (95% confidence intervals)

Age group (years)		Sex		All people
		Male	Female	
15–24	95% CI	(1.5, 2.2)	(2.2, 2.9)	(2, 2.5)
25–44	95% CI	(2.6, 3.1)	(3.4, 3.9)	(3.1, 3.5)
45–64	95% CI	(5.1, 6.1)	(5.9, 6.7)	(5.7, 6.3)
65+	95% CI	(10.1, 12.5)	(11.5, 13.4)	(11.1, 12.7)
All people	95% CI	(4.5, 5.1)	(5.4, 6.0)	(5.1, 5.5)

Table B.2.17: Average number of missing teeth by annual household income, dental insurance status and region, dentate people aged 15 and over, 2010 (95% confidence intervals)

Insurance status	Annual household income (\$)								All people	
	<12,000	12,000– <20,000	20,000– <30,000	30,000– <40,000	40,000– <60,000	60,000– <80,000	80,000– <100,000	100,000+		
Insured										
Major cities	95% CI	(4.0, 8.0)	(5.1, 9.0)	(6.7, 10.7)	(4.7, 8.1)	(3.9, 5.3)	(4.1, 5.6)	(3.3, 4.5)	(3.2, 3.8)	(4.1, 4.6)
Inner regional	95% CI	(0.3, 3.5)	(6.3, 13.2)	(8.5, 15.4)	(3.5, 9.8)	(4.2, 6.6)	(3.7, 6.0)	(3.0, 4.7)	(3.7, 5.0)	(4.9, 6.1)
Outer regional	95% CI	(0.3, 14.0)	(7.7, 16.1)	(6.0, 9.6)	(4.3, 10.3)	(5.5, 17.5)	(3.3, 5.7)	(3.0, 5.8)	(3.4, 5.0)	(5.0, 7.2)
Remote/ Very remote	95% CI	(6.0, 6.0)	(6.5, 8.5)	(3.9, 30.2)	(3.4, 5.2)	(2.5, 15.1)	(3.6, 5.9)	(2.9, 4.1)	(2.4, 4.7)	(3.4, 7.0)
<i>All insured</i>	<i>95% CI</i>	<i>(3.4, 6.8)</i>	<i>(6.3, 9.7)</i>	<i>(8.0, 11.4)</i>	<i>(5.1, 8.0)</i>	<i>(4.6, 6.1)</i>	<i>(4.2, 5.4)</i>	<i>(3.4, 4.4)</i>	<i>(3.4, 3.9)</i>	<i>(4.5, 4.9)</i>
Uninsured										
Major cities	95% CI	(5.5, 11.9)	(6.7, 10.4)	(8.2, 11.9)	(5.0, 9.3)	(4.8, 7.2)	(3.0, 4.8)	(2.2, 4.5)	(3.0, 4.3)	(5.4, 6.4)
Inner regional	95% CI	(9.3, 19.7)	(8.1, 14.2)	(8.9, 13.4)	(3.6, 8.8)	(4.0, 5.9)	(2.9, 4.5)	(2.7, 5.0)	(1.9, 3.5)	(5.7, 7.3)
Outer regional	95% CI	(4.5, 22.8)	(6.1, 11.9)	(8.7, 17.0)	(5.4, 10.2)	(2.4, 7.2)	(3.3, 8.7)	(2.8, 7.8)	(3.3, 5.4)	(6.0, 8.3)
Remote/ Very remote	95% CI	..	(7.2, 15.5)	(2.0, 18.5)	(3.1, 6.3)	(0.4, 20.3)	(1.3, 4.1)	(0.0, 5.9)	(2.9, 4.7)	(2.8, 11.9)
<i>All uninsured</i>		<i>(8.1, 14.0)</i>	<i>(7.9, 10.8)</i>	<i>(9.3, 12.0)</i>	<i>(5.4, 8.4)</i>	<i>(4.9, 6.7)</i>	<i>(3.3, 4.7)</i>	<i>(2.8, 4.5)</i>	<i>(3.0, 4.0)</i>	<i>(5.8, 6.6)</i>
All people										
Major cities	95% CI	(5.6, 10.1)	(6.7, 9.5)	(8.2, 11.0)	(5.4, 8.3)	(4.6, 6.1)	(3.9, 5.0)	(3.1, 4.3)	(3.3, 3.8)	(4.7, 5.2)
Inner regional	95% CI	(6.7, 16.0)	(8.3, 13.3)	(9.5, 13.3)	(4.3, 8.4)	(4.4, 5.9)	(3.4, 4.8)	(3.2, 4.5)	(3.3, 4.4)	(5.5, 6.5)
Outer regional	95% CI	(4.7, 18.5)	(7.1, 12.0)	(8.3, 14.6)	(5.8, 9.5)	(4.3, 10.4)	(3.7, 6.8)	(3.5, 6.2)	(3.6, 4.9)	(5.9, 7.5)
Remote/ Very remote	95% CI	(6.0, 6.0)	(6.6, 12.3)	(5.1, 19.7)	(3.3, 6.1)	(2.9, 16.8)	(3.0, 5.1)	(2.4, 4.2)	(2.7, 4.5)	(3.8, 8.4)
All regions	95% CI	(7.1, 11.5)	(7.8, 10.1)	(9.3, 11.4)	(5.7, 7.8)	(5.0, 6.2)	(4.0, 4.9)	(3.4, 4.3)	(3.4, 3.9)	(5.1, 5.6)

.. Not applicable.

Table B.2.18: Percentage of people who experienced toothache in previous 12 months by age, dentate people aged 15 and over, 2010 (95% confidence intervals)

		Age (years)				All people
		15–24	25–44	45–64	65+	
Toothache experience	95% CI	(13.3, 19.5)	(14.7, 19.6)	(12.2, 15.5)	(7.2, 12.9)	(13.8, 16.3)

Table B.2.19: Percentage of people uncomfortable about their dental appearance in previous 12 months by age and dentate status, people aged 15 and over, 2010 (95% confidence intervals)

Age group (years)		Dentate status		All people
		Dentate	Edentulous	
15–24	95% CI	(14.1, 23.2)	—	(14.1, 23.2)
25–44	95% CI	(22.2, 28.3)	(31.1, 100.0)	(22.3, 28.3)
45–64	95% CI	(26.4, 31.1)	(19.0, 40.2)	(26.5, 31.1)
65+	95% CI	(20.1, 28.0)	(5.9, 16.6)	(18.0, 24.7)
Total	95% CI	(23.7, 27.0)	(12.7, 23.2)	(23.4, 26.6)

Table B.2.20: Percentage of people who avoided certain foods in previous 12 months by age and dentate status, people aged 15 and over, 2010 (95% confidence intervals)

Age (years)		Dentate status		All people
		Dentate	Edentulous	
15–24	95% CI	(9.8, 14.5)	—	(9.8, 14.5)
25–44	95% CI	(12.7, 17.4)	(31.1, 100.0)	(12.8, 17.5)
45–64	95% CI	(17.8, 21.6)	(30.0, 51.0)	(18.9, 22.8)
65+	95% CI	(15.7, 23.0)	(17.4, 32.6)	(17.3, 23.8)
Total	95% CI	(15.3, 17.8)	(24.4, 36.8)	(16.0, 18.5)

— Nil or rounded to zero.

Table B.4.1: Time since last dental visit by age and sex, percentage of dentate people aged 2 and over, 2010 (95% confidence intervals)

		Time since last visit			
		<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
Sex					
<i>People aged 2–4</i>					
Male	95% CI	(16.0, 29.8)	(2.4, 9.0)	(0.0, 1.0)	(65.1, 79.7)
Female	95% CI	(26.7, 44.4)	(1.2, 5.9)	(0.0, 0.8)	(52.8, 70.7)
<i>People aged 5+</i>					
Male	95% CI	(58.4, 62.8)	(17.0, 20.3)	(9.8, 13.0)	(8.2, 10.9)
Female	95% CI	(65.4, 69.4)	(14.8, 18.0)	(8.7, 11.2)	(5.4, 7.5)
Age (years)					
2–4	95% CI	(23.1, 34.4)	(2.2, 6.2)	(0.0, 0.5)	(61.6, 73.3)
5–14	95% CI	(75.4, 80.4)	(11.1, 15.4)	(1.8, 3.6)	(5.0, 8.0)
15–24	95% CI	(75.4, 80.4)	(15.0, 21.0)	(10.1, 16.2)	(3.7, 7.9)
25–44	95% CI	(59.9, 67.7)	(18.0, 23.1)	(11.1, 15.6)	(7.5, 11.3)
45–64	95% CI	(61.2, 66.0)	(16.5, 20.4)	(9.2, 12.5)	(6.0, 8.7)
65+	95% CI	(62.8, 70.8)	(9.8, 15.2)	(7.5, 12.6)	(8.5, 14.4)
People aged 2+	95% CI	(23.1, 34.4)	(2.2, 6.2)	(9.2, 11.2)	(61.6, 73.3)
People aged 5+	95% CI	(62.5, 65.5)	(16.3, 18.7)	(9.6, 11.7)	(7.1, 8.8)

Table B.4.2: Time since last dental visit by annual household income, percentage of dentate people aged 15 and over, 2010 (95% confidence intervals)

		Time since last visit			
		<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
Annual household income (\$)					
<12,000	95% CI	(35.5, 64.1)	(8.3, 27.9)	(6.2, 28.3)	(9.6, 38.5)
12,000–<20,000	95% CI	(48.8, 62.1)	(10.7, 19.5)	(8.4, 16.8)	(13.0, 24.0)
20,000–<30,000	95% CI	(50.6, 61.9)	(12.5, 20.4)	(12.4, 22.2)	(8.0, 14.6)
30,000–<40,000	95% CI	(46.6, 60.6)	(16.6, 28.3)	(10.3, 19.7)	(5.8, 16.7)
40,000–<60,000	95% CI	(52.7, 61.7)	(15.2, 21.7)	(10.7, 17.2)	(8.0, 14.7)
60,000–<80,000	95% CI	(57.5, 66.7)	(16.9, 25.4)	(8.5, 14.5)	(4.2, 8.0)
80,000–<100,000	95% CI	(56.9, 66.4)	(16.9, 25.4)	(8.4, 14.5)	(4.3, 9.1)
100,000+	95% CI	(63.8, 69.7)	(15.3, 19.9)	(8.4, 12.9)	(4.1, 6.7)
All people	95% CI	(60.1, 63.4)	(16.9, 19.6)	(10.8, 13.1)	(7.2, 9.2)

Table B.4.3: Time since last dental visit by remoteness area, percentage of dentate people aged 15 and over, 2010 (95% confidence intervals)

Remoteness area		Time since last visit			
		<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
Major cities	95% CI	(61.9, 66.0)	(15.1, 18.0)	(8.1, 10.5)	(8.8, 11.1)
Inner regional	95% CI	(53.4, 59.9)	(15.6, 20.0)	(10.5, 14.8)	(9.8, 13.5)
Outer regional	95% CI	(52.2, 61.7)	(14.8, 21.2)	(9.0, 15.5)	(8.5, 13.9)
Remote/Very remote	95% CI	(40.7, 60.9)	(14.0, 29.8)	(7.4, 22.5)	(7.8, 17.9)
All people	95% CI	(60.1, 63.4)	(16.9, 19.6)	(10.8, 13.1)	(7.2, 9.2)

Table B.4.4: Time since last dental visit by dental insurance status, percentage of dentate people aged 15 and over, 2010 (95% confidence intervals)

Insurance status		Time since last visit			
		<12 months	1–<2 years	2–<5 years	5+ years (incl. never)
Insured	95% CI	(69.7, 73.9)	(14.6, 18.1)	(6.6, 9.2)	(3.2, 5.2)
Uninsured	95% CI	(47.0, 52.1)	(18.7, 22.8)	(14.7, 18.7)	(11.5, 15.1)
All people	95% CI	(60.1, 63.4)	(16.9, 19.6)	(10.8, 13.1)	(7.2, 9.2)

Table B.4.5: Reason for last dental visit by age group, percentage of dentate people aged 2 and over, 2010 (95% confidence intervals)

Age (years)		Reason for last visit	
		Check-up	Problem
2–4	95% CI	(70.2, 90.6)	(9.4, 29.8)
5–14	95% CI	(80.8, 85.4)	(14.6, 19.2)
15–24	95% CI	(77.0, 83.2)	(16.8, 23.0)
25–44	95% CI	(57.6, 64.5)	(35.5, 42.4)
45–64	95% CI	(50.8, 56.1)	(43.9, 49.2)
65+	95% CI	(51.3, 60.6)	(39.4, 48.7)
All people (aged 2+)	95% CI	(63.8, 66.8)	(33.2, 36.2)
All people (aged 5+)	95% CI	(63.5, 66.5)	(33.5, 36.5)

Table B.4.6: Reason for last dental visit by household income, percentage of dentate people aged 5 and over, 2010 (95% confidence intervals)

Annual household income (\$)		Reason for last visit	
		Check-up	Problem
<12,000	95% CI	(48.2, 74.6)	(25.4, 51.8)
12,000–<20,000	95% CI	(45.1, 59.9)	(40.1, 54.9)
20,000–<30,000	95% CI	(45.0, 56.8)	(43.2, 55.0)
30,000–<40,000	95% CI	(43.8, 57.7)	(42.3, 56.2)
40,000–<60,000	95% CI	(57.1, 66.0)	(34.0, 42.9)
60,000–<80,000	95% CI	(56.8, 65.2)	(34.8, 43.2)
80,000–<100,000	95% CI	(67.9, 75.6)	(24.4, 32.1)
100,000+	95% CI	(69.6, 74.6)	(25.4, 30.4)
All people	95% CI	(63.5, 66.5)	(33.5, 36.5)

Table B.4.7: Reason for last dental visit by remoteness area, percentage of dentate people aged 5 and over, 2010 (95% confidence intervals)

Remoteness		Reason for last visit	
		Check-up	Problem
Major cities	95% CI	(64.8, 68.7)	(31.3, 35.2)
Inner regional	95% CI	(58.6, 64.8)	(35.2, 41.4)
Outer regional	95% CI	(52.3, 61.3)	(38.7, 47.7)
Remote/Very remote	95% CI	(55.3, 73.5)	(26.5, 44.7)
All people	95% CI	(63.5, 66.5)	(33.5, 36.5)

Table B.4.8: Reason for last dental visit by dental insurance status, percentage of dentate people aged 5 and over, 2010 (95% confidence intervals)

Insurance status		Reason for last visit	
		Check-up	Problem
Insured	95% CI	(68.3, 72.0)	(28.0, 31.7)
Uninsured	95% CI	(54.2, 59.4)	(40.6, 45.8)
All people	95% CI	(63.5, 66.5)	(33.5, 36.5)

Table B.4.9: Type of practice visited at last dental visit by age, dentate people aged 2 and over who visited in last 12 months, 2010 (95% confidence intervals)

Age (years)	Type of practice visited at last dental visit				
		Private	Public	SDS	Other
2–4	95% CI	(65.9, 84.9)	(6.8, 22.0)	(2.8, 12.2)	(1.5, 14.4)
5–14	95% CI	(65.2, 71.1)	(7.0, 10.7)	(20.3, 25.6)	(0.1, 0.7)
15–24	95% CI	(85.0, 90.1)	(4.2, 8.0)	(3.8, 6.9)	(0.6, 2.7)
25–44	95% CI	(92.7, 96.0)	(2.8, 5.6)	..	(0.8, 2.6)
45–64	95% CI	(94.0, 96.4)	(2.9, 5.0)	..	(0.4, 1.8)
65+	95% CI	(83.7, 91.2)	(8.4, 15.9)	..	(0.2, 1.4)
All people 2+	95% CI	(87.1, 89.1)	(5.3, 6.9)	(4.2, 5.3)	(0.7, 1.4)
All people 5+	95% CI	(87.3, 89.3)	(5.2, 6.8)	(4.2, 5.3)	(0.6, 1.4)

.. Not applicable.

Table B.4.10: Type of practice visited at last dental visit by household, percentage of dentate people aged 5 and over who visited in last 12 months, 2010 (95% confidence intervals)

Annual household income (\$)	Type of practice visited at last dental visit				
		Private	Public	SDS	Other
<12,000	95% CI	(69.7, 92.3)	(5.0, 25.7)	(1.1, 14.9)	—
12,000–<20,000	95% CI	(56.2, 72.5)	(21.1, 36.8)	(3.6, 12.1)	(0.0, 2.0)
20,000–<30,000	95% CI	(71.7, 82.6)	(12.4, 22.5)	(2.7, 7.3)	(0.3, 3.5)
30,000–<40,000	95% CI	(73.9, 85.0)	(10.2, 20.1)	(2.7, 7.6)	(0.2, 3.8)
40,000–<60,000	95% CI	(85.6, 91.0)	(3.2, 6.6)	(4.6, 8.7)	(0.1, 1.4)
60,000–<80,000	95% CI	(84.5, 90.0)	(2.6, 5.9)	(5.4, 9.2)	(0.6, 3.6)
80,000–<100,000	95% CI	(87.2, 91.9)	(2.2, 5.0)	(4.5, 8.0)	(0.4, 2.1)
100,000+	95% CI	(93.0, 95.2)	(0.9, 2.0)	(2.8, 4.2)	(0.6, 2.1)
All people	95% CI	(87.3, 89.3)	(5.2, 6.8)	(4.2, 5.4)	(0.6, 1.4)

Table B.4.11: Type of practice visited at last dental visit by remoteness area, percentage of dentate people aged 5 and over who visited in last 12 months, 2010 (95% confidence intervals)

Remoteness area	Type of practice visited at last dental visit				
		Private	Public	SDS	Other
Major cities	95% CI	(89.7, 92.0)	(4.2, 6.0)	(2.7, 3.8)	(0.5, 1.4)
Inner regional	95% CI	(80.8, 86.1)	(6.7, 11.0)	(5.3, 8.3)	(0.5, 2.5)
Outer regional	95% CI	(76.5, 83.8)	(6.0, 11.0)	(7.8, 13.6)	(0.5, 2.0)
Remote/Very remote	95% CI	(56.3, 75.9)	(4.1, 12.2)	(16.5, 35.4)	(0.5, 2.9)
All people	95% CI	(87.3, 89.3)	(5.2, 6.8)	(4.2, 5.4)	(0.6, 1.4)

Table B.4.12: Type of practice visited at last dental visit by dental insurance status, percentage of dentate people aged 5 and over who visited in last 12 months, 2010 (95% confidence intervals)

Insurance status		Type of practice visited at last dental visit			
		Private	Public	SDS	Other
Insured	95% CI	(94.1, 95.6)	(1.3, 2.3)	(2.3, 3.3)	(0.3, 1.1)
Uninsured	95% CI	(74.3, 79)	(11.6, 15.5)	(7, 9.7)	(1, 2.5)
All people	95% CI	(87.3, 89.3)	(5.2, 6.8)	(4.2, 5.4)	(0.6, 1.4)

Table B.4.13: Dental visiting pattern by age and sex, percentage of all dentate adults aged 18 and over, 2010 (95% confidence intervals)

		Dental visiting pattern		
		Favourable	Intermediate	Unfavourable
Sex				
Male	95% CI	(42.6, 47.9)	(33.1, 38.3)	(17.0, 21.4)
Female	95% CI	(51.0, 55.9)	(28.7, 33.2)	(14.0, 17.6)
Age (years)				
18–24	95% CI	(43.0, 53.5)	(34.5, 44.8)	(9.0, 16.5)
25–44	95% CI	(43.1, 49.7)	(31.5, 37.9)	(16.5, 21.7)
45–64	95% CI	(48.0, 53.1)	(29.5, 34.3)	(15.6, 19.8)
65+	95% CI	(52.1, 61.0)	(22.5, 30.4)	(13.9, 20.9)
All people	95% CI	(47.6, 51.3)	(31.5, 35.0)	(16.0, 18.8)

Table B.4.14: Dental visiting pattern by household income, percentage of dentate adults aged 18 and over, 2010 (95% confidence intervals)

Annual household income (\$)		Dental visiting pattern		
		Favourable	Intermediate	Unfavourable
<12,000	95% CI	(22.7, 50.2)	(24.2, 53.3)	(15.0, 44.0)
12,000–<20,000	95% CI	(30.7, 45.3)	(26.6, 40.7)	(22.6, 36.3)
20,000–<30,000	95% CI	(32.9, 45.2)	(28.6, 40.4)	(21.5, 33.0)
30,000–<40,000	95% CI	(29.6, 44.6)	(35.2, 49.9)	(15.6, 27.3)
40,000–<60,000	95% CI	(40.1, 49.6)	(29.5, 38.7)	(17.1, 26.0)
60,000–<80,000	95% CI	(43.2, 53.2)	(31.2, 40.9)	(12.8, 19.6)
80,000–<100,000	95% CI	(46.6, 57.1)	(28.2, 38.5)	(11.7, 19.0)
100,000+	95% CI	(55.8, 62.4)	(26.4, 32.7)	(9.4, 13.7)
All people	95% CI	(47.6, 51.3)	(31.5, 35.0)	(16.0, 18.8)

Table B.4.15: Dental visiting pattern by remoteness area, percentage of dentate adults aged 18 and over, 2010 (95% confidence intervals)

Remoteness area		Dental visiting pattern		
		Favourable	Intermediate	Unfavourable
Major cities	95% CI	(50.4, 55.0)	(30.3, 34.7)	(13.3, 16.5)
Inner regional	95% CI	(40.9, 47.9)	(29.8, 36.4)	(19.5, 26.1)
Outer regional	95% CI	(30.8, 40.0)	(33.8, 43.6)	(21.3, 31.7)
Remote/Very remote	95% CI	(24.9, 44.6)	(34.2, 56.5)	(13.8, 30.0)
All people	95% CI	(47.6, 51.3)	(31.5, 35.0)	(16.0, 18.8)

Table B.4.16: Dental visiting pattern by dental insurance status, percentage of dentate adults aged 18 and over, 2010 (95% confidence intervals)

Insurance status		Dental visiting pattern		
		Favourable	Intermediate	Unfavourable
Insured	95% CI	(60.5, 65.1)	(25.8, 30.1)	(8.0, 10.7)
Uninsured	95% CI	(28.6, 33.7)	(37.5, 43.1)	(26.0, 31.4)
Total	95% CI	(47.6, 51.3)	(31.5, 35.0)	(16.0, 18.8)

Table B.4.17: Average number of dental services received in last 12 months by age and sex, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals)

		Number of visits	Extraction(s)	Filling(s)	Scale and clean
Sex					
<i>People aged 2–4</i>					
Male	95% CI	(1.00, 1.29)	(0.00, 0.10)	(0.00, 0.10)	..
Female	95% CI	(0.98, 1.08)	(0.00, 0.52)	(0.04, 0.75)	..
<i>People aged 5+</i>					
Male	95% CI	(2.19,2.40)	(0.21,0.31)	(0.64,0.82)	(0.92, 1.00)
Female	95% CI	(2.30,2.48)	(0.19,0.27)	(0.60,0.73)	(0.96, 1.03)
Age (years)					
2–4	95% CI	(1.06, 1.21)	(0.02, 0.28)	(0.08, 0.39)	..
5–14	95% CI	(2.17, 2.44)	(0.16, 0.25)	(0.37, 0.50)	(0.74, 0.84)
15–24	95% CI	(2.43, 2.83)	(0.19, 0.32)	(0.38, 0.56)	(0.91, 1.04)
25–44	95% CI	(2.00, 2.27)	(0.18, 0.32)	(0.65, 0.95)	(0.92, 1.03)
45–64	95% CI	(2.22, 2.43)	(0.16, 0.26)	(0.76, 0.93)	(1.01, 1.10)
65+	95% CI	(2.33, 2.77)	(0.21, 0.52)	(0.68, 0.92)	(1.01, 1.17)
All people aged 2+	95% CI	(2.26, 2.39)	(0.21, 0.28)	(0.63, 0.74)	(0.95, 1.00)
All people aged 5+	95% CI	(2.28,2.41)	(0.21,0.28)	(0.64,0.75)	(0.95, 1.00)

Table B.4.18: Average number of dental services received in previous 12 months by annual household income, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals)

Annual household income (\$)		Number of visits	Extraction(s)	Filling(s)	Scale and clean
<12,000	95% CI	(1.54, 2.48)	(0.03, 0.28)	(0.31, 1.52)	(0.54, 1.06)
12,000–<20,000	95% CI	(2.27, 3.18)	(0.21, 0.50)	(0.58, 0.95)	(0.78, 1.06)
20,000–<30,000	95% CI	(2.18, 2.65)	(0.17, 0.46)	(0.68, 1.06)	(0.77, 0.98)
30,000–<40,000	95% CI	(2.29, 2.93)	(0.13, 0.56)	(0.74, 1.32)	(0.82, 1.03)
40,000–<60,000	95% CI	(2.21, 2.62)	(0.15, 0.32)	(0.74, 1.24)	(0.83, 0.99)
60,000–<80,000	95% CI	(2.06, 2.44)	(0.15, 0.26)	(0.54, 0.78)	(0.87, 1.00)
80,000–<100,000	95% CI	(1.97, 2.25)	(0.11, 0.23)	(0.46, 0.65)	(0.87, 0.99)
100,000+	95% CI	(2.26, 2.48)	(0.18, 0.29)	(0.49, 0.64)	(1.04, 1.13)
All people	95% CI	(2.28,2.41)	(0.21,0.28)	(0.64,0.75)	(0.95, 1.00)

Table B.4.19: Average number of dental services received in previous 12 months by remoteness area, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals)

Remoteness area		Number of visits	Extraction(s)	Filling(s)	Scale and clean
Major cities	95% CI	(2.28, 2.45)	(0.18, 0.25)	(0.60, 0.72)	(1.01, 1.08)
Inner regional	95% CI	(2.15, 2.43)	(0.21, 0.34)	(0.66, 0.94)	(0.77, 0.87)
Outer regional	95% CI	(2.10, 2.47)	(0.24, 0.55)	(0.62, 0.98)	(0.71, 0.84)
Remote/Very remote	95% CI	(1.89, 2.64)	(0.07, 1.47)	(0.37, 0.76)	(0.61, 0.89)
All people	95% CI	(2.28, 2.41)	(0.21, 0.28)	(0.64, 0.75)	(0.95, 1.00)

Table B.4.20: Average number of dental services received in previous 12 months by dental insurance status, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals)

Insurance status		Number of visits	Extraction(s)	Filling(s)	Scale and clean
Insured	95% CI	(2.29, 2.45)	(0.17, 0.25)	(0.56, 0.69)	(1.08, 1.14)
Uninsured	95% CI	(2.20, 2.44)	(0.26, 0.37)	(0.73, 0.93)	(0.71, 0.80)
All people	95% CI	(2.28, 2.41)	(0.21, 0.28)	(0.64, 0.75)	(0.95, 1.00)

Table B.4.21: Percentage of children with fissure-sealed teeth by DMFT status and age, children attending a school dental service, 2009 (95% confidence intervals)

	Age (years)									
	6	7	8	9	10	11	12	13	14	15
DMFT = 0 95% CI	(2.7, 2.9)	(8.0, 8.4)	(18.1, 18.6)	(23.0, 23.5)	(24.7, 25.3)	(23.2, 23.8)	(26.2, 26.9)	(28.4, 29.1)	(25.6, 26.3)	(2.7, 2.9)
DMFT > 0 95%CI	(6.4, 7.7)	(16.3, 17.5)	(26.2, 27.4)	(27.7, 28.7)	(30.6, 31.5)	(33.6, 34.5)	(39.8, 40.7)	(39.3, 40.0)	(40.5, 41.2)	(6.4, 7.7)

Table B.4.22: Average number of fissure-sealed teeth by age, children attending a school dental service, 2009 (95% confidence intervals)

	Age (years)								
	6	7	8	9	10	11	12	13	14
95% CI	(0.07, 0.09)	(0.25, 0.29)	(0.56, 0.61)	(0.67, 0.72)	(0.74, 0.80)	(0.69, 0.75)	(0.87, 0.94)	(1.02, 1.12)	(1.01, 1.11)

Table B.5.1: Percentage of people who avoided or delayed visiting a dentist due to cost, by age and household income, dentate people aged 2 and over, 2010 (95% confidence intervals)

Annual household income (\$)		Age (years)						All people aged 2+	All people aged 5+
		2-4	5-14	15-24	25-44	45-64	65+		
<12,000	95% CI	(0.0, 0.0)	(3.3, 55.0)	(40.9, 100.0)	(0.5, 42.4)	(33.1, 75.8)	(6.1, 53.9)	(26.4, 52.2)	(27.3, 53.4)
12,000- <20,000	95% CI	(4.6, 86.1)	(13.7, 49.1)	(24.9, 74.7)	(26.3, 63.7)	(44.8, 66.9)	(18.3, 35.4)	(33.0, 45.3)	(32.8, 45.2)
20,000- <30,000	95% CI	(0.0, 44.1)	(18.2, 43.0)	(14.1, 50.0)	(52.0, 82.1)	(39.1, 57.4)	(20.4, 35.2)	(33.6, 44.0)	(34.1, 44.6)
30,000- <40,000	95% CI	(0.0, 26.0)	(6.9, 23.8)	(11.6, 36.6)	(32.3, 66.2)	(40.4, 59.8)	(10.3, 35.4)	(29.5, 42.0)	(30.3, 43)
40,000- <60,000	95% CI	(0.0, 19.4)	(12.9, 25.1)	(21.9, 40.8)	(49.5, 66.7)	(30.4, 42.2)	(3.4, 14.0)	(32.0, 39.9)	(33.0, 41.1)
60,000- <80,000	95% CI	(2.1, 29.3)	(7.5, 17.7)	(24.7, 47.1)	(36.7, 52.9)	(28.3, 40.7)	(3.4, 25.5)	(29.0, 37.1)	(29.8, 38.2)
80,000- <100,000	95% CI	(0.0, 15.5)	(6.7, 15.7)	(12.5, 31.4)	(26.5, 41.4)	(18.4, 32.4)	(0.0, 11.5)	(20.2, 27.5)	(21.0, 28.6)
100,000+	95% CI	(0.0, 0.6)	(4.7, 9.4)	(12.7, 25.8)	(19.5, 28.1)	(10.3, 15.9)	(0.0, 9.0)	(14.3, 18.6)	(15.0, 19.4)
All people	95% CI	(4.7, 12.8)	(11.8, 16.0)	(22.5, 29.8)	(33.9, 40.1)	(27.7, 32.3)	(16.4, 23.3)	(26.0, 28.7)	(26.7, 29.6)

Table B.5.2: Percentage of people stating cost prevented recommended dental treatment, by age and household income, dentate people aged 2 and over, 2010 (95% confidence intervals)

Annual household income (\$)		Age (years)						All people aged 2+	All people aged 5+
		2-4	5-14	15-24	25-44	45-64	65+		
<12,000	95% CI	..	(0.0, 3.2)	(46.6, 100.0)	(6.2, 75.6)	(52.3, 96.9)	(0.0, 29.2)	(24.0, 57.5)	(24.0, 57.5)
12,000- <20,000	95% CI	..	(0.0, 7.8)	(0.4, 27.7)	(19.8, 78.2)	(31.4, 65.3)	(12.7, 36.8)	(21.2, 38.4)	(21.2, 38.4)
20,000- <30,000	95% CI	..	(5.5, 31.4)	(5.1, 47.9)	(38.1, 85.3)	(16.1, 34.6)	(9.6, 27.3)	(19.7, 31.5)	(19.7, 31.5)
30,000- <40,000	95% CI	..	(0.5, 11.1)	(0.0, 17.0)	(8.3, 51.7)	(22.6, 44.8)	(8.5, 39.4)	(16.1, 29.5)	(16.1, 29.5)
40,000- <60,000	95% CI	..	(3.3, 13.5)	(13.7, 35.0)	(21.0, 46.2)	(20.9, 35.0)	(2.6, 14.6)	(18.1, 27.2)	(18.1, 27.2)
60,000- <80,000	95% CI	..	(2.1, 9.8)	(5.8, 19.2)	(16.7, 34.0)	(20.1, 33.9)	(3.1, 28.7)	(15.7, 23.3)	(15.7, 23.3)
80,000- <100,000	95% CI	..	(0.8, 5.4)	(5.2, 19.7)	(18.2, 38.6)	(16.5, 33.5)	(0.0, 0.0)	(13.7, 22.4)	(13.7, 22.4)
100,000+	95% CI	..	(1.6, 5.4)	(4.7, 14.6)	(12.8, 22.7)	(12.0, 20.0)	(0.0, 10.8)	(10.8, 15.4)	(10.8, 15.4)
All people	95% CI	..	(3.8, 6.8)	(10.5, 16.4)	(20.9, 28.2)	(21.5, 26.9)	(11.4, 19.6)	(11.4, 19.6)	(11.4, 19.6)

.. Not collected for 2-4-year-olds

Table B.5.3: Percentage of people who would have a lot of difficulty paying a \$150 dental bill, by age and household income, dentate people aged 18 and over, 2010 (95% confidence intervals)

Annual household income (\$)		Age (years)				All people
		18–24	25–44	45–64	65+	
<12,000	95% CI	(0.0, 87.3)	(0.3, 57.5)	(25.9, 67.9)	(7.7, 58.0)	(22.2, 51.0)
12,000–<20,000	95% CI	(22.6, 95.2)	(33.5, 71.4)	(48.4, 69.8)	(23.5, 42.3)	(38.2, 52.1)
20,000–<30,000	95% CI	(37.3, 90.2)	(21.9, 52.4)	(37.9, 56.4)	(19.1, 33.4)	(30.6, 42)
30,000–<40,000	95% CI	(22.1, 67.8)	(21.5, 55.9)	(23.7, 42.0)	(8.6, 34.2)	(26.2, 41.2)
40,000–<60,000	95% CI	(11.4, 33)	(20.6, 36.3)	(15.2, 25.5)	(1.2, 8.2)	(17.5, 25.3)
60,000–<80,000	95% CI	(12.3, 35.6)	(12.1, 23.1)	(9.4, 19.1)	(0.0, 12.3)	(13.0, 19.8)
80,000–<100,000	95% CI	(3.9, 20.2)	(9.6, 22.7)	(5.2, 13.3)	(0.0, 19.2)	(9.2, 16.8)
100,000+	95% CI	(13.8, 27.6)	(3.8, 8.7)	(1.2, 3.5)	(0.0, 15.2)	(5.3, 8.5)
All people	95% CI	(20.5, 29.4)	(15.2, 20.1)	(15.7, 19.6)	(16.3, 23.2)	(17.5, 20.4)

Table B.6.1: Percentage of people with dental insurance by age, people aged 2 and over, 2010 (95% confidence intervals)

Insurance status		Age (years)						All people aged 2+	All people aged 5+
		2–4	5–14	15–24	25–44	45–64	65+		
Insured	95% CI	(46.8, 59.6)	(50.4, 56.1)	(47.9, 55.6)	(51.4, 57.7)	(58.1, 62.8)	(38.8, 46.3)	(52.4, 55.2)	(52.4, 55.3)
Uninsured	95% CI	(40.4, 53.2)	(43.9, 49.6)	(44.4, 52.1)	(42.3, 48.6)	(37.2, 41.9)	(53.7, 61.2)	(44.8, 47.6)	(44.7, 47.6)

Table B.6.2: Percentage of people with dental insurance by dentate status, people aged 15 and over, 2010 (95% confidence intervals)

Age (years)		Dentate status		All people
		Dentate	Edentulous	
15–24	95% CI	(47.9, 55.6)	..	(47.9, 55.6)
25–44	95% CI	(51.5, 57.8)	..	(51.4, 57.7)
45–64	95% CI	(60.5, 65.3)	(11.5, 25.8)	(58.1, 62.8)
65+	95% CI	(43.1, 51.5)	(17.1, 31.7)	(38.7, 46.2)
Total	95% CI	(54.0, 57.3)	(16.9, 27.7)	(52.3, 55.5)

.. Not applicable.

Table B.6.3: Percentage of people with dental insurance by sex, remoteness area and annual household income, dentate people aged 15 and over, 2010 (95% confidence intervals)

		Remoteness area				All people
		Major cities	Inner regional	Outer regional	Remote/ Very remote	
Sex						
Male	95% CI	(56.2, 62.3)	(40.5, 50.2)	(36.4, 49.6)	(41.6, 71.3)	(52.6, 57.5)
Female	95% CI	(56.9, 62.5)	(43.6, 51.8)	(41.4, 54.4)	(40.6, 69.5)	(54.1, 58.6)
Annual household income (\$)						
<12,000	95% CI	(14.1, 46.5)	(6.0, 45.1)	(4.1, 59.7)	(100.0, 100.0)	(17.6, 41.0)
12,000–<20,000	95% CI	(22.3, 38.7)	(14.1, 31.3)	(6.6, 29.0)	(1.5, 94.7)	(21.4, 33.2)
20,000–<30,000	95% CI	(24.6, 38.3)	(19.4, 35.2)	(14.5, 40.1)	(0.8, 54.1)	(24.9, 34.7)
30,000–<40,000	95% CI	(30.4, 51.1)	(25.6, 47.8)	(21.8, 48.4)	(0.0, 72.1)	(31.8, 46.0)
40,000–<60,000	95% CI	(39.8, 51.5)	(32.3, 47.8)	(27.2, 52.6)	(6.7, 55.4)	(39.1, 47.9)
60,000–<80,000	95% CI	(53.0, 64.3)	(31.5, 47.6)	(35.5, 58.4)	(27.5, 75.9)	(49.0, 58.1)
80,000–<100,000	95% CI	(61.3, 72.8)	(51.2, 69.7)	(41.5, 65.6)	(53.0, 95.6)	(60.0, 69.2)
100,000+	95% CI	(75.3, 81.3)	(63.4, 76.5)	(54.5, 77.7)	(65.2, 87.9)	(73.6, 78.9)
All people	95% CI	(57.4, 61.6)	(43.3, 49.7)	(40.8, 50.0)	(45.4, 66.1)	(54.0, 57.3)

Table B.7.1: Percentage of people with dental insurance who reported that health insurance paid all or some of the cost of their care by source of payment, people aged 18 and over, 2010 (95% confidence intervals)

	Paid all own expenses	Insurance paid some/patient paid some	Insurance paid all/patient paid none	Govt paid some/patient or insurance paid some	Govt paid all/patient paid none	Other payment option
95% CI	(8.1, 11.0)	(76.6, 80.7)	(6.5, 9.3)	(1.3, 2.5)	(1.2, 2.6)	(0.2, 1.0)

Table B.7.2: Percentage of people who reported that dental care caused a large financial burden by source of payment, insured people aged 18 and over, 2010 (95% confidence intervals)

	Paid all own expenses	Insurance paid some/ patient paid some	Insurance paid all/ patient paid none	Govt paid some/ patient or insurance paid some	Govt paid all /patient paid none	Other payment option	All insured people
95% CI	(9.1, 25.5)	(6.9, 9.9)	(0.0, 2.8)	(3.7, 32.3)	(0.0, 6.1)	(0.0, 46.2)	(7.2, 10.0)

Glossary

Care type: The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care) or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).

Caries: Bacterial disease that causes the demineralisation and decay of teeth and can involve inflammation of the central dental pulp.

Clinician: A clinician is a dental practitioner who spends the majority of his or her time working in the area of clinical practice; that is, the diagnosis, care and treatment and including recommended preventive action, of patients or clients.

Current prices: The term 'current prices' refers to expenditures reported for a particular year, unadjusted for inflation. Changes in current price expenditures reflect changes in both price and volume.

Decay: Decay of the teeth caused by caries, and progressing to cavities in the enamel or cementum and the dentine.

Deciduous dentition: Primary (baby) teeth.

Dental appearance: Self-reported perception of dental appearance related to frequency of feeling uncomfortable with their dental appearance ('never' or 'hardly ever' compared with 'very often', 'often' or 'sometimes').

Dental disease: Dental decay or cavity resulting from dental caries.

Dental hygienist: Registered health practitioner who educates the community in the principles of preventive dentistry and motivates individuals to take responsibility for their own oral health; performs a restricted range of clinical services and works under the direction of a dentist, who is responsible for patient diagnosis and prescribes the treatment to be carried out by the hygienist.

Dental prosthetist: Registered health practitioner who is responsible for construction and fitting of dentures and sporting mouthguards; maintains, repairs and relines dentures either by direct consultation with a patient or by referral from a dentist.

Dental therapist: Registered health practitioner who undertakes promotion of oral health and dental health education; performs a restricted range of clinical services, predominantly on school-aged children.

Dentate: Having at least one natural tooth.

Dentist: Registered health practitioner who provides a range of preventive, diagnostic and restorative dental services.

Dentition: The set of teeth. A complete dentition comprises 32 adult teeth.

dmft: Deciduous decayed, missing (due to decay) and filled teeth.

DMFT: Permanent decayed, missing (due to decay) and filled teeth.

Edentulism/edentulous: Complete tooth loss; loss of all natural teeth.

Employed: An employed dental practitioner is one who either:

- worked for a total of 1 hour or more in the week before the survey in a job or business for pay, commission, payment in kind or profit, mainly or only in a particular state or territory
- usually worked, but was away on leave (with some pay) for less than 3 months, on strike or locked out, or rostered off.

Endodontics: The study, treatment and prevention of diseases of the pulp of teeth; a major part of treatment is root canal treatment.

Favourable pattern of dental visiting: Dental behaviour related to making regular dental visits for a check-up; deemed favourable because timely dental care may be less invasive.

Fissure sealant: A special varnish that seals pits and fissures in teeth to prevent cavities from developing.

Food avoidance: People who reported avoiding some foods 'very often', 'often' or 'sometimes' in the previous 12 months.

Frequent visiting pattern: Making a dental visit usually two or more times per year.

Gingivitis: Inflammation of the gums.

Gum treatment: Treatment for disease of the gums and other tissues that attach teeth to the jaws; also referred to as periodontal treatment.

Insurance status: Dental care is not covered under Medicare, therefore people seeking cover can elect to carry private dental insurance.

Oral health: Health of the mouth, tongue and oral cavity; the absence of active disease in the mouth.

Orthodontics: The branch of dentistry that is concerned with the growth and development of the face and jaws and the treatment of irregularities of the teeth.

Periodontics: The branch of dentistry that is concerned with the tissues that support and attach the teeth and the treatment and prevention of periodontal disease.

Periodontitis: Inflammation of the gums and deeper tissues in the tooth socket.

Permanent dentition: Adult teeth.

Potentially preventable hospitalisations: Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided.

Prevalence: The proportion of people with a defined disease or characteristic within a defined population.

Preventive services: Refers to measures taken to prevent dental diseases; may include fluoride treatment, scale and clean services, dental sealants, etc.

Principal diagnosis: The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care.

Private dental services: Dental care provided by private practitioners to adults and children, usually self-funded by the recipient.

Prosthodontics: The branch of dentistry that is concerned with the provision of dentures, bridges and implant-retained prostheses.

Public dental services: State- or territory-funded dental care available to adults with low income or other forms of social disadvantage.

Recurrent expenditure: Expenditure incurred by organisations on a recurring basis, for the provision of health goods and services. This excludes capital expenditure. For all years, recurrent expenditure includes capital consumption.

Remoteness area: Based on the Accessibility/Remoteness Index of Australia, where the remoteness index value of a point is based on the physical road distance to the nearest town or service. These categories are: *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. This report combines *Remote* and *Very remote* areas into one category '*Remote*'.

Separation: A completed episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation).

Separation rate: The total number of completed episodes of care for admitted patients divided by the total number of people in the population under study. Often presented as a number per 1,000 or 10,000 members of a population.

Unfavourable pattern of dental visiting: Dental behaviour related to making irregular dental visits, usually in response to a dental problem; deemed unfavourable because problems that could have been treated in an effective and efficient manner may have deteriorated so that restorative treatments will be more extensive or may no longer be a viable option.

References

- AHMAC (Australian Health Ministers' Advisory Council) 2001. Oral health of Australians: National planning for oral health improvement. Adelaide: South Australian Department of Human Services, on behalf of the Australian Health Ministers' Conference.
- AIHW (Australian Institute of Health and Welfare) 2011. Australian hospital statistics 2009–10. Health services series no. 40. Cat. no. HSE 107. Canberra: AIHW.
- AIHW 2012a. Australian hospital statistics 2010–11. Health services series no. 43. Cat. no. HSE 117. Canberra: AIHW.
- AIHW 2012b. Health expenditure Australia 2010–11. Health and welfare expenditure series no. 47. Cat. no. HWE 56. Canberra: AIHW.
- AIHW 2013. Dental workforce 2011. National health workforce series no. 4. Cat. no. HWL 50. Canberra: AIHW.
- AIHW Dental Statistics and Research Unit 2008b. Projected demand for dental care to 2020. DSRU research report no. 42. Cat. no. DEN 190. Adelaide: AIHW.
- Armfield JM, Roberts-Thomson KF & Spencer 2003. The Child Dental Health Survey, Australia 1999: trends across the 1990s. Dental statistics and research series. Cat. no. DEN 95. Adelaide: The University of Adelaide.
- Ellershaw AC & Spencer AJ 2011. Dental attendance patterns and oral health status. Dental statistics and research series no. 57. Cat. no. DEN 208. Canberra: AIHW.
- Harford JE, Ellershaw AC & Spencer AJ 2011. Trends in access to dental care among Australian adults 1994–2008. Dental statistics and research series no. 55. Cat. no. DEN 204. Canberra: AIHW.
- NCCH (National Centre for Classification in Health) 2008. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS), 6th edition. Sydney: University of Sydney.
- Page RC & Eke PI 2007. Case definitions for use in population-based surveillance of periodontitis. *Journal of Periodontology* 78:1387–99.
- Palmer JD, Anderson RJ & Downer MC 1984. Guidelines for prevalence estimates of dental caries. *Community Dental Health* 1:55–66.
- Slade GD, Spencer AJ & Roberts-Thomson KF (eds) 2007. Australia's dental generations: the National Survey of Adult Oral Health 2004–06. Dental statistics and research series no. 34. Cat. no. DEN 165. Canberra: AIHW.
- UK (United Kingdom) Department of Health 1994. An oral health strategy for England. London: Department of Health.
- WHO (World Health Organization) 1997. Oral health surveys – basic methods, 4th edition. Geneva: WHO.

List of tables

Table 2.1:	Deciduous and permanent dentition: percentage of children with dmft + DMFT > 0 by age children attending a school dental service, 2009.....	4
Table 2.2:	Deciduous dentition: average dmft by age, children attending a school dental service, 2009.....	4
Table 2.3:	Deciduous dentition: percentage of children with dmft > 0 by age, children attending a school dental service, 2009.....	5
Table 2.4:	Permanent dentition: average DMFT by age, children attending a school dental service, 2009.....	5
Table 2.5:	Permanent dentition: percentage of children with DMFT > 0 by age, children attending a school dental service, 2009.....	6
Table 2.6:	Average DMFT by age, dentate people aged 15 and over, 2004–2006.....	6
Table 2.7:	Average DMFT by sex, remoteness area and dental insurance status, dentate people aged 15 and over, 2004–2006.....	7
Table 2.8:	Percentage of people with untreated decay by age, dentate people aged 15 and over, 2004–2006.....	8
Table 2.9:	Percentage of people with untreated decay by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006.....	8
Table 2.10:	Percentage of people with untreated decay by income group, dentate people aged 15 and over, 2004–2006.....	8
Table 2.11:	Prevalence of moderate or severe periodontal disease by age, dentate people aged 15 and over, 2004–2006 (per cent).....	9
Table 2.12:	Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006 (per cent).....	9
Table 2.13:	Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by annual household income, dentate people aged 15 and over, 2004–2006 (per cent).....	10
Table 2.14:	Percentage of edentulous people by age and sex, people aged 15 and over, 2010.....	10
Table 2.15:	Percentage of people wearing dentures by age, dentate adults aged 15 and over, 2010.....	10
Table 2.16:	Average number of missing teeth by age and sex, dentate people aged 15 and over, 2010.....	11
Table 2.17:	Average number of missing teeth by annual household income, dental insurance status and region, dentate people aged 15 and over, 2010.....	12
Table 2.18:	Percentage of people who experienced toothache in previous 12 months by age, dentate people aged 15 and over, 2010.....	13
Table 2.19:	Percentage of people uncomfortable about their dental appearance in previous 12 months by age and dentate status, people aged 15 and over, 2010.....	13
Table 2.20:	Percentage of people who avoided certain foods in previous 12 months by age and dentate status, people aged 15 and over, 2010.....	14

Table 3.1:	Hospital separations for potentially preventable hospitalisations due to dental conditions, state or territory of usual residence, 2010–11	15
Table 3.2:	Hospital separations for potentially preventable hospitalisations due to dental conditions, remoteness area of usual residence, 2010–11.....	15
Table 3.3:	Number and rate of hospital separations for potentially preventable hospitalisations due to dental conditions, by sex and age group, 2009–10.....	16
Table 3.4:	Number and rate of hospital separations for hospitalisations requiring general anaesthesia for procedures related to dental conditions, by sex and age group, Australia, 2010–11.....	17
Table 3.5:	Number and rate of hospital separations for hospitalisations requiring general anaesthesia for procedures related to dental conditions, by sex and age group, Aboriginal and Torres Strait Islander people, 2010–11	18
Table 4.1:	Time since last dental visit by age and sex, percentage of dentate people aged 2 and over, 2010	19
Table 4.2:	Time since last dental visit by annual household income, percentage of dentate people aged 15 and over, 2010	20
Table 4.3:	Time since last dental visit by remoteness area, percentage of dentate people aged 15 and over, 2010.....	20
Table 4.4:	Time since last dental visit by dental insurance status, percentage of dentate people aged 15 and over, 2010.....	21
Table 4.5:	Reason for last dental visit by age group, percentage of dentate people aged 2 and over, 2010	21
Table 4.6:	Reason for last dental visit by household income, percentage of dentate people aged 5 and over, 2010.....	22
Table 4.7:	Reason for last dental visit by remoteness area, percentage of dentate people aged 5 and over, 2010.....	22
Table 4.8:	Reason for last dental visit by dental insurance status, percentage of dentate people aged 5 and over, 2010.....	23
Table 4.9:	Type of practice visited at last dental visit by age, percentage of dentate people aged 2 and over who visited in last 12 months, 2010	23
Table 4.10:	Type of practice visited at last dental visit by household, percentage of dentate people aged 5 and over who visited in last 12 months, 2010.....	24
Table 4.11:	Type of practice visited at last dental visit by remoteness area, percentage of dentate people aged 5 and over who visited in last 12 months, 2010.....	25
Table 4.12:	Type of practice visited at last dental visit by dental insurance status, percentage of dentate people aged 5 and over who visited in last 12 months, 2010	25
Table 4.13:	Dental visiting pattern by age and sex, percentage of dentate people aged 18 and over, 2010	26
Table 4.14:	Dental visiting pattern by household income, percentage of dentate people aged 18 and over, 2010	27
Table 4.15:	Dental visiting pattern by remoteness area, percentage of dentate people aged 18 and over, 2010	27
Table 4.16:	Dental visiting pattern by dental insurance status, percentage of dentate people aged 18 and over, 2010	28

Table 4.17:	Average number of dental services received in last 12 months by age and sex, dentate people aged 2 and over who visited in previous 12 months, 2010	28
Table 4.18:	Average number of dental services received in previous 12 months by annual household income, dentate people aged 5 and over who visited in previous 12 months, 2010.....	29
Table 4.19:	Average number of dental services received in previous 12 months by remoteness area, dentate people aged 5 and over who visited in previous 12 months, 2010.....	29
Table 4.20:	Average number of dental services received in previous 12 months by dental insurance status, dentate people aged 5 and over who visited in previous 12 months, 2010	30
Table 4.21:	Percentage of children with fissure-sealed teeth by DMFT status and age, children attending a school dental service, 2009.....	30
Table 4.22:	Average number of fissure-sealed teeth by age, children attending a school dental service, 2009.....	30
Table 5.1:	Percentage of people who avoided or delayed visiting a dentist due to cost, by age and household income, dentate people aged 2 and over, 2010.....	31
Table 5.2:	Percentage of people stating cost prevented recommended dental treatment, by age and household income, dentate people aged 2 and over, 2010.....	32
Table 5.3:	Percentage of people who would have a lot of difficulty paying a \$150 dental bill, by age and household income, dentate people aged 18 and over, 2010.....	33
Table 6.1:	Percentage of people with dental insurance by age, people aged 2 and over, 2010.....	34
Table 6.2:	Percentage of people with dental insurance by dentate status, people aged 15 and over, 2010	34
Table 6.3:	Percentage of people with dental insurance by sex, remoteness area and annual household income, dentate people aged 15 and over, 2010.....	35
Table 7.1:	Percentage of people with dental insurance who reported that health insurance paid all or some of the cost of their care by source of payment, people aged 18 and over, 2010	36
Table 7.2:	Percentage of people who reported that dental care caused a large financial burden by source of payment, insured people aged 18 and over, 2010.....	36
Table 8.1:	Total expenditure (\$ million) on dental services, current prices, by source of funds, 2005–06 to 2010–11.....	37
Table 8.2:	Contribution of government and private funding sources to total dental expenditure, 2005–06 to 2010–11.....	38
Table 8.3:	State and local government expenditure on dental health in current dollars and as a percentage of total recurrent health expenditure, 2005–06 to 2010–11.....	38
Table 9.1:	Practising dental practitioners per 100,000 population, 2011	39
Table 9.2:	Employed dental practitioners per 100,000 population by practitioner type, states and territories, 2011	39
Table 9.3:	Number of employed dental practitioners per 100,000 population by practitioner type and remoteness area, 2011	40
Table 9.5:	Practice characteristics of dentists by sector, 2011	41
Table 9.6:	Employed dentists by principal role, selected characteristics, 2011	42

Table 9.7:	Number of practising dentists by type of main practice, states and territories, 2011	43
Table 9.8:	Employed dental specialists not working in the area of general dental practice: selected characteristics, 2011	44
Table B.2.1:	Deciduous and permanent dentition: percentage of children with dmft + DMFT > 0 by age, children attending a school dental service, 2009 (95% confidence intervals)	50
Table B.2.2:	Deciduous dentition: average dmft by age, children attending a school dental service, 2009 (95% confidence intervals).....	50
Table B.2.3:	Deciduous dentition: percentage of children with dmft > 0 by age, children attending a school dental service, 2009 (95% confidence intervals)	50
Table B.2.4:	Permanent dentition: average DMFT by age, children attending a school dental service, 2009 (95% confidence intervals).....	51
Table B.2.5:	Permanent dentition: percentage of children with DMFT > 0 by age, children attending a school dental service, 2006 (95% confidence intervals)	51
Table B.2.6:	Average DMFT by age, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)	52
Table B.2.8:	Percentage of people with untreated decay by age, dentate people aged 15 and over, 2004–2006 (95% confidence intervals).....	52
Table B.2.9:	Percentage of people with untreated decay by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)	53
Table B.2.10:	Percentage of people with untreated decay by income group, dentate people aged 15 and over, 2004–2006 (95% confidence intervals)	53
Table B.2.11:	Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by age, dentate people aged 15 and over, 2004–2006 (per cent) (95% confidence intervals)	53
Table B.2.12:	Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by sex, remoteness and dental insurance status, dentate people aged 15 and over, 2004–2006 (per cent) (95% confidence intervals)	53
Table B.2.13:	Prevalence of deep periodontal pocket, clinical attachment loss and periodontal disease by annual household income, dentate people aged 15 and over, 2004–2006 (per cent) (95% confidence intervals).....	54
Table B.2.14:	Percentage of edentulous people by age and sex, people aged 15 and over, 2010 (95% confidence intervals).....	54
Table B.2.15:	Percentage of people wearing dentures by age, dentate adults aged 15 and over, 2010 (95% confidence intervals).....	54
Table B.2.16:	Average number of missing teeth by age and sex, dentate people aged 15 and over, 2010 (95% confidence intervals).....	54
Table B.2.17:	Average number of missing teeth by annual household income, dental insurance status and region, dentate people aged 15 and over, 2010 (95% confidence intervals).....	55
Table B.2.18:	Percentage of people who experienced toothache in previous 12 months by age, dentate people aged 15 and over, 2010 (95% confidence intervals).....	56
Table B.2.20:	Percentage of people who avoided certain foods in previous 12 months by age and dentate status, people aged 15 and over, 2010 (95% confidence intervals)	56
Table B.4.1:	Time since last dental visit by age and sex, percentage of dentate people aged 2 and over, 2010 (95% confidence intervals).....	57

Table B.4.2: Time since last dental visit by annual household income, percentage of dentate people aged 15 and over, 2010 (95% confidence intervals).....	57
Table B.4.3: Time since last dental visit by remoteness area, percentage of dentate people aged 15 and over, 2010 (95% confidence intervals)	58
Table B.4.4: Time since last dental visit by dental insurance status, percentage of dentate people aged 15 and over, 2010 (95% confidence intervals).....	58
Table B.4.5: Reason for last dental visit by age group, percentage of dentate people aged 2 and over, 2010 (95% confidence intervals).....	58
Table B.4.6: Reason for last dental visit by household income, percentage of dentate people aged 5 and over, 2010 (95% confidence intervals).....	59
Table B.4.7: Reason for last dental visit by remoteness area, percentage of dentate people aged 5 and over, 2010 (95% confidence intervals)	59
Table B.4.8: Reason for last dental visit by dental insurance status, percentage of dentate people aged 5 and over, 2010 (95% confidence intervals).....	59
Table B.4.9: Type of practice visited at last dental visit by age, dentate people aged 2 and over who visited in last 12 months, 2010 (95% confidence intervals)	60
Table B.4.10: Type of practice visited at last dental visit by household, percentage of dentate people aged 5 and over who visited in last 12 months, 2010 (95% confidence intervals)	60
Table B.4.11: Type of practice visited at last dental visit by remoteness area, percentage of dentate people aged 5 and over who visited in last 12 months, 2010 (95% confidence intervals)	60
Table B.4.12: Type of practice visited at last dental visit by dental insurance status, percentage of dentate people aged 5 and over who visited in last 12 months, 2010 (95% confidence intervals)	61
Table B.4.13: Dental visiting pattern by age and sex, percentage of all dentate adults aged 18 and over, 2010 (95% confidence intervals).....	61
Table B.4.14: Dental visiting pattern by household income, percentage of dentate adults aged 18 and over, 2010 (95% confidence intervals)	61
Table B.4.15: Dental visiting pattern by remoteness area, percentage of dentate adults aged 18 and over, 2010 (95% confidence intervals)	62
Table B.4.16: Dental visiting pattern by dental insurance status, percentage of dentate adults aged 18 and over, 2010 (95% confidence intervals)	62
Table B.4.17: Average number of dental services received in last 12 months by age and sex, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals)	63
Table B.4.18: Average number of dental services received in previous 12 months by annual household income, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals)	63
Table B.4.19: Average number of dental services received in previous 12 months by remoteness area, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals)	64
Table B.4.20: Average number of dental services received in previous 12 months by dental insurance status, dentate people aged 5 and over who visited in previous 12 months, 2010 (95% confidence intervals).....	64

Table B.4.21: Percentage of children with fissure-sealed teeth by DMFT status and age, children attending a school dental service, 2009 (95% confidence intervals).....	64
Table B.4.22: Average number of fissure-sealed teeth by age, children attending a school dental service, 2009 (95% confidence intervals).....	64
Table B.5.1: Percentage of people who avoided or delayed visiting a dentist due to cost, by age and household income, dentate people aged 2 and over, 2010 (95% confidence intervals)	65
Table B.5.2: Percentage of people stating cost prevented recommended dental treatment, by age and household income, dentate people aged 2 and over, 2010 (95% confidence intervals)	65
Table B.5.3: Percentage of people who would have a lot of difficulty paying a \$150 dental bill, by age and household income, dentate people aged 18 and over, 2010 (95% confidence intervals)	66
Table B.6.1: Percentage of people with dental insurance by age, people aged 2 and over, 2010 (95% confidence intervals).....	66
Table B.6.2: Percentage of people with dental insurance by dentate status, people aged 15 and over, 2010 (95% confidence intervals).....	66
Table B.6.3: Percentage of people with dental insurance by sex, remoteness area and annual household income, dentate people aged 15 and over, 2010 (95% confidence intervals)	67
Table B.7.1: Percentage of people with dental insurance who reported that health insurance paid all or some of the cost of their care by source of payment, people aged 18 and over, 2010 (95% confidence intervals).....	67
Table B.7.2: Percentage of people who reported that dental care caused a large financial burden by source of payment, insured people aged 18 and over, 2010 (95% confidence intervals)	67

Related publications

ABS (Australian Bureau of Statistics) 2008. Australian Standard Geographic Classification. ABS cat. no. 1216.0. Canberra: Commonwealth of Australia.

AIHW (Australian Institute of Health and Welfare) 2009. A picture of Australia's children 2009. Cat. no. PHE 112. Canberra: AIHW.

AIHW 2010. Australia's hospitals 2008–09 at a glance. Cat. no. HSE 89. Canberra: AIHW.

AIHW Dental Statistics and Research Unit 2008. Dental practice activity by geographic location. DSRU research report no. 40. Cat. no. DEN 187. Adelaide: AIHW.


ARCPOH (Australian Research Centre for Population Oral Health), Chrisopoulos S & Teusner DN 2008. Dentist labour force projections 2005–2020: the impact of new regional dental schools. Australian Dental Journal (Data Watch) 53(3):292–6.

Armfield JM & Spencer AJ 2008. Quarter of a century of change: caries experience in Australian children, 1977–2002. Australian Dental Journal 53(2):151–9.

Armfield JM, Spencer AJ & Brennan DS 2009. Dental health of Australia's teenagers and pre-teen children: the Child Dental Health Survey, Australia 2003–04. Dental statistics and research series no. 52. Cat. no. DEN 199. Canberra: AIHW.

Spencer AJ, Teusner DN, Carter KD & Brennan DS 2004. The dental labour force in Australia: the position and policy directions. Cat. no. POH 2. Canberra: AIHW.

Additional publications can be downloaded from the Australian Research Centre for Population Oral Health (ARCPOH) website, <<http://www.arcpoh.adelaide.edu.au/publications>> and from <<http://www.aihw.gov.au/publications>>.



This report presents the most recent information on the oral health and dental care of Australians. Data are presented on tooth decay, tooth loss, dental appearance, dental visits, insurance cover and the dental workforce. Data show that in 2010, around 64% of people aged 5 and over had visited a dentist in the previous year and 54% had some level of private dental insurance.