

Dental health in a state of decay

By Adele Horin SYDNEY MORNING HERALD

November 11, 2004

Tooth decay among children is on the rise, ending 30 years of remarkable improvement in oral health, a new study shows.

Increased consumption of non-fluoridated bottled water, tank water, and the use of home water filters are possible causes. As well, the oral health of low-income adults appears to have deteriorated since the mid-1990s as access to affordable dental services declined.

Calling for significant reform in the provision of dental services, the study's author, John Spencer, professor of social and preventive dentistry at the University of Adelaide, said the "chasm" between the dental health of the affluent and the disadvantaged had deepened.

The trends coincide with the Federal Government's abolition in 1996 of the Commonwealth Dental Health Program. But Professor Spencer says that state government expenditure on dental health is also uneven and too low.

He said more than 40 per cent of health care card holders surveyed in 2002 had avoided or delayed seeking dental treatment because of costs. Almost one-third had to wait more than six months for an appointment.

As well, the evidence showed a worsening occurrence of tooth decay among adults attending public dental services.

"Decision-makers see Australians' oral health in terms of their own middle or upper income, advantaged position," Professor Spencer said. "It is a myopic view and one that denies the reality of the polarisation of oral health which has left many at great disadvantage."

Surveys of children in school dental services showed tooth decay in the deciduous and permanent teeth had increased in the five years to 2000. For example, the proportion of six-year-olds unaffected by tooth decay declined from 61 per cent to 56.6 per cent.

As well as higher consumption of non-fluoridated water, a possible cause was the failure of families to initiate tooth-brushing with fluoride paste when children were about two years old.

The study, commissioned by the University of Sydney's Australian Health Policy Institute, reveals that about 40 per cent of adults in low-income households surveyed in 2002 said they suffered painful toothache and avoided certain foods because of teeth and gum problems.

Almost one-third felt self-conscious about eating, and 17 per cent had difficulties speaking because of their teeth. These proportions were two and three times higher than found among adults with household incomes of \$80,000 or more.

The study showed the 30 per cent private health insurance rebate introduced in 1998 had skewed federal expenditure on dental health to the middle class and affluent. Of the \$262 million in rebates for dental services in 2001-02, only 12 per cent went to households on less than \$20,000.

Households on incomes of \$80,000 or more a year received 4.5 times the public subsidy for dental care received by households on less than \$12,000.

Professor Spencer said oral health was devalued despite the high prevalence of pain, discomfort and embarrassment caused by teeth and gum problems. It was a victim of the "chilly stand-off" between federal and state governments, he said.

Recommended reforms included state and federal funding increases for public dental care, extension of water fluoridation to the 30 per cent of mainly poorer, rural people who lacked access, better health promotion and revitalised school dental services.