

RESEARCH SUMMARY

A survey of dental attendance for the over 60s

The relationship between demographic and health-related factors on dental service attendance by older Australians
L. Slack-Smith and J. Hyndman Br Dent J 2004; 197: 193-199

Objective

To determine factors associated with dental attendance by those of 60 years or older in a population-based sample.

Design

Cross-sectional national health survey.

Setting

The study used data from the Australian 1995 National Health Survey, which consisted of people interviewed by households.

Subjects and methods

A total of 7,544 eligible respondents randomly selected by households from defined statistical areas.

Main outcome measures

The main outcome investigated in this study was having had a dental visit in the previous 12 months.

Main results

Age, income, level of social disadvantage, level of education, uptake of private health insurance, smoking, exercise, self assessment of health and having a health concession card all independently influenced the attendance ratios. In combination, after adjusting for all other factors, factors associated with having visited a dentist for males were age, years of schooling, level of social disadvantage, exercise level index, possession of a health concession card and smoking status. Factors associated with having visited for females were age, education, exercise, smoking status and some levels of the interaction between possession of a health concession card and level of social disadvantage.

Conclusions

The strong influence of age, education, exercise and smoking status indicated a need to target dental services towards those elderly persons in low attendance groups, which mostly represented disadvantaged groups.

COMMENT

Appropriate planning for future health services requires the synthesis of population information drawn from a variety of sources.

Nations with ageing population trends, combined with improving oral health (retention of teeth), are faced with burgeoning demands for dental care but diminished capacity to meet growing community aspirations. Continuity of oral health care into older age is an important feature of any health system. This study draws on data from 7,600 participants within the 1995 Australian National Health Survey to illustrate the relationship between dental attendance patterns and both the structural features of society and individual risk factors on those of 60 years or older. The participants in the survey were non-institutionalised persons and thus represent a more independent population of older people. Although the nature of the survey limited the opportunity for exploring risk relationships in more detail (there were no dental examinations conducted or the identification of dentate status of the respondents) clear social and economic indicators appeared as significant determinants of attendance, even when some degree of financial subsidy was available.

Equity in access to oral health services is a central tenet to ensuring equality in oral health outcomes.

Research which uses a lens of reducing inequalities therefore provides occasion to identify policy options which, no matter how well intended, may be contributing to inequalities rather than reducing them. This is especially applicable to those planning oral health services for older persons where targeted individual approaches, risk group and population approaches each contain potential for reducing or increasing inequalities in access and outcome.

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IN BRIEF

- Inequalities in health service use are also seen in dental service use by the aged.
- Disadvantaged aged are clearly not attending dental professionals.
- These disadvantaged groups need targeting before the impact of age restricts their access to treatment.
- Prevention is important in these groups – resource allocation is a dental priority.
- Dental care of older persons requires innovative long-term strategies.