Position Statement on Access to Oral Health Services for Low Income Adults

1.0 Introduction
When considering access to oral health services, a number of issues must be considered.

The 2009 New Zealand Oral Health Survey confirmed that oral health in New Zealand adults has continued to improve over time, with dramatic improvements since 1988 in:

- the prevalence of edentulism with fewer adults presenting with total tooth loss in 2009 compared with 1988;
- the prevalence of missing one or more teeth due to pathology with the prevalence almost halving among 20-24-year-olds and 35-44-year-olds from 1988 to 2009; and
- the lifetime experience of dental decay, which almost halved in people aged 20-24 and 35-44 years from 1988 to 2009.

Most dentate adults had a functional dentition (defined as 21 or more natural teeth).

However, within this picture of improved tooth retention, there were concerning levels of untreated dental decay, and 25% of adults had experienced pain in their mouth, jaw or face in the previous 4 weeks. Similarly, a large proportion of dentate adults were affected by periodontal disease.

The majority of adults usually used oral health services when they had a dental problem, rather than visiting for routine dental check-ups. Cost was a key barrier to accessing oral health services, with 44% of adults saying that they avoided dental care due to cost in the previous year. Twenty-five per cent indicated that they had gone without recommended routine dental treatment, due to cost, in the previous year. Over 50% of adults reported feeling that they did not see a dental professional often enough and nearly as many felt they currently needed dental treatment.

Population groups who were observed to have experienced disparities in oral health and access to services include Maori, Pacific people and people living in areas of high deprivation. These groups were more likely to have completely lost all of their teeth, and to have teeth with untreated dental decay or missing teeth than other people. They were also more likely to have
more untreated periodontal disease. Furthermore, these groups were more likely to experience access issues, with cost identified as a key reason for not visiting the dentist in the last year and for going without recommended routine dental care.

For adults, the 2009 survey findings confirmed that inequalities exist by socioeconomic status in oral health status and access to services, consistent with findings in 1976 and 1988. New Zealand has a relatively high level of access to dental care for children and adolescents. Given that cost was identified as the most important barrier to accessing services for adults, this is an area that needs attention. Development of policies and programmes, with an aim of improving the oral health status and reducing the disparities apparent in the last three national oral health surveys, is required.

The New Zealand Dental Association (NZDA) is aware that, although the 2006 document “Good Oral Health for All, for Life” mentions the need for the Ministry of Health to develop a policy for reducing oral health inequalities for low income adults by improving access to oral health services, this has not happened. Solutions to access to oral health care issue are complex. No single organisation or government department or community can be expected to solely address oral health disparities.

The NZDA believes that improved access to oral health services for low income adults is possible through partnerships with the dental profession, other health providers, dental public health programmes and non-government community agencies. A collaborative approach among those who have the capacity to contribute to addressing the challenge of equitable access to dental care will ensure good oral for all New Zealanders.

2.0 Conclusion
There are limited options for low-income adults who are unable to afford the cost of private oral health services. In addition, there is a lack of consistency in the nature and availability of targeted services provided for low-income adults across the country. Where there is access to subsidised care available, the level of service is usually limited to relief of pain and emergency care only. There is a need for a nationally consistent strategy for the provision of timely oral health services for low-income adults.
3.0 Position Statement

The NZDA, as the body that advocates for the principal providers of adult oral health care, recommends the development of a national action plan to reduce the barriers to access to dental care. The action plan should incorporate the following key principles:

- oral health plays an important part in general health and well-being;
- all New Zealand adults have a right to have access to oral health services;
- dental caries and periodontal diseases are largely preventable chronic diseases;
- a collaborative approach is needed among oral health care providers and other health care providers to raise awareness among policy makers and the public of the important role oral health plays in general health, and that oral health is integral to general health;
- any publicly-funded programme must have consistent eligibility criteria and access must be nationally available regardless of geographical location or ethnicity of the low-income adult; and
- whatever scheme is put in place, a system of monitoring and evaluation must also be implemented.

It is recommended that:

- for low-income adults, there is a need to address the financial barriers to accessing oral health care services through public funding which would allow affordable access to oral health care;
- for low-income adults, there is a need for creation of new minimum levels of service for publicly-funded oral health programmes and ensure that the resources to meet these standards are made available;
- the patient must pay for part of the cost of care (i.e. some form of co-payment);
- adult oral health services are best provided by an oral health team led by dentists;
- there is continuation of advocacy for water fluoridation; and
- given that the vast majority of oral health care for adults is delivered within the private sector and the public DHB services are focused primarily on meeting the needs of their high needs and vulnerable patients, it is necessary to work with the private dental sector to devise a system to address financial barriers experienced by low-income adults.