

# Oral health care workers

## Introduction

The Ministry of Health has a vision for high-quality oral health services that promote, improve, maintain and restore good oral health, and that are proactive in addressing the needs of those at greatest risk of poor oral health (Ministry of Health 2006).

Promoting good oral health in young people has benefits over a lifetime. High levels of dental cavities in childhood lead to greater oral health disease levels in adulthood. Children and young people in New Zealand are entitled to free basic dental care from birth to their 18th birthday (Ministry of Health 2006).

### What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants and the parents of child participants were asked how long ago they/their child last saw an oral health care worker, whether there had been a time when they needed to see an oral health care worker and couldn't, and the reason they were unable to see them. Adult participants were also asked how often they usually see an oral health care worker.

The definition of oral health care worker included dentists, dental nurses, dental therapists, and specialists such as orthodontists.

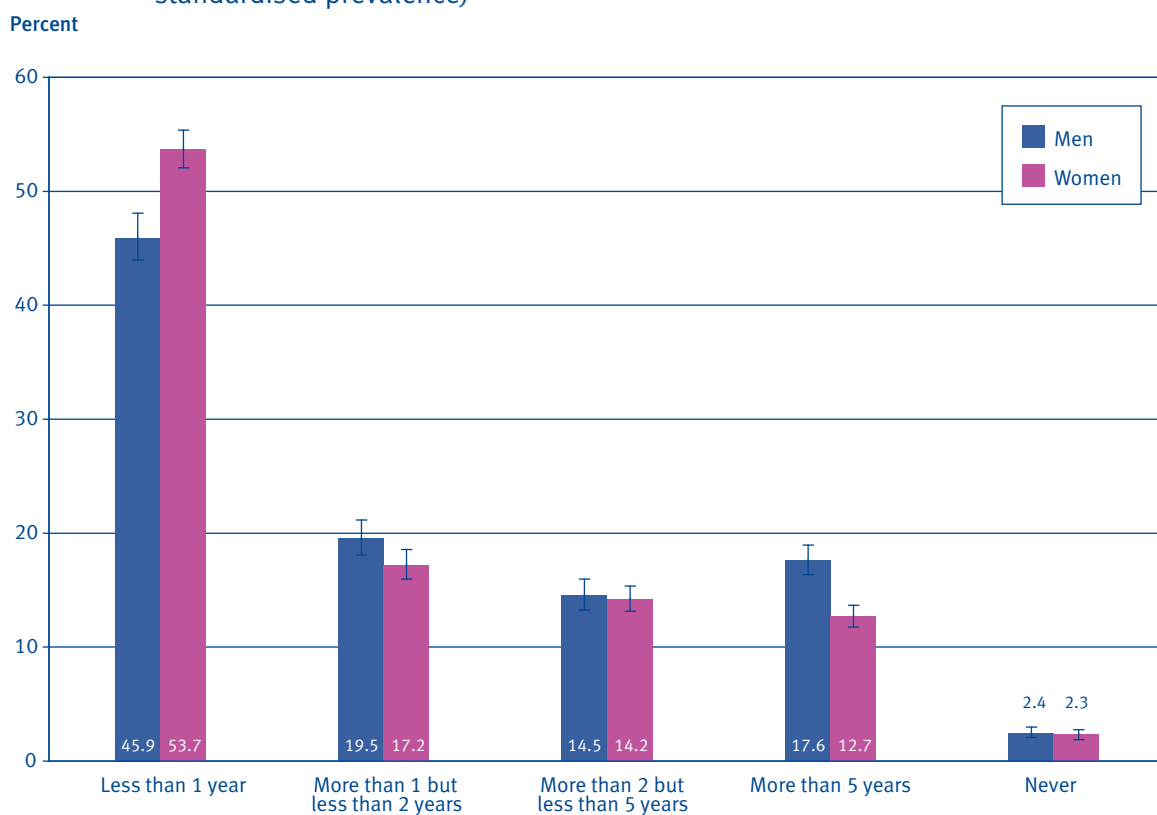
The key results for the oral health status of children and adults are included in Chapter 3 of this report.

## Use of oral health care services for children and adults

Four out of five (80.4%, 78.9–81.9) children aged 2–14 years had visited an oral health care worker in the previous 12 months, and a further 9.4%, (8.1–10.8) had visited an oral health care worker more than one year but less than two years before. One in eleven children (8.9%, 7.9–9.8) aged 2–14 years had never seen an oral health care worker.

One in two adults (51.0%, 49.7–52.4) had visited an oral health care worker in the previous 12 months, and a further 17.8% (16.8–18.8) had visited an oral health care worker more than one year but less than two years before. One in forty (2.3%, 2.0–2.6) adults had never seen an oral health worker (Figure 6.31). Women (53.7%, 52.0–55.3) were significantly more likely than men (45.9%, 43.9–48.0) to have seen an oral health care worker in the previous 12 months.

Figure 6.31: Time since last visit to an oral health care worker for adults, by gender (age standardised prevalence)

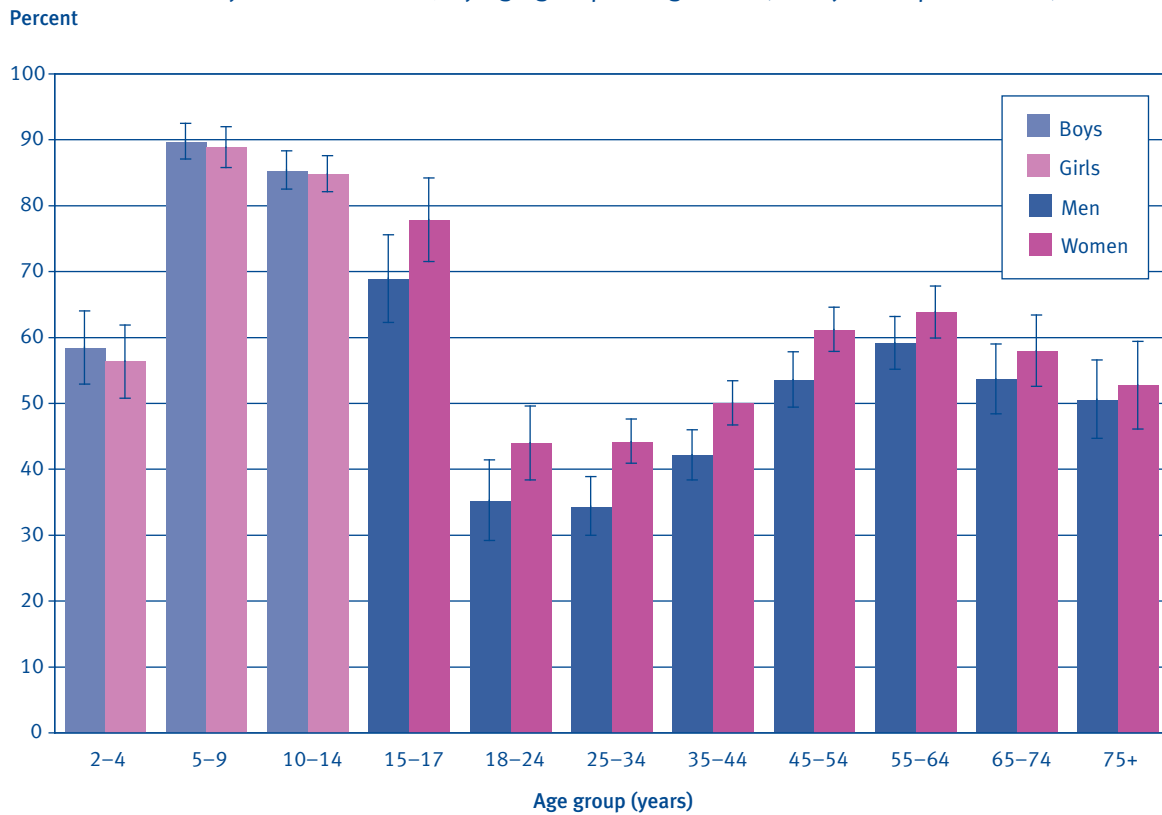


Source: 2006/07 New Zealand Health Survey

## Use of oral health care services, by age group

School-aged children and young adults, particularly young women, were significantly more likely than all other age groups to have seen an oral health care worker in the previous 12 months. Women aged 25–54 years were significantly more likely than men of the same age to have visited an oral health care worker in the previous 12 months (Figure 6.32).

Figure 6.32: Visited an oral health care worker in the previous 12 months for children aged 2–14 years and adults, by age group and gender (unadjusted prevalence)

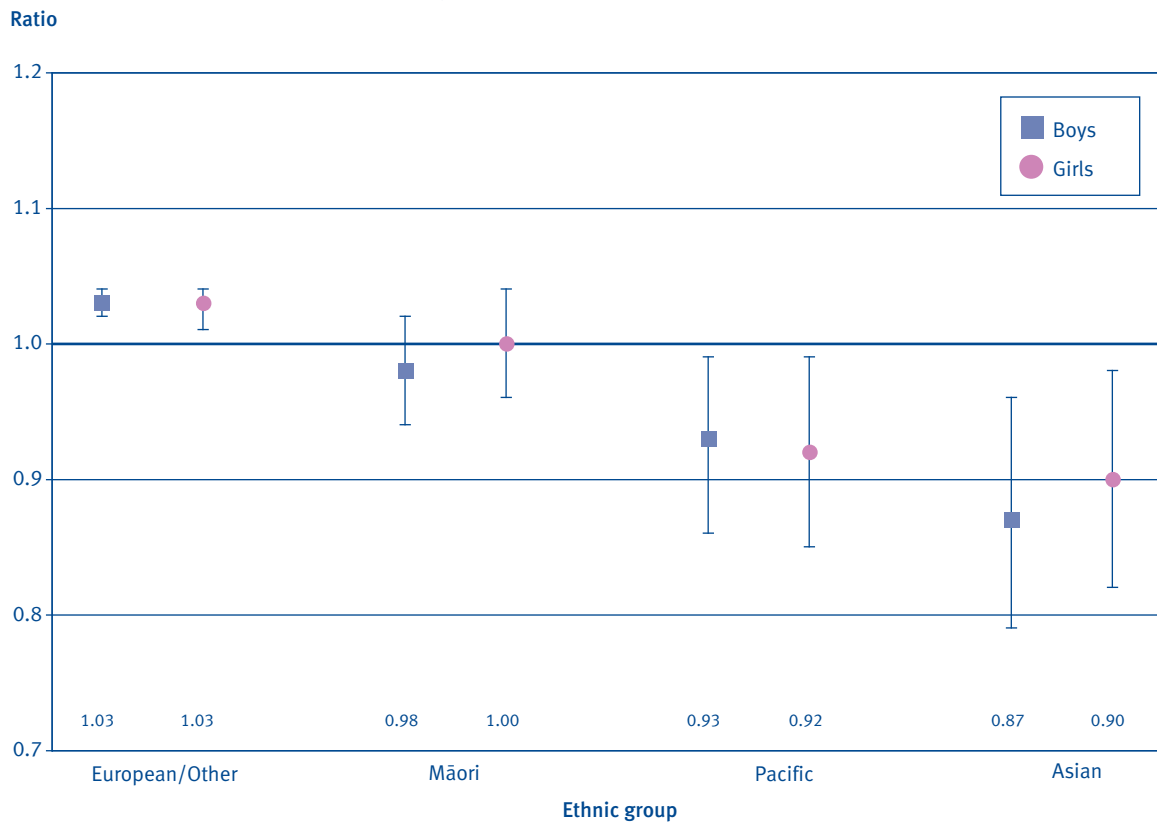


Source: 2006/07 New Zealand Health Survey

## Use of oral health care services, by ethnic group

European/Other boys and girls aged 2–14 years were significantly more likely than boys and girls aged 2–14 years in the total population to have seen an oral health care worker in the previous 12 months. Pacific and Asian boys and girls were significantly less likely (Figure 6.33).

Figure 6.33: Children aged 2–14 years who saw an oral health care worker in the previous 12 months, by ethnic group and gender (age standardised rate ratio)

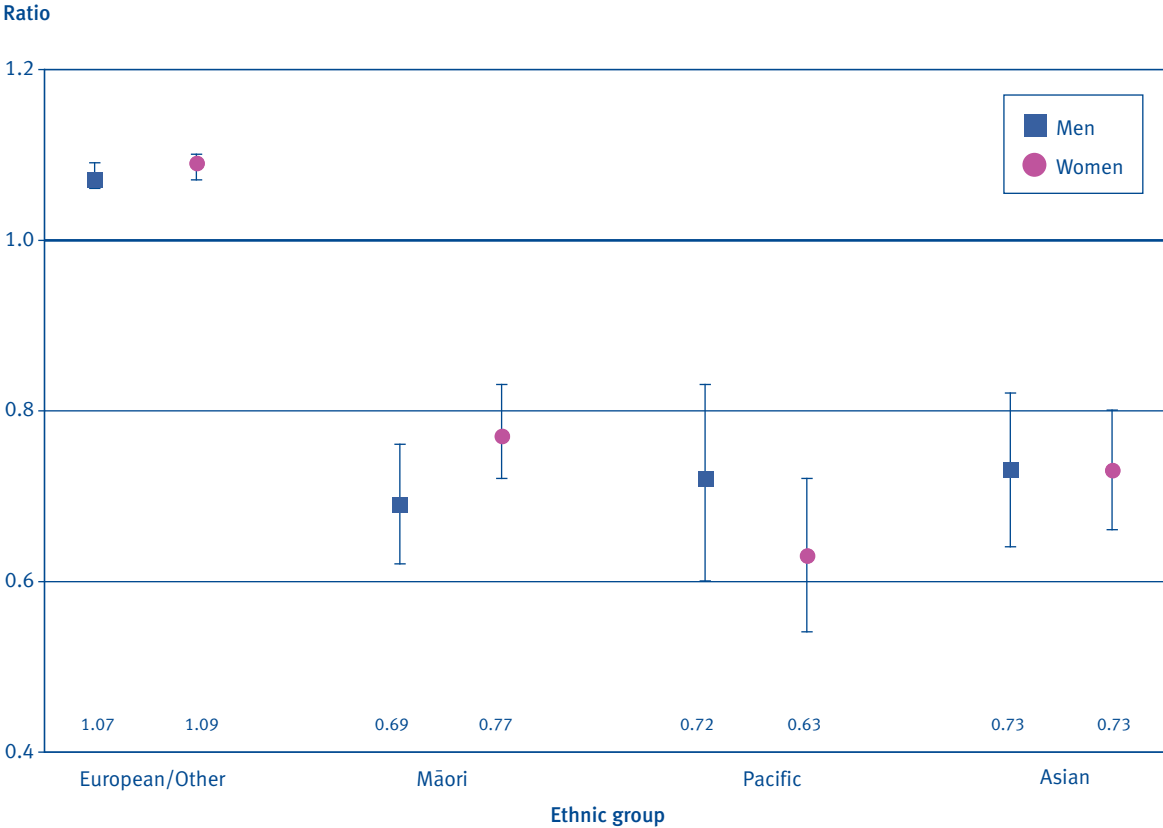


Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged from 2-14 years. Total response standard output for ethnic groups has been used.

European/Other men and women were significantly more likely than men and women in the total adult population to have visited an oral health care worker in the previous 12 months. Māori, Pacific and Asian men and women were significantly less likely (Figure 6.34).

Figure 6.34: Adults who saw an oral health care worker in the previous 12 months, by ethnic group and gender (age standardised rate ratio)



Source: 2006/07 New Zealand Health Survey

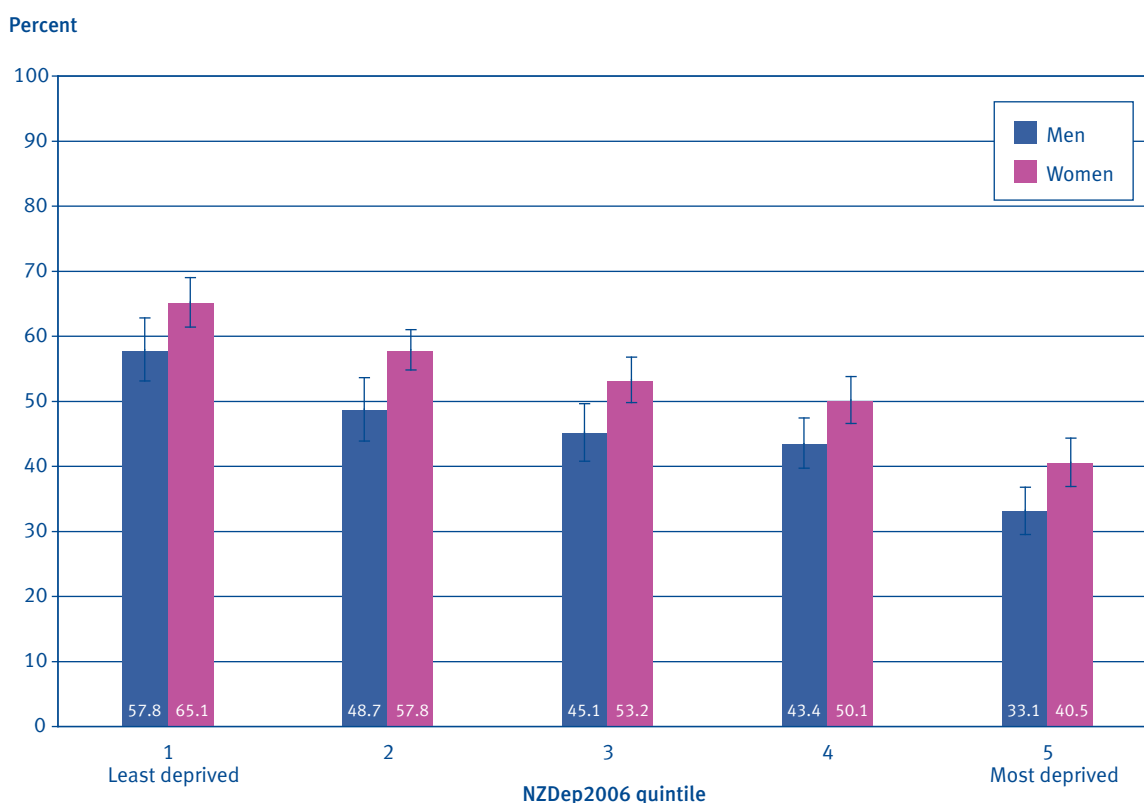
Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

## Use of oral health care services, by neighbourhood deprivation

Children living in neighbourhoods of high deprivation (NZDep 2006 quintile 5) were less likely to have seen an oral health care worker in the previous 12 months (77.0%, 73.4–80.5) compared to children living in the least deprived neighbourhoods (quintile 1) (84.8%, 81.3–88.3).

Men and women in NZDep2006 quintile 5 (most deprived) were significantly less likely than men and women in any other quintile to have seen an oral health care worker in the previous 12 months (Figure 6.35). One in three adults (36.9%, 34.0–39.8) in quintile 5 had visited an oral health care worker, compared with 61.7% (58.4–65.0) in quintile 1, adjusted for age.

Figure 6.35: Adults who saw an oral health care worker in the previous 12 months, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

## Use of oral health care services, by DHB area

The proportion of children aged 2–14 years who had visited an oral health care worker in the previous 12 months was significantly higher in the South Island DHBs, including Canterbury, compared to the national rate, while this proportion was significantly lower in Auckland and Wairarapa / Hutt Valley / Capital and Coast DHB areas (Table 6.6).

The proportion of adults who had visited an oral health care worker in the previous 12 months was also significantly higher in the South Island DHBs, including Canterbury, compared to the national rate, but significantly lower in Counties Manukau and Waikato DHB areas (Table 6.6).

Table 6.6: Visited an oral health care worker in the previous 12 months for children aged 2–14 years and adults, by DHB area (unadjusted)

DHB area	Prevalence in 2–14 year olds (95% CI)	Number of children	Prevalence in adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	80.8 (76.9–84.7)	80500	50.1 (47.4–52.8)	170700
Waitemata	76.4 (71.1–81.7)	68500	50.3 (46.7–53.9)	183300
Auckland	72.3 (66.5–78.1) –	47200	49.7 (45.2–54.1)	155800
Counties Manukau	79.0 (74.8–83.2)	74700	43.4 (39.3–47.5) –	133500
Waikato	78.9 (74.4–83.4)	52200	46.1 (42.8–49.5) –	111100
Bay of Plenty / Taranaki / MidCentral	83.6 (79.5–87.8)	72200	50.9 (47.5–54.3)	163600
Wairarapa / Hutt Valley / Capital and Coast	70.9 (65.4–76.4) –	53600	53.6 (49.8–57.4)	178000
Canterbury	89.4 (84.8–93.9) +	71800	54.6 (50.8–58.5) +	187100
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	89.9 (85.5–94.3) +	76300	58.1 (54.0–62.2) +	200900
<b>New Zealand total</b>	<b>80.4 (78.9–81.9)</b>	<b>596900</b>	<b>51.0 (49.7–52.4)</b>	<b>1484200</b>

Source: 2006/07 New Zealand Health Survey

Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

The proportion of children aged 2–14 years who had never visited an oral health care worker in the previous 12 months was significantly lower in the South Island DHB areas than the national rate, while this proportion was significantly higher in Auckland and Wairarapa / Hutt Valley / Capital and Coast DHB areas than nationally (Table 6.7).

The proportion of adults who had never visited an oral health care worker in the previous 12 months was significantly lower in the Wairarapa / Hutt Valley / Capital and Coast and the South Island DHB areas, including Canterbury, than the national rate, while this proportion was significantly higher in Auckland DHB area than nationally (Table 6.7).

Table 6.7: Never visited an oral health care worker for children aged 2-14 years and adults, by DHB area (unadjusted)

DHB area	Prevalence in 2–14 year olds (95% CI)	Number of children	Prevalence in adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	9.5 (6.8–12.1)	9400	2.5 (1.5–3.5)	8600
Waitemata	7.7 (4.7–10.7)	7000	2.2 (1.3–3.1)	8000
Auckland	13.2 (9.1–17.3) +	8600	5.9 (4.4–7.4) +	18500
Counties Manukau	9.9 (6.8–12.9)	9300	3.4 (2.2–4.5)	10400
Waikato	11.1 (7.5–14.8)	7400	2.1 (1.0–3.3)	5100
Bay of Plenty / Taranaki / MidCentral	7.0 (4.6–9.4)	6000	2.1 (1.4–2.8)	6800
Wairarapa / Hutt Valley / Capital and Coast	14.5 (10.2–18.7) +	11000	1.0 (0.5–1.8) –	3300
Canterbury	4.8 (2.2–8.7) –	3800	1.0 (0.5–2.0) –	3500
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	4.0 (1.8–7.6) –	3500	1.1 (0.5–2.1) –	3800
<b>New Zealand total</b>	<b>8.9 (7.9–9.8)</b>	<b>65900</b>	<b>2.3 (2.0–2.6)</b>	<b>68000</b>

Source: 2006/07 New Zealand Health Survey

Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

## Regularity of oral health care for adults

Two out of five adults (41.0%, 39.7–42.3) reported that they visit an oral health care worker at least every two years for a check-up, while a further 9.2%, (8.6–9.9) said they have regular check-ups but with intervals of more than two years. Two out of five adults (40.3%, 39.0–41.5) reported that they only visit an oral health care worker when they have a toothache, and one in ten (9.5%, 8.8–10.2) said they never visited an oral health care worker.

European/Other adults (SRR 1.13, 1.11–1.14) were significantly more likely to visit an oral health care worker at least every two years for a regular check-up than the total adult population. Māori (SRR 1.32, 1.25–1.38), Pacific (SRR 1.44, 1.34–1.54) and Asian (SRR 1.19, 1.12–1.26) adults were significantly more likely to visit an oral health care worker only when they have a toothache.

## Unmet need for oral health care services in previous 12 months

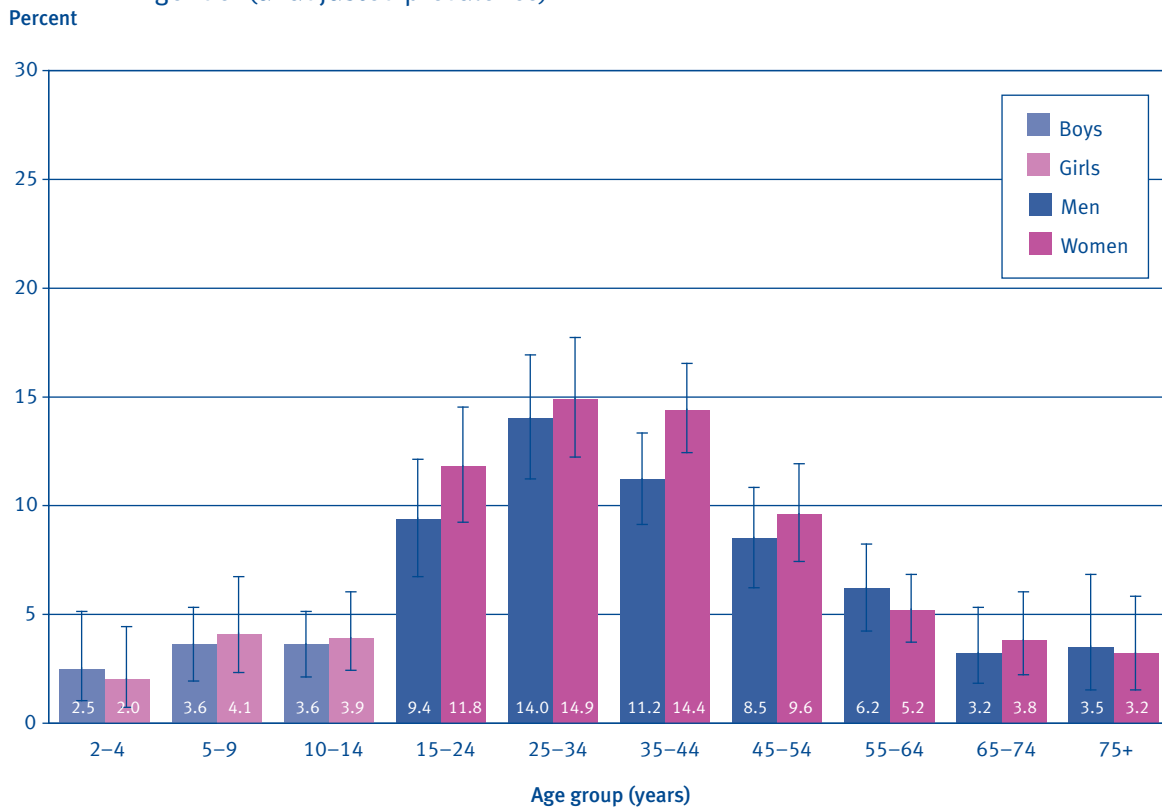
One in twenty-nine children (3.4%, 2.8–4.1) aged 2–14 years and one in ten adults (10.0%, 9.3–10.7) were unable to see an oral health care worker when they needed to in the previous 12 months. This equates to 25,600 children and 291,300 adults.

There were no significant differences in unmet need for an oral health care worker in the previous 12 months by gender for children or adults, adjusted for age.

## Unmet need for oral health care services, by age group

Boys and girls aged 2–14 years and men and women aged 65 years and over were significantly less likely to have an unmet need for oral health care services than men and women aged 15–64 years (Figure 6.36).

Figure 6.36: Unmet need for oral health care services for children and adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

## Unmet need for oral health care services, by ethnic group

Table 6.8 gives an indication of the proportion and number of children in New Zealand's main ethnic groups that were unable to see an oral health care worker in the previous 12 months when they needed to.

Table 6.8: Unmet need for an oral health care worker in the previous 12 months for children aged 2–14 years, by ethnic group (unadjusted)

Ethnic group	Prevalence in children 2-14 years (95% CI)	Number of children 2–14 years
European/ Other	3.7 (2.9–4.5)	20800
Māori	4.6 (3.4–5.8)	7800
Pacific	2.2 (1.3–3.7)	1900
Asian	2.9 (1.6–4.8)	1900

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

After adjusting for age, Māori boys (SRR 1.64, 1.04–2.25) were significantly more likely to have been unable to see an oral health care worker in the previous 12 months than all boys aged 2–14 years. Pacific girls (SRR 0.52, 0.06–0.98) were significantly less likely to have been unable to see an oral health care worker in the previous 12 months than all girls aged 2–14 years.

Table 6.9 gives an indication of the proportions and numbers of adults in New Zealand’s main ethnic population groups who were unable to see an oral health care worker when they needed to in the previous 12 months.

Table 6.9: Unmet need for an oral health worker in the previous 12 months for adults, by ethnic group (unadjusted)

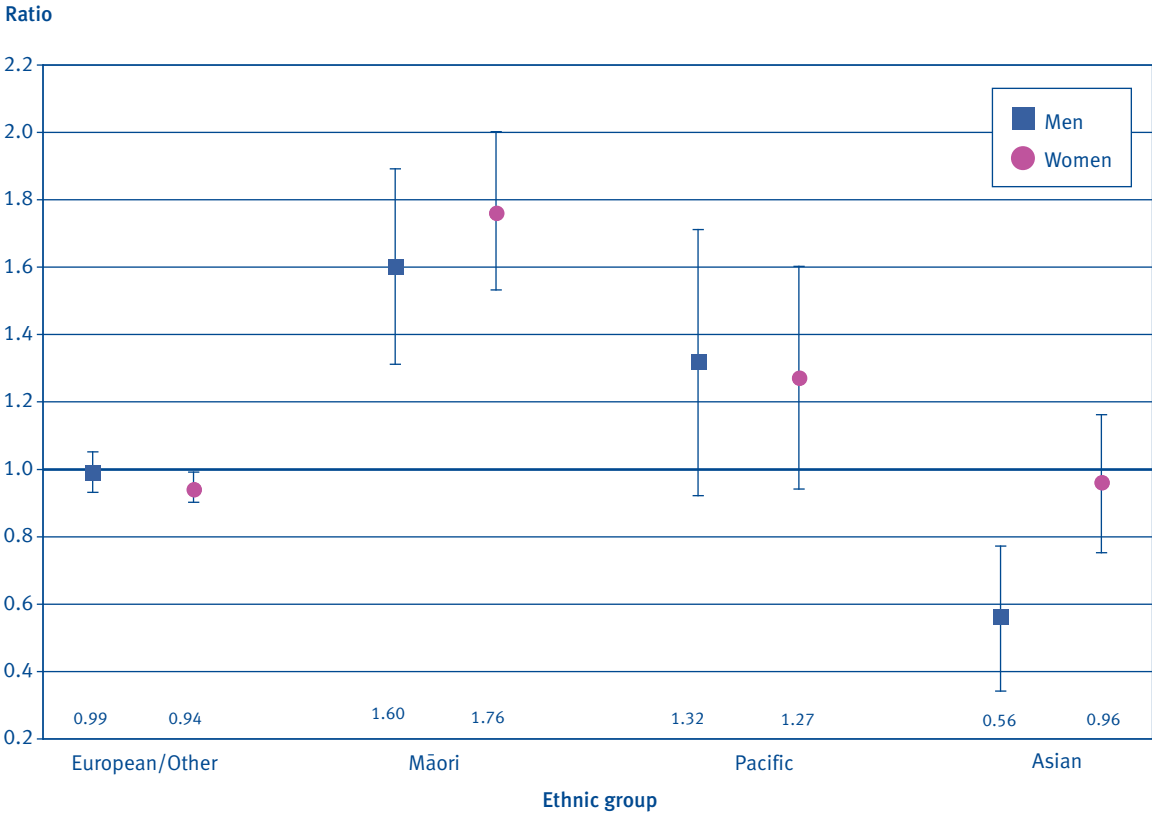
Ethnic group	Prevalence (95% CI)	Number of adults
European/ Other	9.4 (8.6–10.2)	222000
Māori	18.1 (16.4–19.8)	59900
Pacific	14.1 (11.4–16.7)	22700
Asian	8.7 (6.9–10.4)	23900

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

When adjusting for age, Māori men and women were significantly more likely to have been unable to see an oral health care worker in the previous 12 months than men and women in the total adult population, while Asian men were significantly less likely than men in the total population (Figure 6.37).

Figure 6.37: Adults with an unmet need for oral health care services, by ethnic group and gender (age standardised rate ratio)



Source: 2006/07 New Zealand Health Survey

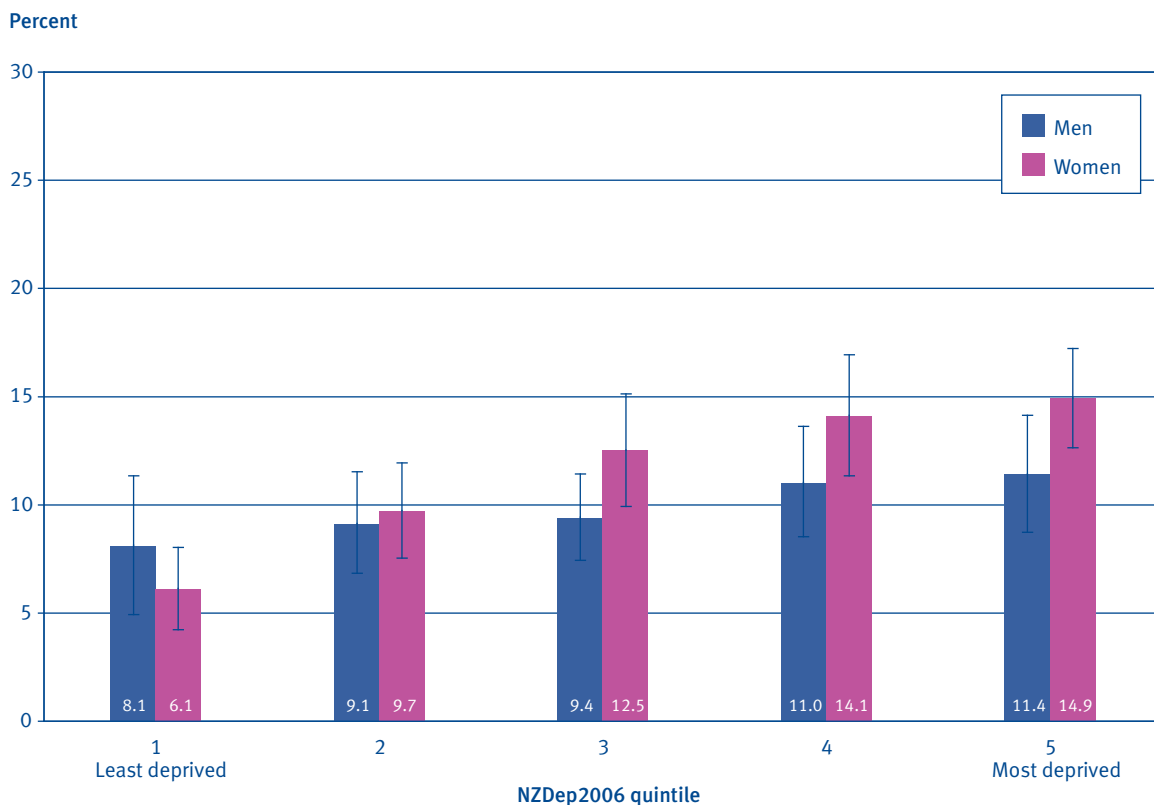
Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

## Unmet need for oral health care services, by neighbourhood deprivation

There were no significant differences in unmet need for oral health care services between NZDep2006 quintile 1 (least deprived) and quintile 5 (most deprived) for children aged 2–14 years.

Women in NZDep2006 quintile 5 (most deprived) were significantly more likely to have been unable to see an oral health care worker in the previous 12 months compared to those in quintiles 1 (least deprived) or 2. There were no statistically significant differences in unmet need for oral health care services by neighbourhood deprivation for men (Figure 6.38).

Figure 6.38: Unmet need for an oral health care worker in the previous 12 months, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

## Unmet need for oral health care services, by DHB area

The proportion of children aged 2–14 years with an unmet need for oral health care services was significantly lower in the Counties Manukau and Canterbury DHB areas than nationally (Table 6.10).

The proportion of adults with an unmet need for oral health care services was significantly lower in the Canterbury DHB area than the national rate, while this proportion was significantly higher in Northland / Tairāwhiti / Hawke’s Bay / Lakes / Whanganui and Waikato DHB areas than nationally (Table 6.10).

Table 6.10: Unmet need for oral health care services for children aged 2–14 years and adults, by DHB area (unadjusted)

DHB area	Prevalence in children (95% CI)	Number of children	Prevalence in adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke’s Bay / Lakes / Whanganui	4.0 (2.4–5.6)	4000	13.0 (11.0–14.9) +	44100
Waitemata	2.7 (1.1–5.5)	2500	11.3 (9.0–13.7)	41300
Auckland	4.3 (1.8–8.4)	2900	8.4 (6.4–10.5)	26500
Counties Manukau	0.9 (0.4–1.8) –	800	8.0 (5.7–10.4)	24700
Waikato	2.8 (1.4–5.1)	1800	12.6 (10.1–15.2) +	30500
Bay of Plenty / Taranaki / MidCentral	4.2 (2.5–6.5)	3600	10.7 (8.9–12.4)	34300
Wairarapa / Hutt Valley / Capital and Coast	6.1 (3.3–10.3)	4600	10.1 (7.7–12.5)	33500
Canterbury	0.9 (0.2–2.6) –	700	8.0 (6.0–10.0) –	27300
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	5.4 (2.6–9.9)	4600	8.4 (6.2–10.7)	29200
<b>New Zealand total</b>	<b>3.4 (2.8–4.1)</b>	<b>25600</b>	<b>10.0 (9.3–10.7)</b>	<b>291300</b>

Source: 2006/07 New Zealand Health Survey

Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

## Reason for unmet need for oral health care services

For children aged 2–14 years the main barrier to seeing an oral health care worker was inability to get an appointment soon enough or at a suitable time, followed by needing to see an oral health care worker after hours and cost (Table 6.11). A large proportion of parents of child participants gave other reasons for their child being unable to see an oral health care worker when they needed to, including the child was unwell, didn't know where to go or who to contact, away from usual oral health care worker and school dental clinic closed.

For adults, the main reason for being unable to see an oral health care worker was cost, followed by inability to get an appointment soon enough or at a suitable time and couldn't spare the time (Table 6.11).

Table 6.11: Unmet need for oral health care services in the previous 12 months for children aged 2–14 years and adults, by reason (unadjusted)

Reason for unmet need	Prevalence in children (95% CI)	Prevalence in adults (95% CI)
Cost	8.0 (3.7–14.7)	52.9 (50.0–55.8)
Couldn't get appointment	48.2 (37.4–59.0)	18.7 (16.0–21.3)
Couldn't spare time	2.9 (0.8–7.3)	14.1 (11.3–16.9)
Fear / anxiety	2.2 (0.6–5.9)	10.5 (8.3–12.7)
Didn't want to make a fuss	2.6 (0.7–6.6)	8.3 (6.2–10.5)
Transport	1.8 (0.6–4.3)	1.7 (1.0–2.7)
Child care	–	0.8 (0.3–1.6)
After hours	10.1 (4.2–19.5)	1.7 (1.0–2.7)
Couldn't get in touch	–	2.2 (1.0–4.0)
Other	31.7 (22.1–41.3)	2.1 (1.1–3.5)

Source: 2006/07 New Zealand Health Survey

Note: – indicates that numbers were very small.