HBF Children's Dental Report 2018

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Making healthy happen

Contents

Healthy smiles for life

Teaching our kids the importance of good oral health is one way to show we care.

Of course, instilling healthy habits can be easier said than done. To help, we surveyed 625 parents of six to 17-year-olds from Western Australia (WA), New South Wales (NSW) and Victoria (Vic) about their children's dental health, examined HBF claims data, and enlisted clinical health experts to explain the common barriers to good dental health during childhood and offer advice on how to overcome them.

As WA's leading health insurer, we've also explained the dental healthcare options for children in this state, for both preventative and corrective treatment, and detailed important things to know when considering private dental insurance.

"Tooth decay, although largely preventable, is actually the most common chronic disease of childhood. It's important that parents assist their children to develop and maintain good oral hygiene practices from a young age."
Dr Justin Soon, Assistant Principal Dentist, LifeCare Dental.

A snapshot: what do WA parents really think?

Discover how WA parents of six to 17-year-olds perceive their childrens' oral health, compared to the reality.

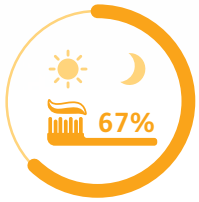
WHAT PARENTS THINK

Kids' oral health is looking good, but there's room for improvement. That's what our survey of 625 parents of six to 17-year-olds from WA, NSW and Vic revealed.

Two thirds of parents (64%)
rate their child's oral health as 'very good' or 'excellent', in all states surveyed.

Less than 1 in 10 (8%)
of parents believe their child's oral health is 'fair' (6%) or 'poor' (2%).

WA parents
are less likely to rate their child's oral health as 'excellent' .



Although two thirds (67%)
of children are brushing their teeth at least twice a day, that still leaves a large proportion (at least 31%) brushing less often.

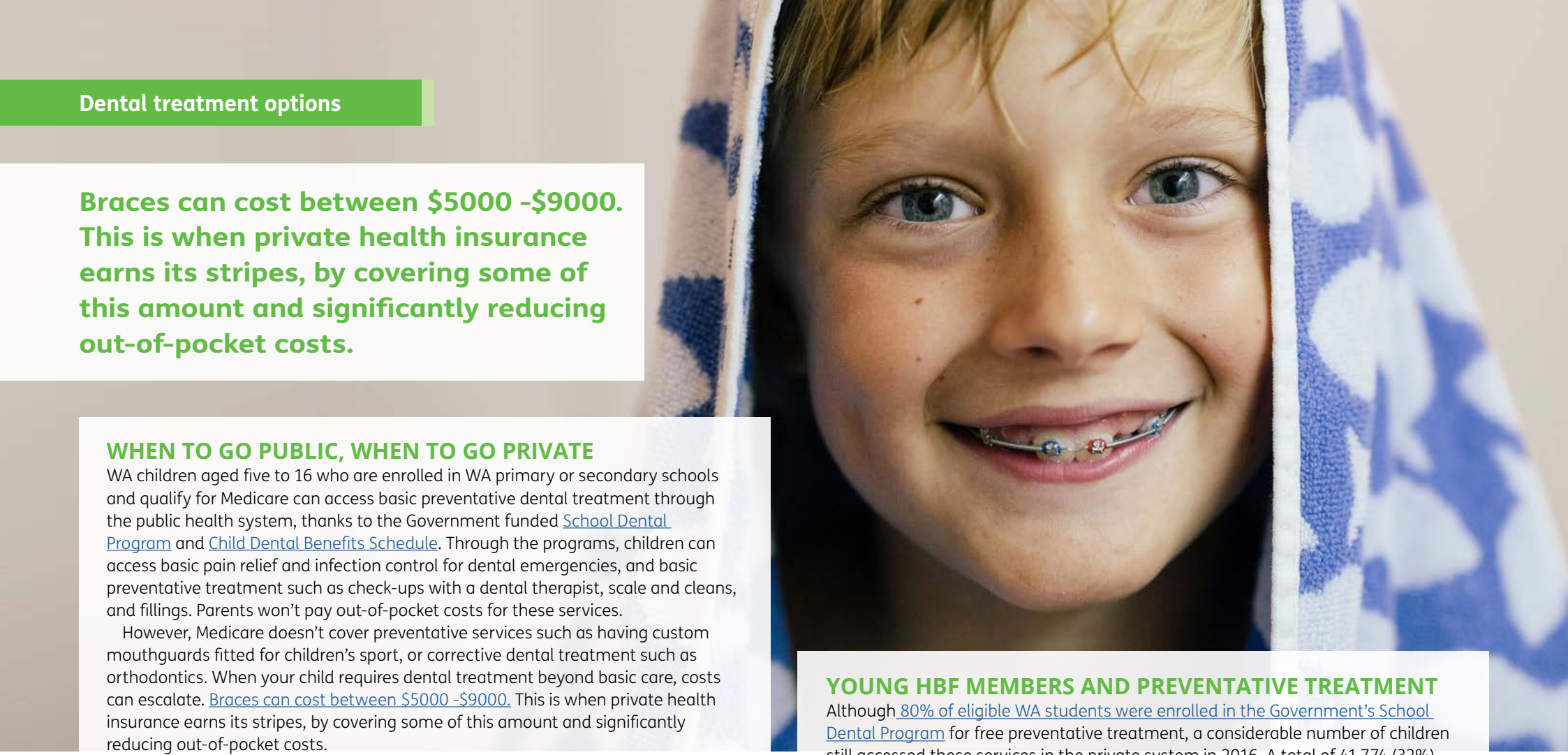
A GAP BETWEEN PERCEIVED AND ACTUAL HEALTH

Parents' perceptions of their children's oral health were slightly higher than previous measures of actual health. The University of Adelaide and Australian Institute of Health and Welfare's Oral Health and Dental Care in Australia - Key facts and figures 2015 tells us that in 2010, 55% of six-year-olds and 48% of 12-year-olds had experienced tooth decay – for the 12-year-olds, this decay was in their permanent teeth.

Although measured against a different sample of children over a different time period, we can see a gap between perception – two thirds of parents rating their child's dental health as 'very good' or 'excellent' – and reality – around half of children experiencing tooth decay.

Dental treatment options for your kids

Here, we explain the public and private dental services available to children in WA, for preventative and corrective treatment.



Braces can cost between $5000 -$9000. This is when private health insurance earns its stripes, by covering some of this amount and significantly reducing out-of-pocket costs.

WHEN TO GO PUBLIC, WHEN TO GO PRIVATE

WA children aged five to 16 who are enrolled in WA primary or secondary schools and qualify for Medicare can access basic preventative dental treatment through the public health system, thanks to the Government funded School Dental Program and Child Dental Benefits Schedule. Through the programs, children can access basic pain relief and infection control for dental emergencies, and basic preventative treatment such as check-ups with a dental therapist, scale and cleans, and fillings. Parents won't pay out-of-pocket costs for these services.

However, Medicare doesn't cover preventative services such as having custom mouthguards fitted for children's sport, or corrective dental treatment such as orthodontics. When your child requires dental treatment beyond basic care, costs can escalate. Braces can cost between $5000 -$9000. This is when private health insurance earns its stripes, by covering some of this amount and significantly reducing out-of-pocket costs.

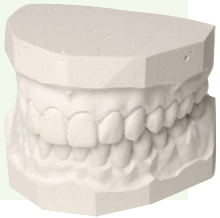
DENTAL TREATMENT FOR KIDS

Preventative

- **What:** Routine check-ups, scale and clean, fillings and mouthguards
- **Provider:** Dentist or dental therapist
- **Why:** Maintain good oral health by minimising tooth decay and gum disease, and protecting teeth from injury

Corrective

- **What:** Orthodontics (dental braces, plates and retainers)
- **Provider:** Orthodontist
- **Why:** Correct teeth and jaw positioning and alignment



YOUNG HBF MEMBERS AND PREVENTATIVE TREATMENT

Although 80% of eligible WA students were enrolled in the Government's School Dental Program for free preventative treatment, a considerable number of children still accessed these services in the private system in 2016. A total of 41,774 (32%) of HBF members aged six to 17 years had at least one scale and clean in the private system.

HBF Head of Provider Relations Jade Furness points to a correlation between an annual scale and clean, and good oral health. "Eighty per cent of our young members who had an annual scale and clean had no fillings performed," Ms Furness says.

Parents who took their children to an 'HBF Member Plus' dentist for their scale and clean had no out-of-pocket costs, up to their annual limit.

"Member Plus dentists are a select group of dentists who we have agreed fee arrangements with to keep out-of-pocket costs to a minimum for our members," Ms Furness says. "This helps give parents access to quality routine dental care from an early age, to set kids up for a lifetime of good oral health." ▶

IMPORTANT THINGS TO KNOW ABOUT PRIVATE DENTAL CARE

If you think your child will need more than just basic dental treatment during childhood and into their teens, you'll probably consider private dental cover for your family to minimise out-of-pocket costs for complex treatment like orthodontics (which Medicare does not cover). When reviewing your private dental cover options, important things to know include:

There are multiple categories of cover

Most Australian health funds use the terms, 'general', 'major' and 'orthodontics' to indicate the specific dental treatments you can claim a benefit (or money back) for on a policy. There can be variation between health funds, but usually under 'general' dental you can claim for consultations with dentists, scale and cleans, mouthguards, simple in-chair tooth extractions, and fillings. Under 'major' dental you can generally claim on veneers, crowns, bridges and dentures. And under 'orthodontics' you can claim money back on orthodontic consultations and braces fittings.

Be sure to check which categories are included in the policy you opt for, to ensure you are covered for the services you are likely to claim money back for.

Length of membership impacts benefits

Most Australian health funds reward long-term members with higher benefit caps. So, the longer you hold private health insurance for dental, the greater your annual claiming limit will be for treatments such as orthodontics.

"We know braces can cost between $5000 and $9000 for an 18-month course of treatment, and our claims data reveals that between the ages of nine and 13, the average annual cost for children's orthodontic treatment increases steeply," Ms Furness explains. "Even if braces may be something your child needs in five to 10 years, it pays to consider your dental cover options now to allow time to become eligible for higher annual benefit limits – you may be able to claim more money back per calendar year."

According to HBF claims, in 2016 the average out-of-pocket cost for orthodontic treatment for six to 17-year-olds was $1308 for the year. The average out-of-pocket cost increased gradually with age for six to nine-year-olds. After nine years of age the average out-of-pocket cost increased more steeply with age to peak at 13 years, then declined to 17 years. ▶

AVERAGE ANNUAL OUT-OF-POCKET COSTS FOR ORTHODONTICS

$522 for six-year-olds

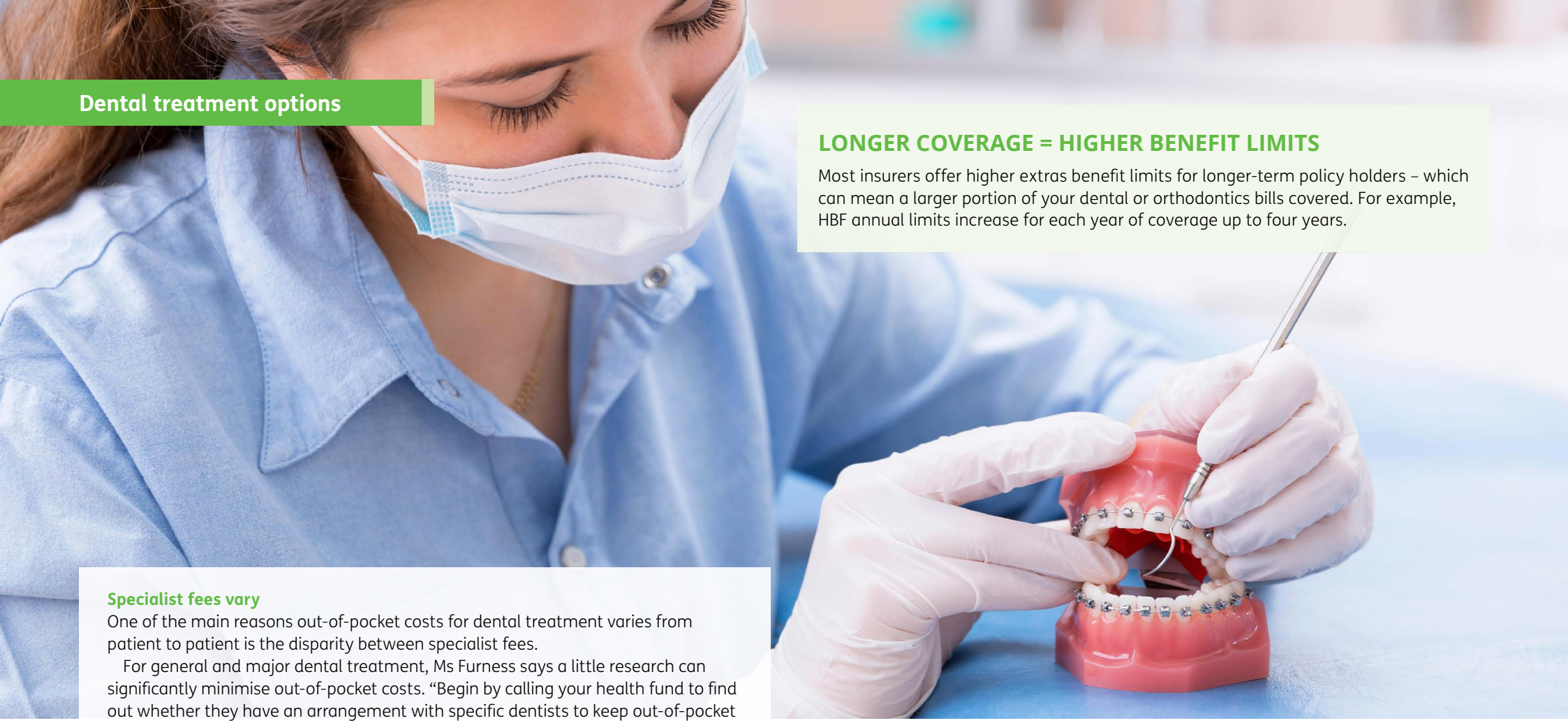
$924 for nine-year-olds

$1269 for 10-year-olds

$4115 for 13-year-olds

$1765 for 17-year-olds

Source: HBF claims, 2016



LONGER COVERAGE = HIGHER BENEFIT LIMITS

Most insurers offer higher extras benefit limits for longer-term policy holders – which can mean a larger portion of your dental or orthodontics bills covered. For example, HBF annual limits increase for each year of coverage up to four years.

Specialist fees vary

One of the main reasons out-of-pocket costs for dental treatment varies from patient to patient is the disparity between specialist fees.

For general and major dental treatment, Ms Furness says a little research can significantly minimise out-of-pocket costs. “Begin by calling your health fund to find out whether they have an arrangement with specific dentists to keep out-of-pocket costs for members as low as possible. For example, HBF members who opt to visit an ‘HBF Member Plus’ dentist receive a guaranteed percentage back for dental services, and out-of-pocket costs are kept to a minimum.”

Most orthodontists will not be able to provide a quote without examining a patient, as the costs depend on the length and complexity of treatment. However, Ms Furness recommends parents compare costs for comparable segments of treatment. “Phoning a handful of clinics to compare orthodontists’ fees for an initial consultation, the fitting of braces and subsequent consultations could save you hundreds, if not thousands, in treatment costs.”

Before settling on your dentist or orthodontist, Ms Furness also recommends visiting Whitecoat – an independent website with patient reviews of healthcare specialists, including how long it took to get an appointment, how well patients were listened to, how well their treatment was explained and whether they’d recommend them to others.

Waiting periods apply

Generally, Australian private health insurers require members to serve a two-month waiting period before they begin claiming benefits (money back) for general dental services, and it’s usually a 12-month waiting period for major dental and orthodontic services. If you think your child may need complex dental care or braces, you should ensure your private health insurance policy includes major dental and / or orthodontics at least a year before planning your first appointment with a specialist.

Though, Ms Furness reiterates, “Annual benefit limits for services such as orthodontics increase with length of membership. If you think your child may need braces in five to 10 years, it may pay to get dental cover sooner rather than later, so you’ve qualified for a higher annual benefit limit by the time your child gets braces. When the time comes to claim, you’ll have a lower out-of-pocket.”

Oral health starts at home

Parents have a great impact on their children's oral health – from building a solid foundation of brushing and flossing, to ensuring teeth are protected with the right mouthguard.

BRUSHING HABITS

The majority of children are
brushing twice a day.

However, there is still a large proportion who are
brushing only once a day.

67% brush at least twice a day.

31% brush once a day at most.

WA kids
are less likely to brush their teeth three or more times a day (6%), compared to children from NSW (10%) and Vic (9%).

FLOSSING WOES: THE UGLY NEWS

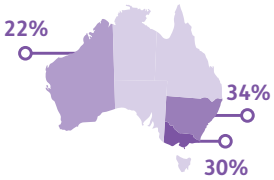
22% **67%**

Flossing
twice daily is less common than brushing twice daily.

27%

More than a quarter (27%)
of parents say their children never floss.

1 in 10 (9%) of WA parents
don't know how often their child flosses.



WA has a lower rate
of flossing than Vic and NSW. Two in 10 (22%) of WA kids floss at least once a day, compared to three in 10 (34%) in NSW and Vic (30%).

THE FOUR TOP BARRIERS TO EXCELLENT DENTAL HEALTH FOR CHILDREN, ACCORDING TO PARENTS

According to our survey, parents believe a lack of regular flossing is one of the top barriers to excellent dental health for their children. When asked to rank the top three barriers, 75% of parents identified at least one (25% said there were no barriers).

The high cost of private dental services was the most common barrier, cited by 26% of parents, followed closely by their children eating sugary food (25%) and not flossing enough (23%). Not knowing how to floss correctly was considered a barrier by 15% of parents. ▶

“Failing to include flossing as part of a complete dental hygiene routine increases the risk of widespread decay across the mouth.”

WHY FLOSSING IS JUST AS IMPORTANT AS BRUSHING

“At least half of all children start school with decayed teeth, the vast majority of which is preventable by regular and thorough brushing and flossing,” Dr Rodney Jennings, Specialist Paediatric Dentist at The Smile Club, explains.

“Brushing has very much been pushed as a standard of care for teeth; it’s part of the zeitgeist,” Dr Jennings says. “Flossing has never been pushed in the same way. Most adults don’t even floss their teeth on a regular basis, and are surprised to hear the recommendation that kids should be flossing.”

Failing to include flossing as part of a complete dental hygiene routine increases the risk of widespread decay across the mouth, and extensive and expensive treatment to fix it. Risk of decay rises exponentially where teeth are touching and flossing is not regular.

“When decay forms and isn’t treated, it progresses and causes pain and infection, which leads to time missed from school, sleepless nights and damage to the permanent teeth as they grow,” Dr Jennings explains.

“Unfortunately, in these circumstances it is difficult to see a cavity (or more commonly, cavities!) until significant treatment is needed, when flossing alone will no longer help,” Dr Jennings says. “In most cases, by the time a child complains of pain from this tooth it usually requires extensive treatment (a nerve treatment, called a pulpotomy, and a crown) or to be removed.”

And flossing helps stop bacteria in the mouth from spreading. “The mouth isn’t divided into left and right or top and bottom, so once a cavity is found between the back teeth on the upper right side, decay will already be between the back teeth on the upper left, lower left and lower right. This can potentially lead to extracting up to eight teeth, which would need to be done under a general anaesthetic for young children.”

Dr Jennings tells his patients that if they are brushing but not flossing, a third of each tooth isn’t being cleaned. But still, getting young patients to floss isn’t easy.

“I put it down to three main issues: time, perception of its importance and access. Especially for families where oral hygiene routines are commonly a last-minute thing: just before heading out the door or to bed. It can be a haphazard time, and adding one more task in can feel monumental. Parents need to realise the importance of flossing, which unfortunately usually occurs once their child needs treatment that flossing could have prevented.” ▶

FOUR TIPS FROM THE EXPERTS

1) Use language that resonates with kids

While adults are likely to start flossing once they understand the clinical consequences of not flossing – namely decayed teeth that require filling – kids aren't as easily motivated by this message.

"The language we use with kids is really important," Dr Jennings says. "For kids, we often talk about the 'germs left between the teeth', and how the teeth stay 'dirty'. 'Finding' and 'fighting the germs' is usually a good motivator." Physically showing children the plaque removed by flossing can also be useful, he adds.

2) Floss as a family

It seems obvious, but leading by example is a biggie when it comes to encouraging your child to develop good dental health habits. "Simply showing your kids that you brush and floss helps. Kids often want to do what their parents do, so why not floss at the same time each day together," Dr Justin Soon, Assistant Principal Dentist at LifeCare Dental says.

3) Make it fun

"Try a teeth cleaning calendar," Dr Soon suggests. "They're fun for kids, and using stickers to track progress can help grow your child's interest in their teeth and help instil healthy brushing and flossing habits."

4) Get a flossing aide

Flossing is simply difficult for kids, so anything you can do to make it easier will make it more likely to happen.

"Disposable plastic frames with floss pre-threaded, like a floss stick, can be useful to make accessing teeth at the back of the mouth easier," Dr Jennings says.

"It seems obvious, but leading by example is a biggie when it comes to encouraging your child to develop good dental health habits."

Keeping teeth safe with mouthguards

Mouthguards do more than just protect teeth from accidental breakage. They help to cushion blows to the face and protect your kids' tongue, lips and cheeks.

WHAT IS A MOUTHGUARD?

While they're a must for contact sports, mouthguard use in non-contact sports is also growing. And when you think about the job a mouthguard does, it's not surprising most experts recommend a custom-made mouthguard over a boil-and-bite alternative.

A mouthguard is a thick spongy shield that fits over your kids' teeth and is usually worn during contact sports in an attempt to avoid dental injuries, but can also be worn for jaw issues and teeth grinding.

"Custom-made mouthguards are considered a better option than boil-and-bite mouthguards for several reasons," Dr Justin Soon, Assistant Principal Dentist at LifeCare Dental says. Because they are made to suit an individual's mouth and teeth, they fit better, making them more comfortable and less likely to impede breathing, meaning they are less likely to be rejected by kids. They also provide better protection.

"Boil-and-bite mouthguards distort, change shape and can have thin spots, depending on how they are heated and moulded, which can diminish their protective qualities," Dr Soon says. ▶

DID YOU KNOW?

Between 2014 and 2016, the number of HBF members aged six to 17 years who had mouthguards fitted increased by

54%

2016

2014

(from 5111 members to 7881 members).

In 2016, the top 5 suburbs for mouthguard fittings in Perth were:

1 Balcatta
2 Joondalup
3 Midland
4 Ballajura
5 Bayswater

Source: HBF claims, 2016

A MUST FOR KIDS

It's not uncommon for kids to experience a dental injury when playing sport, which is why it's important to ensure their teeth, mouth and jaw are properly protected, especially during high-impact sports.

"We treat a lot of emergency dental trauma cases," Dr Soon says. "And it tends to be patients who weren't wearing a mouthguard at the time of impact who usually suffer the most severe and damaging injuries.

"Typically, the most common sport for dental injuries would be hockey, followed closely by football and rugby."

And these injuries range from the relatively minor chipped tooth right through to the very serious.

"I've seen many orodental injuries that could have been avoided with the use of a well-fitting mouthguard. The most severe involve the loss of three or four permanent teeth, several operations, going through middle school and high school with a denture until the child is old enough for major reconstructive surgery and dental implants, which is usually only done when someone reaches 18-22 years of age."

Some kids may be reluctant to wear a mouthguard. However, Dr Rodney Jennings, Specialist Paediatric Dentist at The Smile Club, doesn't see this often, as the consequences of not wearing a mouthguard are usually not being able to play or train.

"Children reluctant to wear a mouthguard typically have issues with the looseness of a 'boil-and-bite' non-custom mouthguard, rather than a custom-fitted mouthguard," he says. "Peer pressure and participation rules from governing bodies are the best motivators."

When you're deciding whether your child needs to wear a mouthguard for sports, consider the activity, rather than the age of your child. However, when kids are growing their adult teeth, protection becomes more important.

"Typically around age six to seven is when a custom mouthguard can be introduced, as the permanent teeth are erupting into the mouth and very susceptible to injury," Dr Jennings says. "Some sporting codes also have rules to start wearing mouthguards prior to this age."

If there's a chance of dental injury in your child's chosen sport, speak to your dentist about whether a mouthguard is a good idea. ▶

"It's not surprising most experts recommend a custom-made mouthguard over a boil-and-bite alternative."

“For growing kids, a custom mouthguard generally lasts between 12 and 18 months, and it’s important to ensure it still fits – the easiest way to do this is to have it fitted at the beginning of the season for an annual sport.”

HOW MUCH DOES A MOUTHGUARD COST?

Typically, a custom mouthguard can range anywhere from $170 to $300, but with private dental insurance your out-of-pocket is reduced.

For growing kids, a custom mouthguard generally lasts between 12 and 18 months, and it’s important to ensure it still fits – the easiest way to do this is to have it fitted at the beginning of the season for an annual sport.

“Children’s mouths change a great deal over a year, so when a custom mouthguard is made the dental technician aims to accommodate for a year’s growth, allowing room for teeth to move and grow,” Dr Jennings says.

While a boil-and-bite mouthguard can range from $15 to $100, Dr Jennings says that any saving made by choosing the cheaper option may only be short-term.

“They’re useless and shouldn’t be recommended,” he says. “In some cases they may actually increase the severity of an injury, as they may localise the force of an injury to a single tooth or area, rather than distributing the force across the mouth as intended. So anything you save might be negated by a more expensive dental bill later.”

DIFFERENT MOUTHGUARDS FOR DIFFERENT SPORTS

Simple custom mouthguards are made in a single layer for low-risk sports, such as Auskick. Heavy contact sports, such as boxing or martial arts, may require a special bimaxillary mouthguard.

“Adolescents and teenagers should wear a multi-layer mouthguard, which is more protective,” Dr Jennings says.

A straight smile: more than aesthetics

When Kelly Burstow took her primary-school-aged daughter Pip, pictured left, to see an orthodontist to talk about her crooked teeth, it wasn't because young Pip was worried about her appearance. Kelly wanted to solve a functional issue. She shares her story.

"When my daughter was eight or nine, one of her adult teeth appeared in from her gum line, pushing her front teeth askew, meshing behind her bottom teeth and creating an obvious gap in her smile. "

Pip before orthodonic treatment. One of her front teeth was askew, Pip's mother was concerned about potential tooth damage.

TOP 3 ORTHODONTIC SUBURBS BY VISITS

1 Rockingham
2 Joondalup
3 Booragoon

For HBF members aged 6-17 years.
Source: HBF claims, 2016

THE TRANSITION FROM CHILDHOOD TO ADULT TEETH

No one told me before I became a mother that teeth would be so central to the parenting journey. I remember celebrating the first peek of tooth cutting my baby's gums with a no-wonder-she-is-grizzly realisation. Next came the first wobbly tooth followed by the obligatory gaping-grin school portrait. There were tooth fairy visits, little colourful toothbrushes, and the curious decision whether to stash baby teeth or discard.

My daughter Pip recently completed the last stage of childhood teeth transitioning – braces. No longer is she that little bub with a gummy smile, gone is the girl with a gappy grin, and colourful-band adorned teeth are in the past now; today I look at a wonderful teenager with a beautiful straight smile.

When my daughter was eight or nine, one of her adult teeth appeared in from her gum line, pushing her front teeth askew, meshing behind her bottom teeth and creating an obvious gap in her smile. I was concerned about potential damage from the zigzag bite. ▶

A personal story of orthodontics

“This allowed us to formulate a plan for the future, and perhaps helped make the transition to braces for Pip so matter-of-fact.”

Pip after orthodontic treatment.

At this stage, Pip still had many baby teeth, and it was hard to know what to do in this situation. We consulted an orthodontist, who gave us two options:

- Corrective braces when she was nine to minimise possible damage, and again when she reached the age of 12 or 13 and had all of her adult teeth.
- Wait until she was a teenager and complete the process once. However, there was a slight risk of tooth damage because of the position of the teeth.

There were many things to consider here, including the cost of double orthodontic work, the hassle of having braces twice, the consideration of potential tooth damage, and how Pip felt about it all. My daughter wasn’t at all bothered about the appearance of her teeth at this point (and wasn’t keen for braces), so we were left to weigh up the other factors. After consideration, we decided to wait and have the braces applied when she turned 13.

A few years later, Pip and I revisited the idea of braces again. It was interesting for me to note that the appearance of her teeth didn’t seem to affect her emotionally. She didn’t hide her smile or bemoan the lack of straight teeth, and I love that. Therefore, the focus was on getting the job done to align her teeth for practicality’s sake and, yes, there was the added benefit of aesthetics. As a parent to four children, I would note here that different children respond in various ways, and I aim to tailor responses and decisions to each particular child and situation. For example, my eldest child was bothered about the gap between her front teeth, and the decision to have braces was more for aesthetics than function.

With Pip (as opposed to my experience with my first child), I needed to be the driver behind the decision for braces due to practicality, rather than Pip being concerned about the look of her teeth. We recognised early on the function issue, and sought professional advice. This allowed us to formulate a plan for the future, and perhaps helped make the transition to braces for Pip so matter-of-fact. In any case, both awareness of the particular child’s emotional needs and function issues have been central to my parenting decisions.

And, thankfully, her teeth weren’t damaged due to the wait and it’s all worked out well. Even after weighing up the pros and cons, it can still be hard to know exactly what to do, but sometimes you have to go with your parental-intuition.

To our contributors, thank you

Our experts

Kelly Burstow, Blogger at Be A Fun Mum

Dr Rodney Jennings, Specialist Paediatric Dentist, The Smile Club

Jade Furness, Head of Provider Relations, HBF

Dr Justin Soon, Assistant Principal Dentist, LifeCare Dental

External sources

Government of Western Australia, Department of Health

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Oral health and dental care in Australia: Key facts and figures 2015, Adelaide University and Australian Institute of Health and Welfare

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