

Is dental healthcare as affordable and accessible as it should be?

Oral health is essential to optimal overall health and minimising the probability of developing serious oral health conditions or infections in future. Yet, besides the fear factor, why are so many people reluctant to visit the dentist?



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“The underlying factors here include resources, socio-economic circumstances, accessibility and education.”

“One of the biggest culprits for keeping people out of the dentist’s chair is the misperception that it costs ‘too much’ – a belief which is brought to the fore when members of medical aid schemes find themselves having to dig deeper into their pockets to pay for treatments which their medical aids either do not cover or only pay a percentage of,” says KC Makhubele, CEO of the [South African Dental Association \(SADA\)](#).

This speaks to the resources - such as income and access to private medical aids - available to the population and highlights how even more inaccessible oral healthcare is for those who rely on state resources and whose socio-economic status is one of poverty and unemployment, adds SADA head of finance, Dr Nosipho Mzobe. “These are often the same people who haven’t been exposed to oral health education programmes, largely impacting their daily behaviours and regimes in this regard.”

With medical aid schemes cutting their dentistry allocations year-on-year, Makhubele highlights that more and more South Africans are being under-catered for when it comes to dentistry and oral healthcare services.

The problem with medical aids

Painting a picture of just how little is provided for in this regard, he explains that the 2013 South African Veterinary Council (SAVC) Guideline of Tariffs prices canine (dog) ‘scaling and polishing’ at R297. Discovery Medical Aid’s 2017 rates allocates only R239.80 for the same procedure for a human member of their scheme. “So ultimately our medical aids pay less towards this procedure than we do for our pets.”

Makhubele notes that research by Oral B in 2014, which is outlined in [The State of Oral Health Report for South Africa](#), found that while the vast majority of South Africans say that their oral health is important to them, 42% had not seen a dentist in the 12 months before being surveyed.

“About half of those who did visit a dentist also highlighted that they only did so because of a specific problem and not because it was time for a general check-up,” he explains.

This approach is concerningly common among South Africans. “Without proper oral hygiene, which includes regular professional check-ups and cleaning, bacteria can reach levels that can lead to tooth decay and gum disease,” says Dr Nirvada Niranjana SADA manager: coding and nomenclature.

“There are studies that suggest that oral bacteria and the inflammation associated with gum disease might play a role in some diseases. So, skipping regular dental appointments, to save time or money, can be more harmful than one may realise.”

Two potential avenues

Makhubele adds that, with medical aids decreasing dentistry allocations every year and state resources being as limited as they are, the number of South Africans regularly checking in with their dentists is likely to decrease even further. “This leaves us with only two potential avenues.”

The first is - considering the importance of oral health and the fact that dentistry is one of the only specialist professions that has to have onsite equipment - that medical aid providers improve their dentistry allocations and get on board with building public awareness around the importance of oral hygiene.

Economist Paula Armstrong, author of the Econex analysis, calculated that the richest 20% of South Africans spend about 12% of their income on medical aid premiums and on the fees of practitioners like dentists whose services are sometimes not covered by medical aid schemes. The poorest 20% of medical aid users were noted as paying 22% of their income on these premiums.

“With such a large portion of our income being allocated to health insurance, should we not expect more comprehensive cover for something as crucial as oral health?” asks Makhubele.

The second avenue is for the public to take a stand. “Dentists do not charge a huge amount for their services and the investment, in your long-term health, is well worth it. In addition to putting pressure on medical aid providers to improve their allocation and on government to increase their focus on oral health resources, the public ought to consider the short-term cost of oral health check-ups and oral hygiene procedures as an essential expense rather than a luxury,” he concludes.