**Dr Jodie Oliver MACA 10 July 2024 Health Forum Speech**

The NSW Government in partnership with the Federal Government needs to invest in and prioritise Oral Health access and affordability for the Seniors population of NSW.

Oral health deteriorates with age, with higher numbers of teeth affected by tooth decay, and higher numbers of gum disease and tooth loss. Most of these specific dental diseases are preventable and more easily treated in the initial stages. Oral health is intricately linked with general health, but many dental costs are borne by the individual rather than being subsidised or supported by public funding.

Some of the factors that contribute to poorer oral health in older people include:

* A lifetime of accumulated dentistry. Fillings, root canal therapies, crowns, implants, they all require ongoing and escalating maintenance throughout life.
* Increased susceptibility to dental disease due to difficulty cleaning teeth or differences in diet. Loose or painful teeth, poorly fitting dentures, nutrition knowledge gaps, reduced ability to buy or prepare healthy foods, may lead to higher consumption of processed and sugary foods which can increase tooth decay.
* The relationship between medical health and oral health. Older people often have multiple chronic medical conditions and take multiple medications. Poor oral health is linked with medical conditions such as type II diabetes, cardiovascular disease, stroke, and dementia, amongst others. And in reverse, some medical conditions and medications can directly impact oral health. Changes to a person's medical history can have stark consequences for oral health.
* Oral health literacy amongst residential aged care staff and paid staff carers or family carers may be lacking, and simple daily oral hygiene routines may be overlooked. There are reports of aged care staff not being aware that clients have dentures failure to remove and clean dentures, inadequate toothbrushing, and limited awareness of oral health problems.
* Accessibility. Reduced mobility and challenges with transportation may make it difficult to attend dental appointments. Some people may need to rely on limited mobile dentistry options or require complex transportation arrangements to a dental facility.
* The cost of private sector dentistry is a significant barrier for older people in low-income groups. Many are eligible for free public dentistry New South Wales. However, there are often long waiting times, prioritisation of acute dental problems rather than prevention, and a lack of continuity of care. This is further exacerbated in rural regional NSW where workforce shortages are prevalent.

Oral health also deteriorates over a person’s lifetime. Most oral health issues start early in life due to factors such as - poor nutrition, lack of regular dental checks, non-fluoridation of water supplies; exacerbated by use of tobacco and alcohol; underestimating the importance of oral hygiene and issues related to the affordability of private dental care and long waiting periods for public dental care. In older people, poor oral health, and more particularly, periodontitis (a severe form of gum disease) is associated with highly prevalent health conditions and diseases, such as diabetes. Approximately 23 percent of Australian adults have moderate to severe periodontal disease. The prevalence increases with age and there are higher rates in people with low incomes.

Close to 25 percent of Australian adults say they avoid some foods because of the condition of their teeth; for people on low incomes, it is about a third. Poor oral health increases an older person’s risk for loneliness and social isolation. Long waiting times for dental care exacerbate existing dental problems. Over one-third of all oral health treatments in the public dental system are for emergency treatment rather than routine care. Within the public funded dental services there is little to no focus on or resourcing of preventive care.

The cost of accessing private oral health services, especially for people without private health insurance, can exacerbate financial hardship with older people rationalising other expenditure on things like food and other health care needs. For many it simply results in getting the cheapest treatment (an extraction) rather than paying the cost associated with one better suited to supporting overall health and wellbeing.

ORAL HEALTH

Older people are a priority group with higher oral health care needs. Prevention is essential for older people to maintain a healthy, functional mouth. Regular dental checkups can assist with prevention and timely intervention; there should be a focus on improving oral health education and practices in residential aged care facilities.

There should be equitable access to dental care for all older people. Most of the dentistry is provided in the private sector, but costs can be a barrier, increasing demand for public dentistry. It is essential that New South Wales health offers a robust, well-funded dental system, to meet the needs of older people, which has the capacity to prioritise early intervention. Increasing the awareness and utilisation of the New South Wales *oral health fee for service scheme* among residential aged care residents and staff will highlight that it provides access to private dental practitioners for eligible public dental patients, and covers a range of dental treatments, including examinations, fillings, gum treatments, and dentures.

Partnership between the public and private sectors, such as through the Oral Health Fee for Service Scheme, is essential to ensure that patients receive timely oral health care. There is a real lack of transparency around how the public dental system in New South Wales operates. For instance, finding information; the limit of information and the amount of data that can be accessed*.*

Consideration should be given to expanding programs such as the *Senior Smiles program*. This was a program piloted by Professor Janet Wallace in 2014. The pilot program placed a qualified dental hygienist into 5 Residential Aged Care Facilities on the NSW Central Coast to test the model of care. Success from the pilot led to phase II of the research commencing in September 2017 and completing in September 2020. The research placed a qualified oral health practitioner into Residential Aged Care Facilities to provide the elderly residents with oral health education, oral health assessments, oral health care plans and referral pathways to dentists and/or dental prosthetists for more complex dental needs.