Submission
No 87

INQUIRY INTO DENTAL SERVICES IN NSW

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Date Received: 2/06/2005

Theme:

Summary

HEALTHY CITIES ILLAWARRA INC.

Submission from Healthy Cities Illawarra - Aged Task Force (ATF) to the NSW Standing Committee on Social Issues: Inquiry into Dental Services in NSW

Older people who are 65 years and older make up 15.1% of the Illawarra population and this is projected to rise steadily in the next 15 years as the population ages (ABS 2002). The social impact of oral diseases and disorders is experienced in many aspects of an older person's daily life. Tooth loss, pain, discomfort and difficulties with chewing, swallowing and speech are the results of poor oral health. This can have a major impact on self esteem, psychological well being, interpersonal relationships, productivity and quality of life.

In 2004 the Healthy Cities Illawarra Aged Task Force (ATF) undertook to focus on oral health issues as this was having a significant impact on older people's lives. Concerns with oral health services were repeatedly being raised by Illawarra seniors at our meetings or through correspondence to the task force; there was particular concern for older people in residential care facilities. Consensus was that the ATF support the Illawarra Dental Health Action Group and work with them on common issues.

A need was identified for more information on oral care in local aged care settings. To assist with gathering information the Aged Task Force developed a brief survey that was mailed out to all local residential care facilities from Waterfall to Gerringong (23 facilities). This survey was designed by the ATF dental health working group which is comprised of consumers and professional staff. The survey was carried out in August 2004 and we received a very pleasing response of 87% returns. A copy of this survey report is enclosed. ***The ATF submission to the dental enquiry will seek to highlight the oral health issues facing older persons in residential care facilities.***

Older people in residential care facilities are among the most vulnerable members of our local community. A healthy mouth means people are better able to eat and talk comfortably, stay pain free, and maintain social interaction without embarrassment or discomfort. High levels of oral disease are compounded in residential care settings because

of rapid edentualism (tooth loss), gum diseases, decreased use of full dentures, complex medical problems, reduced physical dexterity and impaired sensory functions. Many of these issues are compounded by dementia and extreme frailty.

The Oral Health Survey sought to determine policy and procedures, costs and service levels. Residential care facilities (RCF) were also asked to identify main issues or concerns which related to the dental health of their residents. The three main issues reported were:

- inadequate preventative oral care
- poor service levels and access to treatments
- the significant impact on general health and quality of life

Below is a table highlighting the themes arising from the main areas of concern identified.

Theme	Quotes
Inadequate preventative oral care	Lack of Dental Supervision for previous period (years in some cases) S1 Delays in having residents reviewed by dentist as only one dentist in Area Health servicing nursing home residents S8 Oral hygiene for residents with own denture S10 Knowledge of staff regarding this matter (knowing what to do) S14 Residents do not get regular annual checks S18 Ongoing regular assessment of dental health (preventative hygiene program in place) S19 Regular check ups and cleaning S7
Poor Service levels and access to treatment	Extractions, decays, fillings - very hard to access for Nursing Home residents, especially non mobile ones S6 Inadequate service leads to poor dentition and diminished ability to maintain dietary intake Even though we are lucky to have the above service (dentist) – ability to do procedures is limited S12 That someone can come to them S17 Difficulity attending a dentist's rooms. Poor acessibility eg: wheelchairs S2 Ongoing identification of dental problems requiring dentist intervention S3 Local dentists not willing to visit nursing home S8 Replacement of lost/broken dentures S10 Nursing Home residents unable to attend external appointments S12 Difficulty in getting the Area Health dentist to attend to residents in an emergency S18

	Obtaining initial assessment of residents at time/prior to admission S19 Cost, residents do not have the funds for new dentures and/or repairs, and mobile dental services are "few and far between" S1 Poor access for residents in wheelchairs etc to visit local dentists S8 Transporting frail residents to local denture service S10 Length of time on waiting list for public dental health program S19
Impact on Quality of Life	Ill fitting dentures (weight loss, decline in general condition) S11 Lack of dental care can mean the difference between a resident having a normal diet and a puree diet S9 Ill fitting dentures lead to ulceration and necrosis - impacts on quality of life S9 Education and awareness of overall health related to dental health S14 Pain management S17 Pain with tooth decay- and oral problems S20

The survey identified that there are insufficient levels of oral health care available to residents in care facilities. Of greatest concern was the lack of preventative care such as regular checkups and monitoring, early identification of dental problems and initial dental assessment prior to admission. Also highlighted was the lack of access to appropriate treatments. Reported were significant delays in obtaining treatments such as fillings, extractions and replacement of ill fitting dentures. Many related an inability to obtain local dentists to visit their facilities, which was compounded by difficulties with the transporting of very frail clients to rooms which are often not wheelchair accessible. Public health dental services were severely stretched. Many commented on the long wait time for obtaining public dental health.

In general, residents are expected to meet dental health costs. An inability to pay for private dental services resulted in residents and families being reluctant to access dentists for regular treatments resulting in long term problems with tooth decay, gum disease, ill fitting dentures and ulceration.

Most facilities commented on the impact that poor oral health has on the general health and quality of life of their residents. Of note was the diminished ability to maintain a suitable dietary intake, gum disease and pain. This was particularly the case with dementia clients who could not accurately report the cause of pain and discomfort. Ill fitting dentures were a common problem among residents and had resulted in serious oral difficulties such as

ulcers and necrosis. Some noted there was a limited awareness in the community of how oral health impacts on general health.

All facilities except one reported on written practices for oral health, some reported that there would be benefits in aged care staff accessing training targeted at increasing their knowledge in this area. There was also a sense that in the busy and demanding work of personal care in residential facilities, oral care can be given a lower priority. Many clients with cognitive problems became distressed when oral hygiene care approaches were made, highlighting the need for training and support to staff.

The recommendations from this survey were:

- That opportunities for preventative oral care programs in residential care be explored with relevant stakeholders.
- Support public dental facilities in seeking and securing resources to meet the needs of older people in residential care facilities.
- Investigate the prospects of establishing more formal links between residential care facilities and private dental services.
- Investigate training opportunities for aged care staff in oral health.
- Utilizing information from this survey to support lobbying for enhanced funding and programs for oral health services in residential care settings.

To progress these recommendations the Aged Task Force convened a meeting in March 2005 of interested stakeholders to look at what we can achieve by working together to improve oral health in residential care and to consider priorities for action. This was well attended by directors of nursing, public and private dental services. This meeting outlined the potential for oral health care in residential care facilities, this included:

- A joint approach where the GP would review basic oral health in medical assessment and have a staff member nominated for oral health care to monitor and follow up recommendations

- Oral Health Staff Education Packages (train key staff, train the trainer and provide ongoing support). Focus needs to be on obtaining agreement with DON's to participate in training program and to identify suitable staff member to undertake training. Training could be one session clinical, second session "in home" involving oral assessment of residents in facilities.

- Discussion re "family involvement" i.e., carers carry out teeth /denture cleaning at each visit. Local experience – small trial in one nursing home, limited success. There were concerns that this could raise expectations of families of what RCF can offer in terms of oral health monitoring and action. Investigate research on this.

- Discussion re formal/informal links between private dentists and RCF. Survey identified two out of twenty facilities have formal arrangements the rest had informal arrangements. Private dentists visiting need RFC to set up small area with facilities such as suitable chair/lights/water as basic requirements to carry out oral treatments. This currently does not exist in many RCF. The majority of residents are treated on their beds which is difficult from both OHS and mouth access viewpoint and only very basic treatments can be carried out.

- There was discussion of a portable dental kit but in general it was not seen as useful due to need for stringent infection control etc. The majority of dentists would bring basic equipment requirements with them and manage these themselves.

- Local health service has compiled a list of private dentists who would be prepared to attend Domiciliary Services, but cost remains an issue. This resource is very useful to RCF.

- In the long-term oral health services links with RCF need to be formalized and funded if service is to be successful.

- The services of an oral hygienist who supports RCF would be ideal option.

- Lobby for quarantined 'fee for services vouchers' for RCF.

Recommendations

The Aged Task Force with its local experiences and investigation of best practice through the Oral Health Stakeholder Group request that the enquiry give consideration to the following in its recommendations:

- **Provide hands on training and train the trainer programs to staff in RCF in oral health. RCF be reimbursed for release of staff to participate in relevant programs as this was a major barrier to participation in training. Staff work to**

maximum capacity and release of staff means a replacement member is required.

- **Develop staff who are oral health 'ambassadors' and are specifically trained to carry out dental screens, monitor the provision of oral care, support other staff and organise dental treatments. This is best achieved by appointment of a dental nurse to support RCF.**

- **Provide funding support for oral health assessments on admission to a RCF by a private or public dentist.**

- **Provide funding support and structures to allow dentists to carry out regular dental checkups and professional cleaning (South Australian Model).**

- **Provide incentives for RCF to provide basic treatment facilities for oral health and develop policies around implementation of oral health programs.**

- **Provide reimbursement incentives for private dentists to service RCF. Oral Health vouchers need to be quarantined for RCF treatments.**

- **Promote information about private dentists who will service RCF.**

- **In the management of oral health in RCF, consideration be given to funding support for adjunctive and preventative aids such as mouth props, saliva substitutes, fluoride and antimicrobial products.**

Conclusion

Older people in residential care facilities are among the most vulnerable members of our local community. Tooth loss, pain, discomfort and difficulties with chewing, swallowing and speech are the results of poor oral health. This can have a major impact on self esteem, psychological well being, interpersonal relationships and the quality of life of residents. There is also a relationship between oral diseases and general health in older people. It is imperative that the government acts to improve service provision for oral health in the residential care setting. Timely provision of oral care has the potential to deliver a range of benefits to older people, caregivers, families and professional staff.

Oral Health in Residential Care:

Summary Report of Survey of Illawarra Residential Care Facilities

HEALTHY CITIES ILLAWARRA INC.

Coordinated by Healthy Cities Illawarra Aged Task Force

Acknowledgements

Many thanks to all those who contributed to the design, development and preparation of this report. Particularly:

- Members of the ATF Dental Health Working Group:
  Pauline Milton, Pam Hennan , Jan Rosen
- The Aged Task Force (ATF) Members
- Illawarra Dental Health Action Group
- Directors of Nursing of Illawarra Residential Care Facilities for their prompt response to the survey

This report was compiled by:

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Background

"Oral health is integral to overall health as well as physical, mental and social well-being. A healthy mouth means people are better able to eat, speak, work and socialise without embarrassment, discomfort or pain" writes Christine Morris from the Public Health Associations, Oral Health Special Interest Group [1]. Oral diseases are among the most common diseases experienced with dental caries, edentulism (no teeth) and periodontal disease ranked first, third and fifth among the most prevalent disease affecting Australians [2].

Older people who are 65 years and older make up 15.1% of the Illawarra population and this is projected to rise steadily in the next 15 years as the population ages (ABS 2002). Oral health problems are common in older people with the 1999 National Dental Health Telephone Survey [3] finding that among people 65 years and older, only 15 % of people still had their own teeth. Of the people with all their natural teeth missing, 33 % reported avoiding certain foods in the previous 12 months due to problems with their mouth or dentures.

The social impact of oral diseases and disorders is experienced in many aspects of daily life. Tooth loss, pain, discomfort and difficulties with chewing, swallowing and speech are the results of poor oral health. This can have a major impact on self esteem, psychological well being, interpersonal relationships, productivity and quality of life [2].

In 2004 the Healthy Cities Illawarra Aged Task Force (ATF) undertook to focus on oral health issues, as this was having a significant impact on older people's lives. Consensus was that the ATF support the Illawarra Dental Health Action Group and work with them on common issues. The Dental Health Action Group identified a need for more information on the current processes for oral care in aged care settings.

Oral Health Survey of Residential Care Facilities

Health Outcome: To improve the oral health of older people in residential care facilities.

Aim: To gather information about current oral health care in Illawarra Residential Care Facilities.

Objectives:

1. To identify if facilities have a policy /practice overseeing oral care
2. To determine what arrangements exist with private and public dental services
3. To determine the availability of an area within facilities for dental procedures to be carried out
4. To determine how costs of dental care are met
5. To identify the main oral health concerns of managers of these facilities
6. To use information gathered to raise awareness of the issues regarding oral health in residential care facilities.

Survey Method

To seek this information the Aged Task Force developed a brief survey that was mailed out to all local residential care facilities from Waterfall to Gerringong in the Illawarra region in NSW. The survey was designed by the ATF dental health working group which is comprised of consumers and professional staff. The survey was then reviewed by the Aged Task Force and the Dental Health Action Group with feedback refining the final survey.

The survey period commenced in August 2004, with reminders sent out in September. A cover letter that accompanied the survey was posted out to the directors of nursing (DON) of all identified facilities. A stamped self addressed envelope was included to facilitate return of the survey. The person completing the survey was given the option of being anonymous or including contact details.

The survey sought to identify the type and size of residential care facility, policy and procedure in oral care, links with local dentists, facilities for dental procedures, how costs are met and main areas of concern (Appendix 1). The survey was brief with both check boxes and requests for short answers. Completion time for the survey was approximately 5 minutes. This was seen as the most practical approach with time short nursing directors.

Results

Survey Response Rate

23 surveys were mailed out with 20 being returned, this was an 87% response rate which demonstrated that the survey was well received by the DON of facilities. Twelve provided a name and contact details, 8 were anonymously completed.

Type of Facility

Of the 20 facilities who replied to survey:

- 7 had both hostel and nursing home accommodation
- 6 were hostel only
- 7 were nursing home only.

These facilities included 1337 hostel beds and 1240 nursing home beds, a total of 2577 older persons.

Policy and Practice

Information was sought on the existence of a written policy or practice relating to oral health care, 19 out of the 20 residential care facilities indicated that they had a facility policy relating to oral health care. One did not. A few commented that this was a necessary part of regulatory agreements. Three enclosed copies of their policy.

Formal and Informal Links/Arrangements with Local Dental Services

Out of the 20 facilities, 9 reported informal arrangements with local dentists with two stating that this was mainly for emergency care. Two reported having formal arrangements of regular servicing by local dentists. Three facilities reported no links at all with local dentists. Three facilities related accessing the Illawarra Health public dentist for dental care.
Two facilities reported mainly contacting the resident's choice of dentist for a domiciliary visit. Two reported that families organize for required dental visits.
Two facilities commented that their residential population of clients with dementia and challenging behavior's required specialized treatment approaches.

Facilities for Dental Procedures and Treatment

15 residential care facilities reported no room or area that can be used by a visiting dentist or dental therapist. Five reported having a multipurpose or quiet room that could be used for simple procedures such as denture impressions or simple extractions.
Three reported that the client's rooms were used for simple procedures.

Costs

14 Facilities reported that costs of dental services are met by the resident themselves. Three facilities stated that in some circumstances the facility would meet the costs of dental treatment especially if there is a demonstrated inability to pay costs. Three facilities did not complete this question. Two facilities stated that occasionally residents have access to health service vouchers for treatments. Two facilities mentioned that public dental facilities were accessed but there was a waiting list for services.

Top Three Areas of Concern

Facilities were asked to identify their main three issues or concerns which related to the dental health of their residents. The top three issues reported were:

1. Inadequate preventative oral care
2. Poor service levels and access to treatments
3. The significant impact on general health and quality of life

Themes arising from the main areas of concern identified

Theme	Quotes
Inadequate preventative oral care	Lack of Dental Supervision for previous period (years in some cases) S1 Delays in having residents reviewed by dentist as only one dentist in Area Health servicing nursing home residents S8 Oral hygiene for residents with own denture S10 Knowledge of staff regarding this matter (knowing what to do) S14 Residents do not get regular annual checks S18 Ongoing regular assessment of dental health (preventative hygiene program in place) S19 Regular check ups and cleaning S7
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Other Comments

Only three facilities completed this section with the comments being:

- The long waiting list for public dental services
- Interest in where survey results lead
- Have a formalized program with local public dental health at local hospital

Discussion

This survey has identified that there are insufficient levels of oral health care available to residents in care facilities. The high response rate highlights the significance of the issue to managers of residential care facilities. Of greatest concern was the lack of preventative care such as regular checkups and monitoring, early identification of dental problems and initial dental assessment prior to admission. Also highlighted was the lack of access to appropriate treatments. Reported were significant delays in obtaining treatments such as fillings, extractions and replacement of ill fitting dentures. Many related an inability to obtain local dentists to visit their facilities, which was compounded by difficulties with the transporting of very frail clients to rooms which are often not wheelchair accessible. Public health dental services were seen as minimal and difficult to access even in an emergency. Many commented on the long wait time for obtaining public dental health.

Of significance, was that 45% of facilities reported having informal arrangements with local private dentists, with two reporting a formal arrangement for treatments.

Fifteen of the twenty facilities stated that there was no designated area or room at their facility that could be used by visiting dentists or therapists. This would present a barrier to visits by dental professionals.

In general, residents are expected to meet dental health costs. An inability to pay for private dental services resulted in residents and families being reluctant to access dentists for regular treatments resulting in long term problems with tooth decay, gum disease, ill fitting dentures and ulceration.

Most facilities commented on the impact that poor oral health has on the general health and quality of life of their residents. Of note was the diminished ability to maintain a suitable dietary intake, gum disease and pain. This was particularly the case with dementia clients who could not accurately report the cause of pain and discomfort. Ill fitting dentures were a common problem among residents and had resulted in serious oral difficulties such as ulcers and necrosis. Some noted there was a limited awareness in the community of how oral health impacts on general health.

All facilities except one reported on written practices for oral health, some reported that there would be benefits in aged care staff accessing training targeted at increasing their knowledge in this area. There was also a sense that in the busy and demanding work of personal care in residential facilities, oral care can be given a lower priority.

Recommendations

- That information from this survey is made available to the Dental Action Group, private and public dental facilities.
- That opportunities for preventative oral care programs in residential care be explored with relevant stakeholders.
- Support public dental facilities in implementing strategies for maximizing use of resources available.
- Investigate the prospects of establishing more formal links between residential care facilities and private dental services.
- Investigate training opportunities for aged care staff in oral health.
- To utilize information from this survey to support lobbying for enhanced funding and programs for oral health services in residential care settings.

References

1. Oral Health in Australia Today. Christine Morris, Convenor, Oral Health SIG. Page 1-2 , In Touch – Newsletter of the Public Health association of Australia Inc. Vol 21 No 6 July 2004

2. The Social Cost of Oral Disease. Page 19, Health Link, ACT Health Promotion Network Newsletter, Summer 2004.

3. Ringland C, Bell J, and Lim K. Demographic and socio-economic factors associated with dental health among older people in NSW. Australian and New Zealand Journal of Public Health 2004; 28: 53-61.

HEALTHY CITIES ILLAWARRA INC.

Healthy Cities Illawarra - Aged Task Force
Aged Care Services
Dental Health Support Questionnaire

In 2004 the Healthy Cities Aged Task Force (ATF) undertook to focus on oral heath issues as this is having a significant impact on older people. Consensus was that the ATF support the Illawarra Dental Health Action Group and work with them on common issues. The Dental Health Action Group identified a need for more information on the current processes for oral care in aged care settings.

To assist us to gather this information for future planning we would appreciate you taking <u>FIVE MINUTES</u> of your time to complete the questions below.

- **Type of Facility? Please tick all that apply**

Hostel ☐ Nursing Home ☐

Number of residents/beds

Hostel _____ Nursing Home _____

- **Does your facility have a policy and practice overseeing oral/dental health care?**

Yes ☐ No ☐

Comments: _____

- **Does your facility have links/arrangements with local dentists to service your residents? Is this a formal or informal arrangement?**

_____

_____

_____

- **Does your service have an area where dental procedures can be carried out eg extractions, denture impressions?**

_____

_____

please turn over page

- **How are costs met for dental services?**

Resident ☐ Facility ☐

Comments:

_____

_____

- **What are the top three areas of concern which relates to the dental health of your residents?**

1._____

_____

2._____

_____

3._____

_____

- **Any other comments welcome**

_____

_____

_____

_____

WE WOULD KINDLY APPRECIATE ANY COPIES OF POLICIES / PROCEDURES / INFORMATION RELATING TO ORAL HEALTH

THANKYOU FOR COMPLETING THIS QUESTIONAIRE

OPTIONAL INFORMATION ONLY

NAME: _____ POSITION: _____

FACILITY: _____ PHONE: _____

_____