

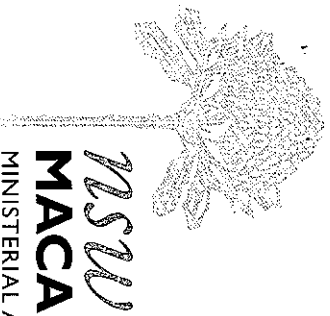
## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:** NSW Ministerial Advisory Committee on Ageing  
**Name:** Ms Felicity Barr  
**Position:** Chair  
**Telephone:** 82702154  
**Date Received:** 27/05/2005

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**Theme:**

**Summary**



MINISTERIAL ADVISORY  
COMMITTEE ON AGEING

MACA 03/1596

27<sup>th</sup> May 2005

The Hon Jan Burnswoods MLC  
Committee Chair  
Standing Committee on Social Issues  
Parliament House  
Macquarie St  
SYDNEY NSW 2000

Dear Ms Burnswoods

### **Inquiry into Dental Services**

We have pleasure making a submission to the Inquiry into Dental Services.

The NSW Ministerial Advisory Committee on Ageing is appointed to advise the NSW Government, through the Minister for Ageing, on matters affecting the needs, interests and well being of older people in NSW.

The Committee aims to be a source of high quality independent advice to the Government and to increase understanding of ageing issues. The Committee undertakes regular consultations with older people, including in rural areas and with culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities.

In addition the Committee works collaboratively with Government departments and community agencies, undertakes or commissions research and publishes discussion papers and reports. More information about the Committee is available from [www.maca.nsw.gov.au](http://www.maca.nsw.gov.au)

In March 2004 during Seniors Week, the Committee held a half-day seminar for older people on oral health. The aims of the seminar were to encourage older people to maximise their health and wellbeing by looking after their dental/oral health, provide information about trends in older people's dental health, preventive strategies, treatment services available and to offer an opportunity for discussion about older people's concerns in relation to oral health. Speakers included experts in epidemiology, preventive dentistry, prosthodontics and public dental services.



I enclose a copy of the report of the seminar. The report outlines the key points made by the speakers and during the audience discussion, many of which are pertinent to the Inquiry into Dental Services.

**(b) Demand for public dental services, and waiting times**  
**(d) Access to public dental services**

The MACCA notes that Section 51, part 23 A of the Australian Constitution confers the responsibility for the provision of medical and dental services to the Commonwealth Parliament.

However, the MACCA is aware that the NSW Government invests substantial funds in Oral Health Services and notes that funding for Oral Health has grown from \$68.6 million in 1994/95 to \$113 million in 2004/05.

Evidence from older participants at the Committee's seminar and its consultations with older people in different parts of NSW suggests that access to dental services by older people remains a problem with negative effects on both the oral and general health of older people.

The barriers reported were primarily financial ones - preventing low-income older people from accessing private services - although distance and lack of transport to public services could also be a barrier in rural areas.

The MACCA notes that in 2001, the Federal Government paid \$262 million in subsidies to people with private dental insurance. This has not alleviated barriers to dental services for low-income older people who have the most need.

In Narrandera in 2002, for example, Aboriginal participants told the Committee that there was no local dentist in Narrandera and that there were long waits for the closest public dental service in Griffith. Emergency treatment was available in Griffith but getting there was difficult for older people who did not own a car. Older people living in Griffith itself also spoke about very long waiting times.

In Tamworth in 2003, older participants reported that the cost of private dentistry was a very significant barrier for many older people, especially whose only income was the pension, and as a result many put up with toothache and rotten teeth. Participants at a consultation with Aboriginal people from Tamworth, Moree and other areas in northern New England reported that older people could not generally afford private dentistry and only sought assistance when serious gum and tooth problems had arisen that required medical attention.

Older people from Moree reported that obtaining transport to the public dental service in Armidale was difficult. It was said that in cases of emergency a Home and Community Care-funded bus could take frail older people, people with disabilities and

their carers (i.e. the Home and Community Care target population) to Armidale but not other older people.

Older people at a consultation in central Sydney in 2004 and on the Central Coast in May 2005 also spoke about extremely long waiting times for access to public dental services, and expressed concern about the impact on their health of not having access to dental care.

Issues of access to good oral hygiene and to dental services by people who live in residential care were also raised at the Committee's seminar. The Committee notes that a South Australia survey of community-dwelling older people, with and without dementia, found that those with dementia had higher levels of dental disease and their oral health deteriorated faster over a one-year follow-up period compared to those without dementia (AIHW 2005, The Oral Health of Older Adults with Dementia, Dental Statistics and Research Series no.29).

**(e) Workforce issues**

The MACCA understands that in the next 20 years there is projected to be a dramatic decline in edentulism (having no natural teeth) in older age groups. For example, among people aged 75 and over the percentage of people with no natural teeth is projected to drop from nearly 80% in 1979 to 23% in 2019. This is a very positive trend but means that demand for treatment of natural teeth (as opposed to the provision of dentures only) is likely to increase. It also has implications for the training of the dental workforce.

Following its seminar the Committee sought a meeting with the then Acting Chief Dental Officer NSW Health, Dr Peter Hill. In discussion and correspondence with Dr Hill the Committee highlighted the importance of ensuring that the training given to student dentists and other dental workers included issues of caring for the dental needs of older people, including the special needs and behaviours of people with dementia and people who live in residential care. We understand that Dr Hill subsequently forwarded our comments to the Dean of Dentistry at the University of Sydney.

**(f) Preventative treatments and initiatives**

The Committee understands that oral health can be substantially improved through public health interventions that focus on prevention, promotion and early intervention of oral diseases. This is especially important given the fact that demand for treatment services outstrips capacity to supply.

Conversely poor oral hygiene can complicate the management of diseases common among the older population, such as cardiovascular disease and diabetes.

It was evident from the Committee's own seminar, attended by 110 older people, that there is an unmet demand among older people for access to information about dental health and preventive strategies that older people themselves can follow. Improving access to such information could help prevent deterioration in older people's oral health and avoid the need for more complex and expensive care later on. Practical information could be usefully provided about how to maintain good oral health, such as how to deal with dry mouth and thus avoid worsening tooth decay and gum disease. Dry mouth is a side effect of several medications commonly used by older people.

One suggestion from the audience, which the Committee supported, is that Area Health Services should institute a program of regular educational seminars for older people on oral health. The Committee also discussed the demand for dental health education for older people in the community with Dr Hill and suggested that there would be value in Area Health Services running sessions for older people similar to the Committee's seminar. Dr Hill indicated that he had forwarded our comments to the State Oral Health Executive for implementation in Areas.

For further information please do not hesitate to contact the Committee's Senior Policy Officer, Sarah Fogg, on 8270 2146 or [Sarah.Fogg@dadhc.nsw.gov.au](mailto:Sarah.Fogg@dadhc.nsw.gov.au).

Yours sincerely

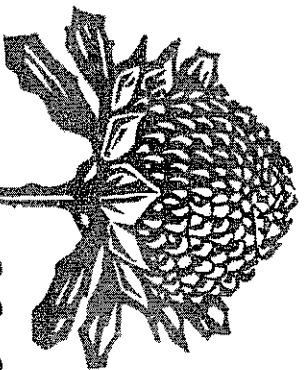
A handwritten signature in black ink, appearing to read 'F. Barr', with a horizontal line underneath.

Ms Felicity Barr  
Chair

# Word of Mouth

Older People's Oral Health  
Seminar

March 2004



***NSW***  
**MACA**

MINISTERIAL ADVISORY  
COMMITTEE ON AGEING

MAY 2004

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## 1. INTRODUCTION

The NSW Ministerial Advisory Committee on Ageing (MACA) held a half-day seminar for older people on oral health during Seniors Week 2004 in central Sydney. This followed the Committee's successful seminars on vision impairment and older people, and on hearing loss and older people, in Seniors Weeks 2002 and 2003.

The aims of the seminar were to:

- encourage older people to maximise their health and wellbeing by looking after their dental (or oral) health
- inform older people about trends and issues in older people's dental health
- inform older people about how to avoid, minimise and deal with problems
- inform older people about services available
- inform older people about issues to consider and questions to ask
- offer an opportunity for discussion about older people's concerns or issues.

The seminar attracted approximately 110 older people. They included people from a wide range of older people's organisations, as well as individuals.

The Department of Ageing, Disability and Home Care financed the seminar, through funding provided to the Secretariat of the MACA. The Department also provided in-kind support by promoting the seminar as a Seniors Week event. Information about the seminar appeared in the Seniors Week guide and on the Seniors Week poster. The MACA sent an invitation and flyer to older people's organisations, local government aged services workers, community health centres and individuals who had registered an interest in MACA seminars in the metropolitan area. A copy of the flyer is included in the Appendix.

### The seminar program

The program of the seminar was designed to provide a balance between the provision of information by professional experts and opportunities for discussion and information exchange between health professionals and the audience. It was also designed to be enjoyable and stimulating.

The invited speakers were:

- Wendell Evans, Associate Professor, Community Oral Health and Epidemiology, University of Sydney and Westmead Centre for Oral Health
- Dr Natalie Oprea, Head of Community Dental Health Department, United Dental Hospital and Associate Clinical Lecturer at Sydney Faculty of Dentistry
- Dr Harry Champion, United Dental Hospital, formerly Head of Prosthetics Department
- Mrs Norah McGuire, Consumer representative on Dental Board and Past President of Combined Pensioners and Superannuants Association of NSW

- Dr Susan Buchanan, Clinical Director of Oral Health Services for Central Sydney Area Health Service, based at the United Dental Hospital.

The seminar program is included in the Appendix. Written information about oral health for older adults and about public dental services was also provided in participants' kits.

In the opening remarks, Dr Dawn Linklater, Chair of the NSW Ministerial Advisory Committee on Ageing, acknowledged that the seminar was being held on Gadigal lands. She then outlined the Committee's role and introduced the other members of the Committee present, Ms Felicity Barr, Mr John Cormack, Ms Patti Warn and Dr Robert Yeoh. She reflected on the advances that have occurred in dentistry during the course of older people's lives and that going to the dentist is a much less painful experience than in the past. She said she hoped it would be a stimulating and interesting morning and an opportunity for older people and professionals to learn from each other.

Dr Linklater thanked the NSW Department of Ageing, Disability and Home Care for providing the funds to enable the Committee to put on the seminar.

John Cormack then gave an overview of the aims of the seminar and the morning's program.

#### The speakers

The first speaker, **Associate Professor Wendell Evans**, talked about the main oral problems that affect the population, that is, dental caries (tooth decay) and periodontal disease (gum disease).

#### Key points

- Tooth decay and gum disease are unusual diseases in that they are not preventable other than by life-long personal oral hygiene and by professional care.
- Tooth decay is the second most commonly occurring health condition.
- Tooth decay can be stopped and teeth can actually remineralise if the decay is caught at an early stage before holes develop.
- In the next 20 years there is projected to be a dramatic decline in edentulism (people with no natural teeth). For example among people aged 75 plus, the percentage of people with no natural teeth is expected to drop from nearly 80% in 1979 to around 23% in 2019.
- In 1989 Australians aged 65 and over had around 14 million natural teeth and this is expected to rise to more than 60 million by 2019. This means that the number of permanent natural teeth in people aged 65 and over that are likely to require



- treatment for tooth decay will also rise, from under 2 million in 1989 to 7 million in 2019.
- These changes are due largely to the introduction of fluoride in the water supply and in toothpaste. Fluoridation is effective at all ages, not just among children.

The second speaker, **Dr Natalie Oprea**, stressed the importance for older people's overall health and wellbeing of maintaining good oral health.

#### Key points

- Poor oral health can cause pain, dry mouth, bad breath and unattractive dentition (for example, missing front teeth) which can affect chewing, speaking and aesthetics. These in turn can lead to lower self-esteem, depression, social withdrawal and poorer oral hygiene, resulting in overall poorer health and well-being.
- Poor oral hygiene can complicate the control of diabetes and cardiovascular disease and there is evidence of links between gum disease and cardiovascular disease. Diseases such as Parkinson's disease, stroke, arthritis and mental illness, and the medications used to treat them, can also complicate oral health.
- Dry mouth (not enough saliva) can be a side effect of several medications commonly used by older people. Dry mouth may worsen tooth decay and gum disease and may prevent people from eating properly. However, there are a several products for dry mouth available without a prescription through chemists.
- Maintaining oral hygiene among residents of nursing homes is a major challenge. As a result their teeth can be in very poor condition, with dramatic effects on their general health.
- Good oral hygiene involves teeth brushing (with a soft brush), flossing and rinsing. There are lots of little devices at the chemist that make flossing easier. All the readily available rinses are good so long as they do not contain alcohol.
- Dental professionals can assist in the management of tooth decay and gum disease by removing accumulated plaque.

**Dr Harry Champion** then spoke about dentures and how to look after them.

#### Key points

- If you possibly can, hang on to your natural teeth. Even more importantly, do not be talked into having your last remaining natural teeth removed. Having just

one natural tooth makes it much easier to anchor a denture than having none at all.

- Dentures need to be checked regularly even if they appear to fit well. Full dentures have an average life of about 7 years and should be checked every 2 years.
- Dentures need not be uncomfortable and it does not have to be obvious that you are wearing them.
- Resist the temptation to adjust or repair dentures yourself. With planning, adjustments and repairs can usually be done in one day. Regular checks and care of dentures can actually save money.
- Common problems with dentures include movement or dropping down when talking or eating, speaking difficulties, difficulty with certain foods, sore spots in the mouth, cheek biting when eating, wrinkles appearing around the mouth and moist sore spots developing at the corners of the mouth.
- These problems can be avoided or minimised with regular denture care at home, check ups and periodic replacement. Correct replacement of a denture can enhance self-esteem immeasurably.
- *Denture care tips:* clean them thoroughly twice a day; do not brush them too hard and do not use bleach or coarse abrasives; do not boil them; take them out at night to give the soft tissues a chance to rest; keep dentures in fresh water when not wearing them.

Mrs Norah McGuire then gave advice about questions to ask of your dentist and some common misunderstandings that can arise, based on her experience as consumer member of the Dental Board.

#### Key points

- Older people should not be afraid to ask about the cost of proposed treatments and alternatives. Older people have every right to ask, and do so *before* agreeing to treatment. Don't be afraid to ask for it in writing as well, if preferred.
- If insured, be sure to find out what your health fund will cover and how much will be left for you to pay.
- Consider seeking a second opinion (even though there will be an extra cost) before undergoing major and/or expensive treatment.
- If you are given a dental voucher by the public dental service, to allow you to get treatment through a private dentist, be aware that the voucher will only cover

the cost of the treatment specified on the voucher. If the private dentist does any other treatment you will have to pay for that yourself.

- If people have complaints they should raise them with the service provider (public or private). If not satisfied they can then make a complaint through formal channels (Health Care Complaints Commission or Dental Board) but be aware that formal complaints processes take a long time.

Dr Susan Buchanan then gave an overview of the services provided by public dental services.

**Key points:**

- In NSW, public dental services are run through the 17 Area Health Services. They are provided through community clinics, two teaching hospitals, school clinics, through the provision of vouchers so people can get treatment from a private dentist and through domiciliary services.
- The United Dental Hospital was established in 1904 and has been at its current site in Chalmers St, Surry Hills since 1912.
- Concession card holders, children under 18 and certain people needing specialist dental care for medical reasons are entitled to public dental services free of charge. Half the population of NSW are eligible.
- All forms of dental care are available through public dental services, but they are provided on a priority basis. Waiting times for lower priority care can be years long.
- People requiring treatment should ring the public dental services call centre for their area (numbers in the phone book or available from the local public hospital). They will be asked a series of questions to determine their priority.
- There are 6 priority categories: emergency (eg uncontrolled bleeding); serious medical conditions; acute pain, chronic pain, social dysfunction; significant disability or socio-economic disadvantage; self-identified needs; check-ups with no self-identified problem.
- Domiciliary services provided are usually assessment, preventive treatment, cleaning and denture care. It is difficult to provide the more complex services outside a public dental clinic or hospital.
- Challenges ahead for public dental services in NSW include:
  - Improved oral health (and so many more natural teeth needing attention)
  - The ageing of the population
  - Cultural diversity and differing expectations
  - Funding

- Training and development of the dental workforce to meet these challenges.

### Audience questions and discussion

Two sessions were devoted to questions from the audience and general discussion. Committee members Patti Warn and Felicity Barr chaired the sessions. Some participants provided additional comments in writing afterwards and these have been incorporated.

Questions from the audience covered a wide range of topics:

**Q** How waiting lists for public dental services are managed and what to do if you are on a list but have heard nothing for several years

**A** Be sure to advise them if you change address. Public dental services regularly mail people on their waiting lists to ask if they still need treatment, so ring the call centre in your area if you have not heard anything (see list at end).

**Q** Where to obtain products that help dry mouth

**A** There are several products (eg Topical C5) and any pharmacist should be able to order them in if they don't have them in stock.

**Q** The different types of X-rays used by dentists, safety issues with X-rays

**A** Dentists are moving over to using digital X-ray equipment that allows them and you to see the results on a computer screen. The actual X-rays are the same as with the previous equipment. Dental X-rays use a very low level of radiation, compared to normal X-rays.

**Q** Whether to see a doctor or dentist if you have something wrong in your mouth.

**A** It depends but it was suggested that people see a dentist first as they have more training than most doctors in oral health conditions.

**Q** Sources of information

**A** There is no dental library for the public as such, but there is good information available through the internet and through public libraries (eg Health Information Service at the State Library or contactable through local public libraries)

**Q** The causes of cheek biting

**A** If you have dentures, this may be a sign that the dentures need replacing. It happens because of the gradual loss of bone that occurs with denture

wearers. It can also be fixed by building out the dentures slightly. If you do not have dentures it may be sign that you need to have your bite checked.

**Q** What to do about teeth that never feel properly clean

**A** Consider get disclosing solution or tablets from the pharmacist. These will show how effective your brushing is.

Audience members raised number of points of concern to them, primarily about:

- problems obtaining dental services because of the cost or because of waiting times, and
- the need to improve older people's access to information about dental health, especially preventive strategies

**Access issues**

The cost of private dentistry is a major barrier for many, if not most, older people. It was pointed out that it is difficult to follow good advice about keeping your natural teeth if the cost of doing so is prohibitive. For example, root canal therapy to save a tooth (or even having a restoration done) can be prohibitively expensive and certainly far more expensive than having the tooth removed. Crowns are usually out of the question. Likewise, while getting a second opinion may be good advice, this will cost more money.

Similarly, long waiting lists for public dental care mean that appropriate dental care, especially preventive care, is not available. Older people's oral health may deteriorate particularly rapidly in the absence of appropriate care.

Several audience members spoke strongly about the need for the re-introduction of Commonwealth funding for public dental services, in addition to state funding. Audience members encouraged people to lobby their federal parliamentarians about this. There is also an 'Oral Health Alliance', an alliance of consumer and community groups concerned about poor access to dental health services.

The Commonwealth Dental Health Program was abolished in 1996. In May 1998, the Senate Community Affairs Reference Committee Report on Public Dental Services found that in 1996, there were approximately 380,000 Australians waiting an average of 6 months for public dental care. By May 2000, that figure had blown out to an estimated half a million people waiting for between 8 months and 5 years for public dental care.

In June 1997 there were 140,000 people in NSW on waiting lists for public dental care. Recent figures are not available but are likely to be considerably higher.

One audience member raised concerns about the low level of dental care provided to older people who live in nursing homes. Teaching aged care staff to brush teeth and clean dentures is not enough. Facilities need to be more pro-active in organising proper dental care for residents.

### Information issues

Audience members said that seminars for older people like this one should take place regularly and across the state. It was certainly very evident from this seminar that there is a demand among older people for easier access to information about dental health and about preventive strategies that older people themselves can follow and for opportunities to ask questions of dental professionals.

Audience members were encouraged to contact their local Area Health Service (see phone book) to ask them to institute a regular program of information seminars for older people on dental health.

The Community Dental Health Department at the United Dental Hospital is running a training seminar for staff of residential facilities

### Conclusion

Dawn Linklater closed the session by encouraging those who had not had a chance to ask questions or make comments to fill out forms they had been given or to phone, write or e-mail the Committee. She then thanked those who had made the seminar possible:

- the NSW Department of Ageing, Disability and Home Care, members of the Committee and Secretariat
- the speakers; and, most importantly
- all the participants who had come to the seminar.

The Ministerial Advisory Committee on Ageing will forward this report to the Minister for Ageing, highlighting some of the key issues that arose, that is:

- the need to improve older people's access to information about dental health, especially health promotion/preventive strategies which, as well preventing deterioration in oral health, can avoid the need for more complex and expensive care later on,
- the continuing problems of poor access to dental services and the impact that this has on older people's oral health and general health, and
- the need to address access to good oral hygiene and to dental services by people who live in residential care.

**For more information****Contact details for public dental services**

Central Coast	1800 632 657
Central Sydney	9293 3333
South Eastern Sydney	1300 134 226
South Western Sydney	1300 559 393
Wentworth	4734 2387
Western Sydney	9845 6766
Far West	08 8087 8926
Greater Murray	6058 1800
Hunter	4924 6148
Illawarra	1300 369 651
Macquarie	1300 552 626
Mid North Coast	6656 7823
Mid Western	6339 5345
New England	6766 3341
Northern Rivers	6620 2142
Southern	1800 450 046

**Policy, research and statistics**

Dr Patrick Shanahan (7 March 2004) *Ockham's Razor - Oral Health*, ABC Radio  
[www.abc.net.au/rn/science/ockham/stories/s1059012.htm](http://www.abc.net.au/rn/science/ockham/stories/s1059012.htm)

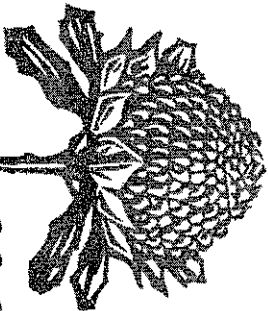
AIHW Dental Statistics and Research Unit (Nov 2000) *Oral Health and Access to Dental Care - Older adults in Australia*, Research Report, AIHW Cat. No. DEN 72

AIHW Dental Statistics and Research Unit (October 2000) *The Adelaide Dental Study of Nursing Homes: One year follow up*, Research Report, AIHW Cat. No. DEN 71

Chalmers JM (1999) Oral diseases in older adults. In Chalmers et al. *Ageing and Dental Health*, AIHW Dental Statistics and Research Series No.19

Bragg R (2000) *Access to public dental care in NSW*, NSW Council of Social Service

NSW Health (2001) *Measuring the performance of service for Oral Health in New South Wales*, NSW Health Department.



**NSW  
MACA**

MINISTERIAL ADVISORY  
COMMITTEE ON AGEING

**SENIORS WEEK  
SEMINAR**

# *Word of Mouth*

**SEMINAR FOR OLDER PEOPLE  
ABOUT DENTAL AND ORAL HEALTH**

**WEDNESDAY MARCH 17<sup>TH</sup>, 2004**

9.30 am — 12:30 pm (Registration from 9 am)  
Wesley Conference Centre  
220 Pitt Street (near Market St), Sydney  
Cost: Free      Morning tea provided  
Wheelchair accessible      Hearing loop

**Bookings required.** Please contact Nancy Brunetti on  
Phone: 8270 2154  
Email: [maca\\_info@dadhc.nsw.gov.au](mailto:maca_info@dadhc.nsw.gov.au)  
Fax: 8270 2361

**Topics will include:**

- Changes to expect with age
- Trends in older people's oral health
- Links between dental and general health
- Problems to look out for and avoid
- Benefits of keeping natural teeth
- Looking after dentures
- Public dental services



## Word of Mouth Seminar - 17<sup>th</sup> March 2004

Time	Topic	Speaker
09.00	Registration	
09.30	Welcome and introductions	Dr Dawn Linklater - Chair of NSW Ministerial Advisory Committee on Ageing
09.35	Aims of the day	Mr John Cormack
09.45	Older people's oral health status	Associate Professor Wendell Evans, Community Oral Health and Epidemiology, Uni of Sydney
10.05	Looking after dental and oral health: What to do, how to avoid problems	Dr Natalie Oprea and Dr Harry Champion United Dental Hospital
10.30	Question and Answers	Chair- Ms Patti Warn Member of NSW Ministerial Advisory Committee on Ageing
10.40	Morning Tea	
11.10	Consumer rights	Mrs Norrah McGuire Consumer representative on Dental Board, Past President Combined Pensioners and Superannuants Association of NSW.
11.20	Public Dental Services	Dr Susan Buchanan United Dental Hospital
11.35	Q & A of Speakers	Chair: Ms Felicity Barr Member of NSW Ministerial Advisory Committee on Ageing
11.40	Audience Discussion Forum	Chair: Ms Felicity Barr
12.20	Wrap up	Dr Dawn Linklater

