

Submission
No 208

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

Name: Ms Elizabeth Baldwin

Telephone:

Date Received: 29/06/2005

Theme:

Summary

The Standing Committee on Social Issues
Legislative Council, NSW Parliament
Macquarie St, NSW 2000

RE: The inquiry by the Standing Committee on Social Issues into Dental Health

Dear Sir/Madam

I work in the Riverina district of NSW, including the towns Deniliquin, Tocumwal, Finley Berrigan, Barooga and surrounding districts. I work in the Public Health System as a Dental Therapist treating children and as a Dental Hygienist in Private Practise mainly treating adults. I experience a wide selection of the population in my jobs in terms of age, health and socioeconomic status and educational standard. I work in both fluoridated and non-fluoridated communities. I have been working in this position for 20 years.

The Dental Health Issues as I see them are as follows:

1. Dental Services are **understaffed**. The population per head in relation to the number of dental professionals is much higher than in urban areas.
2. The Dental Staff is often working in a situation of great personal stress because of the **workload** and the complexity of the dental problems..
3. In our area most of the dental professionals are within 10 years of **retirement** which means that the situation will worsen in the future, with future **recruitment** not likely.
4. **Water Fluoridation** of all town water supplies should become a priority for the government as it is the only thing that will lessen the dental workload.
5. **School tuckshops** need to serve low sugar, nutritious food and drinks.
6. **Drought affected farmers** are not able to afford regular dental checkups.
7. We need more **University** placesfor Dentists, Dental Therapists and Dental Hygienists.
8. Dentistry needs to become a **Health Priority** and not the “poor cousin “ to medicine. Poor dental health is not just a matter of “teeth”, but is proven to have significant impact on a person’s general health. Some medical conditions affected by poor oral health are:

Untreated gum disease is a risk factor for **heart disease**, it can interfere with the treatment of **Diabetes**, it is a risk factor for **Low Birth Weight babies**. It may interact and worsen inflammatory condition such as **Rheumatoid Arthritis**.

Nursing bottle caries is a cause of often undiagnosed pain, poor sleeping habits and failure to thrive for babies and toddlers.

Poor oral health can contribute to weight loss and incidence of Pneumonia in **Nursing Home residents**.

Poor oral health can contribute to low self esteem and **depression**.

Governments ignore these problems at their peril. The old adage is true – prevention is better than cure. Our communities have real problems with Dental Health that if not addressed will become worse and will increase the incidence of hospital admissions. Dental Professionals are overworked. The time to act is now.

Yours sincerely,
Elizabeth Baldwin