

Social Development Committee: Dental Services for Older South Australians - 21 July 2010

Mr PEDERICK (Hammond) (11:40): I, too, rise to support the reference and committee report on the inquiry into dental services for older South Australians. I will reflect quickly on the terms of reference of the committee. In the last parliament, I was on this committee, and some very interesting submissions were made to the committee, both written and orally, on the dental health of older South Australians. The terms of reference included looking at:

- (a) current and future dental care needs of older South Australians,
- (b) factors that impact on the oral health of older South Australians including physical and cognitive impairment and the effect of medications,
- (c) the social, economic and health implications of poor oral health on older South Australians and the South Australian economy,
- (d) the adequacy of current and proposed State and Commonwealth dental health services, programs and funding for older South Australians,
- (e) factors that impede the provision of quality dental health care to older South Australians including dental workforce issues,
- (f) possible measures to improve the oral health of older South Australians, and
- (g) any other relevant matters.

What interested me in this inquiry was the fact that, as Australians and as South Australians, the more we look after our teeth, and the better dental health we have in our younger years, the more it becomes a problem in our older years. This was a surprise to me and seemed to be totally the wrong way around.

The simple fact is that we are looking after our teeth far more than our parents and our grandparents did. As we get older, especially as people enter aged-care facilities, we find that more people still have their original teeth, or most of them. This is where good dental care is so vital, especially in aged-care facilities.

My father is in low-category care in Resthaven in Murray Bridge, and they do a very good job looking after him. However, there are certainly people there who, sadly, have lost their memory or the function to speak (and this would be reflected in all aged-care facilities across the state), so sometimes the message cannot get out as to what is wrong with the person—for instance, why they are not eating correctly—and especially people who cannot communicate properly cannot get the message through that they have a major dental problem, whether it is gum disease or just a tooth that is hurt or infected.

We heard evidence about some people receiving different levels of care. It was only after some time, when people realised that the problem was actually in their mouth and there was something wrong with their teeth, that the problem for some of these people in aged-care facilities was remedied and they could get on with life in a much more comfortable manner.

In relation to people retaining their teeth, during the 1970s only 10 per cent of people living in residential aged-care facilities had most or all of their teeth. Today, this percentage has risen to around 50 per cent. The increasing rate of teeth retention, coupled with the ageing population, means that we need to deal with the predicted increase in demand for services from an already overstretched public dental healthcare system.

The committee also noted that there was a lack of availability of professional dental equipment in aged-care facilities. One of the recommendations from the committee was:

...that in the short term, the State Government should provide additional funding to increase the availability of mobile portable dental units and, in the longer term, investigate the feasibility of ensuring all new-build designs for aged care facilities, or those undergoing a major upgrade, integrate a multipurpose health room for use by health professionals, including dentists.

It was interesting to note that the committee heard presentations from several dentists who allocate some of their time to visit aged-care facilities, and it might only be for a couple of days a week or a couple of days a fortnight. I take my hat off to them because, when these people could be making more money elsewhere, they found it part of their professional and, I

guess, part of their moral obligation to assist people in these aged-care facilities. I do salute these dentists and their staff who do their work.

Sadly, a lot of this work is done just with people sitting in chairs or sitting up in their beds, and it is very awkward for everyone involved. I know there have been some second-hand dental chairs already going into some facilities, which does make it a lot more convenient for both the dental staff and the patients to get their oral care.

There were also concerns raised about the dental workforce's capacity to meet the future demand as far as staffing is concerned, and there was some evidence to the inquiry that suggested that allied oral health practitioners, such as dental hygienists and dental therapists, are underutilised and could play a greater role in providing preventive oral healthcare services.

For that reason, the committee has recommended that consideration be given to reforming the dental workforce and developing strategies to help attract and retain more dentists and allied healthcare professionals in both the public and private sectors.

One of the overriding themes that emerged from the inquiry is that oral and general health are inextricably linked and should not be separated. I mentioned before how there were people in all sorts of grief in these facilities who could not get their message through as to what was really wrong and that, in the end, affected their health quite significantly.

The committee also heard, however, that oral health has been a largely ignored area of public health policy, so the committee has also recommended that oral health be better integrated into overall health in all aspects of policy development, funding decisions and service delivery.

There were 20 recommendations made by the committee, and I have mentioned some of them in my speech. Recommendation 16 states that the committee recommends that the Minister for Health investigate the feasibility of ensuring all new build designs for aged care facilities, or those facing major upgrades integrate a multipurpose health room for use by health professionals, including dentists.

I think that is something that really needs to be taken up in this state because, as I said before, more of us are retaining our teeth and more of us over time, whether we like it or not, will possibly end up in these facilities. I would like to think that we would get appropriate care when we get there, but everyone in society needs this care.

I note that recommendation No. 20 states that the committee recommends that the Minister for Health, in conjunction with the commonwealth and other key stakeholders, ensure that all aged-care facilities have a designated senior staff position responsible to oversee oral health services in the facility, including the provision of appropriate and ongoing staff training in oral health care. I think that is also a significant recommendation. It may be someone who already has a senior role in health in the facility, someone who is already seeing residents on a regular basis.

As noted by the committee, oral health is linked directly to the health needs of older South Australians and I, for one, am very pleased with the report that the committee has put out. I just hope that the state and federal governments will act and implement these recommendations so that older South Australians have a better time in these residential aged-care facilities and get the appropriate care.