

COTA SA - Response to the South Australia's Oral Health Plan Consultation Paper June 2018

This submission responds to the Consultation Paper for South Australia's Oral Health Plan, released in June 2018.

COTA SA is active in hearing from and representing the views and interests of older Australians in relation to oral health and offers the following remarks in response to the consultation questions.

1. Are there any key oral health issues in South Australia that have not been identified in the consultation paper?

COTA SA advocates a focus on the oral health of older people as a priority for the SAOHP. The Consultation Paper rightly identifies that more than half of people aged 65 have moderate to severe periodontal disease. It is also apparent that there is a significant waiting period for public dental services and cost is often a factor precluding people of low incomes from accessing private dental services

We would urge that more priority is given to relieving the symptoms and vulnerability of older people on low incomes needing dental care. For the hospital system this is vital given that dental conditions are the most common cause of preventable hospital admissions in SA. But well beyond that, poor oral health has considerable knock on effects including relating to nutrition and socialisation that contribute to other health issues such as poor nutrition, isolation and depression.

Older age is the period in life when inequality and disadvantage is often at its starkest. An increasing number of older people, and women in particular, reach eligibility for the Aged Pension with few financial resources, in precarious housing and quite often having spent long periods reliant on Newstart because of unemployment or underemployment. It is imperative that this cohort in particular is provided with appropriate, accessible and affordable services.

Whilst the SAOHP Consultation Paper considers a range of oral health needs it is heavily focussed on the public sector for service provision. While the public sector provides a valuable and effective service, especially in supporting children and more particularly those of lower socio-economic backgrounds, it is understood that the South Australian Dental Service, in all its services, addresses less than 15% of actual oral health activity. Within these parameters more services need to be made available to adults, especially South Australians who may be over 50 and financially disadvantaged. Of those people accessing SADS services, only 23% are concession card holders. There is therefore an understanding that many individuals who would greatly benefit from, and otherwise be eligible for, SADS services are not accessing them.

There is also a need for better conversation with the private sector, the health funds and the government including in relation to directives regarding “the gap” in payment – when discussing the costs it would seem prudent to revisit preventive and specific services that may be covered through Medicare which, because of appropriate management, will not only relieve unnecessary pain, discomfort and other effects, but will also offer cost savings in unnecessary hospitalizations and the cost of emergency care.

It will be increasingly important to focus on the needs of older people living in rural and remote areas. Access for country people is even more difficult because financial disadvantage is compounded by transport and other logistical barriers. We would support continued innovation to extend the range of services in country areas and in continuing to improve access to oral health care by Aboriginal adults.

More significantly the services that might be available are often limited and of a general nature. COTA SA would urge that services planning focus on ensuring that public dental services offer a specialisation in supporting older people whose oral health needs are often complicated by co-morbidities and by social and other barriers. In addition, access to such specialist oral health treatment is limited to those with significant financial means to travel to Adelaide (from both outer metropolitan and rural areas), afford available treatment, and to pay for and manage accommodation and other logistical arrangements as required.

2. *What are the highest priority health issues that need to be addressed in the coming 5 years?*

Ageing often brings with it complex oral health challenges, and a range of consequent issues such as heart disease. 633,000 South Australians are already aged over 50, and the proportion of over 50s will increase to about 40% by 2040. It will be important to prioritise the oral health needs of older people both in terms of acute need but also to explore evidence and best practice that will promote oral health as we age. Preventative, primary health care programs require an injection of strategic health promotion investment to increase awareness and oral health literacy.

There is no doubt that collaboration between oral health and aged care providers is required to support the oral health and access to dental care of frail older people living in both residential aged care and for those in receipt of Commonwealth funded home care. An awareness and education program would alert residents, carers and families of the importance of good oral health.

3. *Are there gaps that need to be addressed in the next SAOHP (e.g. programs, partnerships or networks)?*

While the oral health promotion unit is active and effective it appears from the outset that joint partnerships, including through COTA SA, has the potential to offer a cost effective way to reach a far greater proportion of individuals over the age of 50 including through our well established volunteer peer support programs that offer a cost effective platform for oral health promotion programs in partnership with SADS, for example.

The SAOHP does not appear to directly address the needs of older people with dentures (full or part) and who may not understand the need for re-alignment (and sometimes replacement) from time to time. Cost, fear and anxiety about what is involved appears to prohibit the consideration of, let alone the accessing of, timely advice and/or treatment. The utilisation of trained personnel to provide preventive and early intervention particularly with periodontal diseases has considerable potential to prevent the primary cause of tooth loss among older people.

4. *Are there any changes required in existing strategies to improve oral health in South Australia?*

For those who do not wish to, or cannot, access SADS services consideration must be given to targeted subsidised health programs, especially for those with chronic health conditions such as diabetes (with the increased risk of gum disease) and heart disease. COTA SA is aware that there were limitations in the effectiveness of targeted oral health care funding allocated to individuals with chronic health conditions about a decade ago. However, COTA SA is not aware of any evaluation of that specific program and therefore where such an initiative could be tweaked or reconsidered for implementation. This could be means tested and prioritise services that improve function and socialisation rather than those that deliver a largely aesthetic outcome.

It appears that not all private oral health clinicians actively seek to engage with older patients and the complexities that come with their needs. COTA SA urges a focus on building specialised gerontological skills and knowledge in oral health services. COTA SA suggests that it will be important to respond to our population ageing by ensuring that undergraduate university and TAFE oral health programs have sufficient focus on the oral health needs of older people.

5. *Are there any unidentified barriers to the achievement of good oral health in South Australia?*

While the SAOHP consultation paper acknowledges a range of economic and geographic barriers for people, including those who are older, it is generally accepted that oral health continues to be a lower and misunderstood priority despite it being central to ageing well. Along with financial and access barriers, apprehension about pain continues to prevent many older people from proactively managing their oral health needs. COTA SA would like to see much greater focus and awareness on the centrality of good oral health as we age.

6&7. *Who are the key organisations or groups that can contribute to the achievement of the next SAOHP? How can your organisation or group contribute to the achievement of the next SAOHP?*

COTA SA has a range of skilled staff and peer support volunteers and with agency collaboration many low cost and creative programs are possible, especially in areas of oral health promotion. COTA SA would seek the opportunity to collaborate with SADS on matters raised above and any other related issues as they arise.

In addition consultation with the Australian Dental Association (ADA) SA branch would be of benefit to work strategically together to address the needs of people on

low incomes (eg older Newstart recipients) who, as they approach old age, have absolutely no disposable income and therefore frequently miss out on timely and essential dental care.

WHO IS COTA SA?

COTA SA is an older people's movement run by, for and with older people. We represent the aspirations, interests and rights of 633,000 older South Australians. COTA SA reflects the diversity of modern ageing in terms of living arrangements, relationships, income, health, ambitions and aspirations. COTA SA connects with up to 100,000 older people each year through ZestFest, Strength for Life, a range of Peer Programs, along with an annual program of engagement and conversations throughout SA. COTA SA is part of the COTA Federation made up of all State and Territory COTAs and COTA Australia, a national policy and advocacy body focused on federal issues such as health, aged care and retirement income. For further information or advice regarding the content of this document please contact -

JANE MUSSARED

Chief Executive COTA SA

P (08) 8232 0422

M 0408 814 483

E jmussared@cotasa.org.au