

MEDIA RELEASE

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SWEEPING CHANGES NEEDED TO ORAL HEALTH IN AUSTRALIA'S AGED CARE HOMES

The health of older Australians will continue to deteriorate unless sweeping changes are made to oral health care in aged care homes, the Australian Dental Association (ADA) NSW's submission to the Royal Commission into Aged Care Quality and Safety has outlined.

"In residential aged care facilities (RACFs) there is no requirement to clean residents' teeth or even offer access to dental treatment," ADA NSW President Dr Neil Peppitt said. "It is commonplace for residents to go days and weeks without having their teeth cleaned.

"In the few RACFs providing access to dental health care, dental practitioners line up behind podiatrists and hairdressers.

"Federal Labor's pledge to expand Medicare to cover the oral health for older Australians is a welcome step, but there are still huge issues around the provision of oral health care for aged care residents which ADA NSW is calling to be addressed.

"Good oral health is central to the overall health of people of all ages, but especially older Australians. The ADA NSW's recommendations will, if implemented, help ensure the best quality of life for older Australians."

ADA NSW is recommending a Medicare-funded oral health assessment by a registered dental practitioner for those aged 75 and over to help reduce current unmet oral health needs of older adults.

An oral health assessment for every resident entering an RACF, a direct and ongoing relationship between all RACFs and local dentist practitioners and an appropriate oral health referral pathway for every older adult, whether they are community-living or living within an RACF, are also among the key recommendations of ADA NSW's submission.

Poor oral health for Australians has been estimated to cost \$750m per year¹, but it is thought that only half of the almost 70,000 NSW residents living in residential aged care received a dental assessment on admission. With approximately 20% of the NSW population to be aged 65 or older in 2026², Dr Peppitt said the issue needed to be addressed now.

¹ Econtech. Economic analysis of dental health for older Australians. Final report, 2007. Produced for COTA Over 50s and the Australian Dental Industry Association.

² Australian Bureau of Statistics.

[https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3222.0Media%20Release22017%20\(base\)%20-%202066?opendocument&tabname=Summary&prodno=3222.0&issue=2017%20\(base\)%20-%202066&num=&view=](https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3222.0Media%20Release22017%20(base)%20-%202066?opendocument&tabname=Summary&prodno=3222.0&issue=2017%20(base)%20-%202066&num=&view=)

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“RACFs provide a vital service caring for vulnerable older people, but for various reasons they are often unable to treat residents’ oral health needs,” Dr Peppitt said.

“Independent adults living in the community must have access to appropriate oral health care, while those living in residential aged care and assisted living facilities require oral health care be provided as part of their overall health care plan.

“In addition, Indigenous older adults require access to oral health care services that are culturally appropriate and correctly delivered.

“The impact of poor oral health on an elderly person’s overall health can be devastating. It can lead to serious and life-threatening conditions such as malnutrition and pneumonia.

“It is a basic human right that this vulnerable sector of our community is able to live free from oral pain and have the best quality of life. It’s time to stop the rot and ensure that oral health is a priority for the elderly.”

Other recommendations in ADA NSW’s submission include ongoing support for existing oral health education and awareness programs, involving local dental practitioners, to target family members and carers of community-dwelling older adults.

The ADA NSW’s submission has been supported by several expert health organisations and peak professional bodies, including the Australian Dental Prosthetists Association, the Dental Hygienists Association of Australia, the NSW Council of Social Service and the University of Sydney’s School of Dentistry.

The ADA NSW’s submission is available at www.adansw.com.au

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