



**COTA Seniors Voice**

**Submission**

**Social Development Committee  
of the SA Parliament**

**Inquiry Into**

**Dental Services for Older South Australians**

**2009**



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## **1. Background – COTA Seniors Voice**

COTA Seniors Voice is recognised as a strong and effective consumer organisation which provides significant leadership on ageing issues at state and national levels. COTA Seniors Voice also delivers a range of programs and services for older Australians.

COTA Seniors Voice is South Australia's peak seniors' organisation with an individual membership of around 20,000 and over 250 seniors' organisation members with a combined membership of more than 60,000. In addition, COTA Seniors Voice has 80 associate members who are aged care providers, local government bodies, health units and other service and educational institutions. COTA Seniors Voice membership networks and programs are state-wide.

Since its commencement in 1957 the organisation has established a wide range of aged sector organisations. Currently its key roles are:

- Policy and advocacy - centrally engaged in every major aged related State Government policy over the last 20 years
- Programs and services - COTA Seniors Voice manages a range of services and programs delivered within South Australia and in other states
- Representation - seniors' interests are represented by COTA Seniors Voice in a wide range of State and Commonwealth government forums, non-government bodies, consumer advisory groups, research bodies.

COTA Seniors Voice has contributed significantly to the support and development of the non-government ageing sector across South Australia and nationally.

COTA Seniors Voice is presently the policy office for 'COTA National' across Australia.

## **2. COTA Seniors Voice Involvement in Dental Health Issues**

COTA Seniors Voice has been an active participant in the dental arena in SA. The organisation has representatives on the following groups:

- SA Dental Service Better Oral Health in Residential Care Steering Committee
- SA Dental Service Northern Aged Care Dental project Steering Committee
- SA Dental Service Consumer Advisory Panel

COTA Seniors Voice has also had a long history of responding to Government inquiries at both State and Federal level. The most recent of these is our response to the Australian Government National Health and Hospitals Reform Commission December 2008 Interim Report "A Healthier Future for all Australians". This report made some key recommendations on improving oral health and access to dental care, including proposing a new "Denticare Australia" scheme to provide universal access to preventative and restorative dental care and dentures regardless of people's ability to pay.

COTA Seniors Voice has also watched with interest attempts by the Australian Government to close the Medicare Chronic Disease Dental Scheme (MCDDS) and to introduce the new Commonwealth Dental Health Program (CDHP). The organisation, via its Policy Council, has lobbied governments in relation to this issue.

COTA National (formerly COTA Over 50s) in association with the Australian Dental Industry Association (ADIA) commissioned a report in 2007 on the financial and health costs of poor and neglected oral health in older Australians. This report “Economic Analysis of Dental Health for Older Australians” can be located at :

[http://cotaover50s.org.au/e107\\_files/COTA\\_documents/publications/reports/economic\\_analysis\\_dental\\_health.pdf](http://cotaover50s.org.au/e107_files/COTA_documents/publications/reports/economic_analysis_dental_health.pdf)

Furthermore, via our involvement with our members through our Policy Council, forums, enquiries, surveys, volunteers and peer education work, we are very well informed about dental issues affecting older South Australians. A survey of members in 2008 provided COTA Seniors Voice with valuable information about health issues, including dental health. Relevant results of this survey are included at *Appendix A*, and the survey instrument at *Appendix B* for the information of the Committee.

### **3. South Australia and its Older Population**

South Australia has certain demographic characteristics which have implications for health policy and practice, including in relation to dental health matters. South Australia has an ageing population, greater than any other state or territory in Australia. At present, 1 in 7 South Australians are aged 65 years and over. By 2021 it will be 1 in 5 and by 2051 it will be 1 in 3. At the same time, people aged 85 years and over will quadruple from 1 in 57 South Australians aged 85 plus to 1 in 15 by 2051. <sup>1</sup>

Additionally there are regions within SA where the proportion of people aged 65 years and over is very great. The Statistical Local Areas of Victor Harbour, Mannum and Brighton are projected to be some of Australia’s ‘oldest SLAs’ by 2019. <sup>2</sup> Victor Harbour SLA, which is currently the older SLA in Australia, is projected to have 33% of its population aged 65 years and over by 2019. Mannum SLA is predicted to have 31.8% of its population over 65 years in the same timeframe and Brighton SLA in metropolitan Adelaide is predicted to have 30.3% of its population in this category.

South Australia also has a greater proportion of people receiving income support via the age pension than any other state/territory – 68.2%, compared with a national average of 65.4%. <sup>3</sup> The picture for all states/territories is as follows :

NSW	63%	TAS	64.7%
VIC	65%	NT	66.3%
QLD	63.3%	ACT	49.7%
<b>SA</b>	<b>68.2%</b>	WA	62.7%

<sup>1</sup> Australian Bureau of Statistics (2005) *Populations Projections*

<sup>2</sup> Australian Bureau of Statistics (2002) Catalogue 4102.0 Australian Social Trends 2002 – Population Composition : Regional Population Ageing

<sup>3</sup> Australian Bureau of Statistics (1999) *Older People, Australia : A Social Report*.

More South Australians therefore are on small fixed incomes. Their ability to afford expensive dental treatment is diminished in comparison to their interstate counterparts. Many people therefore are reliant on the services of the SA Dental Service.

At only 1.7% of the total population<sup>4</sup> South Australian's Aboriginal and Torres Strait Islander (ATSI) population is numerically small but this group has important health needs, including dental health needs. Indigenous people are almost twice as likely as non-indigenous people to report their general healthy as 'fair to poor'. This is especially so for people aged 55 years and over.<sup>5</sup> Oral health, as we know, is inextricably linked to general health and poor oral health may impact detrimentally on general health. Additionally, conditions like diabetes may also impact negatively on oral health. Other data from the ABS confirms that :

Indigenous people are less likely to have seen a dentist than non-indigenous people; 61% of those aged 55 years and over have lost five or more adult teeth; and a higher proportion of people aged 55 years and over in remote areas (19%) than in non-remote areas (10%) said they required dentures but did not have them.<sup>6</sup>

## **4. Matters of Interest to the Inquiry**

The Social Development Committee of the SA Parliament has indicated an interest in 7 areas of interest. COTA Seniors Voice comments are provided against each of these matters.

### **A. Current and future dental care needs of older South Australians.**

Dental health care is a national health issue and is a fundamental necessity for an individuals' healthy ageing. The majority of older people have similar dental care needs to people in other age groups. They need :

- regular annual check-ups - to examine the teeth and gums, to undertake basic removal of plaque/calculus, to provide a fluoride treatment, and to note and arrange any further work that is required to be undertaken. Clear plain English advice and information about dental hygiene and best practice maintenance techniques should also be provided at this time.
- dental treatment – appropriate to their needs for fillings, crowns, root canal work, denture production and repair, infection control, tooth removal and so on, as needed and in a timely fashion.
- specialist treatment – for example, by a periodontist, if required.

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<sup>4</sup> Australian Bureau of Statistics, Catalogue 4705.0 – Population Distribution. Aboriginal and Torres Strait Islander Australians, 2006.

<sup>5</sup> Australian Bureau of Statistics, Catalogue 4715.0 – National Aboriginal and Torres Strait Islander Health Survey, 2004-05

<sup>6</sup> as above.

Older people with special needs may also have additional needs – for example people with dementia and other cognitive issues, or people living in residential aged care facilities – we will discuss these further in Section B of this submission.

The dental care needs of all older South Australians, whether living in the community (with or without support) or in residential care settings, should be delivered by a dental service system with the following characteristics :

- Accessible/Timely
- High Quality & Appropriate to Need
- Affordable
- Preventatively Focussed

Each of these elements is elaborated on further below.

**\* Accessible/Timely –**

“One in four Australian adults has ‘unfavourable’ access to dental services. That is, they visit the dentist less than once a year, usually for a dental problem rather than prevention, and usually do not see the same dentist.”<sup>7</sup>

This is reinforced by the findings of the 2008 COTA Seniors Voice Health Survey in which just over 30% of respondents (some 741 people) had not accessed dental care in the preceding 12 months.<sup>8</sup>

Many older South Australians are reliant on the services of the SA Dental Service (SADS) for their dental care as they cannot afford to meet the costs of private dental care. COTA Seniors Voice understands that the waiting list for SADS assistance is currently approximately 18 months. While this is significantly better than some years ago when the waiting list was 49 months, it is still cause for considerable concern. Members have strongly articulated this concern in their responses to the 2008 Health Survey. Sample responses are provided below.

“Delays for false teeth after joining list informed long delays even though existing teeth causing extreme discomfort and ulcers.”

“Dental areas need more improvement – they need more specialists as their waiting lists are a joke (SA Dental Service).”

“Dental stinks - I would like to see the politicians wait for as long as what we do for the SA Dental service.”

“I find the SA Dental Service disgraceful. They will only do a minimum of work per visit and one is made to wait months for a follow up visit.”

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<sup>7</sup> Australian Government National Health & Hospital Reform Commission (2009) “A Healthier Future for all Australians” – Interim report – p263.

<sup>8</sup> COTA Seniors Voice (2008) Health Survey of Members

“Waiting time for the SA Dental Service is outrageous – something needs to be done. Private dental costs are too extreme – pensioner cannot afford this.”

It should also be made clear that once a person has received their dental treatment (usually for a condition of concern rather than routine maintenance) they then wait 12 months before going back on the waiting list and a further 18 months on the list on average for further treatment. For older people, some in their 70s and 80s, this will inevitably mean that they will not receive treatment in their lifetime, even for conditions that may be causing them considerable pain or discomfort. This is clearly an unacceptable situation and should not be tolerated in a modern civil society. Dental care services need to be provided to older people as and when they need them, not some two and a half years later.

Accessibility however is not just about waiting lists. It is also about the location of dental services, whether older people can physically get to them, whether the processes are administratively streamlined or cumbersome, and whether the services are affordable once obtained. The latter will be discussed further on in this submission.

As people age they become more reliant on public transport or the assistance of family/friends for transportation and associated assistance. It is therefore important that dental services are able to be reached easily by users of public transport and that services are also available within country and regional SA to meet the needs of the ageing population in these centres. We have already drawn the Committee’s attention in Section 3 of this submission to certain regional centres that are currently, or will over the next period, experience very high proportions of older people – being the Statistical Local Areas of Victor Harbour, Mannum and Brighton.

Responses to the COTA Health Survey indicated the importance of these issues.

“SA Dental Service Adelaide centre easily accessible to me by public transport - now told I need to use ??? N East Area services - managed with difficulty to visit - have been told I need new dentures and am on waiting list - I am now aged 81 and seems to me the service may not be available in my lifetime.”

“Public dental treatment in country areas, having to travel 50kms to and from the nearest public care is not always possible for those on pensions.”

“Issues around country people needing services in city – travelling, time, money and transport.”

“Those who do not live in Adelaide but who have to travel there for treatment need more consideration in regard to such things as appointment times, assistance with travel and accommodation in Adelaide.”

“Transport is an issue for me in getting to and from appointments – do not have my own car, am disabled and have to rely on public transport – taxis are too unreliable.”

National Aged Care Alliance (NACA) has also made statements in support of transport as an important element of effective dental health services.

“The quality of older people’s health is inextricably linked to their capacity to get transport to health services. The present lack of transport to take older people to health care is a barrier to good health. The transport barrier presents people getting to both local and distant health services. For example, older people find it difficult to get transport to General Practitioners, to physio and occupational therapists, to x-ray services or to regular life-supporting care such as dialysis units. They find it difficult to get to pathology services for one-off tests and for the regular tests needed for chronic disease management, and difficult to get to dentists for prevention or treatment.”<sup>9</sup>

Given the centrality of transport to effective health care NACA propose :

- that resources for transport be factored into the delivery of all components of the health care system to older people including primary health care, rehabilitative care, community care and acute care services; and
- that public and community transport services, and programs provided through the private sector, be restructured with the intention of meeting the needs of people to get to health care; ie. to meet the needs of the large and growing proportion of our population that is older, as well as servicing the needs of people who work and go to school.

COTA Seniors Voice supports these proposals.

A wait of two and a half years for SADS assistance has driven some COTA Seniors Voice members to seek assistance from the private dental system. Cost shifting is therefore occurring from the public purse to private citizens - potentially placing financial strain on older people who can ill afford it. Sample responses to the COTA 2008 Health Survey are included below.

“SA Dental Service needs to be improved – after treatments you go to the end of the long waiting lists (years) therefore you have to go Private eventually.”

“I have a gripe with the SA Dental Service in that I didn’t receive assistance from them when I needed new dentures – instead I received a message on my phone saying that “if your teeth were worrying you to go to the dentist of your choice” “.

“I had to go Private for dentures due to the impossibly long waiting time for dentures – three years.”

The above comments (under the ‘Accessible’ heading) relate to older people still living in the community (with or without other support services) and their access to appropriate dental health services. Older people living in residential care settings also require dental services to meet their needs. There is evidence to indicate that people in residential care have significant need for dental health care and that their oral health deteriorates rapidly following admission to residential care. Chalmers et al found that compared with older adults who live in the community, residents of nursing homes with natural teeth had :

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<sup>9</sup> National Aged Care Alliance (NACA) (2007) “Transport and Access to Health Care Services for Older Australians” – Position Paper - May 2007.

- much higher levels of plaque and debris
- more untreated dental decay
- more retained decayed roots of teeth.<sup>10</sup>

COTA Seniors Voice commends the leadership and initiative of the SA Dental Service in the establishment of the “Better Oral Health in Residential Care” project to establish best practices in oral health for those older people living in residential aged care facilities. The project, delivered in a small number of residential care facilities in SA, Victoria and NSW, has found that the following needs to be in place in order for best practice to occur :

- oral health assessment
- oral health care plan
- daily oral hygiene
- dental treatment

It is also very pleasing to note that the Commonwealth Government announced earlier this year that they would introduce a national Nursing Home Oral and Dental Health Plan based on the SA initiative. This will be progressively rolled out to all residential aged care facilities across Australia by the end of 2010.

While this is most promising and older people in residential aged care facilities in SA will eventually benefit from this national initiative, COTA Seniors Voice is concerned that the final element of the best practice elements above may not be in place. That is, funding for dental treatment required and identified as required by the oral health assessment is presently sadly lacking and as we know the waiting list for publically funded treatment is prohibitive. Governments cannot with any integrity assist the identification of oral health issues for some of the state’s most vulnerable seniors and then fail to provide the treatment required in a timely and cost effective fashion.

#### **\* High Quality & Appropriate to Need**

Oral health and general health are inextricably related.

“A number of health conditions are associated with poor oral health. In particular, periodontal disease (gum disease) may contribute to cardiovascular disease, preterm birth and low birth weight, while diabetes directly affects the periodontium (the tissues of the gum that support the teeth). Oral disease is also associated with aspiration pneumonia, hepatitis C, HIV infection, infective endocarditis, otitis media, and nutritional deficiencies in children and older adults.”<sup>11</sup>

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<sup>10</sup> Chalmers JM, Hodge CP, Fus JM, Spencer AJ, Carter AJ, (2000) The Adelaide Dental Study of Nursing Homes 1998. AIHW cat. no DEN 83, Adelaide AIHW (Dental Statistics and Research Unit (Dental Statistics & Research Series no. 22) and One Year Follow-Up (1999) AIHW cat. no. DEN84 published in 2001.

<sup>11</sup> Australian Government National Health & Hospital Reform Commission (2009) “A Healthier Future for all Australians” – Interim report – p262.

It is therefore imperative that dental care for patients in need, as with any health support service, should be appropriate to their needs and of the highest quality both in terms of technical dentistry and in relation to general customer service. Several respondents to the COTA Seniors Voice 2008 Health Survey commented that dental and associated services are sometimes less than desirable in various ways as follows :

“I think the SA Dental Service leaves a lot to be desired – no courtesy only abruptness.”

“The dental hospital is a dead loss as students do not receive sufficient supervision.”

“Dental waiting lists too long – some dentists in public system impolite.”

“SA Dental Service does not provide sufficient privacy.”

“I previously worked at a dental surgery. I know many dentists will not see SADS patients and claim SADS do not pay enough and allowed restricts treatment. Patients do not receive best care.”

**\* Affordable –**

Older people in need of dental care in theory have a choice between accessing a private dentist or using the SA Dental Service. However, as indicated to the Committee under section 3 of this submission, South Australia has a greater proportion of people receiving income support via the age pension than any other state/territory – 68.2% compared with the national average of 65.4%. Many South Australians therefore in reality cannot afford private dental health treatment and the SA Dental Service is their only opportunity to have dental health issues treated.

Cost issues are repeatedly given as the response to the COTA Seniors Voice 2008 Health Survey question “what could be improved or changed to give you better health care?”. Some sample responses are provided below.

“Cannot afford to have the dental treatment we both badly need (even though we have extras cover) – the long waiting list in the public SADS system is very demoralising.”

“The gap is a killer – especially with private dental care.”

“The gap between dental fees and health fund payments needs to be decreased by Government payments – people are deferring dental visits because they cannot afford to go.”

“Optical and dental care is so expensive we cannot always afford it.”

Of all respondents to the COTA Seniors Voice Health Survey who had accessed dental health care in the preceding 12 months (1664 people) the vast majority (86%) said they had accessed private dental care and the remaining 14% said they accessed SA Dental Service care. Given the proportion of older people solely reliant on the Age Pension in SA (approx. 68.2%) this result is counter intuitive and points to a lack of access to SADS and people resorting to paying for urgent treatment in the private sector despite their meagre incomes. Cost shifting from the public purse to individuals with few means is not good public practice. Older people reliant on the Age Pension do not commonly have much in the way of savings and to pay for expensive dental treatment may well mean that they do not heat or cool their home, pay for necessary medicines, or eat well in order to 'make ends meet' in their budget. More funds should be found to ensure that people who meet the eligibility criteria have access to SA Dental Services in a timely and efficient manner.

### **\* Preventatively Focused -**

Older people's oral health status is a legacy of the years and lifestyles that have gone before. Good oral health habits should be established in childhood and continue on throughout adulthood and into older age. Ideally throughout all life stages people should be able to access regular, affordable, quality dental services which are aimed at heading off major problems before they arise and quickly treating critical oral health events that arise. Sadly for some people this does not occur. Some individuals because of lack of education or because of lack of income have dramatically different access to dental care than the majority of the population. These individuals suffer very badly from oral disease, decay, infection, and tooth loss. As indicated earlier, poor oral health can also predispose an individual to general health conditions leading to chronic ill health.

Information concerning good oral/dental health practices needs to be provided to the general population and access to services is required to allow treatment of small or early symptoms so that issues do not escalate to the extreme. Such a preventative approach not only saves resources in the dental health system, it also saves individuals discomfort and inconvenience.

A respondent to the COTA Seniors Voice 2008 Health Survey echoed these sentiments.

'Fix small problems with my teeth before they break up.'

The National Health and Hospitals Reform Commission report supports this :

"The absence of early intervention is costly and unproductive – estimates indicate there were 50,000 avoidable hospital admissions arising from preventable dental conditions in 2004-05." <sup>12</sup>

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<sup>12</sup> Australian Government National Health & Hospital Reform Commission (2009) "A Healthier Future for all Australians" – Interim report – p259.

## **B. Factors that impact on the oral health of older South Australians including physical and cognitive impairment and the effect of medications.**

There are many factors that impact on the oral health of older South Australians. These include :

### \* Income –

Oral health inequality exists between low income earning older people (concession card holders) and the remainder of the community. Low income earners are more likely to have fewer natural teeth and poorer oral health. Access to timely dental care is expensive and low income earners are forced to wait long periods for treatment.

### \* Education –

Education and information about self care oral hygiene practices is vital to maintaining good oral health.

### \* Life History/Circumstances –

An older person is the product of their past experience as well as their genetic legacy. Older people fortunate to have had good nutrition and regular health care including dental care all their lives are more likely to have good oral health in later life. Alternatively, those older people who have lived on low incomes, have poor nutrition and access to health care services will undoubtedly have poor oral health in their senior years.

COTA Seniors Voice understands the incidence of periodontal disease is nearly twice as prevalent in older Australians at about 54 per cent, compared to young Australians, at about 25 per cent, because :

- fluoride in toothpaste which helps to protect teeth from decay was only introduced into toothpastes in the 1960's;
- Fluoride in most of the water supplied to Australian households was introduced from 1957;
- Improvements in education on oral health and awareness about dental hygiene; and
- improvements in dental techniques.<sup>13</sup>

Those born before the introduction of these changes have poorer oral health than those born since the introduction of these changes.

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<sup>13</sup> Econotech Pty Ltd (2007) "Economic Analysis of Dental Health for Older Australians – Final Report"

\* Physical/Mental Health –

Physical health may impact on oral health status of older people. Some conditions, such as diabetes, predispose people to gum problems. People who are frail physically, who have limitations in their hands (eg. arthritis), may find it very difficult to undertake daily oral self care activities. Furthermore, if their mobility is limited and they are reliant on others for transport and shopping assistance they may have difficulty obtaining self care products eg. high fluoride toothpaste, mouth wash, dental floss and so on.

Mental health may also impact on oral health. People with cognitive impairments such as dementia are at greater risk of oral health problems because self care activities are more haphazard. It is also more difficult for people with cognitive impairments to access and be effectively treated by dental health practitioners.

\* Carer/Family Support –

For older people with physical and/or mental health issues support with oral self care activities is required from family/carers of people who remain living in the community, and from care workers and other staff working in residential settings.

\* Residence –

Whether an older person resides still in the community or in a residential care facility will impact on their oral health, often in concert with the other factors listed above. COTA Seniors Voice understands from its participation on SA Dental Service Steering Committees that the oral health of people admitted to residential aged care facilities diminishes rapidly after admission.

\* Medications –

COTA Seniors Voice understands that some medications do impact on oral health but is not knowledgeable in this area so will leave this issue to others making submissions to this inquiry.

### **C. The social, economic and health implications of poor oral health on older South Australians and the South Australian economy.**

Oral health affects our overall health, well-being and quality of life and contributes to a productive society. Poor oral health, whether tooth decay or gum disease, is often accompanied by infection, discomfort, pain and social embarrassment. Poor oral health has a range of social, economic and health implications for older South Australians.

## Social Implications

Older people report that discoloured, broken or missing teeth causes them embarrassment and leads to a lack of confidence in social situations. They are apt not to smile when engaging with people and to avoid opportunities to meet new people. Such avoidance and embarrassment may in some cases lead to social isolation and other health issues like depression. People's enjoyment of life and well-being can be enhanced considerably by appropriate and timely dental health care.

One respondent to the 2008 COTA Seniors Voice Health Survey plaintively just wanted "... to be able to eat and speak like a normal person". This, by any measure, is not an unreasonable request. Indeed, it is something that most of us take for granted.

## Economic Implications

The South Australian population is ageing, and the number of people of working age will diminish over time. Support needs to be given to assist older people to maintain their connection with the workforce for longer, even if only on a part-time basis. Not doing so would see SA lose many skilled and knowledgeable workers.

Recent Australian Government announcements to increase the age at which the age pension is available from 65 years to 67 years in the future will mean many people are required to retain employment for longer. They will not be able to do this if their oral health needs are not being catered for.

The Econotech Pty Ltd report commissioned by COTA National estimates the direct cost of dental illness in older Australians to be \$339 million (2005-06 prices) and the indirect cost of dental illness in the same group to be \$412 million (2005-06 prices). This totals \$752 million.<sup>14</sup> The report did not estimate costs for States/Territories but if we assume that SA has 14.5% of the older population within Australia<sup>15</sup> then the cost of dental illness in older South Australians would be approximately \$109 million (in 2005 - 2006 prices).

Dental health care is costly and the burden of payment falls substantially on consumers<sup>16</sup>. Low income households spend around 8.2 per cent of their household income on dental services<sup>17</sup>. Member responses to the COTA Seniors Voice Health Survey have supported the high cost of dental care and indicated in some cases older South Australians have resorted to using private dental services to have their vital dental needs met in a timely way. For those reliant solely on the Age Pension this may be at the expense of other necessities for health – for example, food, heating or cooling, medicines etc. This is not in the best interests of older South Australians or the state's health budget more broadly as these behaviours may impact negatively on a person's longer term health.

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<sup>14</sup> Econotech Pty Ltd (2007) "Economic Analysis of Dental Health for Older Australians – Final Report"

<sup>15</sup> Australian Bureau of Statistics, cat. no 4102.0 – Australian Social Trends 2002

<sup>16</sup> Australian Government National Health & Hospital Reform Commission (2009) "A Healthier Future for all Australians" – Interim report – p265.

<sup>17</sup> Australian Government National Health & Hospital Reform Commission (2009) "A Healthier Future for all Australians" – Interim report – p259.

## Health Implications

As indicated previously in this submission poor oral health can lead to poor general health and specific health conditions such as cardiovascular disease, preterm birth and low birth weight, pneumonia, hepatitis C, HIV infection, infective endocarditis, otitis media, and nutritional deficiencies in children and older adults. Furthermore, some general health issues affect oral health – eg. diabetes directly affects the tissues of the gum that support the teeth. In turn this gum disease may predispose people to other health issues.

The Econotech report commissioned by COTA National estimates the number of older people suffering from poor dental health. In 2005-06 13% of the Australian population was aged 65 years and over - of those 2.7 million older Australians, an estimated 54% (1.5 million) suffered from poor dental health.<sup>18</sup> The Econotech report did not break this down by State/Territory. However, if we assume that SA has 14.5% of the national population of older people<sup>19</sup>, this would equate to 217,500 older people in this state with poor dental health. The broader general health and cost implications for the state are therefore enormous.

Poor oral health may well mean that older people eat a diet consisting solely of soft foods, and fail to get adequate nutrition. Malnutrition is common in older adults and under nutrition is a risk factor for mortality in community living older Australians.<sup>20</sup>

COTA Seniors Voice has heard anecdotally that some residential aged care facilities choose to vitamise resident's food in preference to investigating and treating oral health difficulties. This practice is obscene and should not be tolerated by society, and specifically not by the Commonwealth Government as the funder of these facilities.

## **D. The adequacy of current and proposed State and Commonwealth dental health services, programs and funding for older South Australians.**

Commonwealth and State Governments provide funding toward dental health services, although most of the costs are borne by the consumers themselves.

“Governments contribute less than 20 per cent of all spending on dental services; health insurers contribute about 14 per cent; and individuals bear two-thirds of the total cost directly as out-of-pocket payments.”<sup>21</sup>

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<sup>18</sup> Econotech Pty Ltd (2007) “Economic Analysis of Dental Health for Older Australians – Final Report”

<sup>19</sup> Australian Bureau of Statistics, cat. no 4102.0 – Australian Social Trends 2002

<sup>20</sup> The Australian Longitudinal Study of Ageing – 15 years of Ageing in South Australia – Study by Flinders University, Centre for Ageing Studies, and the SA Department for Families and Communities – pages 86 & 87.

<sup>21</sup> Australian Government National Health & Hospital Reform Commission (2009) “A Healthier Future for all Australians” – Interim report – p265.

One of the respondents to the 2008 COTA Seniors Voice Health Survey summed up our position when they said :

“Dental care for seniors needs to be vastly improved by both State and Federal Governments.”<sup>22</sup>

## **Commonwealth Government Funding/Dental Health Services**

### Previous Commonwealth Dental Health Program

The original Commonwealth Dental Health Program (CDHP) began in January 1994, and shortly after coming to power in 1996 the Howard Government closed the program (removing \$100 million a year from the public dental system across Australia and leading to a massive increase in public dental care waiting lists).

### Medicare Chronic Disease Dental Scheme (MCDDS)

The Medicare Chronic Disease Dental Scheme (MCDDS) was subsequently introduced by the Howard Government. The scheme allows chronically ill people who are managed by their GP under an Enhanced Primary Care (EPC) plan access to Medicare rebates for dental services. The scheme had initial problems with administrative complexity and therefore low take-up, and was modified and re-launched in November 2007.

The guidelines for the MCDDS indicate that to be eligible a patient must have a chronic medical condition and complex care needs and their oral health must be impacting on, or likely to impact on, their general health. Chronic medical conditions include, but are not limited to, asthma, cancer, cardiovascular illness, diabetes mellitus, arthritis, mental illness, musculoskeletal conditions and stroke.

Under the MCDDS people with chronic medical conditions can access up to \$4250 in major dental work and dentures over a 2 year period. The scheme is not means/asset tested. Funding is provided to enable dental treatment by private practitioners.

### New Commonwealth Dental Health Program & Medicare Teen Dental Plan

Following its election in November 2007, the Rudd Government announced its intention to close the MCDDS by 1 July 2008 and re-direct the savings to reintroduce the Commonwealth Dental Health Program and to fund a Medicare Teen Dental Plan. Under the new CDHP up to a million additional consultations and treatments will be targeted at those most in need, and 1.1 million eligible teenagers will have access to preventative health checks through an investment of \$490 million in the Medicare Teen Dental Plan.

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<sup>22</sup> COTA Seniors Voice (2008) Health Survey of Members.

Under the CDHP, the Commonwealth's intention was to provide \$290 million over three years to the states and territories to bring relief to the 650,000 people on public dental waiting lists across the country. They planned to provide funds to States/Territories based on the number of concession card holders in each jurisdiction. \$7.5 million was allocated for SA in 2008/09, with approximately this level of funding in out-years. SA had developed a plan to implement the CDHP with performance targets expressed as numbers of dental visits. Within the allocation some expenditure was also planned to upgrade clinics and equipment.

The majority of additional treatments provided under the CDHP in the first few years were intended to be contracted to private practitioners at an average cost of \$800 per person treated, with an enhancement of capacity in the South Australian Dental Service (SADS) itself over time.

The Teen Dental Plan was to provide \$150 per person towards an annual preventative check for around 1.1 million teenagers aged 12 to 17 years in families receiving Family Tax Benefit A, and teenagers in the same age group receiving Youth Allowance or Abstudy.

### Senate Block Legislation

On 19 June 2008 the Senate blocked the closure of the MCDDS. On 16 September 2008, the Senate blocked the Government's second attempt to close the scheme. Therefore, the scheme remains open at present, and the CDHP has been unable to commence.

The Government has indicated its intention to negotiate with the Senate in an effort to achieve the closure of the program and the introduction of the new arrangements. The Australian Greens, Family First and independent Nick Xenophon sided with the Coalition to block the passage of legislation.

### Implications of Non-Commencement of Planned CDHP for South Australians

Implications of the Senate's actions to disrupt commencement of the CDHP, include :

- South Australians continuing to receive a disproportionate share of funding and assistance under the current MCDDS. Reportedly South Australians have received only 2.5 % of the services whereas the proportion of concession card holders in the state is approximately 8.9%. Greater numbers of people therefore would gain assistance under the CDHP.
- the planned expansion of the program of dental care to people in residential aged care facilities in SA and the program of enhanced access to dental care for older people living in the community cannot proceed.
- maintenance of unacceptable waiting lists - under the CDHP dental waiting lists would have been reduced from 18 months to 11 months for fillings by June 2009. Denture waiting would be decreased from 38 months to 20 months over the same period. In the following years the waiting times would have fallen further to well within a year for both services allowing the SA Dental Service to introduce regular check-ups for the first time.

- disruption to SA Dental Service staff and patients – the Federal Health Minister had already approved SADS' plan to implement the CDHP in 2008/09 and the organisation had committed expenditure to projects to achieve CDHP targets. In addition the majority of State funds used to purchase dental care from the private sector were committed in the first part of the 2008/09 financial year to avoid overwhelming the private sector when the Commonwealth funding was available in the second half of the financial year. As a consequence of the CDHP not commencing as planned COTA Seniors Voice understands that SA Dental Service could not implement the following actions from November 2008 to the end of June 2009 :
  - reduce the clinical time spent by public dentists treating patients from dental waiting lists and cancelled appointments for non-emergency care where the patients has not started treatment.
  - redirect public dentist activity to the treatment of dental emergencies up to a maximum 70% of clinical time.
  - substantially reduced issuing authorities for people to receive dental care from the private sector.
  - cease issuing letters of authority for people on waiting lists to receive dental care from the private sector including priority Pensioner Dental Scheme.
  - begin to actively direct public patients to the MCDDS to at least moderate growth in waiting lists.

#### Adequacy of Medicare Chronic Disease Dental Scheme (MCDDS)

The MCDDS assists with chronic care conditions and who have a co-ordinated care plan involving several medical specialists. For people who can meet this criteria the dental funding and assistance provided can be most beneficial. This program is not means tested and anyone meeting the above criteria can access substantial assistance.

Stakeholders such as the Public Health Association of Australia (PHAA) and the Australian Healthcare and Hospitals Association (AHHA) believe however that the program is funding high end expensive treatments for wealthy individuals at the expense to pensioners and other disadvantaged people in the community who cannot access basic dental health services at all.

On this basis therefore COTA Seniors Voice is concerned about the narrow targeting of this program, that some very wealthy people are gaining access to the program when they have the means to afford private dental treatment, and the inability of many older South Australians with limited financial means to gain timely basic dental care.

#### Adequacy of Proposed Commonwealth Dental Health Program (CDHP)

COTA Seniors Voice members have expressed that they would like a return to the previous Commonwealth dental health program that operated between 1994 and 1996. Responses to the 2008 COTA Health Survey included the following remarks :

“My main health expense is dental – the gap is huge from private fund – I would like to see a return of the dental scheme provided during the last Labor Government.”

“I would like to see an improved Dental Health scheme such as the excellent Commonwealth Scheme which was dropped some years ago.”

“Restore the dental service as it used to be.”

As indicated above, however, the CDHP has been stalled in its introduction. The Government continues to negotiate with minor parties to resolve this impasse. As the final shape and scope of this program is not known it is impossible for COTA Seniors Voice to comment on the adequacy of the program.

### Adequacy of Proposed “Dentcare Australia” Scheme

The Australian Government National Health and Hospitals Reform Commission has indicated that ‘one of our most important challenges is improving access to dental health services’ and has recommended a new “Dentcare Australia” scheme to provide universal access to preventative and restorative dental care and dentures regardless of people’s ability to pay<sup>23</sup>. They propose to fund this via a 0.75% increase in the Medicare levy, for those individuals eligible to pay the levy, and adding the funds generated to the existing funding allocated by governments (both State and Commonwealth).

Everyone could chose either a dental health plan from a private health insurer or to rely on expanded public dental services funded by “Dentcare Australia”. For people choosing a private health plan, ‘Dentcare Australia’ could pay the premium payment for that plan for them from the new funding pool. “Dentcare Australia” would provide additional funding for public dental services to expand their availability for people choosing to rely on them. There would be no out-of-pocket costs for people using public dental services, however, waiting lists to access them might still be present the Commission advises.

The Commission also support the introduction of a one-year internship scheme prior to full registration, so that clinical preparation of oral health practitioners (dentists, dental therapists, and dental hygienists) operates under a similar model of medical practitioners. They also propose additional funding for health promotion activities.

COTA Seniors Voice welcomes the “Dentcare Australia” proposal as it provides universal access to dental care consistent with the COTA Seniors Voice policy position. COTA Seniors Voice also welcomes the proposal for expanded clinical experience and training – particularly if this includes ‘geriatric dentistry’. Further, COTA Seniors Voice supports any proposal to expand and fund health promotion/preventative health activities and initiatives.

It is not known whether the Commonwealth Government will support the recommendations, and if they do what the final shape of any “Dentcare Australia” scheme might be. COTA Seniors Voice would however advocate for :

- dental care to be provided alongside community based and residential care;
- transport to be provided where clinic attendance is required; and
- preventative dental care and treatment to be timely – rationing and waiting lists must cease.

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<sup>23</sup> National Health & Hospitals Reform Commission (2008) “A Healthier Future for All Australians” – p265.

## State Government Funding/Dental Health Services

Clearly from what we have said in previous sections of this submission, waiting lists and times for service by the SA Dental Service are far too long and provide far too little when an actual appointment takes place. Funding is clearly inadequate to meet the present demand. This is most disturbing as the proportion of older people in SA's population will only increase over time and therefore in all probability the number of people requiring assistance by SADS.

In addition, the proportion of older people with natural teeth (as opposed to dentures) is increasing due to education, changes in cultural expectations, better daily oral hygiene, and more sophisticated dental practices. This however brings with it challenges in the form of :

- tooth wear
- tooth fracture
- root caries
- infection
- need for greater maintenance

Funding for dental health care for SA's older population must keep pace with the demands being placed on the system. The South Australian Government should not rely on the Commonwealth Government to provide funding (eg. via the stalled Commonwealth Dental Health Program) at the expense of citizens who require immediate dental care. As we have said, older people having to wait two and a half years for vital dental treatment (and in some cases effective relief of pain) is not consistent with living in an advanced civil society. Additional funding, over and above the resources that were available prior to the adjustments made in anticipation of the CDHP commencing, needs to be found within the State Budget to meet the needs of people on the waiting list and to reduce the time people wait to access services to a negligible amount only. Immediate access should be available for urgent cases (eg. where patients are in considerable pain/discomfort).

Members replying to the 2008 COTA Seniors Voice Health Survey had the following suggestions to make about the service provided by SADS :

“The Dental Service must be given enough funding to provide at least one annual visit for general examinations.”

“The SA Dental Service should provide a continuous service after the initial waiting period has expired – not to return to the waiting queue.”<sup>24</sup>

State funded dental health services should also operate in a manner consistent with the guidelines articulated in section 4A of this submission, ie.

- accessible/timely
- high quality & appropriate to need
- affordable
- preventatively focussed

Please refer back to these sections for more information.

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<sup>24</sup> COTA Seniors Voice (2008) Health Survey of Members

## **E. Factors that impede the provision of quality dental health care to older South Australians including dental workforce issues.**

We have already expressed in this submission our dissatisfaction with the waiting time endured by older South Australians before they can access the SA Dental Service. Lack of funding for dental treatment impedes the provision of quality health care for older South Australians.

Associated with lack of funding is the propensity for the two levels of Government (State and Federal) to point the finger at the other about whose responsibility it is to fund various services. Older people in SA don't care whose responsibility it is – they just want access to timely, affordable, assessable, dental services that are appropriate to their needs. State and Federal Governments should work together to ensure this outcome.

SA has too few dental practitioners to meet the needs of older South Australians. There are particularly too few who work in the public system. More dentists and related personnel (eg. hygienists) need to be trained, more incentives need to be offered to retain those who are trained, and more funding is required to retain qualified and experienced people in the public system.

COTA Seniors Voice understands that many of those who train eventually leave SA for higher incomes in the eastern States. This needs to be actively addressed by the State Government with a view to either retaining these people or to coaxing them back to SA.

Given the current proportion of South Australia's population that is older and that this will only increase over the next 20 or more years greater emphasis is required on ensuring that dentists and related professionals are trained in 'geriatric dentistry'. Dental health professionals will therefore be more knowledgeable about their customer group and more able to meet their needs appropriately.

The above comments relate principally to community living older people. There are also barriers to the provision of quality dental health care for older people living in residential care. Funding for dental treatment has primacy in this regard and we have spoken elsewhere about the necessity for governments to ensure that funding is present to meet needs identified via the Commonwealth roll-out of the national Nursing Home Oral and Dental Health Plan. Education will be provided to workers in residential facilities to enable them to identify and act on oral health issues appropriately.

Individual owners of residential care facilities need to also be educated about the importance of oral health for the well-being and comfort of residents as they could be dramatic barriers to this process if not on-side.

## **F. Possible measures to improve the oral health of older South Australians.**

As we have said elsewhere in this submission good oral health in older South Australians commences earlier in the lifecycle. It is therefore imperative that good education and information is provided to people of all ages so that self care dental health practices are utilised from the earliest times. However, there is also clear research evidence that preventative measures targeted to older people has immediate and continuing benefits for health and well-being of older people, and results in reduced future treatment needs.

Further timely and affordable dental treatment for small oral health issues before they become more dramatic is both humane and cost effective. More resources are required in the SA dental health system to support this.

Enhanced support can be provided to people already in the older age group by their GP's as part of their monitoring of overall health. For this to occur GPs would need training in what to ask/look for, they would also need to be adequately remunerated for their services. To further support this approach, the 'Oral Health for Older People' series of leaflets produced by the SA Dental Service could be distributed within doctor's surgeries alongside other health related materials.

Older people may benefit from the use of high fluoride toothpaste (5000 ppm). Morning and night brushing with a soft brush and high fluoride toothpaste is more effective than using the toothpaste generally purchased. While it may be more expensive to purchase only a very small pea-sized amount is required on the brush and a tube will last a very long time. Education and information pointing to this, as well as to other practices such as the daily use of mouth wash and dental floss, and cutting down on consumption of sugary foods, may also assist to improve the oral health of older people.

## **G. Any other relevant matters.**

We have included in Section A (under the heading of "Accessible/Timely") the importance of older people requiring dental treatment being able to access reliable and affordable transport to and from appointments. Please refer to this section for details.

## **5. Concluding Remarks**

COTA Seniors Voice has provided you with a detailed submission on this important issue. This reflects the absolute priority we see in improving the dental health services available to older South Australians, particularly those reliant on the public dental health system.

COTA Seniors Voice believes that :

1. The SA Government should immediately invest more resources in the public dental health system to meet the needs of older South Australians, and not simply wait for the Commonwealth's policy initiatives to eventuate. The latter could be some time in coming to fruition and the dental health needs of older South Australians are immediate and compelling. They should be met now.
2. In concert with the above, waiting lists to access assistance via the SA Dental Service must be addressed as a matter of urgency. COTA Seniors Voice believes that an older person waiting two and a half years for basic dental care should not be tolerated in a modern civil society.
3. The SA Government should resource the prevention and treatment needs identified by current SA Dental Service research of people receiving care in the community and in residential care facilities. We note that presently the only public funding pathway for these people outside the SA Dental Service waiting list is the Medicare Chronic Disease Dental Scheme and not all older people are eligible for assistance under this program. This is particularly the case for those people who have participated in SA Dental Service pilot programs in the northern metropolitan area (community living older people) and in the "Better Oral Health in Residential Care" project. Those individuals whose oral health has been assessed under these initiatives, and who have been identified as requiring dental care/intervention, should have these needs met in a timely fashion. It is not acceptable to raise the expectations of this group of people and then to fail to deliver the dental care they need.
4. Key characteristics of a service system that effectively meets the dental health needs of older South Australians are :
  - accessible/timely
  - high quality & appropriate to need
  - affordable
  - preventatively focussed
5. Dental health care is a vital component in the overall general health of older South Australians and necessary to keep people living independently and participating actively in their workplaces and communities for as long as possible. This is not just what older people want for themselves, it is also a necessary input for a successful South Australian economy.
6. Access to universal dental care is in the best interests of all South Australians, including older people. Federal Government consideration of a "Denticare Australia" scheme has COTA Seniors Voice support.
7. Governments need to invest in prevention in relation to dental health problems. Good oral health begins in early life and education and some efforts should be directed to all age groups. Resources, education and information about preventative health measures should also be targeted to older persons specifically. Organisations such as COTA Seniors Voice which is in touch with a substantial proportion of South Australia's population of older citizens can be an important resource in this work. Investment in early treatment pays dividends not only for individuals but also for the broader health budget and economy.

## COTA Seniors Voice – 2008 Health Survey of Members - Results

### Background

COTA Seniors Voice members were asked in the April/May 2008 *myCOTA* magazine to complete a questionnaire and to tell COTA about their views and experiences of South Australian health services. A copy of the survey instrument can be found at Appendix B.

We were inundated with survey responses from 2425 members.

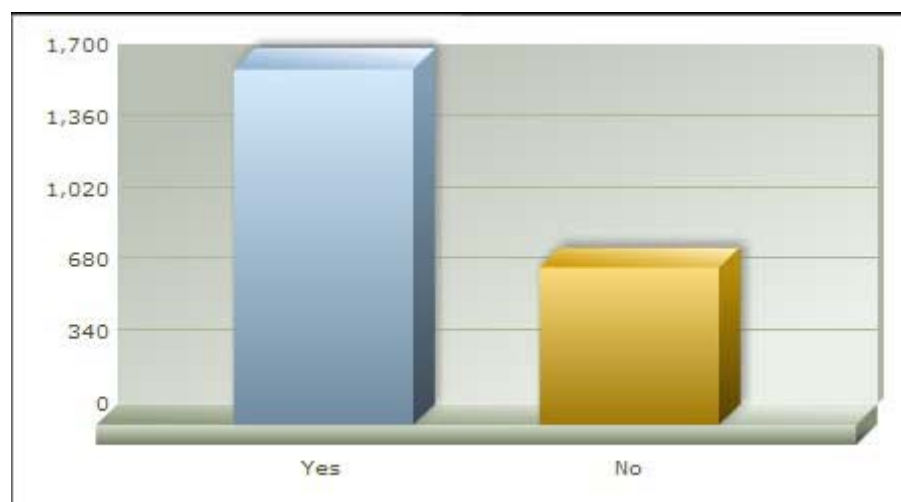
The members responding to the survey were from a diverse age range -13% were aged 51 to 65 years, 31% were aged 66 to 75 years, and 56% were aged 76 years and over.

78% of members responding were from metropolitan Adelaide, 21% were from country areas, and the remaining 1% did not respond to this question.

### Relevant Data

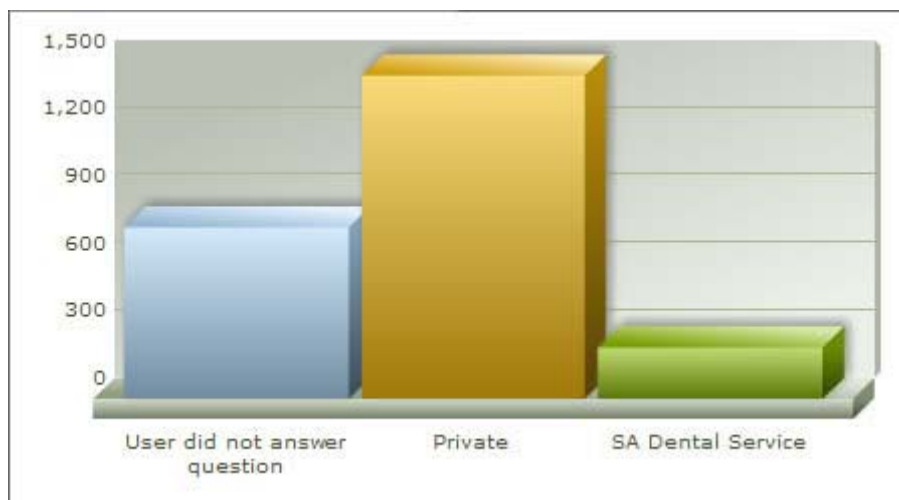
Several of the survey questions elicited responses which relate to dental services. This information has been extracted from the dataset and included below for the information of the Committee.

#### 6. Have you accessed Dental Care in the last 12 months?



Response	Number	Percentage %
Yes	1681	69.41
No	741	30.59
No response given to question	3	
<b>TOTAL</b>	<b>2425</b>	<b>100</b>

**7. If you answered YES to Question 6, was it:**



Response	Number	Percentage %
Private	1436	<b>59.22</b>
SA Dental Service	228	<b>9.4</b>
No response given to question	761	<b>31.38</b>
<b>TOTAL</b>	<b>2425</b>	<b>100</b>

**10. What could be improved or changed to give you better health care?**

The following are verbatim responses to this question provided by COTA SV members. Only responses that relate specifically to dental health have been included. There were however a range of general comments made about access to services, waiting lists, costs, transport issues etc. that may well also have related to dental health services. These have not been included. Of the 1439 responses to this question, almost 12% related specifically to dental health. As indicated above however this may well be an under-estimate.

The majority of comments below represent one respondent's comments unless indicated in ( ) after the comment.

- 6 monthly dental checks
- a Federally funded regular dental check along the lines of the bulk billing eye test which can be accessed every two years.
- access to regular dental care and also specialist care
- affordable dental care
- affordable dental services for everyone
- an increase in dental benefits would be welcome
- allowances made for pensioners for dental care
- assistance with dental care would be helpful
- availability and access to preventative health care services
- availability of more extensive dental services
- being able to access dental care more often and faster access to hospital services for public patients (urgent and/or elective surgery)

- being able to access Medicare for gum disease treatment
- better access to State Dental Service
- Better and more frequent access to dental care (SADS)
- better dental assistance
- better dental care (Medicare)
- better dental care – especially SA Dental Service and less waiting time for service
- better dental concessions
- better dental gap payment – less waiting time for specialist visits
- better dental rebates from mutual community
- better dental service/s (4)
- better dental service and reduce waiting lists for hospitals
- better dental service - is bad at the moment, less stress on GP at the GP – you need to book ahead one month in advance
- better public hospital services (what I hear from friends is disturbing); also greatly improved dental care is badly needed
- bring back a dinkum dental service ...
- cannot afford to have the dental treatment we both badly need (even though we have extras cover) – the long waiting list in the public SADS system is very demoralising
- ... more pensioner dental services needed
- cheaper dental
- cheaper dental care
- cheaper dental care – my Medicare benefit goes nowhere
- cheaper dental services
- cheaper dental treatment
- cheaper dentists
- cost of private insurance is almost unaffordable and the gap payments, especially for dental and chiropractic, are low
- delays for false teeth after joining list informed long delays even though existing teeth causing extreme discomfort and ulcers
- dental – have had no teeth checks for 5 years but 2 emergency only trips to SADS
- dental access at reasonable cost and a decent payment from health funds for dental work
- dental areas need more improvement – they need more specialists as their waiting lists are a joke (SA Dental Service)
- dental bills are enormous – would like a way of getting reasonable treatment
- dental care
- dental care a long wait
- dental care as part of Government funded Medicare; no waiting lists for the aged
- dental care covered by Medicare to same level as other medical services, excluding elective type service ie. cosmetic treatments
- dental care for over 70s
- dental care for seniors needs to be vastly improved by both state and federal government
- dental care is very expensive
- dental care more often
- dental care needs to be included in Medicare
- dental care on Medicare
- dental care should be available to all
- dental care time needs to be a lot shorter between visits for older people
- dental care to be covered by Medicare
- dental scheme; help people to stay in ones own home
- dental service

- dental service badly needs improving
- dental services (2)
- dental should be local for elderly people – not have to travel to Adelaide
- dentist to be part of Medicare
- dentistry
- easier access to dental care for pensioners
- easier access to dental service – very difficult now
- easier access to dental service and eye clinic
- eliminate or greatly reduce gap payments for all medical and dental services
- fix small problems with my teeth before they break up
- for some inexplicable reason the SA Dental Service is not available to me
- free dental
- free dental for older people without having to wait months ...
- government dental service
- greater frequency of dental care from SA Dental Service would be appreciated. This is an urgent necessity.
- have been told there is a 12 month waiting list to access SADS dental care
- help with dental and optical costs
- help with the cost of dental work. I am registered with the SA Dental Scheme and received a voucher for \$700 to be used immediately. This was only 8 weeks after I had been for a yearly check-up and had work done costing \$4190. The dentist still found work to the value of \$720 to carry out. By my reckoning it would be more economical to subsidise any treatment as needed, as I thought the voucher was wasted and benefited the dentist more than me. The dentists must welcome these vouchers with open arms.
- Higher government rebate on dental care.
- Home visits by GPs; subsidies for private dental care similar to GP system.
- I am reasonably satisfied. My GP is great and treats me as an adult (not an 'old person'). I have extras health cover so that takes of dentistry and spectacles.
- I have been on the SA Dental Service list for 20 months and I am still waiting. I would like to see a better dental care for pensioners – one is lucky indeed to get an appointment.
- I have to wait too long for hospital service for eye operation and waiting time for dentist is over 2 years.
- I still don't understand how the SA Dental Service works – what is the relationship between community clinic, dental hospital and private practitioners?
- I think the SA Dental Service leaves a lot to be desired – no courtesy only abruptness.
- I would feel better if I could access the SA Dental Service.
- I would like it to be easier to access the SA Dental Service
- I would like to continue to see my own dentist, but to receive a contribution towards the fees.
- I would like to see a change to podiatry services and suggest a system similar to dentists – ie. a properly training and accredited person who cuts nails etc. but who can recognise foot defects and refer the patient on to a podiatrist (foot specialist) – this would hopefully see a reduction in costs to clients.
- If dental health care could somehow be included.
- Improve dental service
- Improve dental service – reduce waiting lists
- Improved dental care.
- Improved dental service (waiting times) and hospital and elective surgery (waiting times).
- Improved dental service – needs more funds
- Include more services on medicare – eg dental
- It would seem dental services need to be improved ...

- Less gap charges from the dentist of my choice
- Less wait at SA Dental Service; specialists charging more than the common fee
- Less waiting time other than 2-3 years for SADS.
- Medicare to cover dental and optical
- More access to dental care.
- More accessible dental service
- More affordable dental and a cure for arthritis
- More affordable dental care – ideally included in Medicare; more Government control over annual increases in Private Health cover, which is invariably far in excess of CPI.
- More affordable dental services for those on a pension
- More bulk billing. Dental services to get a higher refund from private insurers and some refund under medical care.
- More cover for dental work
- More dental services
- More dentists at SADS – 18 months for a checkup
- More dentists at the SA Dental Service
- More dentists; help with treatment
- More doctors, nurses and dentists in the country
- More efficient dental services on the public system; more GPs, nurses and specialists required
- More free dental service
- More frequent access to complete dental care (now in my second year of waiting); there could be medicare cover for physio and massage etc.
- More frequent access to dental care is need; the present system is overloaded with too many customers and too few dentists (SADS)
- More frequent dental care (SA Dental Service)
- More frequent dental checks.
- More help with dentist and optical – very expensive
- More Medicare funded dental services
- More money into dental
- More spending on dental services
- Much needed dental care – waiting time for fillings etc is at least 2 years at SADS – also denture waiting list is 2 years after eligibility.
- My experiences have been very good – dental health could be better with more services.
- My main health expense is dental – the gap is huge from private fund – I would like to see a return of the dental scheme provided during the last Labor Govt.
- No gap between private and RAH – especially dental
- OK except huge costs attached to dental work and spectacles
- Ok with private health cover. Dentist charges too high
- Optical and dental care is so expensive we cannot always afford it.
- Perhaps a better SA Dental Service – less time on waiting list.
- Permanent GP and dental
- Public dental health service is very badly underfunded – a wait of 18 months – 2 years for an assessment is appalling – staff are good but working under impossible conditions and restrictions.
- Public dental health service and hospital access
- Public dental treatment in country areas, having to travel 50kms to and from the nearest public care is not always possible for those on pensions.
- Quicker access to dental care - I have been waiting for 6 months for SA Dental service
- Quicker dental attention
- reduce costs of dental services
- reduce costs of dental care

- reduce dental waiting time
- reduce waiting times to see SA Dental Service
- reduction of gap in dental treatment
- reduction of waiting times for operations - easier and more frequent check ups for dental problems at SA Dental Service
- SA Dental Care does not provide sufficient privacy; Private dental cover too expensive - dental services should be made available through Medicare
- SA Dental Service Adelaide centre easily accessible to me by public transport - now told I need to use ??? N East Area services - managed with difficulty to visit - have been told I need new dentures and am on waiting list - I am now aged 81 and seems to me the service may not be available in my lifetime
- SA Dental Service needs to be improved - after treatments you go to the end of the long waiting lists (years) therefore you have to go Private eventually. Government needs to improve opticians grants for pensioners also.
- SA Dental Service wait for new teeth
- SA Dental Service waiting list too long. Otherwise, at present, for me, adequate. I'm always treated with courtesy and respect.
- SA Dental Services - last year told ?? in December, it is now 7/4/08. I am told 523 people in front of me - I have 2 small ?? in my 5 teeth.
- SADS - dental service appointments - have to wait 12 months before putting name on list and then a further 24 months 1
- shorten the waiting time to access dental service with SADS (6)
- shorten waiting times for elective surgery (knee replacement) and for SA Dental Service (have now waited 3 years for dentures)
- shorter waiting lists for doctors and dental
- Shorter waiting time for SADS dental
- shorter waiting time for an appointment with GP and less costs with dentist
- shorter waiting times for appointments ie, SA Dental has 3 month waiting and Heart specialist has three month waiting
- shorter waiting times for dental and medical care - I have been on a waiting list with the FMC for sinus problems for 5 years
- shorter waiting times in Public Hospital emergency departments; more doctors and nurses; better access to SA Dental Service
- shorter waiting lists at SA Dental Service
- some government control over private dental fees - at least on the most common procedures such as fillings
- some kind of cover for dental costs
- some subsidy toward dental care
- the dental service could be improved - it is very bad
- The Dental Service must be given enough funding to provide at least one annual visit for general examinations
- the gap between dental fees and health fund payments needs to be decreased by Government payments - people are deferring dental visits because they cannot afford to go.
- the gaps for dentistry, physio and podiatry are too large
- the SA Dental Service could be improved considerably
- the SA Dental Service should provide a continuing service after the initial waiting period has expired - not to return to the waiting queue
- to be able to eat and speak like a normal person
- took five years to get my new top set of teeth
- very long wait to get into dental service – they only take emergency appointments and only after you say yes to all the questions – even when you have a broken tooth
- we badly need more public dentists available
- would like more frequent podiatry and dental appointments

## 11. Is there anything else you would like to tell us about your personal experience of South Australia's health services?

The following are verbatim responses to this question provided by COTA SV members. Only responses that relate specifically to dental health have been included. Of the 1848 responses to this question, just over 2% related specifically to dental health.

- a better dental service
- a better Public Dental Service - ie no waiting lists
- access to dental health
- access to public hospitals and SA Dental Services are "out the windy".
- Apart from SA Dental Service, my wife and I have been well satisfied with the health care we receive.
- dental care needs to be looked into
- dental costs are very high and refunds very low
- Dental costs increase all the time so Govt assistance would be appreciated. Rising prescription costs are a concern too.
- dental is hard to obtain
- dental list is too long. every 2 or 3 years is not enough for old folk
- Dental stinks - I would like to see the politicians wait for as long as what we do for the SA Dental service
- dental waiting lists too long - some dentists in public system impolite
- Generally quite good. Interminable delays in getting to see someone at the RAH or any other public hospital. The dental hospital is a dead loss as students do not receive sufficient supervision
- Have been given the run around in dental services.
- I find the SA Dental Service disgraceful. they will only do a minimum of work per visit and one is made to wait months for a follow up visit
- I had to go Private for dentures due to the impossibly long waiting time for dentures – three years.
- I have a gripe with the SA Dental Service in that I didn't receive assistance from them when I needed new dentures – instead I received a message on my phone saying that "if your teeth were worrying you to go to the dentist of your choice"
- ... The cost of dental treatment seems to be increasing faster than other specialisations, needs attention.
- I previously worked at a dental surgery. I know many dentists will not see SADS patients and claim SADS do not pay enough and allowed restricts treatment. Patients do not receive best care.
- I think dental services (private) should be more affordable.
- I would like to go to the dentist and optician of my choice and get pension reduction – but I haven't gone into it as yet.
- I would like to see an improved Dental Health scheme such as the excellent Commonwealth Scheme which was dropped some years ago.
- I would like to use private dentist on government funding as before.
- It is very difficult to get appointments with GPs and I have had to travel to Adelaide to visit dentist.
- It's hard to get an appointment with a dentist when needed.
- Long waiting time for dental (SA Dental Service)
- Not satisfied with dental service – had to wait too long so I ended up going private and had a big bill to pay.
- Only dental care (SADS)
- Over 2 years wait for knee surgery as well as waiting times for dental work.
- restore the dental service as it used to be

- SA Dental Service does not meet the needs of patients
- SA Dental Service should be more accessible
- The dental service is abysmal.
- The gap is a killer – especially with private dental care
- The hearing services are good; the dental services need more dentists to reduce the waiting times, also increased dental technicians.
- The Riverland health services are generally quite good apart from shortage of doctors, podiatrists and dentists.
- The SA Dental Service needs a hurry up
- the waiting list for Dental services needs to be shortened
- The waiting time for SA Dental Services is way too long (18 months to 2 years).
- There was a three year wait for first appointment at SA Dental Service and now a 13 month wait for specialist appointment
- Waiting time for the SA Dental Service is outrageous - something needs to be done. Private dental costs are too extreme - pensioner cannot afford this.
- When in past used health services we have been very happy with services and help received – even with urgent repairs to false teeth it was handled quickly.

**COTA Health Survey**



**HEALTH SERVICES – WHAT DO YOU THINK?**

The Council on the Ageing is consulting with older South Australians about health care services and what a health service would look like if designed by older people. Your views on health services will assist COTA to lobby governments to provide relevant and individual centred health care and services.

To assist us to understand the effectiveness of health services and to plan for the future needs we ask you to fill in the survey on the reverse side of this sheet and return it to COTA.

Any information you give us will be kept confidential by COTA. You will not be identified. The information from all returned surveys will be summarised by COTA, and no information about individual people will be provided to the State or Commonwealth Department of Health or to any other organisation.

Every response we get about your experiences will be useful in improving health services for older people.

**Please complete the survey and return to us by Friday 16<sup>th</sup> May 2008**

**Freepost  
Council on the Ageing  
GPO Box 1583  
Adelaide SA 5001**

**You do not need to put a stamp on the envelope.**

**OR you can complete the Survey on-line by contacting us on [cotasa@cotasa.org.au](mailto:cotasa@cotasa.org.au) and we will provide you with the Survey link.**

**Thank you for your participation.**

