

Oral health, general health, and residential aged-care

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Dental problems can be the source of general health issues, yet oral health in older people is not seen as part of overall health by central government funders. Dental care is specifically excluded from the Ministry of Health's Age Related Residential Care contract between district health boards and rest homes and hospitals.

Oral health and oral disability in older people¹ is not seen as part of overall health by central government funders, so much so that the Ministry of Health's Age Related Residential Care contract between district health boards (DHBs) and rest homes and hospitals [specifically excludes dental care](#). Care facilities are not required to have oral care policies or provide oral care plans for their residents.

Because dental care is not included as part of overall care, unless the resident or their family is able to both afford and access treatment, dental problems are often neglected. Yet dental problems can be the source of general health issues. Poor oral health is associated with a poor nutritional status, and there is growing [international evidence](#) about links between periodontal disease and cardiovascular disease, diabetes and other chronic illnesses.

The problems have been clearly, repeatedly stated since the [1997 report](#) commissioned by the National Health Committee: *Preventive Dental Strategies for Older Populations*. The most common dental conditions affecting older people, including tooth decay, gum disease and saliva problems, can cause severe limitation in day to day activities.

A [2003 qualitative study](#) in Dunedin's residential care facilities found that while staff caring for the residents all understood that oral health can influence general health, they had received little training in provision of this care for residents, and generally assumed residents would attend to their own oral hygiene. Another [2004 report](#) in the New Zealand Medical Journal published the results of a survey of dependent elderly people in Christchurch. The researchers made some strong recommendations:

We believe that oral health should be considered part of overall health when the Ministry of Health writes service specifications and minimum requirements for rest homes and residential care facilities. In the current contract, services of dentists are specifically excluded from the specifications. Because of this, oral health care and the recognition of overt oral disease are not easily integrated into an overall health care plan for dependent older people.

¹ Thanks to Clive Ross of [Elder Dental](#) for providing the impetus for this PensionBriefing. However, content is the responsibility of the author.

A [2008 estimate](#) by Counties Manukau DHB for providing one funded dental visit per year for each person aged 65+ in the catchment area was in excess of \$7 million. Solving the multiple problems of inadequate oral hygiene would be expensive – but prevention of many of those problems by provision of regular oral care should cost less in the long term. And the option for onsite dental treatment exists. For example, [Elder Dental](#) provides a mobile service for the elderly, funded either on a fee-for-service or capitation or under contract with either the DHB or the care facility.

[In 2011](#), University of Otago's Professor Murray Thomson, one of the authors of the 1997 report and part of a team that developed oral care standards in Australian facilities, lobbied again for a policy change in New Zealand's Ministry of Health.

We know from data and longitudinal studies around the world that the decay rate for people in resthomes is double that of older people in the community, and, for those with dementia in resthomes, it's quadruple... There still needs to be a change in the policy and monitoring environment so that care facilities are required to have oral care policies and provide oral care plans for their residents. Leaving it up to the sector to adopt it voluntarily will not work.

The number of people aged 65+ has doubled since 1980, reaching more than 600,000 in 2012. The number is likely to double again by 2036. The number of people aged 85+ is expected to nearly triple from 76,000 in 2012 to around 200,000 people in 2036. Over time a combination of changing attitudes and improved knowledge will see a higher proportion of older people in residential care and retirement villages who are dentate (ie. have retained some or all of their teeth) so more oral-health related general health problems are likely unless the Ministry of Health introduces good oral health as a priority goal for the aged in the public health system.

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