POLICY OPTIONS

Incorporating dental professionals into aged care facilities

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Policy context

Population projections by the Australian Bureau of Statistics indicate a rapid increase in the proportion of the population aged 65 years and older, from 19-20% in 2021 to 27-30% by 2051. Older people in Residential Aged Care Facilities (RACFs) have limited access to appropriate oral health systems, preventative dental care and other dental services. Research indicates that many older people are in urgent need of oral health care when they enter aged care facilities. An increasing dependency on care, coupled with inadequate oral care after entering facilities, can also lead to further deterioration in this group’s oral health.

There are a number of barriers to providing adequate oral care in Australian RACFs including insufficient resources, ambivalent attitudes from health professionals and carers to providing oral care, lack of oral health knowledge and inadequate training of carers, including non-dental health professionals. More support is needed from dental health services, dental professionals, dental associations, pharmaceutical agencies and dental technician industries to facilitate the promotion of better oral health in RACFs.

Dentists also lack the training and resources to undertake geriatric dentistry; there is often a lack of suitable space to conduct safe and effective oral examinations and treatment and domiciliary dental services for residents are generally unavailable. Accessing private dental care is often out of reach physically and financially for many residents. There is also an increasing trend internationally towards dentists and other dental professionals providing oral health services in residential aged care environments. Dental hygienists already provide dental care to aged care residents in Japan, Sweden and the United States and a recent (2011) Australian study investigating the dental examination and referral capability of dental hygienists found that there was good agreement between dentists and dental hygienists regarding decisions to refer residents to a dentist for treatment, indicating that dental hygienists may be a valuable but currently under-utilised resource.

Currently dental care for older adults in various types of residential aged care in Australia is often conducted on an ad hoc basis with little structure to such services. Many aged care residents do not receive adequate oral hygiene or any dental services. In the current system, when delivering dental care to residents in aged care facilities, dentists work most often in isolation from other health care teams, often without adequate or any links to a resident’s primary health care team. Most previous studies into oral health in RACFs have approached the issue from the perspective of adapting current dental services and adding more care responsibilities for residential aged care staff. This project recognised that the incorporation of the dental professional into the primary health care team was a major factor required to achieve the adequate oral health care of residents in aged care facilities and investigated the perceptions of the stakeholders involved (dental professionals, non-dental health professionals and carers) of the barriers and enablers that dental professionals face in providing oral care to residents in aged care facilities.
Policy options

The policy options to improve the provision of oral care to residents in RACFs that have been identified by this study are detailed below.

CAPACITY BUILDING

There is a need for flexible, inter-professional education and practice with a greater focus on prevention: where dentists can learn more about aged care and health professionals working in the residential aged care sector can learn more about oral health. This mutual capacity building would be a step forward to building the competence, and confidence of health professionals to offer appropriate oral health care to a growing population of ageing Australians, a proportion of who will be entering residential aged care. There needs to be a shift from a service delivery oriented model of oral care to a more collaborative, team-based, inter-professional approach including one of disease prevention as well as treatment.

INTER-SECTORAL ENGAGEMENT

There is a need for inter-sectoral engagement at both the policy and practice level to facilitate the integrated transition towards a more inter-professional approach to oral health in RACFs and the need to translate findings into policy and practice if oral health outcomes are to improve in this population group. Ongoing conversations across the different health care sectors (dental, aged care, medical, allied health) are essential.

The project’s findings suggest that current policies and models of care need reviewing for whether they improve or undermine oral health outcomes for this population group. They also provide an opportunity to think creatively about how to respond to this pressing issue.
Key findings

The project’s key findings indicate that the current models of care are doing little to address the oral health needs of older residents in aged care facilities and the current provision of oral health care in these settings is inadequate. These findings are supported by other studies in the literature. The following barriers to the adequate provision of oral care were identified:

- There is a lack of clarity about whose role it is to provide oral care to residents.
- There is ambivalence about the delivery of oral care by non-dental professionals and a lack of training in this area in their general health education. There is limited preventative care and appropriate training of health professionals from all cultural and linguistic backgrounds.
- Dentists face logistical and financial challenges in providing care for RACF and are often reluctant to visit these facilities.
- There is an overall lack of dental facilities and inter-professional collaboration and practice.

The overall aim of the project was to determine the barriers and enablers to implementing oral health care to residents in aged care facilities. The incorporation of the dental professional into the primary health care team was recognised as a major factor required to achieve the adequate oral health care of residents in aged care facilities and the project investigated the perceptions of the stakeholders involved (dental professionals, non-dental health professionals and carers) concerning the barriers and enablers that dental professionals face in providing oral care to residents in aged care facilities.

Interviews and focus groups were conducted to explore a range of stakeholder perspectives and to better understand the context. Interviews were conducted in order to:

- Determine how dental professionals perceived they could work in RACFs, including potential models for this.
- Determine how those working in aged care (other than dental professionals) could include a dental professional in their aged care team.
- Determine how aged care workers from culturally and linguistically diverse (CALD) backgrounds perceived the enablers and barriers to delivering oral health care to residents at aged care facilities.
- Identify the perspective of general practitioners (GPs) on oral health in RACFs.

These barriers mean that accessing dental services remains a problem for residents, particularly for those who are cognitively, physically or financially challenged.