

Promoting Oral Health  
for an Ageing Population:  
**AN ADVOCACY  
GUIDE**

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# GLOSSARY OF TERMS

Terms	Definitions
Disability-adjusted life years (DALYs)	Years of healthy life lost to premature death and disability. DALYs are calculated by adding up the years of life lost due to a disease or condition (YLLs) and the number of years lived with a disability (YLDs). $DALY = YLL + YLD$
Premature mortality	Deaths that could potentially have been avoided through all levels of prevention (primary, secondary, tertiary).
Years lived with disability (YLDs)	Years of life lived with any short-term or long-term health loss.
Years of life lost (YLLs)	Years of life lost due to premature mortality.
Healthy life expectancy (HALE)	The number of years that a person at a given age can expect to live in good health, taking into account mortality and disability.
Life expectancy	Number of years a person is expected to live based on their present age. For the Global Burden of Disease (GBD), the life expectancy for an age group (e.g., 50- to 54-year-olds), is determined from the first year in the age range.

**Source:** Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease 2021: Findings from the GBD 2021 Study. Seattle, WA: IHME, 2024





# ORAL HEALTH IN OLD AGE: A GUIDE

## INTRODUCTION

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex (head, face, and oral cavity).<sup>1</sup> It is a fundamental indicator of health and well-being across all age groups. Despite continued advocacy efforts to highlight oral health as a basic human right, it remains inaccessible to many.

Oral diseases affect 3.7 billion people globally.<sup>2</sup> The most common oral condition, untreated dental caries (tooth decay) in permanent teeth, affects over 2 billion people, making it the most prevalent health condition worldwide.<sup>3</sup>

Moreover, major inequalities in access to oral care persist within and across countries.<sup>4</sup> Those most affected are individuals already at higher risk of health disparities, including ethnic, religious, or linguistic minorities; children; older adults; socioeconomically disadvantaged groups; the underinsured; and people with certain medical conditions.<sup>5</sup> Among these, older adults often face particular barriers to prevention, timely diagnosis, and access to appropriate care.<sup>3</sup>

Ageing is inevitable. An ageing society increases the risk of healthcare-related injustices. National health policies must reflect these demographic shifts. At the same time, dental professionals must strengthen their awareness of social responsibility and recognize their role in advancing public health.<sup>6</sup>

FDI's Vision 2030 roadmap calls for aligning dentistry with major global trends, such as demographic shifts, digitalisation in healthcare, economic instability, and ongoing protracted conflicts, to ensure that no one is left behind.<sup>4</sup> Additionally, FDI adopted a policy statement titled Oral Health for Healthy Ageing in September 2023. The statement reaffirms adequate oral health as fundamental need at all stages of life and calls for the life-course approach while integrating oral health into national health care systems.<sup>7</sup>

FDI's Oral Health for an Ageing Population (OHAP) project is scaling up its capacity-building efforts in 2025 as it commemorates its 10th anniversary. These efforts are especially timely, aligning with mid-point of the United Nations (UN) Decade of Healthy Ageing (2021–2030) and the upcoming Fourth UN High-Level Meeting (UN HLM) on Noncommunicable Diseases (NCDs) and Mental Health in 2025. They also serve as a springboard for advocacy ahead of the next UN HLM on Universal Health Coverage (UHC) in 2027.

This advocacy guide provides a strategy to drive effective action. It draws on more than a decade of research and advocacy from the OHAP Project, including guidance on care delivery, peer-reviewed studies, and practical tools and resources. The guide supports the call for UHC for oral health and aligns with FDI's Vision 2030, the WHO Oral Health Resolution, Strategy and Action Plan, and other global health frameworks.<sup>4,8,9</sup>

National Dental Associations (NDAs) play a critical role in shaping national oral health policies. This advocacy resource is designed to empower NDAs to advocate for policy-level change within their countries, with a particular focus on ageing populations.



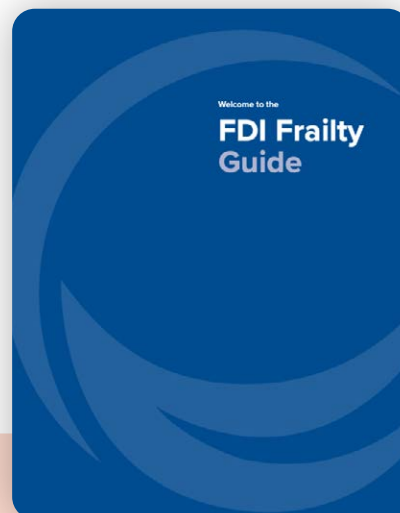
# RECOMMENDED RESOURCES

## ORAL HEALTH FOR AN AGEING POPULATION PROJECT: REFERENCE LIBRARY



### ORAL HEALTH FOR AN AGEING POPULATION

This brochure provides oral function exercises to be performed regularly by older adults to help maintain their oral health and prevent signs of oral function decline.



### FDI FRAILITY GUIDE

This WebApp is a guide for dentists and other oral health professionals to receive targeted prevention advice for their older patients (over 65) in accordance with OHAP's dependency-level-based and prevention-based approach.



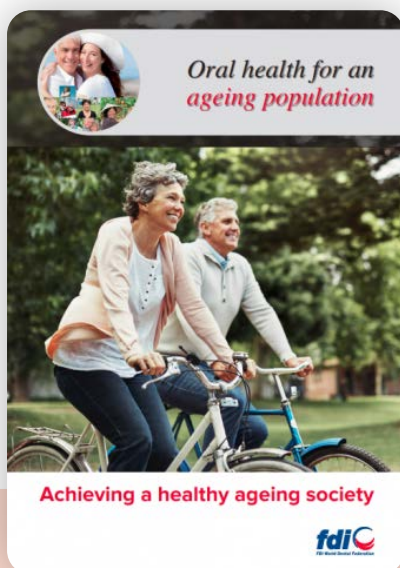
### ORAL HEALTH IN OLDER ADULTS

This brochure provides tailored guidelines to help older patients take care of their oral health based on their own level of dependency.



### ROADMAP FOR HEALTHY AGEING

This roadmap provides key information on the phenomenon of global ageing and its implications for oral healthcare services (OHCS).



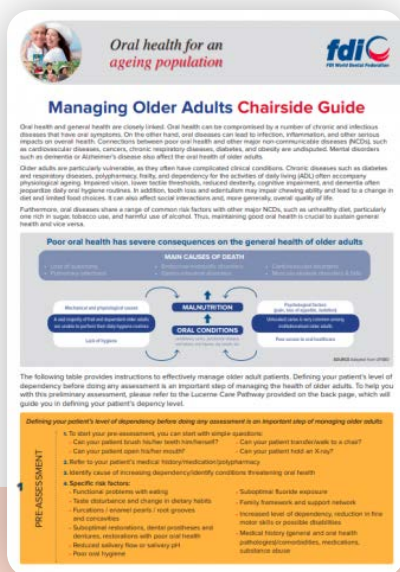
## ACHIEVING A HEALTHY AGEING SOCIETY

This brochure highlights eight core pillars of oral health in older adults and outlines four steps that can be taken to improve their oral health.



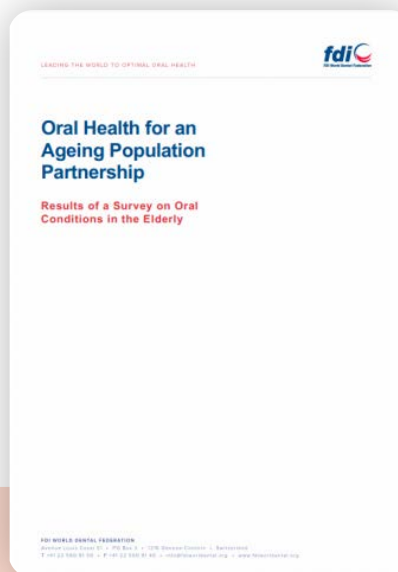
## ORAL HEALTH: CARING FOR OLDER ADULTS

This brochure provides tailored guidelines to help carers take care of older adults' oral health based on their level of dependency.



## MANAGING OLDER ADULTS: CHAIRSIDE GUIDE

This Chairsides guide provides recommendations based on the Lucerne Care Pathway to support targeted service-delivery strategies that avoid under- and over-treatment and foster a life-course approach to oral health.



## ORAL HEALTH FOR AN AGEING POPULATION: RESULTS OF A SURVEY ON ORAL CONDITIONS IN OLDER ADULTS

This report presents the findings of a survey on oral conditions in older adults, conducted in 2016. 62 National Dental Associations (NDAs) responded.



## ORAL HEALTH FOR HEALTHY LONGEVITY IN AN AGEING SOCIETY: MAINTAINING MOMENTUM AND MOVING FORWARD

This supplement spotlights four steps to achieve and maintain global oral health: needs assessment, implementation of appropriate health care systems and provisions, reducing the global burden of oral disease, and working to achieve a healthy ageing society.



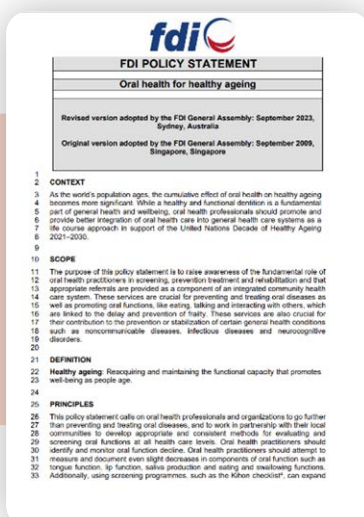
## MAKING THE RIGHT TO ORAL HEALTH A REALITY FOR OLDER ADULTS

A recent editorial from FDI's OHAP Task Team highlighting the urgent need for a greater focus on oral health for older adults, emphasizing the importance of integrating these needs into broader health systems.



## ORAL HEALTH FOR HEALTHY AGEING: A PEOPLE-CENTRED AND FUNCTION-FOCUSED APPROACH

The supplement highlights the impact of oral health conditions on quality of life, and key barriers to accessing oral healthcare for the older populations.



## FDI POLICY STATEMENT. ORAL HEALTH FOR HEALTHY AGEING

This document highlights the importance of a life-course approach to integrating oral health into healthcare policies, systems and practices.



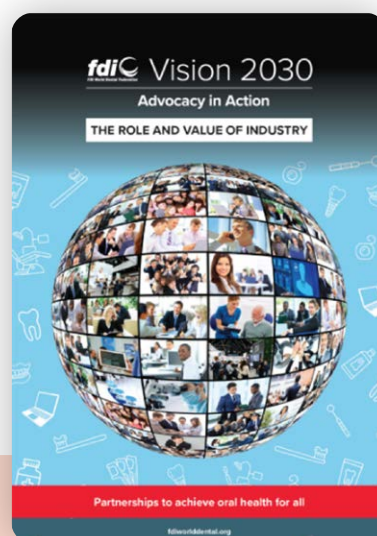
# RECOMMENDED RESOURCES

## ADVOCACY IN ACTION TOOLKITS: REFERENCE LIBRARY



### ADVOCACY IN ACTION : VISION 2030 - IMPLEMENTATION TOOLKIT

This 'how-to-toolkit' highlights strategies that can be implemented to leverage all the significant developments in the global oral health policy landscape. It provides tools and resources to support national advocacy efforts and aims to help inform discussions with governments and policymakers so that oral health challenges are turned into opportunities and solutions, leading to improved oral health.



### ADVOCACY IN ACTION - THE ROLE AND VALUE OF INDUSTRY

The goal of this publication is to describe how industry, especially by engaging in multistakeholder collaborations, can effectively help accelerate the delivery of optimal oral health for all. It showcases examples of industry leadership in supporting the delivery of oral health for all.





# AGEING: FACTS AND FIGURES

Since the last century, every country in the world has experienced growth in both the size and proportion of its older population. Studies show that the global number of older persons is increasing rapidly.<sup>6</sup>


Globally, life expectancy at birth reached 73.3 years in 2024, an increase of 8.4 years since 1995.

In 2024, the number of people aged 60 years or over, reached an estimated 1.18 billion, representing 14.5% of the global population.

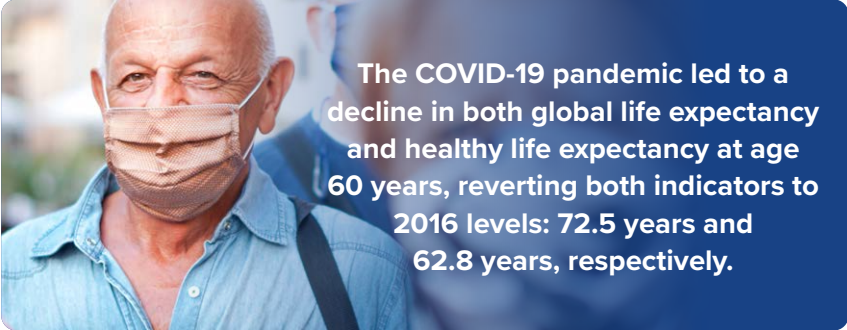
The global population aged 60 years and over is expected to double, from 1.1 billion in 2023 to 2.1 billion by 2050.

By 2030, individuals aged 60 and over will make up 22% of the world's population. Among them, approximately 400 million people will be aged over 80 years.

More than 80% of the world's ageing population will live in low- and middle-income countries (LMICs).



The COVID-19 pandemic led to a decline in both global life expectancy and healthy life expectancy at age 60 years, reverting both indicators to 2016 levels: 72.5 years and 62.8 years, respectively.



Disorders among people aged 60 years and older account for 23% of the total global burden of disease.<sup>10,11,12,13</sup>

The rise in life expectancy among people aged 60 years and older is the result of hard-earned advances in social and economic development as well as in health.<sup>14</sup> Nevertheless, the growing proportion of older adults in the global population will have far-reaching implications across all sectors of society. It will affect labour and financial markets and drive demand for goods and services such as healthcare, long-term care, housing, education, transport, social protection, and technology. It will also impact family structures and interdependence, calling for comprehensive and coordinated policy responses across different sectors of government.<sup>15,16</sup> Ageing presents both urgent challenges and significant opportunities for health systems and policies worldwide.

Healthy longevity is an important goal. It has the potential to unite humanity in spite of our many differences. The factors contributing to healthy longevity are numerous, complex, and interrelated, requiring creative, interdisciplinary, intergenerational and global approaches.

Oral Health for Healthy Ageing: A People-centred and Function-focused Approach

## PEOPLE ARE LIVING LONGER BUT NOT HEALTHIER

Healthy ageing is defined by the World Health Organization (WHO) as “the process of developing and maintaining the functional ability that enables well-being in older age.” Functional ability refers to the health-related capacities that allow individuals to be and do what they value.

It includes the capacity to:

- **meet essential needs**
- **acquire knowledge, develop skills, and make informed decisions**
- **maintain mobility and physical independence**
- **establish and sustain social relationships**
- **actively participate in and contribute to society<sup>17</sup>**



The decline of vital functions and health with age is a biological process.<sup>15</sup> As people grow older, they become more susceptible to disease, which contributes to diminishing intrinsic capacity and functional ability.<sup>18</sup> Age-related decline in oral functions including chewing, swallowing, and speaking can impair nutrition, communication, and social interaction, further affecting quality of life and exacerbating the challenges of ageing.<sup>3</sup> Ageing is also a major driver of the global burden of NCDs, which account for over 70% of annual deaths worldwide.<sup>19,20</sup>

Nevertheless, research indicates that functional decline and health loss are more accurate indicators of unhealthy ageing than chronological age alone.<sup>21</sup> This underscores the importance of preserving functional ability rather than simply extending lifespan.

Unfortunately, many health systems remain primarily designed to address acute conditions, rather than the complex, chronic, and often interconnected needs associated with older age. They are frequently ill-equipped to provide high-quality, person-centred care for older adults, particularly care that is integrated across providers to ensure continuity and efficiency.<sup>15</sup> As a result, while people are living longer, the quality of those additional years is not necessarily better.

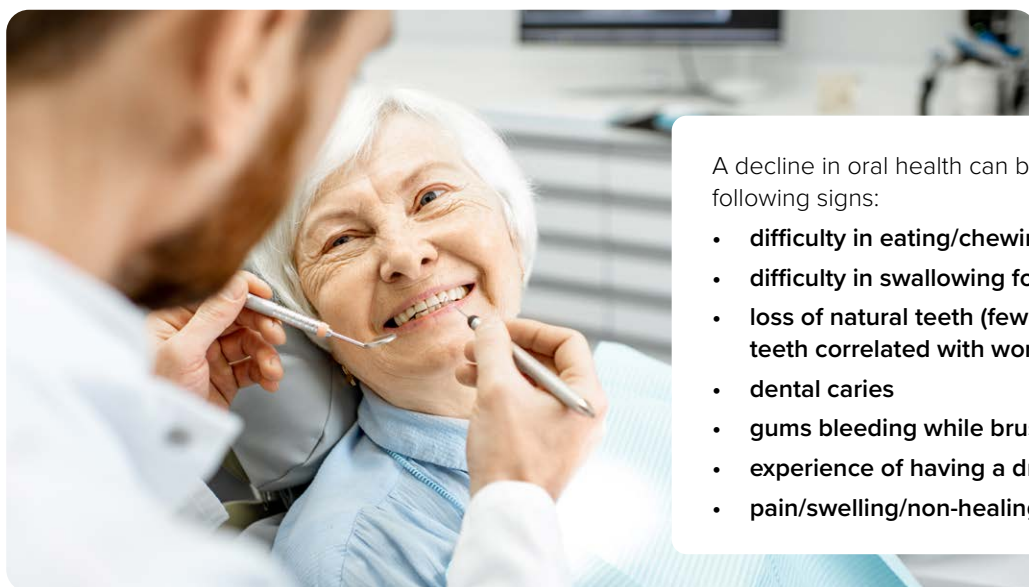
Globally, the burden of disease remains high among older populations. In 2021, the estimated Disability Adjusted Life Years (DALYs) from all causes in individuals aged 70 and older accounted for 21.44% of the world's total health burden. Among those aged 50-69 years, the burden was even higher, at 28.42%.<sup>22</sup> Addressing functional decline, including oral health deterioration, must be a central focus in efforts to promote healthy ageing and improve well-being in later life.



# UNDERSTANDING THE ORAL HEALTH NEEDS OF AN AGEING POPULATION

Oral diseases are prevalent throughout the life course. However, epidemiological studies indicate that older adults are particularly affected by poor oral health, which can have significant negative impacts on their general health.<sup>14</sup>

For example, a systematic analysis from the Global Burden of Disease Study (2019) showed that among adults aged 70 years and older, oral diseases rank among the top 10 disability drivers globally and are the leading cause of disability in 29 countries.<sup>21</sup>



A decline in oral health can be characterized by the following signs:

- difficulty in eating/chewing food
- difficulty in swallowing food or drink
- loss of natural teeth (fewer than 20 natural teeth correlated with worse outcomes)
- dental caries
- gums bleeding while brushing
- experience of having a dry mouth
- pain/swelling/non-healing ulcer in the mouth<sup>23</sup>

While the prevalence of tooth loss with ageing has declined significantly in many countries over recent decades, a substantial number of older adults still continue to experience tooth loss. Additionally, as more older individuals retain some of their natural teeth, other oral health challenges have emerged due to reduced oral hygiene ability. These include root caries, periodontal disease, and dry mouth. These conditions compromise oral function and nutrition, negatively affecting the quality of life in older age.<sup>24</sup> The prevalence of these conditions also increases with age, underscoring their persistent and widespread nature in ageing populations.<sup>3</sup> According to the 2010 GBD study, older adults accounted for 3.5 million DALYs, primarily due to edentulism, followed by severe periodontitis and untreated dental caries.<sup>25</sup>

Recognizing the oral health risks associated with ageing and taking preventive action are essential for protecting oral health across the life span. Effective healthcare models must respond to the needs of healthy, vulnerable, frail and ill older adults, whether they are living alone, with their family, are homebound, or live in residential care facilities.<sup>15</sup>

## Key facts on global oral health

- 1) Many oral diseases are preventable.
- 2) Oral diseases are highly prevalent and have a lifelong impact on people's health.
- 3) In many countries, dental and oral health services are still not included in UHC, making dental care and preventive services often unaffordable.
- 4) Many oral diseases share common risk factors with other NCDs.

Making the Right to Oral Health a Reality for Older Adults

## PEOPLE-CENTRED CARE FOR COMPLEX MULTIMORBIDITY

Ageing is contributing to the global epidemic of chronic NCDs, and studies continue to demonstrate a bi-directional relationship between oral diseases and NCDs.<sup>3,12</sup> Recognizing and addressing this link can significantly improve overall health outcomes and highlights the need for integrated, transdisciplinary strategies in health promotion, disease prevention, and care.

Oral diseases and NCDs are largely preventable through the management of shared risk factors. This reinforces the idea that while population ageing is a major driver of the global rise in chronic diseases and multimorbidity, there remains significant potential to improve health outcomes at any age. To safeguard future generations and promote well-being across all age groups, national NCD and UHC programmes must address the burden of chronic disease among older adults and support the prevention, early detection, and treatment of both oral diseases and NCDs throughout the life-course.

### CASE STUDY: THE 8020 CAMPAIGN

Tooth loss is often mistakenly accepted as an inevitable part of ageing and is socially normalized in many cultures. However, living with reduced or absent dentition can have serious consequences including psychological, social, and functional. The impact extends beyond oral health, affecting an individual's nutrition, communication, self-esteem, and overall quality of life.<sup>3</sup>

A survey conducted in Japan in 1987 revealed that by their 80th birthday, most people had an average of only five natural teeth, significantly impacting their health and well-being. In response to this challenge, Japan launched the 8020 national campaign to prevent tooth loss across all stages of life in 1989.

The 8020 Campaign is based on the principle that maintaining at least 20 functional teeth at 80 years of age supports effective chewing, enables the consumption of a diverse and nutritious diet, and helps maintain overall nutritional status, thereby significantly promoting healthy ageing.

The 8020 Campaign is a long-term strategy for promoting oral health nationally. A 2016 national survey revealed that half of Japan's 80-year-olds were retaining more than 20 of their natural teeth, and a 2024 survey found that the percentage had risen to 61.5%. This campaign has been successful for the following reasons: 1) close cooperation between the government and the Japan Dental Association (JDA), 2) provision of national funds to support prefectural 8020 initiatives, and 3) its inclusion in both the dental health and general health promotion sections of Health Japan 21 (national health policy).

Advocating for policy change may not be part of the dentist's professional curriculum, but it is a natural progression for the 21st-century oral healthcare provider. As professional associations working in the field of health, NDAs represent practitioners with direct access to patient care, patient services and, ultimately, the public. It is this proximity that places you in a unique position to advocate positive change in the healthcare system.

[FDI World Dental Federation. Vision 2030: Advocacy in Action Implementation Toolkit.](#)

## AN EXPANDING ROLE FOR ORAL HEALTH PROFESSIONALS

Ageing is inevitable, and it is imperative that oral health care services and professionals are equipped to anticipate and respond to the evolving needs of older populations. Unfortunately, systematic connection to an oral health professional is often lost once an older person begins receiving care at home, unlike the link with the general practitioner, which tends to remain more consistent. While the nature of collaboration may vary by country, multidisciplinary cooperation among all health professionals attending to older patients, including via home care is essential.

Oral health professionals, who are trained to address the oral healthcare needs of individuals across the entire life course, hold a unique position in society, and are well-placed to advocate for equitable access to optimal oral health.

With oral diseases affecting 3.7 billion people globally, the burden is both immense and urgent. National Dental Associations (NDAs) and other FDI members possess the expertise, credibility, and community trust needed to lead advocacy efforts, influence policy, and drive the mobilization of resources essential for meaningful change.



# ORAL HEALTH FOR AN AGEING POPULATION: A RATIONAL, POLICY-BASED MANDATE

Across all age groups, there is a clear link between socioeconomic status and the prevalence and severity of oral conditions.<sup>3</sup> As such, oral health serves as a strong indicator of social and economic inequalities and inequities. Initiatives aimed at addressing oral diseases must acknowledge and eliminate barriers to access among vulnerable populations, including older adults.

Oral diseases are also among the chronic conditions where the burden arises more from morbidity and the overall loss of health and well-being than from mortality. The economic costs of long-term oral care, or the consequences of delayed care, represent a significant portion of health expenditure. Addressing oral diseases among older adults can help mitigate the economic burden of ageing and promote sustainability within global health systems for future generations.<sup>21</sup>

Advocating for the oral health of an ageing population is not just a moral and economic imperative, it is also strongly supported by global policy frameworks. FDI's Vision 2030 roadmap report, published in 2021, calls for adapting dental practice to emerging major trends, including population ageing, to ensure no one is left behind. In the same year, WHO's landmark Resolution on Oral Health adopted by Member States (governments) explicitly acknowledged the consequences of poor oral health for older people. The WHO Global Strategy on Oral Health and the subsequent Global Oral Health Action Plan, approved by governments, share the vision of achieving *"UHC for oral health for all individuals and communities by 2030, enabling them to enjoy the highest attainable state of oral health and contributing to healthy and active lives"*.<sup>9</sup> This goal will remain out of reach unless the oral health needs of the world's ageing population are prioritized.

Additionally, the UN declared 2021–2030 as the "Decade of Healthy Ageing", recognizes oral health as a key indicator of overall health in older age, as reflected in the Decade of Healthy Ageing: Plan of Action (2021–2030).<sup>16</sup>

The growing proportion of older adults will have implications for nearly every sector of society, directly affecting the achievement of the 2030 Sustainable Development Goals (SDGs). Improving oral health among older populations will contribute to several SDGs, including:





## TURNING POLICY INTO PROGRESS FOR OLDER ADULTS

Oral health has gained significant momentum in global policy in recent years. The 2021 WHO Resolution on Oral Health catalyzed a series of transformative developments, including the Global Strategy on Oral Health (2022), the Global Oral Health Action Plan 2023–2030, and the Global Oral Health Status Report profiling all 194 Member States.<sup>9</sup>

In November 2024, WHO convened the first-ever Global Oral Health Meeting, which led to the adoption of the Bangkok Declaration – No Health Without Oral Health. This document affirms oral health as a human right, underscores its integral role in the NCD agenda and UHC, and lays the foundation for the Global Coalition on Oral Health to drive accountability and sustained action.<sup>26,27</sup>

However, translating these global commitments into meaningful change remains an urgent priority. With 3.7 billion people affected by oral diseases, there is a pressing need for increased visibility, investment, and research. Oral health interventions must prioritize underserved and marginalized populations, such as low-income groups, refugees, incarcerated individuals, rural communities, and minority groups. Special consideration should be given to older adults and people with disabilities, who frequently face multiple and intersecting barriers to care. Prioritizing older populations in policy and practice is essential to ensuring a truly equitable and inclusive approach and to achieving the shared vision of oral health for all.



# ORAL HEALTH FOR AN AGEING POPULATION: A STEP-BY-STEP GUIDE TO STRATEGIC ADVOCACY PLANNING

Advocacy involves raising awareness about important issues and promoting solutions to address them. It can include amplifying the voices of underserved communities or elevating specific concerns within policy discussions. Ultimately, advocacy aims to shape policy decisions and drive sustainable, long-term change.<sup>28</sup> Further guidance on effective advocacy is also available in ***Vision 2030: Advocacy in Action Implementation Toolkit***.

When strategically planned and executed, advocacy can be highly effective. This section outlines a 10-step framework highlighting essential components of successful advocacy, followed by examples of advocacy tools that can be leveraged for short-, medium- and long-term actions.

## Conduct a robust situation analysis – with a focus on older adults

Evidence-based advocacy starts with a clear understanding of the current landscape.

- Collect and analyze national data on oral health, paying specific attention to trends, service coverage and outcomes for older adults.
- Where possible, disaggregate data by age to highlight disparities in access, treatment, and outcomes among older populations.
- Complement this with academic peer-reviewed research focused on ageing and oral health.
- Combining quantitative data with qualitative insights such as testimonies from older adults with ‘lived experience of oral diseases’ can add a powerful human dimension that can help influence policymakers and shape more inclusive strategies.

**Tip:** Note that both policymakers and the public like to know where they stand compared to neighbouring countries. Any comparative information would therefore be a useful part of your campaign.

STEP  
01

STEP  
02

## Select your priority issue(s), goals, and objectives

Irrespective of the number of gaps your analysis reveals, it may be helpful to limit your initial efforts to improve the oral health of older adults to one or two key areas where your expertise and capacity will be most impactful. Determine the specific, measurable, achievable, realistic and timebound (SMART) objectives for undergoing the advocacy process. They will guide your impact assessment.

STEP  
03

## Determine your target audience

Identify those who have direct decision-making capacity or influence over access to oral health for older persons, and the relevant policy processes where applicable.

### Map out your allies and partners

Identify partners who share the same vision with you. This may include groups advocating for healthy ageing or oral health or the prevention and control of NCDs and their risk factors. Note that you may need to build collaborations with individuals and experts operating outside the health sector.

**Tip:** Engaging key opinion leaders (individuals who have distinguished themselves due to their expertise and achievements) and influencers (people who can communicate with many people easily) can be a strategic advantage.

### Develop your advocacy plan

Based on your selected advocacy tool or mix of tools, develop your advocacy plan, taking into consideration your resources (human and financial) and the relevant advocacy opportunities. Addressing the oral healthcare needs of older adults should be at the core of your advocacy efforts to ensure impactful solutions.

**An advocacy plan template is provided on page 18**

### Implement your advocacy plan

Take note of the strengths and the weaknesses of your plan. Gather information routinely and systematically to check if the campaign is going as planned. Document as much as possible. Anticipate unforeseen circumstances and be ready to adapt your plans accordingly.

### Monitor and evaluate

Reflect on the implementation process and note all the outcomes that are linked to your efforts. Evaluate progress towards the achievement of set objectives and your ultimate advocacy outcome.

STEP  
04

STEP  
05

### Determine the most appropriate advocacy tools

Identify the most effective approaches to engage your target audience based on the national or regional context and priorities. Assess your resources to ensure you can deliver.

**Tip:** An advocacy tool may be as simple as a phone call or as complex as a national or regional conference. The most important element is that they should be designed to influence decisions and translate awareness into action.

STEP  
06

STEP  
07

### Craft your advocacy messages

They should be evidence-based, brief, and compelling, with clear recommendations on how to improve the oral health of your targeted ageing population. Testimonies that demonstrate the effectiveness of the approach you are advocating are recommended. Ensure the buy-in of all partners who will support you in the advocacy process.

**Tip:** Co-creating advocacy messages with older people living with oral diseases is an example of how to ensure their meaningful engagement. Additionally, leverage best practices or lessons learnt, including from other settings, to build your case.

STEP  
08

STEP  
09

### Determine the next steps

Advocacy is not a one-off event but a strategic process. Based on the outcomes documented, determine the next appropriate steps towards the achievement of your goals. It is perfectly okay to refine your overall advocacy strategy based on lessons learnt.

STEP  
10



## ADVOCACY TOOLS

The most suitable tools for your advocacy campaign will depend on your overall objectives, national circumstances, priorities, and available resources. There are a mix of methods and techniques available, including:



# ADVOCACY PLAN TEMPLATE

Goal:					
SMART Objective(s):					
Possible Challenges:			Possible Solutions:		
1.			1.		
2.			2.		
3.			3.		
Activities	Timeline	Target Audience	Lead	Allies	Resources
Additional Information:					

# CASE STUDIES

Examples of oral health programmes that improved oral care access for the older adult population, noting NDAs involvements

## CASE STUDY 1:

### AUSTRALIA – SENIOR DENTAL BENEFITS SCHEDULE PILOT PROGRAMME

#### Objective

To improve access to essential dental care for older adults by integrating oral health into primary care and chronic disease management pathways in Australia.

The **Australian Dental Association (ADA)**, together with the Primary Dental (a part of the ForHealth Group), Central and Eastern Sydney Primary Health Network, Race Dental and the University of Sydney implemented a pilot programme in Eastern Sydney from November 2024 to March 2025. The initiative involved providing free dental care to 70 patients in GP clinics as part of chronic disease management.

The pilot study was conducted to assess the feasibility of implementing the **Senior Dental Benefits Schedule (SDBS)**, following findings from an ADA report which revealed that **55% of Australians aged 65 and over** delayed seeking dental treatment (accessibility being main issue), and nearly **47% reported debilitating oral health problems** such as tooth or gum pain, swelling of the mouth or face, or oral infections.

Results of the pilot study showed an improvement in oral health outcomes, particularly in managing tooth decay, gum disease, and prosthodontic care. All untreated tooth decay was managed and prevented from progressing to more severe disease. As part of the programme, patients also received oral health education which encouraged the adoption of better dental hygiene.<sup>29</sup>

This study showed that inclusion of oral health in the care of older adults could improve patient outcomes and reduce health system costs by preventing dental hospitalizations and systemic complications.







## CASE STUDY 2:

### FRANCE – ORALIEN TELEDENTISTRY PROGRAMME IN NURSING HOMES

#### Objective

To improve oral care for older adults in long-term care facilities through teledentistry and practical hygiene recommendations.

In France, dentists are the only professionals authorized to perform oral procedures, and there are no dental hygienists. Moreover, dentists rarely provide care in nursing homes, resulting in significant gaps in access to routine oral care for older adult residents.

To bridge this gap, the **French Union for Oral Health (UFSBD)** launched the **ORALIEN programme** in 25 nursing homes across the Béarn and Soule regions of France in the aim of improving oral care for dependent older adult residents. The two-year programme consisted of routine monitoring, and expanding the role of nursing home staff in oral hygiene management with the use of smartphones.

A 7-hour training course was delivered to care workers to enhance their knowledge of oral hygiene practices, common oral diseases, and the use of teledentistry for ongoing monitoring. Video scans were made using smartphones, after which they were securely uploaded to the ORALIEN platform and reviewed by dental professionals, who provided clinical recommendations within 48 hours.

Among the nursing homes that participated in the study, around 10% of residents showed significant improvements in oral hygiene. In six facilities, improvements ranged from **10% to 40%**, highlighting the programme's effectiveness. **A total of 1,250 intraoral scans** were completed across the nursing homes, with some homes conducting over 50 scans and one reaching 144 scans. Even where improvements to oral hygiene were limited, early detection enabled timely dental interventions, and preventing more serious complications.<sup>30</sup>

While degree of improvements varied across nursing homes mostly due to workforce shortages, the programme increased access to oral care for older adult residents in nursing homes who often have poor oral health due to lack of access to dental care and limited ability of caregivers to manage oral health needs.

### CASE STUDY 3:

## INDIA – NATIONAL ORAL HEALTH PROGRAMME (NOHP) FOR UNDERSERVED POPULATIONS

### Objective

To improve access to oral health services across India, particularly in rural areas and for underserved populations, including older adults, by establishing mobile dental units and increasing workforce capacity.

**The National Oral Health Programme (NOHP)** was launched by the **Ministry of Health and Family Welfare of India** to address the gap in oral care access in rural areas. Given that almost 70% of the older adult population – over 100 million people - live in rural areas with limited access to dental professionals, the government proposed mobile dental units as a solution to provide care to those hard to reach. The programme also received support from the **Indian Dental Association (IDA)**.

**The Indian Dental Association (IDA)** contributed trained personnels, supported the deployment of mobile clinics, and conducted **campaigns and community-based education programmes**.

At least 27 mobile dental clinics were deployed and they served as units that were equipped to provide essential preventive, diagnostic, and curative oral services. Any complex cases that could not be treated were referred to nearby facilities.<sup>31</sup>

Trained care providers also provided oral health promotion materials from mobile clinics to older adults, aiming to improve community-level oral health literacy. In this way, mobile dental clinics served as both **treatment and educational hubs**, reaching older adults in their rural communities and reducing travel times and costs.<sup>32</sup>

India's NOHP is an example of how inequities in oral care access can be addressed, particularly for vulnerable populations such as older adults in rural settings.





## CASE STUDY 4:

# JAPAN – IMPROVING ORAL CARE ACCESS FOR OLDER ADULTS THROUGH HOME-BASED SERVICE REFORM

### Objective

To increase access to dental care for homebound and older adult long-term care patients by reforming reimbursement policies and establishing prefectural coordination offices to facilitate home-based care.

In Japan, dental care is covered by the public health insurance system for people of all ages. However, most dental care is delivered on an outpatient basis, typically through dental clinics. This model creates barriers for older adults—especially those aged 75 and over—who face mobility challenges and may be homebound or institutionalized.

A 2007 study revealed that only **3.6%** of older adults requiring long-term care and oral health services were actually receiving dental treatment.<sup>33</sup>

In response to these findings, a five-year plan was proposed to close this access gap. The plan aimed to (1) adjust the national reimbursement system to facilitate home visits and care in nursing homes; (2) create a new category of insurance-registered dental clinics focused on home-based care; and (3) establish coordination offices in each prefecture to manage requests and referrals for homebound patients and those in care facilities. These coordination offices were also tasked with maintaining registries of participating dental clinics and professionals.<sup>33</sup>

The **Japan Dental Association (JDA)** played a key role in supporting this initiative. It collaborated with the Ministry of Health, Labour and Welfare to provide technical input on fee schedule reforms for home-visit dental care. The JDA also supported prefectural branches to train dental professionals, help the registration of home-care-capable clinics, and establish coordination units.<sup>34</sup>

To support the implementation of this plan, Japan introduced the **Comprehensive Community Medical and Long-Term Care Fund** in 2014. This fund provided additional resources beyond what was available through the health insurance system alone. As of 2023, coordination units had been established in **44 out of 47 prefectures**. These units facilitate consultations for dental professionals, oversee the distribution of mobile dental care equipment, and support the recruitment of dental hygienists. Together, they form the foundation for meeting the oral health needs of Japan's ageing population as part of its comprehensive care system.<sup>35</sup>



## CASE STUDY 5:

### THAILAND – NATIONAL ORAL HEALTH PLAN FOR ELDERLY (NOHPE)

#### Objective

To improve access to oral care for older adults by integrating oral health into community-level care.

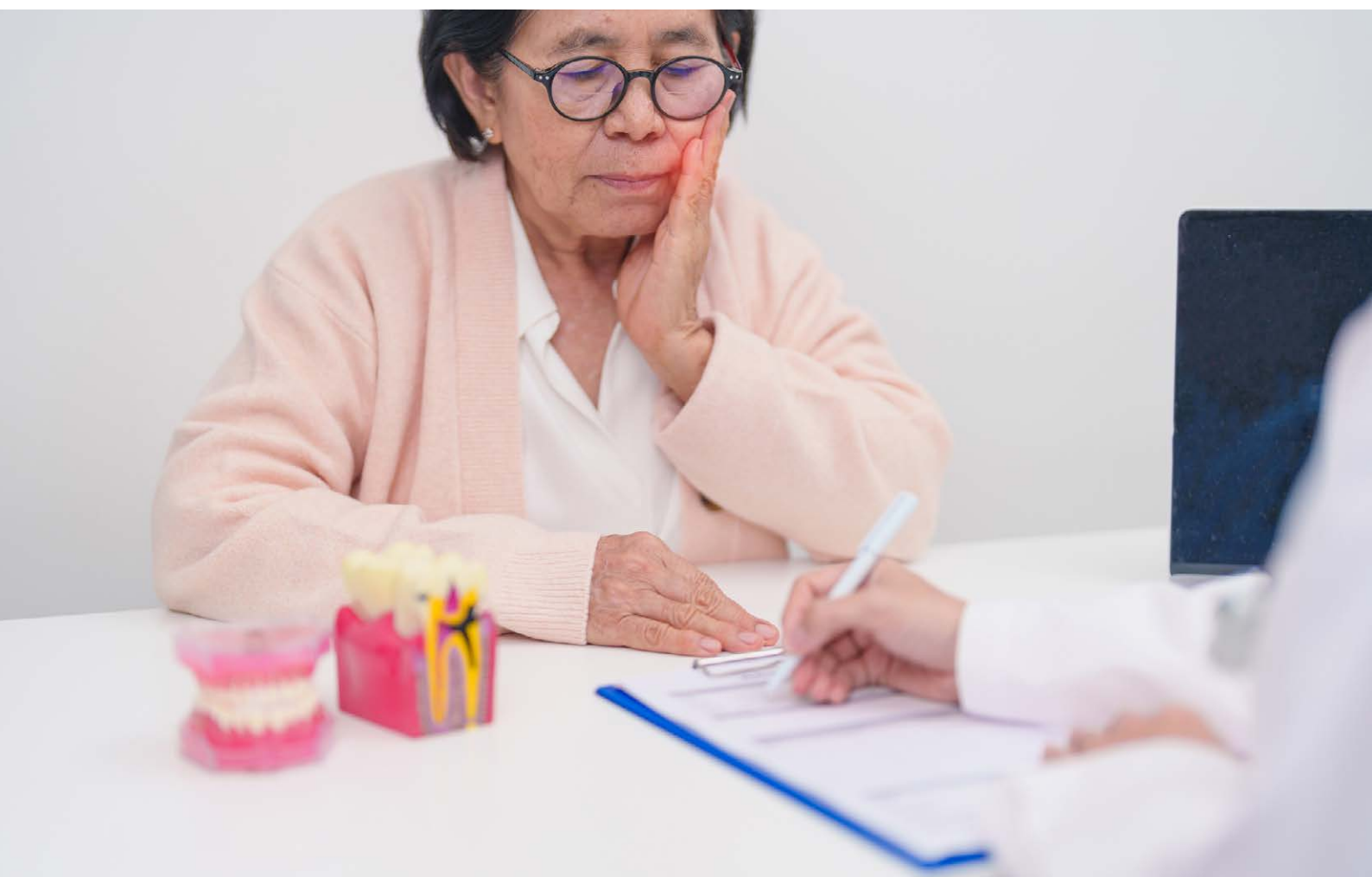
Thailand has rising rates of untreated dental caries, edentulism, and periodontal disease in older adults which often leads to poorer quality of life, and increased healthcare costs for the government.<sup>36</sup>

Thailand's Ministry of Public Health launched the **National Oral Health Plan for Older People** in 2015 in response to its rapidly ageing population and increasing burden of oral disease among older adults.<sup>36</sup> The initiative integrates oral health into community-level primary care, and promotes equitable access to essential oral care services, particularly in underserved rural areas.

The **Thai Dental Association** supported the national implementation of the Plan, and helped train local dentists and oral health professionals to deliver care for older adults in rural communities, including dental screenings and home visits across the country.

This integrated, community-based approach has improved oral health service coverage for older populations in Thailand. According to the 2019 National Oral Health Survey, approximately **1.2 million older adults** (aged 60+) received dental screenings or treatments annually through health centres participating in the Plan.<sup>37</sup> The government monitors progress through routine health service reports and national oral health surveys, including indicators such as the percentage of older adults receiving dental screenings and treatment.

The NOHPE serves as a model for integrating oral health into primary care for a country with shifting demographic needs.



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