Lifelong journey in oral health services

**Preschool**
- Parent asked by nurse to enrol baby with dental service at 5 month health check
- Parent fills in enrolment form and provides proof of eligibility
- Parent shown how to clean baby’s teeth by nurse
- Parent told by nurse that baby teeth are important, told to avoid sugary drinks
- Parent sent invite to baby dental appointment by provider closest to home
- Parent may take child to appointments
- Early childhood provider runs oral health education

**At School**
- Enrolment form sent home when child starts school.
- Parent fills in enrolment and provides proof of eligibility and consent forms
- Child gets a school notice about dental services available (bus, on-site clinic, off-site clinic)
- Parent gets appointment letter and call for child
- Arranges time off work and transport - takes child to appointment (or child unaccompanied)
- Child (and parent) told how to look after teeth by dental therapist
- Child told they need treatment. Parent asked to consent to treatment
- Child given regular dental appointments for prevention and early intervention - likely to attend
- Parent and school remind child to attend

**Over 18**
- Believe they no longer need regular dental care
- Seeking event-based care only (for pain or damage)
- Unlikely to see dentist regularly - little understanding of going for regular checks to prevent serious problems (or that decay is present long before pain occurs)
- May go to a doctor or hospital for emergency pain relief. Told to see a dentist
- Worried about cost and pain
- Unsure how to find a dentist
- Have babies of their own
- Teeth get really bad and affect ability to eat healthy foods
- Dental treatment is mainly tooth removal
Lifelong journey in oral health services

Good oral health requires daily care at home and regular checks for decay and disease by a dentist or dental therapist. This oral health journey is presented as a lifelong journey because it is important to look after your teeth every day of your life. It also highlights the transition points in this journey that create the biggest challenges from a health literacy perspective – such as pre-school enrolment, transferring from child to adolescent services and leaving the (free) service to join (or not) private care.

While at school, access to oral health services is usually regular and managed or driven by the service providers. Appointments are made for a child, they are reminded to attend and attend during school time. However before starting school, despite the service being free, parents seem unclear about why and how to access services. Parents are sometimes unaware of the long-term importance of healthy baby-teeth.

Adolescents are less likely to visit a provider regularly, either because they don’t have one (as they have not enrolled with a provider) or because they don’t use the provider they have been allocated. Adolescents seem to leave the service aware of how to care for their teeth at home but unsure about when and why to see a dentist in the future. Many believe they should only be seeking event-based care, such as when they experience pain or damage their teeth.

The lifelong journey demonstrates the opportunities to build understanding of when and why to seek regular dental services, to help prevent significant decay and receive timely treatment which is less expensive and leads to fewer dental and health problems. The lifelong journey also demonstrates that primary care (nurses) talk about teeth with pre-schoolers and parents but few people talk with their doctor about their teeth.