

Dental and Oral Health – Pasifika Perspectives

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1. Dental - Shared experiences from growing up

Hi my name is Sophie. My name is Amelia. I'm a community connector. My name is Cindy. I'm a dentist at the Christchurch Hospital Dental Department and I'm glad to be here. I mean I wasn't always a dentist. I didn't have all the I guess knowledge that I have now when I was growing up. I was probably one of the children and teens that needed four or five fillings every time every year. I know every year I went to the dentist but I think it was just probably something that my parents didn't really push you know or place a lot of emphasis on. My mother had dentures so you know it was just different.

I don't blame them for it but anyway my teeth are very very heavily filled from a young age so now all the wear and tear is starting to deteriorate so you know you always think it's just not you guys always think but lots of people think that it's just a poor sort of person thing to have bad teeth but even lots of wealthy people do as well because they just don't like going to the dentist don't place priority on it but yeah have one outstanding thing to do that makes a lot of sense. You feel any better? I had a great dentist though when I was a teenager. Always really lovely, was never uncomfortable in the chair, always did really good local anesthetic and made sure I didn't feel anything and so I was never worried about going.

Yeah so it made me to be fair didn't slip drop into dentistry. I did a few things first but I'd had a lot of experience in it as a patient so I think that actually helps me as a dentist. Yeah I definitely think if you were my dentist and you shared that with me I would feel much more comfortable because it like growing up every single dentist I ever had they'd be smiling back at you and all you can notice is their teeth because it's the whitest straightest like grin you've ever seen which can be quite intimidating um especially when you're...

lying back on a chair and they're all up in your mouth yeah yep absolutely and yeah people often when they're like oh I say what I'm what I'm doing and then they're like oh oh okay and then they have the rest of the conversation like that but there is no judgment at all you know being there done that like I said my mother had dentures so yeah no judgment and just like to do what I can now that I have the skills to do so you know okay and for example like Sophie was saying is if I come encounter a dentist having that conversation you know their experience or his experience with me I will make it will make me feel comfortable but growing up in Tonga it wasn't we don't go see a dentist I didn't know the difference of the dentist and the doctor until I arrived in New Zealand so pain or anything that we have back in Tonga there was natural medication was given to us and it was okay you know I think as a little girl it was okay you know it just take away the pain until I arrive in New Zealand that's when I first attend a dentist it was the scariest thing that I have to do you know lie there looking at all the machine and everyone looking at me doing all things and you have to close your eyes just wait to see hear the drill and all that all that work that they did for me it was really a scary thing for me but as I become and my teeth is not the best almost lost all of it because it's just something that I don't focus I focus of other part of my body that have ache but if I have a tooth ache I sometime I do the natural treatment that I grew up with and will take away the pain but I didn't realize the effect of the tooth problem is still there until it's bit too late they all remove all my ches too but yeah I think to have an awareness of what pain and what treatment and the community that would be really really good have a conversation with the children that you know is very important to look after their teeth I think it is a great point I think it starts with the children and then everything else will fall into place you know I think that's always a good starting point what's probably the best way to approach your dentist about any fear or anxiety of the experience yeah yeah so I think that yeah to be honest with you as well I've worked in private practice and I've worked at the hospital dental service and I've worked at the community dental service so everywhere it's huge nearly every single person that jumps in the chair will say that they're nervous but I do think you need to communicate it just if it's quite a severe thing for you and you're getting super stressed about it before you even go there I would probably flag it to a reception I if things are very very extreme then a GP's can refer to the hospital they don't it's a it's a funny one with anxiety unfortunately you know they're just

2. Dental - Separation of dentistry from health care

Do you guys have any particular questions you want to start off with? One question I was thinking about, because you know how I said in Tonga we don't go see a dentist, maybe we're lucky we can see a doctor, but is that part can be included in your oral check with your GP? Talk to them about your teeth and they can refer you to a dentist while you're in that young, young age? I'm sure you already know, and actually it's a good thing to be discussing at this point with the election, because it's just everywhere at the moment, everyone, like dental care and subsidised or free dental care is just on all the politicians' radar at the moment.

We don't care. I think they'll follow through, or not, it's a different story, but I think that some, a long, long time ago somehow dentistry got very separated from primary health, so just overall, you know, with, yeah, so I guess seeing your GP, it's become completely privatised, so full fees, even though it's still healthcare, you know, it just is, it's quite strange. I remember coming to Tonga. I was in New Zealand in the 70s. It was, you go to the main hospital, and if you have, like, a problem with your teeth, but you tell the doctor, AED, they will refer you and you'll be seen in the main hospital.

I can tell you about the services that they do have here in Christchurch. There is quite a, there are a few, but it's all income tested, you know, so I find that a lot of our Pasifika families, actually work hard, you know, and long hours, and so they don't always fit into the, they are often in a working poor sort of class, you know, sort of bracket, I should say. Yeah. And so they don't meet the eligibility criteria often for some of the free services at the hospital. So most of the care that is available through the hospital system is a relief of pain to the patient. A relief of pain type service.

Yeah. So they will, you know, book you in and do, sort of address one problematic tooth at a time, and if you have another one, you come back. And it's, there is a small, there is a fee, but it's a lot less than private practice, and WINS can support that. There are, no one really wants to be heading down this track, but there are pathways if somebody needs all of their teeth out, because unfortunately things do get to that point. And that usually you need to at least have a community services card for that. There are obviously Pasifika children overrepresented within the group of kids with rheumatic heart disease.

So they are actually eligible for care through the hospital system, and our DHB anyway. What other pathways are there? They're probably the main ones. It worries me that there's no, subsidised care for people with diabetes, you know, because that is a huge group, and oral health has a big link with diabetes. Common risk factors, you know, sugar, diet. So, but in terms of, that's for adults.

3. Dental – Free services available for children under 18 yrs

But for children, like, it's actually, it's free care until 18. And even though it's free care, I can tell you, like, Pasifika families aren't accessing it, even though it's free. You know, some do, some do. But majority aren't, I would say. It's probably a big call to say majority. But I think that whether, I'm not quite sure what it is. I worry that sometimes it's an access to care because they're open sort of, you know, 8 to 5. And people are working 9 to 5. Exactly, exactly. So now what happens is you sort of, parents have to give permission for their children to be seen in a dental van. And the dental vans move around the schools.

And they don't do any treatment. It's all check-ups and preventive. It's all check-ups and preventive care. So it is a good service. And then you get something home to say that they might need follow-up in a clinic. The problem is you need to go to the clinic then. You know, so often they're getting screened. Treatment is indicated or required so something goes home. And then they're often not going to the treatment. Yeah. And that's often, you know, like we said, it's work hours. So often the parents are working. And the reason why. I said it's, you know, I think that change is, has probably compromised things a wee bit for that group that don't easily, you know, can't get the time off work is because we used to do dental care in the schools.

So we used to do everything like, you know, so check-ups and they used to be taken out of class and done, treatment done. And then it was sort of, parents gave permission, but it was all, it was a lot easier because kids go, most kids go to school. At school. Yes. Can you tell me sort of what year that ended? Yeah. Oh, I would say around 2009. Okay. Yeah. Cause I like talking about this. I just have some very vague memories popping up in my head, being at school and then actually like doing the work. Doing the work. Yeah. Yeah. Yep. So there are some huge, you know, huge positives to a lot of families with changing that because people would just get, kids were just getting treatment and it wasn't necessary.

It wasn't necessarily changing things at home, you know, with risks and, um, you know, brushing techniques and dietary advice, just sort of checking in with parents. There was no opportunity to do that. So that was the sort of thought process to that, to that change. And because the parent has to come, so it gives you a chance to kind of go, okay, are they brushing twice a day? They're just, you're just missing this area. Can you try this a wee bit different? Oh, there's a wee bit of decay there, you know? And that way parents are actually informed and can actually, so there's positives and negatives, but I think it is a wee bit of a, of a, you know, worry that they're not always attending the appointments for treatment.

So I think there's a lot of work that could be done in that space. Usually, um, parents have to take the children, um, usually after two, um, around the age of two, you're enrolled with the community dental service and they are screened every year. Uh, with their parent. So, you know, can't really do much on a young kid, you know, but it's good to just detect anything early, check that the parents are, you know, don't have any questions, flag anything, you know, that could be done differently. Um, and then after, so at age four, then you need, we have a bit of a chat with the, um, parents just to say, okay, this is how it works when the kids go to school, the vans come around, it's checkups, it's preventative care.

Um, you know, do you give permission? As long as they give permission, then they're picked up in the vans when they go to school. Um, then they're seen till year eight, so from two. Um, and then, uh, when they're year eight, they are referred to a private dental practice of the family's choice, or sometimes we just refer to where close to their home. Close to their home. Yeah. And then they are seen by a private, um, dentist. And the private dentist receives government funding for that care, yeah. But again, some, sometimes people drop off in that transition because they, you know, may not have, something might have not quite connected with the private practitioner, or if the private practitioner can't contact the family, then they sort of just drop off the system till they represent.

There's a, you know, there's a lot of services in health. Yeah. Yeah. Yeah. Yeah. You know, and no one really talks to each other or use their own IT systems and, yeah. But, uh, so then they're seen until they turn 18, even though they might still be at school. It's the age of 18, which is a wee bit of a hiccup occasionally, because kids sometimes represent later in the year, oh, leaving school soon, but they're already 18, you know. Um, so, yeah, it is, it is a, the care, it's free, I just think there's some issues around that. Yeah. And look, I'll be fair, some people don't always have the best experiences, you know.

It's, and anyway you go you're gonna get some people that love their job and it shows, and others they'll just get in there and do it. Yeah. So one of the things that I'm very struck about in the UK, and there's just so many South Asian communities and area areas as well, is the button on the button on the monitor is it's complicated.

4. Dental – Involving a support person at an appointment

With your experience working within the Tantor area, do you think having a support person in that same language of that person can be helpful? I think having a support person, whether it's language or not, I think having a support person is key. You know, even if just someone that they feel comfortable with and they're more relaxed, just knowing that they're in the room with them. You're always

allowed in the room. You're absolutely able to have a support person. It would worry me if someone said that they weren't allowed in, you know. I would, even if they're there for all of the discussion, I think, because that's when you're most, I guess, as a patient, that's where you feel most vulnerable.

You know, so I think at least having them in there for that and getting a plan. And then once you've got your plan or, okay, we're going to do this today, if you want to, you can exit then. But at least everyone knows where things are at. For Pacific, for any, I guess, person that English is their second language, I think it's, or if you're not comfortable, you know, I think with Pacific, I see a few of them in the hospital actually, but I don't know. Pasifika people generally, particularly older ones, come with family, you know. That's, you know, we're family oriented, but I think it is good because any support person, yes, but with language, I think I find that a lot of Pasifika families are just like, they're just, yep, yep, yep.

And I'm not always sure that they fully understand. I'm just like, but do you realise you're not going to have teeth for this long, you know, and they're like, yep, yep, yep. You know, and they worry about that sometimes. So having a support person there who is just a second set of ears, because also if you're the patient, sometimes you're just quite overwhelmed that it's not really, it's going in one ear and out the other, I think, you know, because you're worried about what's coming. And so having a second person there, I think, is a good idea. And you're absolutely entitled to it. Yeah. Okay.

Because if we have those services out, like, for, for example, my duty in, with our Tāngata Otomo Trust is a community connector. And I connect to other services, but I do translation with our people. And as I work alongside, like, hospital patient, outpatient people, and older people in the rest home, I trust that having someone that you trust, because, for example, like I said to you earlier, in Tonga, we don't go to the dentist or go to the hospital until you're really in the state that you think they need the doctor. But maybe the latest, it's too late. And, yeah, having that person that, like you said, you can have a family member there, but your family member can say yes, yes, yes, without knowing what is happening.

Having that support person that will understand the medical term. And what you really need to be done for yourself is, is very important, I believe so. Mm-hmm. Because, like you said, it's, it's, you, the service are out there to, you know, to help our children start from school age. And I remember attenders at school, they had to go there and get it all done. I think it's, but if we have to deliver the words to our people, especially to the Tongan people, I can speak for the Tongan people, for them, how important is the, the teeth, you know, the oral care for their children's teeth, it will be on top of other health.

Mm-hmm. I think for Pasifika families in particular, there's no you guys in your organisation, and, you know, even Māori Pasifika health providers, they are the key to connecting, our vulnerable communities to the services. Yes, the services need to change, absolutely. But it's, it's not going to happen quickly. Just a bit pessimistic. But I think you guys, if, so, you know, I'm like, I want to do this, and I want to do this. I can take, I can do this. I can teach this, and da-da-da. But I'm, I'm one, I'm one Pasifika oral health person, and there's not many of us. Plus, I don't speak Samoan, you know.

Well, sorry, I am half Samoan, so I don't speak. I don't speak Samoan. But you guys, like, if we can teach you, you know, and then you disperse it, that's so valuable, you know. Yeah. And I think there's a lot of, yeah, there's a lot of potential in that space. Yeah. Which, you know, your GM is navigating through some interesting things around that. But you have a lot of power and potential. To make quite a change. Even just someone that the community respect and aren't intimidated by. Yeah. Saying, oh, this is really important, you know. One of the questions that you gave me, that you mentioned that you might bring up, around how can you support Pasifika families to attend the dentist.

I think you knowing the value of it, you know, which you already do. We all know, but we only know from our own background. Yeah. You know. And the other thing is knowing what's out there as well, so that you can confidently communicate. No, well, this and this, and the hospital does this. No, no, this is free. I can make sure. And, you know, having a contact in the community dental service. Having a contact at the hospital dental service. Even just to pick up a phone. You know, we're all good at networking. And then, also, I know all health practitioners, and the practitioners are not created equal.

They've all got strengths and weaknesses, you know. Yeah. And I think if you know who, a few providers in Christchurch, because, look, not everybody will be able to go through the community service, or not everyone will be able to have funded care. Yeah. So, knowing a few, you know, putting a few feelers out there, and talking to a few practices, or talking to me about some people that you could, you know, I could recommend some people that I know would, you know, be culturally sensitive, take time. Because, so, you know, it took about, you know, 30 seconds earlier for us to have a wee bit of a chat and make a connection for you to feel comfortable to tell me about your oral path, you know.

But private practice is not like that always, you know. It's somebody's business, and it's expensive to run a practice. So, they work fast, you know. Yeah. It's not wrong. It's just the unfortunate way it is. And I guess the approach to health is not like that. And it doesn't, if someone had an experience where they weren't listened to and didn't feel comfortable saying what they thought, and then they have a

needle and take a tooth out, you know, it's just a bit like, oh, that's why I don't like going, you know. So, knowing a few practices that you know. People will be, will feel safe and the most comfortable, and then you can sort of help them to navigate.

Kind of. Yeah. Yeah. Yeah. Well, that's your role, connecting.

5. Dental - Fluoride toothpaste

What are those five key tips? I won't say them in order, but making sure that you brush twice a day, so morning and night ideally. At night time you want to make sure that you're not going to be eating and drinking again after brushing because we don't have a lot of fluoride, well we don't have any fluoride in our water yet. Hopefully that will change. So back to that. Fluoride is an important building block for your enamel, which is that hard protective shell on your teeth. So that hard shell, that is your protective layer to protect the inner aspect of the tooth. When you get a cavity you've basically had a little bit of an erosion of that, you've got a hole through that protective layer.

And then once you get there it just sort of progresses and that's when you have a cavity or a hole. When you go to the dentist they fill it, they'll probably numb it, remove any soft or yucky stuff there and then fill it back up. So enamel is your protective shell and fluoride, which is the main very important ingredient in toothpaste. I'll come back to those tips, I think I'll give you some basic oral health information first. So fluoride is a key part to maintaining enamel. So it will help prevent decay as well. So, like I said, we talked about fillings. You need to use a fluoride toothpaste when you're brushing twice a day, okay.

So most of those mainstream ones are fluoride toothpaste so you need to grab a establish fluorine toothpaste.

that you'll see in the supermarkets are they have fluoride in them okay like the Colgate's and the McLean's or those mainstream ones you in oral B they all have the right amount of fluoride in them there are quite a few that are on the market that don't have fluoride and that's a real concern for us well for me as an oral health practitioner because that means there's no fluoride around in the mouth given that we have no no water no fluoride in the water here so that's why there's been such a push about getting this fluoride bill and getting water fluoridated in New Zealand because it's just a way to help protect oral health without too much more intervention if you know what I mean it's just an extra thing it's that important that there's been a bill through government to fluoridate the water um but we don't have it yet okay it's going to be probably a few years to get that through but so using fluoride toothpaste to be fair once it comes through you still need to use fluoride toothpaste okay um but I'll come back to the toothpaste but um making sure that you don't that you spit it out after you've brushed and don't rinse it's you know I think we're probably taught that from a young age um but if you rinse your mouth you are washing all the fluoride away so you haven't got any of that protective ingredient around so you want to brush for two minutes in the morning and at night spit it out yeah it'll feel it's a bit weird you get used to it pretty quick but a bit foamy in there but spit out any excess and then don't rinse your mouth yeah key um so back to the fluoride toothpaste uh so very very important just to check that you're using the right one okay um so I'll come back to to what you should check on the box but most of those cold those mainstream ones that you'll know then the brands are fine a red seal is one that's um you know a lot of people move too because they think they're doing a a positive change because it's more natural but um most of their toothpaste don't have fluoride in them okay so just they have brought one out but you've got to obviously check the box which one you're grabbing okay um so yeah just got to be a wee bit yeah really important brushing twice a day with fluoride toothpaste

6. Dental - What causes tooth decay

So I started with decay. The main way that you get decay is from an acid attack in your mouth. It sounds a bit aggressive, but you eat, and when you eat, whether it's healthy or not, your mouth gets acidic, and then that slowly can soften or erode through that hard protective shell. Okay, so you brushing in between can help sort of reduce the acidity in your mouth. Okay, so sugary things though, it obviously makes it a lot more acidic in your mouth, and it just erodes through the enamel a lot faster. Okay, so it goes back to nutrition is actually an important part of looking after your oral health as well.

So there's the brushing with the right stuff, and then there's nutrition as well. So making sure that you are having low-sugar snacks. Look, I love the, yeah, sweet as well. We all do, but it's about when you have it as well, okay? So like I said, when you have something to eat, your mouth becomes a little bit acidic, and then your saliva or your spit actually helps to neutralize things, okay? So if you are eating frequently, okay? And high-sugar things, your mouth is sort of constantly acidic through the day, okay? So that's why snacking, well, you know, kids always need to snack, but having low-sugar snacks is key, okay?

So low-sugar snacks and low-sugar, sorry, food and snacks is ideal, and obviously sugary drinks is key. Like, you know, all these events, they're just all these bottles of fizzy, those big trays, you know? Like, it's, oh, it's a, you know, because it's a real worry for me. So the other key point is to try and drink water and milk. So milk can help to neutralize any acids. So having, you know, even, look, milk

is ideal, but even a flavored milk is better than fizzy, you know? So, yeah, it's still got sugar in it, but it's better than fizzy. Better than fizzy, yeah. Thank you. Thank you.

7. Dental - Brushing twice a day

So those main points, coming back to them, so brushing twice a day with morning and night for two minutes ideally because you need to give things a good thorough clean, using a fluoride toothpaste and not rinsing out your mouth but don't rinse, low sugar snacks are ideal and water and milk over fizzy drinks, sugary drinks, even juice. It's a lot more acidic and got natural sugars. I'm not trying to make you feel bad, I love those things too, okay. Yeah, yeah, so I've said morning and night, so I guess the key would be after breakfast, you know, so for morning I'd definitely do after breakfast because from what I've just told you, when you eat it makes your mouth a little bit more acidic.

So if you've brushed in the morning and then you're going straight to eating. And then you go off to work or school and then your mouth hasn't had that sort of buffer again or you haven't been able to clean any of the food or, you know, debris off your teeth for the day. So eat your breakfast, although some of us do it on the run, eat your breakfast and then ideally brush after that and then head off because particularly with children, they probably won't be eating again until morning tea, which is a good amount. of time, a couple of hours at least usually, for them to have the fluoride toothpaste on their teeth till they're going to eat and drink again, yeah, yeah, so at night time, we touched on that, is particularly important not to be eating or drinking after, so make it a habit that on the way to the bedroom, you are going by the bathroom would be probably the best way to go.

Do you have any resources within the dental area in different languages? Yeah, so that's a good question. I actually haven't seen many, especially in Christchurch, okay, but I, there are actually quite a few flyers, particularly for children, online. So the New Zealand Dental Association have some really good resources on sort of key oral health points. So I'll talk about that. I'll talk about those, but so the New Zealand Dental Association, then there is actually the Be Healthy team, which is the community dental service in Wellington. They, they've just changed their name, but they have an amazing website with some excellent multilingual resources.

So I've actually got a couple here, I can quickly show you, but there's Samoan, there's a couple that are Tokelauan, Tongan, and they're just basic, which is what you want. People don't really want to read too much. A few resources and I can definitely help you with the links, but even like this one, this one here, it's just, this is in Samoan obviously, but it's just, you know, five tips and I'll go through those, but that's one of them. And then this one here is, it's again, similar basic oral health tips in Samoan. Sorry, should have put Tongan in there. And then this one is a good one because it just helps.

Yeah. Yeah. It helps anybody really. It doesn't have to be, it doesn't even have to involve a dentist, anyone that can help to recognise conditions like this and go, or something not quite right there. Even if you can't diagnose it, you know, what's sort of not quite normal, you know, and then you connect people to the right people. So there are definitely a few resources around like that. Not many videos, you know, just basic videos. Yeah. But it would be a great space to, for me to teach you guys and then do videos in your own language, you know, on brushing. Yeah. Or, you know, talking about these, these five tips about, you know, to, to key tips, I should say.

Yeah. Go on forever. But yeah, there's lots of potential there.

8. Dental - The importance of flossing

How would flossing fit in all of that? That's funny, we're in sync, I was just thinking about flossing. Look, flossing, the reason why it's important, okay, is your teeth are like big cubes, okay, effectively. If they're all lined up next to each other like this, when you're brushing, you're only able to brush the sides and the top, so there's this whole surface in between your teeth that your toothbrush can't get to, okay, and that's often where food or bacteria kind of nests, and so that's usually the most common place where people get their holes, is between their teeth, okay, so that's where flossing comes into it, okay, so that's why it is still important to clean in between your teeth.

So I would recommend that you, once a day I'd be stoked with it, obviously you could do it twice, you know, if you've got the time, but I think particularly at night time, I always used to tell people to keep a bit of little container of floss in your lounge or in your coffee table or somewhere in the lounge where it's easy, or next to the couch, and you're watching TV at night time, and you can actually just do it while you're doing that. You don't have to be in the bathroom in front of the mirror, it's just going to add another few minutes of, you know, it's just going to add another few minutes of, you know.

So as long as you're not, again, not going to be eating and drinking, just do it while you're, you know, watching TV, and then go by the bathroom. So it's just making sure that you've cleaned that part as well as the other surfaces, yeah. Again, it all takes time. I'd be stoked if people could do it twice a day. Nothing bad is going to happen if you miss a day here or there, you know. It is a bit of a technique. You

know, it's a bit fiddly to do. A dentist or a dental hygienist, an oral health therapist can give you, like, really good tips on easy ways to do it. But also, there are some tools that you can get or some little disposable ones that are a wee bit easier because it's already got the floss pulled taut, and then you can just ease it in between.

Pasifika people, like my dad, love to use toothpicks, and it's not ideal. Oh, look, at times. They even have them in restaurants, to be fair, but not all the time. It can be quite actually damaging to your gums because, you know, if you look at teeth, yeah, you've got the little triangles of gums in between your teeth. So when you're sort of poking stuff around there, it can be a bit dangerous. By all means, every now and again. But, yeah, it's not great.

9. Dental - Looking after gums

So, okay, like, if we're talking about gums, what do healthy gums look like? Good question. Yeah. Yeah. So, I will go back to brushing a little bit because, you know, someone, a child or someone might be in the bathroom for their two minutes and you can hear them going, but it doesn't mean they're doing it correctly, okay? So, especially with children, it's important that the children are assisted with their brushing until about eight. It sounds a bit crazy, you know, but they don't have, number one, the concentration obviously, and sometimes the dexterity to do all of the teeth well, you know, and they're often always missing, you know, one or two in the same place.

They've also, like, young children under eight also have... adult teeth coming through, and they can take a long time to come up and have the gum sort of only be poking through a little bit, and because it takes so long, even though there's a tiny bit showing in the mouth, it still needs to be brushed, and kids don't feel a tooth there, so they don't put the brush back there, you know? So, I think it's just a second set of eyes to make sure. So, we do recommend that children are assisted with brushing until about eight. So, often also... So, it's a bit of a scrub, you know, and then only on the sides.

The tooth, like I said, a bit of a cube, making sure you do the inside, the top, the cheek side, and every corner of your mouth, okay? It is quite good to give your tongue a bit of a brush, too, because that harbours, I'd say, it holds a bit of bacteria. So, like I said, sometimes people are a wee bit of... They're a little bit all over the show with their brushing, so making sure that they're touching the bristles of the brush, touch right up at the gum line. By all means, you should not be a scrubber, but thorough, so making sure that they touch the gum line. Because lots of people have really nice clean teeth, but then you lift the lip a little bit and they're missed at the gums, okay, because they're only doing this, they're standing up on the mirror going like that instead of lifting, and getting right up at the gum line.

So... Yeah. So, when you have plaque, which is the soft stuff, the soft, furry-type stuff that sort of develops on your teeth, yeah? So when you're missing areas with the toothbrush, it sits often at the gum line, and it makes the gums red and inflamed and a bit angry, and often it will make your... It'll look like your gums are bleeding when you're brushing them. So if you've missed the same spot for a few days, and then you brush it, it'll be a bit of a problem. Yeah. It'll probably bleed, but it's nothing to worry about. It's just because your gums are inflamed and a bit angry and red, because they've had that plaque irritating them, if that makes sense.

So ideally, back to your question, a healthy, or healthy gums would look like quite a soft pink, you know, not red, not dark, you usually, ideally, they'd have nice sort of little triangles of gums. Sure. Yeah. They've got a thread in between the teeth. When things have been inflamed and angry for a long time, the gums get quite very red and very puffy, and then the little triangles actually flatten out a little bit. Yeah, and that's early gum disease. Yeah. Yeah, there's an opening, another can of worms with gum disease. Yeah. Thanks.

so if you see any areas that's a little bit red continue to brush it really thoroughly but not too aggressively because if you're brushing too um hard it will actually be worse for the guns yeah so i know particularly you know pacific people often want to use hard brushes yeah i was just about to ask yes yes yes they're always like oh no no no need to you yeah i do actually understand you know because it makes it feel more clean because it's you know but the bristles are too coarse for the gums if you're brushing that area carefully so use a soft toothbrush yeah and just make sure you're getting because if you are a scrubber with a coarse brush it will actually aggravate the gums and it makes them pull up up the teeth a wee bit and you can get quite sensitive like because it's if the gum has pulled up where it shouldn't have it except it's exposing little nerve endings you know and that's why things can be quite sensitive to colds and sweets yeah

10. Dental - An explanation of gum disease

Back to gum disease. Yeah, you said early gum disease. Yeah Does that mean everyone gets gum disease eventually? So look I'll put it very very basically there's it's not you know Yeah, I'll try and but um, so When you have plaque sitting around your gum line, like I said your gums get red and inflamed, okay That's called you would have heard it before gingivitis so Itis is just inflammation you hear itis everywhere and then but gums are actually called it's called gingiva So it's gingivitis anyway, so that's bleeding gums effectively Okay, that is we can change that you don't always have to have gingivitis.

So good like careful cleaning Can reduce the bleeding of your gums and reduce the inflammation and then it goes back to normal So there's been no permanent damage there when you have long-standing Chronically angry red gums and lots of inflammation and your gums over a long period of time The gums is just they actually cause a lot of inflammation Around the tooth and it actually causes some damage to the bone that is looking after the tooth Okay So it might be a wee bit easier to explain Here, so this is a healthy tooth Okay with bone that holds in the tooth and then the gum sits over top of it.

Okay When you have a wee bit of inflammation and your gums or it's but red and angry you can clean that off Not keep cleaning regularly and then the inflammation will go down. Okay When you have sort of long standing inflammation that If this is all red and angry all the time, the gum, then it erodes the bone that's looking after your tooth. So as the bone starts to move down, you've got less and less holding on to the tooth, therefore it gets wobbly. So if you kind of think like a, if this is a tooth, like a tree, I guess it's really, if you don't have long, deep roots in the ground, it will easily get blown over by the wind.

If you have good support from your bone and your gums of the tooth, then it's firm. As that starts to go down, then it doesn't have as much holding it in, so they get a wee bit more wobbly. Yeah, that's gum disease. So gingivitis is inflammation, and then you have gum disease, well, wordy, periodontitis, but that's the progression from gingivitis. Whereas chronic... And it's actually caused long-term damage that you can't repair. So how young can you be in getting gum disease? Young, very young, actually. Very young? Yeah, so kids could... Yeah, that's a good question. So probably more around, it would start more around adolescence, so in teens.

But this is long-term, poor oral hygiene that would then cause that damage. That damage that I showed you on the picture is over many years, so kids won't often show the same destruction, because they haven't had that gum inflammation for as long. So the reason it's not really found in children is because they have their baby teeth, or young children, have their baby teeth, and then they will lose them, and then they're always transitioning to... Yeah, yeah. And so it's more when you have a stable adult dentition. Yeah. That then you might start to, you know, sort of potentially go down that process.

But that's years of damage. So that's why, yeah, maintaining good oral hygiene practices early, you can avoid these things. You know, same... I know it sounds weird, but same with decay. It's so sad because it's preventable, you know? And Pacific kids have such high decay rates. And, you know... They're over-represented in the group that we end up seeing, you know, taking to have hospital admissions for their teeth. Yeah. It's not going to fix everyone, but it will make a huge, huge dent in things, you know, because the waitlists are a year, almost. Yeah. It's really sad. Sorry, if they need a genoid instead, like surgery, yeah.

But, yeah. I'm making it sound very grim, sorry. But, you know, like, the positive thing here, I think the main thing is that there is so much small, so many small preventative changes that could actually make such a huge difference down the other end, you know? And rather than going, oh, yeah, focus on treatment and filling or extractions, it would be great if we don't actually get down there, you know what I mean? Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. Yeah. And another thing is that, you know, lots of people, like baby teeth do actually matter as well, because people are like, oh, it's all right, it's just their baby tooth, you know, and they're going to get another one.

They definitely matter, you know? Obviously, they have kids, you know, we don't want them to be in pain, we don't want infections, and it affects the quality of life, and the whole family, really, you know? If the kid's sick and can't go to school, or has a swollen face, then parents can't go to work. And that's a big problem. Thank you. it's just a bit of a snowball effect so yes they do matter when they have to take them out early baby teeth then you get complications within the adult teeth move down there's not enough space and it's just you know it's it's I focus on prevention would be where I'd be putting all my money

11. Dental - Regular dental care – financial benefits

For me, as a mother and a grandmother, I miss out looking after my green kids because they are all over in the North Island and Wellington. But that's one of the most important things that I teach my kids to look after their teeth. And it's like a school run calling, Anna, have you brushed your teeth? Make sure I'll check before they go to sleep and then have their breakfast and send them to brush their teeth. It's like something that I know I came through pain and I have pain in my other body part of myself, my body, but it's nothing compared to a toothache. And really, really, for me, even a few other...

health problem I went through, the pain is not even compared to the headache that I have, the toothache that I have. You know, it's why I wanted to give my kids that knowledge and understanding. Like you said, whatever happened in your teeth, it's affect the whole, you know, any part of your body. Because if you don't eat properly, if you don't have a teeth to eat proper food, your whole your body won't be coping with that. Energy, no energy if you don't eat the proper food. But I quite enjoy the conversation. It's more like a reminder that we have to... Yeah, my mum put a great importance of, like, going to the dentist, you know, brushing your teeth, all that jazz.

Just because, like, in her generation and grandparents' generation, if you don't look after and you don't do that, like, prevention work, the bill for the crowns and the fillings and the dentures, like, that can be far more debilitating. Especially for, like, big families, low-

income families. So it's great that up until 18, you know, kids can get their dental care. But just maintaining that afterwards is really important. Yeah. Yeah. Yeah. Just absolutely. They're excellent points. It made me go, oh, we've got to talk about this, got to talk about this.

So prevention, well, yeah, especially given hopefully, hopefully kids are mostly up to scratch at 18, and then prevention, maybe \$99-ish a year, or if you've got low risk every 18 months, is minimal compared to thousands of dollars that could be, you know, that you may need to be sort of forking out if you choose to keep your teeth, you know? The other thing with regular care, it's a money thing, obviously. It's a bit cheaper to do preventative care regularly. Yes. But the other benefit is that if there's anything noticed, if you attend regularly, things are cheaper if they're picked up earlier.

The smaller the filling, the less the bill, you know? And whereas if we don't go for four years and you've had something small chipping away in between your teeth where you couldn't see or feel, by the time you go, it could be needing, it could be a very big filling, it could be a root canal, you know, which is thousands of dollars because a root canal is the only other option to extracting it, you know? So, yeah, great point about attending regularly. Just with oral health, I think if you do, you know, it's difficult because a lot of people have catch-up to do and so it puts them off. You kind of need to be slowly chipping away until you've got to a good standard and then it's easier, you know?

But the problem with a lot of our community is there's a lot of outstanding stuff and they'll be given a quote for thousands of dollars and they're like, oh, don't go back, you know? So if you can feel it. Yeah. If you can't feel anything, if you can, go earlier because, like I said, it's cheaper, you know, and you've got more options. Sometimes people are like, oh, can you just fill it? It's not fillable anymore, you know? So it just keeps a few more options open.

12. Dental - Oral health and its impact on physical health

I don't know how, like we touched on before, but oral health got somehow separated from general health and I have no idea how that happened. People just think it's a bit of a cosmetic thing, they're just pegs stuck in your jawbone, but they're actually connected to your body. You know, they are sitting inside bone with blood vessels and nerve supply, which means that they are connected to the rest of your blood vessels in your body. So they are connected, which is why, you know, we don't just, maintaining good oral health is not just about having that teeth that look nice, you know, it's about the fact that they can be risky to your overall health.

So making sure, you know, if you have a big hole in your tooth, then you've got more bacteria in there. Bacteria can actually get into your bloodstream via your teeth, okay, and then once it's in your bloodstream. Okay. It can go anywhere. Okay. It can cause you, you know, an infection and you can become quite unwell. Or it can go, but the bacteria can actually nest on other places in your body. So particularly often in your heart, the lining of your heart. It can nest on joints. We see a lot of people with that through the hospital. And then they get overall systemically unwell with fevers and increased heart rates and just lots of problems.

Lots of crazy symptoms. Potentially all from a bug from the mouth. So that's why we really push that as well. When you, so particularly good gum health is key, not just about the tooth itself, but gum health can, if you have a lot of inflammation in your gums, obviously there's long-term effects on the teeth. They get wobbly. But also having a lot of inflammation in your gums can, you know, cause a lot of problems. Yeah. Yeah. It can be, it can, it actually can make it difficult to control your blood glucose levels. So for people with diabetes, they have to really put a focus on reducing the inflammation there.

Their blood sugar levels sort of go all over the show when they've got difficult, when their gum health is not good. Poor gum health has also been linked to cardiovascular disease. It can be pretty gnarly. And look, unfortunately, crappy things happen. There can be cancer and joint replacements, things like that. And you actually have to have a good oral standard of oral health before you can sometimes progress with treatments. So you never know when crappy things like that are going to come out of the blue. And then you've actually, then things get a bit complicated having to manage, you know, your teeth when you've just had these other health issues to manage as well.

So just trying to maintain that. Because again, yeah, it is part of your overall health, even if the health system doesn't recognise that. Yeah. Yeah. Yeah. Because the reason I asked the question before, because my abby is a diabetic, and he kept coming back with a headache, but he worked night shift. He didn't realise, he knew that he has a little hole in one of his tooth, but he think it was because he's not sleeping and his sugar levels are low. And his sugar level is a bit up and down. And I said, no, I think you need to go and check. Do you, I asked him, do you have any hole in your teeth or any inflammation or something wrong with your teeth?

He said, oh, I just got a little hole, but it's not my teeth. So I said, I took an appointment and I took him. I said, I need you to go check because you've been to the doctor and he says nothing wrong with your head. But you keep having this headache. Yeah. And surely we went. We end up paying \$1500 to remove the tooth. And what else did they do? Fill a couple more right next door. And I said, I told you

a few months ago to go and check your teeth, but you think you're okay. And this is how much it cost us. Yep. And it's like a reminder. Everything does happen. It's like a reminder. Like a reminder.

Like you said, diabetic and heart condition. And if you have an infection there and they all go down here, it will affect your whole body. Mm-hmm. Mm-hmm. Yeah.