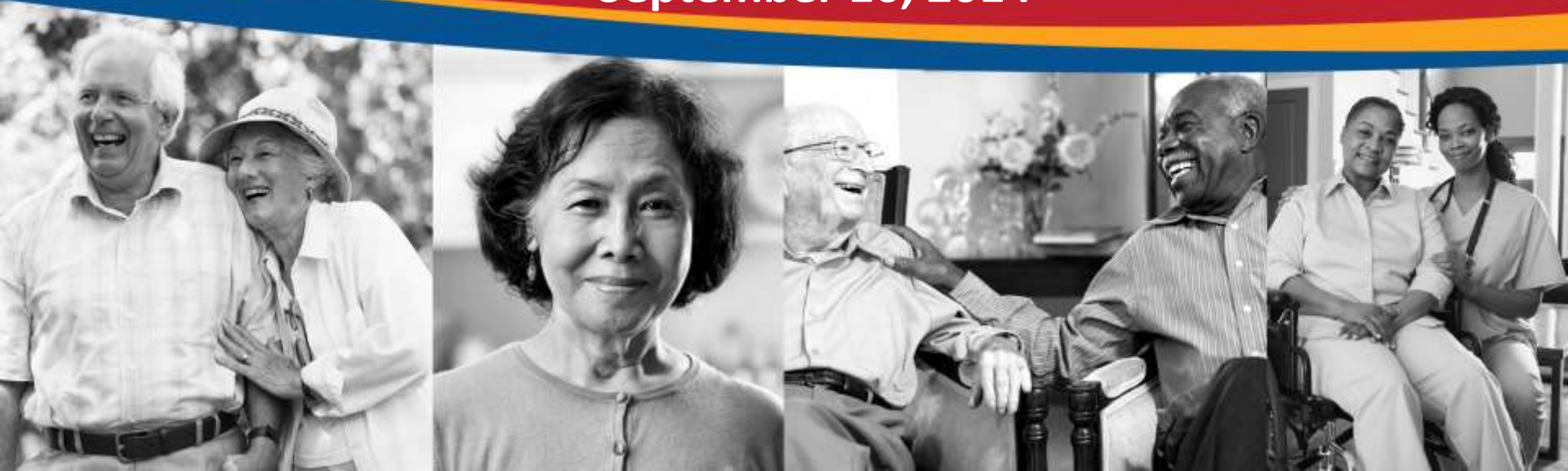




# Oral Health: Ensuring Dental Care for America's Older Adults

HCBS Conference ~ Presented by Danielle Nelson

**September 16, 2014**



# Older Adults and Oral Health

- Oral health is **essential** to overall health. However, 25 percent of people 65 years and older report having no remaining natural teeth.
- Socioeconomic **differences** are large as 42 percent of individuals below the Federal poverty line reported no remaining natural teeth compared with 22 percent above Federal poverty.
- Among low-income Medicare beneficiaries, 1 in 3 **had not visited** a dental provider in 5 or more years.

# Older Adults and Oral Health: Barriers to Achieving Good Oral Health

- **Low utilization** of professional care
  - Cost
  - Access
  - Transportation
  - Lack of perceived need
- Poor general **health**
- Difficulties with **self care**
- Health **literacy**

# Quality of Life

- Pain
  - Daily activities
  - Sleep
- Diet
- Social interaction
- Speech
- Physical appearance
- Self-esteem

# Evidence-Based Disease Prevention and Health Promotion Services

- Medication Management
- Chronic Disease Self-Management Education
  - Chronic Pain, Diabetes, HIV, etc.
- **Where is Oral Health?**

Older Americans Act Title IIID Evidence-Based Disease Prevention & Health Promotion Programs

PROGRAM	WEBSITE/ CONTACT	PROGRAM GOALS & TARGET AUDIENCE	PROGRAM DESCRIPTION	DELIVERED BY	TRAINING REQUIREMENTS	PROGRAM COSTS	KEY WORDS
HomeMeds	<a href="http://www.HomeMeds.org">www.HomeMeds.org</a>	<ul style="list-style-type: none"> <li>• Enable community agencies to address medication-related problems and errors that endanger the lives and well-being of community-dwelling elders.</li> <li>• <b>Target Audience:</b> Area Agencies on Aging (AAA), care management programs and home care agencies with community-dwelling elder clients. - Amenable also to typical Title III-D screening events, senior housing, care transitions coaching, and caregiver support and education sessions</li> </ul>	<ul style="list-style-type: none"> <li>• Individualized in-home screening, assessment and alert process to identify medication problems.</li> <li>• Computerized screening and pharmacist review can help prevent falls, dizziness, confusion, and other medication-related problems for elders living at home.</li> <li>• The model is adaptable to contexts where medications can be reviewed as part of a screening event or using consumers to complete the medication risk assessment form.</li> </ul>	<ul style="list-style-type: none"> <li>• Care managers, working in partnership with client, physician and pharmacist. Usual practice of care management programs without additional staff.</li> <li>• Should have consulting pharmacist or other medication expert involved in the process (e.g., pharmacy school, local pharmacist, Part D plan, geriatric nurse practitioner).</li> <li>• Data entry can be done live in the field using laptop or tablet or it can be done in the office after documentation on paper form.</li> </ul>	<ul style="list-style-type: none"> <li>• Time to train staff on computer system usage and proper data collection.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Licensing Cost:</b> None</li> <li>• <b>Training and Startup Consultation Cost:</b> \$3,000-\$5,000, depending upon method of delivery (webinar vs. on-site).</li> <li>• <b>Additional Cost:</b> <ul style="list-style-type: none"> <li>- Computerized risk assessment screening (online system): Approx \$200/month, but cost is negotiable based on number of users and overall volume of use.</li> <li>- Pharmacist cost: approx \$50-\$75/hour. The average review requires 20 minutes and of patients screened 30-40% will typically require review.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• physical activity</li> <li>• group setting</li> <li>• self-management</li> <li>• health promotion</li> </ul>
Chronic Pain Self-Management Program (CPSMP)	<a href="http://patientseducation.stanford.edu/program/ams/cpsmp.html">http://patientseducation.stanford.edu/program/ams/cpsmp.html</a>  Email Contact: info@cpsmp.com	<ul style="list-style-type: none"> <li>• Provides information and teaches practical skills for managing the challenges of living with chronic pain.</li> <li>• <b>Target Audience:</b> Adults with chronic pain</li> </ul>	<ul style="list-style-type: none"> <li>• 6 weeks</li> <li>• 2-5 hours once a week</li> <li>• 10-15 participants per group</li> <li>• Program is for people who have a primary or secondary diagnosis of chronic pain. Pain is defined as being chronic or long term when it lasts for longer than 3 to 6 months, or beyond the normal healing time of an injury.</li> <li>• People with all types of non-cancer chronic pain conditions are welcomed. If people have pain due to arthritis,</li> </ul>	<ul style="list-style-type: none"> <li>• Highly interactive and participative workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic pain.</li> </ul>	<ul style="list-style-type: none"> <li>• 4 days of on-site facilitator training and certification in Toronto, Canada.</li> <li>• 1.5 day cross-training for Chronic Pain Self-Management (CPSMP) is available for those who have previously completed the full on-site Chronic Disease Self-Management Program (CDSMP) training.</li> <li>• Cross-training is available</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Licensing Cost (3-year):</b> <ul style="list-style-type: none"> <li>- <b>Single Program License Cost:</b> If offer only one Stanford Program in one language: \$500.00 for offering 30 or fewer workshops and 8 Leader trainings; \$1,000 for offering 90 or fewer workshop and 12 Leader trainers.</li> <li>- <b>Multiple Program License Cost:</b> \$1,000.00 for offering up to 75 total (all programs)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• fall prevention</li> <li>• self-management</li> <li>• health promotion</li> </ul>



# AoA's Oral Health Webpage

## **Older Adults and Oral Health Webpage:**

[http://aoa.gov/AoARoot/AoA\\_Programs/HPW/Oral\\_Health/index.aspx](http://aoa.gov/AoARoot/AoA_Programs/HPW/Oral_Health/index.aspx)

## **Older Adults and Oral Health: Inspiring Community-Based Partnerships for Healthy Mouths Webinar (May 15, 2013)**

- This webinar explores the oral health status of older adults in the U.S., provides useful resources and highlights two innovative community approaches to improving oral health access for older adults.
- [Presentation slides](#) (PDF, 4.46MB)
- [Transcript](#) (PDF, 164KB)
- [Audio](#) (WAV, 41.3MB)

# Innovative Programs on AoA's Oral Health Webpage

- [Virtual Dental Home Demonstration Project](#)

The Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry (Pacific) is demonstrating a new model of care. By creating a "Virtual Dental Home" in sites throughout California, Pacific hopes to deliver oral health services in locations where people live, work, play, go to school and receive social services. The Pacific Center has partnered with a number of funding organizations to implement this demonstration project to bring much-needed oral health services to these underserved populations. These populations range from children in Head Start Centers and elementary schools to older adults and adults with disabilities in residential care settings and nursing homes.



# Innovative Programs on AoA's Oral Health Webpage

- [Oral Health for Caregivers](#)

Developed by Washington Dental Service Foundation, Oral Health for Caregivers is a training curriculum that provides critical oral health information for those who care for older adults. With an emphasis on prevention, the program introduces oral health concepts and skills in an easy-to-understand format that can be used to educate caregivers. The curriculum is up-to-date and provides a high-quality Continuing Education learning opportunity. The training is currently offered free of charge in Washington for Home Care Aides, Adult Family Home providers, and caregivers for developmentally disabled adults.



# Innovative Programs on AoA's Oral Health Webpage

- [Louisiana Smiles for Life Program](#)

This education-based program is specifically geared toward independent older adults, supported by the Louisiana Department of Health and Hospitals Oral Health Program (OHP) and the Governor's Office of Elderly Affairs (GOEA). It's part of the LA Oral Health Coalition's Oral Health for the Elderly Task force and was a collaborative effort between the OHP, the GOEA and the Capital Area Agency on Aging to address the educational needs of persons participating in Councils on Aging (COA) congregate meals program. Includes information on how to get the Louisiana Smiles for Life Program started in a local non-profit group, Meal Site or Senior Club. Information is in a "lesson plan" format on nutrition, denture care and the overall importance of oral health and hygiene. Groups or COAs wanting to present the program may do so by downloading the manual.

# Creating the Foundation for National Replication of Community-Based Oral Health Programs for Older Adults

- October 2014, ACL will kick off a **three-year project** to identify and promote vetted, low-cost, community-based oral health services for older adults. The cross-Federal initiative will:
  - examine the existing **fragmentation** across Federal programs that result in a lack of oral health prevention and treatment services for older adults; and
  - lead to the development and broad dissemination of a Community Guide to Adult Dental Program Implementation (**Guide**), a how-to-guide for communities interested in starting an oral health program for older adults. The Guide will include a user-friendly evaluation template for evaluating programs that are implemented. The evaluation template will aid communities in collecting and analyzing data to enhance potential future funding opportunities.

# Goals of the Project

- Conduct an **Environmental Scan** of existing community-based oral health programs for older adults and programs serving other populations which could be translated to older adult community-based settings.
- Develop and disseminate the **Guide of promising practices** identified in the Environmental Scan and which meet the criteria for model community-based oral health program best practice established by an advisory group convened for this project. The Guide will be 508 compliant and “live” on ACL’s AoA Older Adults and Oral Health webpage and be updated by ACL as new programs arise.
- Develop and implement a **Dissemination Plan** to promote the new Guide widely among community stakeholders . A primary objective of this process is to create a Guide that will assist states in advocating for a sustainable source of funding.

# (NREPP) National Registry of Evidence-Based Programs & Practices

www.nrepp.samhsa.gov



[Home](#) | [About NREPP](#) | [Find an Intervention](#) | [Reviews & Submissions](#) | [Learning Center](#) | [Contact Us](#)

Basic Search

Advanced Search

View

[Home](#) > [Find an Intervention](#) > Advanced Search

## Find an Intervention - Advanced Search

Select specific criteria for a more detailed search of interventions reviewed by NREPP.

### Keyword or Phrase

Enter keyword or phrase

### Gender

- Male Only
- Female Only

### Areas of Interest

- Mental health promotion
- Mental health treatment
- Substance abuse prevention
- Substance abuse treatment

### Outcome Categories

- Alcohol
- Cost
- Crime/delinquency
- Drugs

### Geographic Locations

- Urban
- Suburban
- Rural and/or frontier
- Tribal

### Ages

- 0-5 (Early childhood)
- 6-12 (Childhood)
- 13-17 (Adolescent)
- 18-25 (Young adult)

### Races/Ethnicities\*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino

### Settings

- Inpatient
- Residential
- Outpatient
- Correctional

\*Limit search to interventions evaluated in studies with higher percentages (50% or more) of the selected groups

# Access to Oral Health Care

## *Oral health is essential to overall health*

- Community Health Centers (CHC) play a **key role** in improving access to oral health care for vulnerable & underserved populations
- The Aging Services Network (ASN) can **help connect** older adults to CHCs for scaled payment care

# Bridging Community Health Centers and the Aging Services Network

- For low income older adults, there is a **disparity in access** to oral health care.
- 1,100 Community Health Centers (CHC) operate 8,500 service delivery sites, with about 74 percent providing oral health services.
- Of the 21.1 million patients seen in 2012, only 7 percent were older adults.
- Our second largest OAA expenditure is **transportation**.

# Partnership Example

- Northwestern Illinois
  - Through a partnership with the AAA, **ten dental chairs** are **reserved** each month at the CHC for older adults.
- Gadsden Alabama
  - CHC has a **mobile unit** which provides oral, optometry and medical services at schools.
  - Partnership developed with the ASN and during the **summer**, the mobile unit provides care for older adults. Dental care is NOT a MEDICAID benefit for adults in AL.
  - CHC provides services –including dental – to **any patient** regardless of ability to pay (a requirement of all FQHCs). Sliding scale payment for all services.



# Community Health Center Coverage

<http://www.findahealthcenter.hrsa.gov/DWOnlineMap/MainInterface.aspx>



# Find Low Cost Dental Care Tool

- Goals/Anticipated Outcomes:
  - Increase **awareness** about and access to low cost dental care. Create local, regional, and state-wide **partnerships** which bridge the aging and CHC systems, ultimately **increasing access** to dental care for vulnerable older adults.
- Target Audience:
  - This tool will be a **resource** for the general public.
  - The marketing materials will **target** aging services professionals, older adults, and family caregivers to help drive **awareness** about and **use of** the tool to help increase **access** to low cost dental care among this population.



YOU CAN MAKE A DIFFERENCE!

**DRY MOUTH**

**WHAT DO I NEED TO KNOW ABOUT DRY MOUTH?**

Dry mouth means not having enough saliva (spit) to keep your mouth wet. This happens when the salivary glands - glands in the mouth that make saliva - do not work correctly.

Dry mouth can make it hard to chew, swallow, or speak. Having less saliva also increases the risk of developing tooth decay or other mouth infections because it keeps harmful germs in check.

If you have dentures or false teeth, dry mouth can make them uncomfortable and they may not fit as well without enough saliva, dentures can rub against your gums and cause sore spots.

It is important to know that dry mouth is not just a part of the aging process itself. However, many older adults take medications that can dry out the mouth. And older adults are also more likely to have certain conditions that can lead to mouth dryness.

**DID YOU KNOW?** Some people feel they have a dry mouth even if their salivary glands are working correctly. This can happen with certain conditions, such as Alzheimer's disease or if you have suffered a stroke, you may not be able to feel wetness in the mouth.

**WHAT CAUSES DRY MOUTH?**

- Side effects of some medicines. Hundreds of medicines can cause the salivary glands to make less saliva. For example, some medicines for blood pressure, depression, and allergies can cause dry mouth.

**WHAT SHOULD I DO IF I HAVE DRY MOUTH?**

See your dentist or doctor. He or she can help determine what is causing your dry mouth and suggest appropriate treatments. Such treatments might include changing your medications or adjusting the dosages, giving you a medicine that helps the salivary glands work better, or recommending you use artificial saliva to keep your mouth wet.

**WHAT CAN I DO AT HOME TO HELP RELIEVE DRY MOUTH?**

- Sip water or sugarless drinks often.
- Avoid drinks with caffeine, such as coffee, tea, and some sodas. Caffeine can dry out the mouth.
- Sip water or a sugarless drink during meals. This will make chewing and swallowing easier. It may also improve the taste of food.
- Chew sugar-free gum or suck on sugar-free hard candy to stimulate saliva flow. Citrus, cinnamon, or mint-flavored candies are good choices.
- Don't use tobacco or alcohol. They dry out the mouth.
- Be aware that spicy or salty foods may cause pain in a dry mouth.
- Use a humidifier at night.

**HOW CAN I KEEP MY TEETH AND GUMS HEALTHY?**

- Gently brush your teeth at least twice a day with fluoride toothpaste.
- Floss your teeth every day.
- Avoid sticky, sugary foods. If you do eat them, brush immediately afterwards.
- If possible, take medications with meals (check with your doctor or pharmacist).
- Rinse your mouth with water after you use an inhaler or take any syrup-based medicines.
- Select sugar-free cough drops, vitamins, and antacid tablets.
- Use a fluoride mouth rinse that does not contain alcohol.

**VISIT YOUR DENTIST REGULARLY**

*Even if you don't have your natural teeth, And see your dentist right away if you notice any changes in your mouth such as sores, pain, swelling, or bleeding gums.*

We are leading a cross-federal team to develop educational materials for older adults and caregivers, including:

- 1.) PowerPoint Presentation and Educator Guide
- 2.) Quick Tips for Caregivers (card)
- 3.) Fact sheets about--
  - Dry Mouth
  - Low-Cost Dental Care
  - Basic Information for Caregivers
  - Specialized Dental Hygiene Tools



# Contact Information

Danielle Nelson

Administration for Community Living,

Administration on Aging

[Danielle.Nelson@acl.hhs.gov](mailto:Danielle.Nelson@acl.hhs.gov)

(202) 357-3512

