

The Oral Health of Seniors in Nova Scotia

Policy Scan and Analysis: Synthesis Report



Prepared by:
Seniors Oral Health
Collaboration

Prepared for:
NS Department
of Health

About the Seniors Oral Health Collaboration (SOHC)

Our mission is to facilitate sustainable oral health for Nova Scotia seniors.

Members of Seniors Oral Health Collaboration include:

- Atlantic Health Promotion Research Centre
Dalhousie University
- Faculty of Dentistry Dalhousie University
- School of Dental Hygiene Dalhousie University
- Nova Scotia Dental Hygienists Association
- Nova Scotia Dental Association
- Northwoodcare Inc., Nova Scotia Seniors Secretariat and Group of IX
- Nova Scotia Department of Health Continuing Care Branch
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Executive SUMMARY

Working with the Nova Scotia Department of Health and other key informants, the Seniors Oral Health Collaboration (SOHC) aims to develop policy recommendations and strategies to address the oral health needs of Nova Scotia seniors. Based upon a literature review, key informant interviews, a stakeholder workshop to review the findings of those activities, and a collaborative review of the recommendations with provincial government stakeholders, this synthesis report was developed to assist the Seniors Oral Health Collaboration (SOHC) in furthering their work.

The findings of this policy scan and analysis show that it is imperative that Nova Scotia strives to maintain and/or improve the oral health of seniors throughout the province. Accountability for the provision of dental services is complex, given it is primarily privately funded; however, many seniors are at substantial risk for developing oral infections and an associated deterioration in overall health status because of limited access to oral health care. Similar to the special needs of children, seniors with special needs should have access to effective oral health services. The following recommendations lay the foundation for a framework for action to improve oral health care for Nova Scotia seniors. This framework has potential for including other access-challenged populations within Nova Scotia. These recommendations require the commitment of many different government and non-governmental organizations.

1

The Department of Health, Department of Health Promotion and Protection, and Department of

Community Services should ensure that a position is created within the provincial government dedicated to the oral health of seniors. Oral health should be recognized as a priority by hiring a full time Oral Health Coordinator who can provide leadership for addressing the following issues:

- a. Integrating seniors' oral health issues into current and future planning occurring in public health, health promotion, chronic disease prevention, primary care, continuing care, acute care, palliative care, community services, and education;
- b. Developing, implementing, monitoring and evaluating standards for the oral health care of seniors that are linked to the Public Health Standards. This process should be supported by a working group comprised of key stakeholders;
- c. Developing, monitoring and regularly reporting upon a set of indicators related to the oral health of seniors, including taking advantage of existing national surveys when appropriate; and
- d. Creating an ongoing social marketing campaign about the importance of oral health for seniors.

2

The Seniors Oral Health Collaboration should continue in its leadership role initiating change to improve oral health care for seniors in Nova Scotia. Specifically, the Seniors Oral Health Collaboration should work with the Oral Health Coordinator to:

- a. Explore the feasibility of preventative and restorative oral health care services to seniors who do not have access to oral health care. A pilot project should be implemented that could include:
 - i. Creating a business case to estimate costs associated with conducting the pilot;
 - ii. A collaborative practice arrangement where members of a health team work together to maximize use of professional skill sets, building upon the lessons learned from collaborative practice models in primary health care;
 - iii. An innovative care delivery model with alternative payment schemes, such that health professionals are compensated appropriately for the time and expertise required to effectively provide oral health care to seniors in this environment;
 - iv. A mobile dental clinic option where the health care team provides oral health care services and potentially other access-challenged groups;
 - v. Service provision in both urban and rural settings; and
 - vi. An evaluation to determine the impact of the model and the feasibility of expanding the model throughout the province.
- b. Work with the regulatory bodies for dental health professionals to implement a regulatory framework that delineates scopes of practice and provides seniors with safe and appropriate oral health care, building upon the lessons learned from collaborative practice models in primary health care.
- c. In partnership with the Seniors' Secretariat and Group of IX (organizations concerned with seniors' issues), work with groups of pensioners to develop and implement a strategy to encourage more private insurance companies to offer affordable private dental insurance to retired Nova Scotians.
- d. Identify opportunities for ongoing interdisciplinary research related to promoting the oral health of seniors.
- e. In partnership with the Department of Education, work with institutions that educate health professionals to integrate issues regarding seniors' oral health into their respective curricula.

3

The Faculty of Dentistry and the School of Dental Hygiene at Dalhousie University, should partner with other health professional training institutions to pursue inter-professional learning activities in clinical practice and research that will promote increased interdisciplinary awareness of oral health issues among graduating health professionals. The Faculty of Dentistry and the School of Dental Hygiene at Dalhousie University should also pursue the following activities:

- a. Establish core or mandatory elements to their respective curricula to ensure dental health professionals consistently receive increased training regarding specific oral health needs of seniors.
- b. Lead a collaborative process to develop and/or adapt and disseminate an oral health screening tool that can be used by health professionals and caregivers to identify seniors' oral health issues requiring attention.
- c. Together with the Nova Scotia Dental Association and Nova Scotia Dental Hygienists Association, host collaborative continuing education opportunities regarding seniors' oral health issues, to help both dental and non-dental practitioners become more comfortable addressing oral health issues with older adults.

Introduction and Background

Oral health directly impacts health and well-being, and yet it has continued to remain a peripheral issue within many publicly funded health systems.¹ There is no provincial infrastructure within Nova Scotia that is responsible for oral health care for seniors. This results in a lack of centralized, integrated decision-making about oral health care delivery, which makes developing and implementing comprehensive oral health policies for seniors extremely challenging.¹

The idea for a project on seniors oral health evolved from discussions between the Faculty of Dentistry and Atlantic Health Promotion Research Centre (AHPRC) in the late 1990s into early 2000. The idea grew into a successful letter of intent to the Canadian Health Services Research Foundation (CHSRF) in 2001 and an invitation to submit a full proposal to CHSRF in March 2001.

In 2002, the Oral Health of Nova Scotia Seniors Project was successful in receiving \$100,000 from CHSRF and \$50,000 from the Nova Scotia Health Research Foundation. An additional \$50,000 in matched funding was required before the project could begin. It took some time and a great deal of effort to secure this additional \$50,000 which ultimately came from the Nova Scotia Dental Association, Canadian Dental Association, Dentistry Canada Fund, Drummond Foundation and Manulife Financial.

The two year long Oral Health of Nova Scotia Seniors Project took place in 2003 and 2004. The project examined the continuity of care in the delivery of oral health services to Nova Scotia seniors; it determined barriers and facilitators to the use of oral health services by seniors through critical analysis of experiences and lessons learned in existing systems in Canada and elsewhere.

The project phases included a health services evaluation (focus groups and key informant interviews); a promising practices scan (literature search, key informant interviews and email surveys); an Oral Health Forum with 80 delegates to develop strategies for financial, organizational and policy interventions and a model for continuity of care that would improve private/public sector provision of oral health services in Canada and finally a dissemination phase. A final report summarizing this work was disseminated.

During the Oral Health Forum, seven working groups evolved. Together these groups comprise the Seniors Oral Health Collaboration (SOHC) and have remained committed to working together on priority issues. The SOHC Steering Committee, comprised of eleven organizations, established a mission to facilitate sustainable oral health for Nova Scotia seniors. SOHC made a commitment to working on the implementation of recommendations from the Oral Health of Nova Scotia Seniors Project.

In 2004, the Seniors Oral Health Collaboration submitted a proposal to the Minister of Health for Nova Scotia for \$50,000 to work with the Department of Health to develop policy recommendations that address the oral health needs of Nova Scotia seniors. The grant was used to fund a stakeholder workshop and to contract services from Pyra Management Consulting Services Inc. in 2005 to:

1.

Complete a literature review, and conduct interviews with key informants identified by SOHC to identify oral health policies and policy gaps;

2.

Write a report outlining the findings of the literature review and interviews; and

3.

Facilitate an oral health policy workshop to review the report's findings and gather feedback for the final synthesis report.

Purpose

Working with the Nova Scotia Department of Health and other key informants, the SOHC aims to develop policy recommendations and strategies to address the oral health needs of Nova Scotia seniors.

Methods

Literature Review

The literature collected for the 2003-2004 Oral Health of Seniors research project was reviewed for information about provincial, national and international policies related to the oral health of seniors. This information was supplemented with an electronic search of formal and grey literature using the PubMed and CINAHL databases, the Cochrane Library and Google Internet search engine. Many different keywords were used to complete the search, including combinations of: "oral health", "oral hygiene", "seniors", "best practices", "standards", "clinical guidelines", "policies", "legislation", "assessment", "elderly", "geriatric", "dental", "programs", "funding", "education", "awareness", "research", "law", "long term care", "nursing homes", and "continuing care".

Interviews with Key Informants

To guide key informant interviews, an interview guide was created with input from SOHC. Appendix A contains the interview guide used. Over a six week period in January and February 2006 telephone interviews were conducted with key informants using the interview guide.

A non-representative purposive sample was used for the selection of key informants. Through dialogue with the SOHC Steering Group, 53 primary key informants or key organizations within Canada were identified to be

contacted for interviews. Given the volume of contacts in Canada identified as a priority, a decision was made to not undertake additional interviews internationally.

The 53 primary key informants included representatives from areas such as federal and provincial governments, district health authorities, seniors' organizations, dental associations, dental hygienist associations, continuing care and health promotion. Specifically within the Nova Scotia provincial government, key informants were identified within but were not limited to sectors such as Public Health, Nova Scotia Health Promotion, Continuing Care, Primary Care, District Health Authorities, Acute and Tertiary Care, Emergency Health Services and Community Services. Because additional SOHC research is occurring regarding dental education programs, dental faculties within Canadian universities were not specifically contacted for this scan.

Key informants were made aware that anonymity would be maintained, and that their responses to interview questions would not be attributed back to them in the final report. All 53 primary key informants were contacted a minimum of two times via email inviting them into the interview process. Contacting many of the 53 primary key informants often required three to six attempts by phone or email to successfully organize an interview time. Through communication with many primary informants, another 59 secondary key informants were identified. These 59 people were each sent one email inviting them into the interview process. Of the 112 primary and secondary key informants

contacted, 27 key informants agreed to be interviewed for the project. Four other key informants set up interviews but did not reschedule times after missing or cancelling one or two scheduled times. Three willing key informants were unable to be successfully contacted and interviewed within the data collection time constraints.

Twenty-four primary and secondary key informants stated they were not the most appropriate person to participate, and they each suggested one or more alternative persons to be contacted for the interview. Thirteen key informants responded to the invitation noting they did not have information to share, or that they were unable to participate. No response was received from 17 of the primary key informants, after two email contacts. Twenty-two of the secondary key informants did not respond to the one email request to participate. One respondent that participated represented three organizations.

Two key informants took the interview questions to committee meetings for further discussion and dissemination, which broadened the number of key informants exposed to the questions. Twelve more interviews were completed in writing by some of these committee members who were invited to provide input, and that raised the total number of interviews completed to 39.

Limitations

As outlined in the previous section, it took extensive contact to locate individuals willing and/or able to participate in the policy scan. Given the short time frame available, there was limited time available for contacting key informants. A few informants did follow up to be interviewed after the data collection phase was complete, such that relevant information was likely missed in the scan.

To maintain the confidentiality of those contacted, it is not possible to list the organizations or divisions of government where information could not be gathered. However, it appeared there was a concentration of responses from key informants who work in continuing care, and more specifically the long term care sector. Some informants noted this is an area where many seniors have high needs for oral health care, but the concentration of responses from this sector likely lends a bias to the results contained in this report.

The key informants who participated often did not represent organizations that might speak on behalf of seniors who live in the community, so the needs of this segment of the seniors' population are not likely fully reflected in this report.

Methods (cont)

Data Analysis and Storage

The literature review and telephone interview results were analyzed to identify policy gaps, options or recurring themes for securing the oral health of seniors. In reporting interview results the following terms were consistently used in this report to indicate a particular range of respondents as follows:

- “Few” refers to 3 to 5 key informants;
- “Some” refers to 6 to 9 key informants; and
- “Many” refers to 10 or more key informants

All raw data associated with this policy scan has been stored in a locked filing system to ensure the confidentiality of key informants.

Feedback Sessions

On February 23, 2006, the first draft of this report was circulated for review to approximately 30 individuals throughout Nova Scotia who had been identified as having an interest in the oral health of seniors. Those individuals were brought together on March 2, 2006 for a full day Seniors Oral Health Collaboration Stakeholders’ Workshop. The goals of this session were to provide an overview of the first draft of this report, to gather feedback on the findings and recommendations within the draft report, and to discuss potential strategies for implementation of the recommendations. Through small working group discussion, changes were suggested to the draft recommendations.

Following the workshop, representatives from the SOHC Steering Group determined that a meeting with some key provincial government stakeholders would be beneficial to further review the revised recommendations. Such a meeting was held and further changes were suggested for the final report recommendations.

The Final Report

Many of the issues reported by the SOHC in the Oral Health of Seniors: A Nova Scotia Project¹ document were validated through this literature review and key informant interviews. The unresolved issues that were initially reported in the SOHC document continue to be relevant issues requiring attention to improve the oral health of seniors in Nova Scotia.

This report presents a review of literature findings examining why oral health is important and reviews specific issues related to the oral health of seniors. Next, findings from both key informants and the literature review are presented regarding the current situation of oral health and seniors. The broad topic areas of accessibility to oral health care, public awareness and promotion, education, policies, standards and guidelines, assessments and programs, and research and evaluation are discussed. Finally, conclusions and recommendations for future action are provided, incorporating the feedback received from meetings with stakeholders and provincial government stakeholders.

WHY is Oral Health Important?

The Canadian Dental Association defines oral health as:

*... a state of the oral and related tissues and structures that contributes positively to physical, mental and social well-being and to the enjoyment of life's possibilities, by allowing the individual to speak, eat and socialize unhindered by pain, discomfort or embarrassment ...*²

Quality of Life

Overall health and well-being cannot be achieved when an individual experiences oral disease. Achieving oral health requires more than having healthy teeth. It requires an absence of disease and disorders in the oral, dental and craniofacial tissues.^{3,7}

Oral health has also been described as a determinant of quality of life, as it affects our ability to speak, smile, kiss, touch, smell, taste, chew, swallow and communicate.³

In essence, the oral cavity is a conduit for essential nutrition, for communicating, for social connection and self esteem.^{5,6}

Poor oral health can result in pain, difficulties in chewing and swallowing, decreased productivity, and lower quality of life. Research has demonstrated that self-identified poor oral health and poor quality of life co-exist within the same group of older adults.⁸

Chronic Disease

Oral disease is seen as a major public health problem that impacts individuals and communities.^{3,9} Cardiovascular disease, stroke, diabetes, cancer, pneumonia and chronic obstructive pulmonary disease all share risk factors with oral disease.^{3,4,10,11} For example, over 90% of cancers diagnosed in the oral cavity are likely related to tobacco use, which also contributes to periodontal disease and early loss of teeth.³ Also, dietary habits that influence many chronic diseases also impact on the development of dental caries.

Given the risk factors associated with oral disease, oral health issues are most appropriately aligned with disease prevention and health promotion.³ Through proper oral health care, disease can often be avoided or detected earlier, which may reduce the likelihood of premature death.³

Economic Costs

A substantial economic burden is associated with the treatment of oral disease.⁶ In most industrialized countries, it is estimated that oral disease is the fourth most expensive disease to treat.³ In Canada, oral health care accounts for approximately 7% of all health care expenditures.⁶ This is the second highest diagnostic category of expenditures in the nation, second only to cardiovascular care. Within Canada, individuals and private insurance plans are responsible for paying the majority of these costs.⁶

ISSUES RELATED to Oral Health and Seniors

Specifically among seniors, the World Health Organization notes that the following oral health care challenges often exist:³

- Changing dentition status;
- Prevalence of tooth decay;
- Periodontal pocketing and poor oral hygiene;
- Oral cancer;
- Edentulism (loss of all natural teeth) and limited oral functioning;
- Ill-fitting removable dentures;
- Xerostomia (dry mouth); and
- Craniofacial pain and discomfort.

The connection between oral health and overall health is believed to be even more significant among older adults. Seniors may have less ability to chew their food, which can affect their nutritional status. Systemic disease and/or their associated treatments can increase the risk of oral diseases, decrease saliva flow, or change senses related to taste and smell.³

More than 400 medications commonly used by older people can result in a dry mouth, which can in turn lead to oral infections and tooth decay.¹² This combined with decreased physical health and poor access to dental care, increases the risks for contracting oral diseases such as yeast infections, caries, gingivitis, oral lesions and periodontal disease.⁴ A recently published study with seniors primarily living in the community found that acute oral infections may be fatal for seniors who are frail.¹³

Edentulism

It is important to change the world's perception that losing teeth is a natural, expected consequence of getting older. This phenomenon, known as edentulism, is usually due to dental caries and periodontal disease.³ Seniors who have lost their natural teeth often do not seek dental care, and yet they are still at risk for oral diseases. They sometimes develop lesions in the mouth due to poorly fitting prosthetic appliances, exposure to tobacco or medications.

In 2000, it was reported that 58% of Canadians 65 and older had lost all of their natural teeth.³ Such a loss can lead to psychological, physical and social impairments.⁴ With the provision of education, regular oral care, and early oral disease screening and diagnosis, the loss of teeth can often be prevented.⁴ As the baby boomer generation ages, it is expected that more and more seniors will maintain their natural teeth, leading to an increased demand for continued oral health assessment and care.^{6, 10, 14-18}

The CURRENT Situation

The following section presents findings from both the literature review and key informant interviews regarding accessibility to oral health care, public awareness and promotion, education, policies, standards and guidelines, assessments and programs, and research and evaluation.

Accessibility

Although in the last 30 years many Canadians have seen a vast improvement in oral health status, not all population groups have had equal success. Seniors, transitional youth, those who are Aboriginal or northern dwelling, those who experience mental and physical disabilities, and those who have low income have more dental disease than other groups and have less access to services. The Canadian Oral Health Strategy recommends that all Canadians should have access to basic oral health prevention strategies and treatment.⁶

It appears seniors are more likely to acquire oral health care if they have dental insurance, strong social supports, a strong sense of self-efficacy and a higher level of income and education.¹⁹

Dental Visits

Data from the 2003 Canadian Community Health Survey indicate that approximately 60% of Nova Scotians 12 years and older had contact with a dental professional in the previous 12 months. When looking at the same

statistic specifically for seniors aged 65 and older, the percentage drops to about 37%. When compared to rates for the whole country, there is less access in Nova Scotia by both of these age groups. Just over 63% of Canadians 12 years and older and approximately 45% of Canadian seniors aged 65 and older had contact with a dental professional in the previous 12 months.²⁰

The barriers known to exist for seniors receiving oral health care include:

- Living in a rural area;
- Cost of care;
- Lack of private dental insurance;
- Lack of public dental programs;
- Lack of providers from underserved racial and ethnic groups, sometimes leading to a lack of cultural competence in service providers;
- Fear of dentist visits;
- Disease or disability that makes brushing and flossing extremely challenging;
- Limited oral health literacy making it difficult to easily locate services or understand information provided;
- Cognitive changes with seniors that may reduce their desire to acquire care; and
- Not seeking assistance because pain is accepted as a normal part of aging.^{3, 4, 6, 15, 19, 21, 23}

Substantiating the literature review results, almost all interview respondents spoke passionately about seniors having limited access to oral health care. All participants spent most of the interview time discussing issues of access.

Many key informants noted that seniors in long term care experience poor oral hygiene and often have poor fitting dentures. The poor oral health status of older adults in continuing care facilities is well documented.¹⁹

22, 24-28

A few participants described their wishes for oral care access to be improved, so that by the time they enter continuing care, the situation will be more acceptable. One respondent noted:

“...at this point I think I want an advanced directive to ensure all my teeth come out before I enter a nursing home. At least I know dentures may be easier to get out of my mouth to be cleaned.”

Many participants emphasized that it is timely that oral health care for seniors be improved, given that the baby boomers will soon be increasing the demand for services. Many people within this generation have had increased opportunities to take care of their teeth. Respondents felt future seniors would likely be more vocal, demanding preventative care and treatment services be maintained.

Financial

It is estimated that only 11% of older persons with low incomes have private dental insurance in Canada.⁶ Many key respondents noted that seniors' access to oral health care is compromised by an inability and/or

unwillingness to pay for services. Informants noted that seniors would have increased access to oral health care if oral health care was publicly funded. Many informants from Nova Scotia noted seniors in long term care facilities do not have private dental insurance, nor do they qualify for provincially funded dental services via Community Services or Continuing Care. Given this situation, some participants noted seniors do not often acquire preventative treatments. A few discussed the implications of this limited access. They noted it can lead to no dental care provision until there is an emergency requiring surgery and anaesthesia, and that can place the resident at increasing risk for medical complications.

To help ease the financial burden, two key informants briefly mentioned that the Canadian Dental Association is presently recommending that the federal government explore the feasibility of establishing Personal Wellness Investment Funds. This might allow seniors to create a tax shelter for savings, that can be used to fund private health care as required.¹⁸ However, simply establishing funding available for dental services provision does not necessarily equate to increased utilization by older people.¹⁹ Many respondents acknowledged that much more than a lack of funding was impairing seniors in continuing care from accessing oral health care. Transportation and physical location, professional issues, scope of practice and legislation, and personal issues can all contribute to decreased care access.

The Current Situation (cont)

Transportation and Physical Location

For seniors who have mobility impairments, wheelchair accessible transportation is sometimes required to visit a dental health professional in a private office. Many informants spoke about the difficulties seniors face arranging this transportation. Even in areas where accessible transportation services exist, seniors are often required to pay user fees they cannot afford. These transportation services are sometimes offered on a priority basis, such that a senior's dental care appointment may be bumped by an individual who requires transportation to paid employment.

Some respondents noted that even if arrival at the dental office is achieved, often the lighting, room layout, and dental chair contribute to a non-accessible and non-inviting environment many seniors choose to avoid.

The literature notes that oral health professionals should attempt to address the barriers that may exist in their offices and that may be limiting access for some individuals. Barriers identified included lighting, signage, wheelchair accessibility, hours of work, financial reimbursement, and cultural sensitivities.^{6, 29, 30}

Some key informants noted seniors sometimes rely on family to transport them to a private dental office, but that often for seniors in care facilities there is no family available to complete this task. Two respondents described a bus their nursing home has that could be

used to take a client to a community dental office. Even with a vehicle available, they noted it was still difficult to arrange transportation, as two employees are often needed to accompany the resident to the appointment. They reported no funding was available to pay for this staff time, such that to assist one resident in attending a dental appointment, staffing levels were reduced to other residents. The Canadian Oral Health Strategy calls for health regions and dental organizations to develop oral health programs for seniors that are either delivered on-site at continuing care facilities, available in people's homes, or in community health centres.⁶

For seniors who have private insurance for dental care, many informants reported it was difficult to arrange for dentists to schedule visits on-site at a nursing home. Many noted that the facilities were ill-equipped with appropriate space and furniture for the dentist to easily provide care. Dental chairs were often not available, and even if they were, appropriately transferring clients to the chair remained a concern. One respondent noted:

"...we have to provide dental care on gurneys. This is not comfortable or ideal for anyone involved."

Two participants stated they found it humorous that most continuing care facilities have space available for a hair salon chair, but that there often is not a dental chair available to provide care on-site for residents. One key informant reported some nursing homes have rearranged the hair salon spaces to accommodate a dental chair and equipment.

Throughout different parts of Canada, some key informants referred to mobile dental clinics as a method of increasing oral health access for seniors. Specifically in Nova Scotia, a few participants reported the recent implementation of a mobile dental clinic with their continuing care facility, but noted it was too early to assess its effectiveness. Three respondents noted mobile clinics that are now used in urban areas are actually most needed in rural areas, and two stated they hoped the services would be possible for them to access in the future.

Professional Issues

A few key informants reported that they doubted there was a high level of interest within the dental community to provide services to seniors. Another informant stated:

“All of a sudden Mr. Smith arrives without Mrs. Smith for a dental cleaning, and we might ask where his wife is. When he replies she has entered a nursing home, we typically don’t dig deeper and follow up to ensure care is still available for our patient.”

Given some seniors’ complex health needs, these key informants noted that dental professionals are often not compensated adequately for their services with seniors who are frail, and often do not feel equipped to deal with cognitive or communication challenges that some seniors experience. Two key informants also noted that the fee guides associated with care provision in long term care need to be revisited, to ensure that dental

professionals are adequately compensated for their time.

Providing services in continuing care facilities often requires more time than providing care in a private clinic. Increased time is often needed to organize the site visit at a time suitable to the resident’s routine, to transfer the resident to a dental chair (when it exists in a home), coordinate payment, and communicate findings with the client, family and caregivers. In the United States, for clients covered by the publicly funded Medicaid system, costs associated with transportation and booking appointments are covered by the public plan.⁴

Within the literature it has often been recommended that compensation be reviewed to ensure dental care providers are being adequately paid for the time it requires them to provide services with seniors. Alternative payment schedules that are not based on fee-for-service may help create more viable reimbursement solutions.^{6, 22, 29, 31}

The literature also validates that providers sometimes do not feel skilled to provide care to individuals with cognitive impairments. The Canadian Oral Health Strategy recommends that oral health professionals participate in continuing education to become better equipped to provide services to different populations.⁶

Scope of Practice and Legislation

Some respondents in Nova Scotia spoke about the need for a change in legislation that will allow the profession of dental hygiene to provide care to seniors without requiring direct supervision of a dentist. Three key

The Current Situation (cont)

informants noted that in British Columbia and Alberta, legislation exists that facilitates this process. In British Columbia, residents in care facilities must continue to receive an assessment by a dentist every 365 days for a dental hygienist to continue to provide services. In Alberta, this requirement does not appear to exist.

Two participants who were dentists stated that non-dentist professionals need to be part of the solution, as it is not economically feasible or appropriate to have dentists providing all oral health care in long term care facilities. One respondent reported that they completed a chart review in a continuing care setting to determine what services the regularly attending dentist provided to seniors. This respondent noted about 70% of the dentist's documentation stated the dentist was completing cleanings, and the respondent wondered if this service should be more appropriately provided via a dental hygienist.

While supportive of dental hygienists providing care to seniors, some key informants emphasized the need for dentists to be providing assessments and services within nursing homes. A dentist who had provided care in a long term care setting noted it was not often possible in the physical environment to complete the dental procedures they might have otherwise chosen to offer.

Some respondents reported that having a full dental team available to provide services to seniors would offer the most comprehensive treatment plans. One informant noted the provision of implants and other interventions that may have a substantial, positive

impact on nutrition and well-being is often not possible given the lack of equipment and/or funding available. However, if access was improved, these types of treatments could be offered. Dental interventions such as restorations or extractions alone are not sufficient to meet the needs of residents in continuing care facilities. Research shows treatment should be combined with prevention strategies such as good oral hygiene, diet and use of antimicrobial agents, to help protect teeth from caries and oral disease.^{28, 32}

Legislation that regulates the provision of all dental services must exist to promote and protect public safety. Some informants stated that it is important that this legislation does not impede seniors from accessing the right service at the right time by the right person. Much of the legislation for various dental professionals is focused mainly on the private practice environment. This makes it more difficult to implement services when looking at non-traditional service models and program delivery in areas such as community clinics or continuing care facilities.⁶ Dental health professionals need to cooperatively examine legislation that impacts provision of dental care to ensure appropriate access to oral health care for seniors.^{1, 6, 19} Some key informants reported that British Columbia has progressive legislation, mandating that continuing care facilities provide a defined standard level of oral health care to residents. A few key informants also mentioned a plan in Prince Edward Island where residents of continuing care facilities, who have been rated as having high level care needs, receive an annual dental/oral screening by dental public health staff.

The Canadian Oral Health Strategy and the Canadian Dental Hygienists Association both recommend that governments implement legislation for both private and public continuing care facilities that requires all residents to have an oral health screening on admission, daily oral care and a comprehensive oral care plan.^{6,31} It is also suggested that legislation should delineate a requirement for dental care space in continuing care facilities of a certain size.^{6,31}

Personal Issues

It was reported by some key informants that many seniors do not complain about oral health issues. One key informant noted:

“these folks have lived through the depression and they accept a certain amount of pain and discomfort as normal. We have to get better at recognizing signs of discomfort, because some seniors will not tell us they are experiencing mouth pain.”

A few participants reported that seniors often experience deterioration in their oral health when they lose the dexterity required to complete oral health routines independently. For many seniors who are experiencing difficulties maintaining their self care routines, oral disease may ensue. This problem is often compounded since access to oral health care also becomes more difficult for these people.⁶

If seniors, families and care providers are aware and able to recognize signs and symptoms of oral disease, they

are more likely to seek information and treatment, which can limit the negative effects of oral disease.⁴ Thus, awareness and promotion activities are crucial to achieving improved oral health for seniors.

Public Awareness and Health Promotion

It has been suggested that a health promotion approach would be a useful model to improve the oral health of older persons.³³ Gooch et al. suggest examining the oral health of older adults using a chronic disease health promotion model, to ensure the broad implications of oral health are researched, understood and addressed in health systems and communities.³⁴ Similarly, the Canadian Oral Health Strategy recommends that oral health issues are included and integrated with initiatives to address chronic disease.⁶

Most key informants reported not knowing about awareness or promotion programs that specifically address the oral health of seniors. Some key informants noted that the oral health of seniors is not viewed as important, with some stating the issue is unfortunately “off the radar”, or “not at the top of the flagpole”. A few key informants described their disappointment that many health websites targeted at providing information to seniors, do not mention oral health as a topic needing to be considered. One respondent spoke about a recent process in which they were involved to identify issues associated with healthy aging. Oral health was not mentioned once by participants.

The Current Situation (cont)

Frustration was voiced by a few respondents that Nova Scotia Health Promotion and Protection does not appear to have any section that addresses issues of oral health for seniors. Another respondent noted a Division of Oral Health should exist within Internal Medicine to “gain status” and heighten awareness of its importance to overall health.

Some informants spoke about local seniors’ oral health awareness initiatives occurring in their communities or organizations, but most noted there is no centralized, comprehensive approach to this issue. For some, awareness activities meant newsletters, brochures or handouts available for seniors, while others suggested booths or displays that dental hygienists sometimes use to promote oral health. Within Nova Scotia, a few respondents stated local television advertisements regarding oral health were useful awareness messages. Awareness programs in Halton, Montreal, Toronto, Halifax, Calgary, and Kelowna were highlighted by a few respondents as excellent examples of effective awareness initiatives.

Nationally, Canada has recently appointed a Chief Dental Officer who liaises with the Public Health Agency of Canada, and contributes to social marketing campaigns about general oral health.^{35, 36} One key informant noted that the Canadian Dental Hygienists Association has been funded to complete an inventory of all oral health promotion materials available in Canada.

To increase seniors’ willingness to access oral health care, the dental professions must successfully market

why oral health is important.^{19, 22, 29, 37-39} Marino et al. describe a successful community-based oral health promotion program with older adults, where a combination of seminars, oral health care products and information sheets appeared to result in improved oral health knowledge and attitudes. This subsequently resulted in improved oral hygiene practices and increased attendance at dental visits.⁴⁰

In the United States, the documents: Oral Health in America: A Report of the Surgeon General, along with Healthy People 2010, have stimulated awareness among the public and providers.^{4, 5} This has led to increased capacity and collaboration among the public, providers and organizations, to develop oral health action plans and evaluate their effectiveness.⁴¹

The Healthy People 2010 document notes that a task force is sometimes required to advocate for change in oral health practices.⁴ This initiative has created a toolkit specific to implementing oral health action plans. It outlines ways to engage both public and private agencies in funding and/or participating in the work of increasing oral health. As active community members, the toolkit notes it is important that seniors themselves be mobilized in advocating for improved oral health care.⁴² The toolkit also specifically addresses means to develop a promotion and marketing plan. Websites, listservs, newsletters, media coverage, media advocacy, and developing a marketing plan are all covered in this resource.⁴²

Funding

Private Dental Insurance

The Canadian Dental Association reports that the greatest predictor of dental visits is having access to dental insurance. Seventy-five percent of individuals with dental insurance in Canada visit a dentist at least once a year. Older Canadians are not as likely as younger Canadians to have dental insurance.¹⁸

In Canada, 52% of dental care expenditures are funded via private insurance, 42% are funded out-of-pocket by individuals and 6% are funded by the public system.⁴³ In comparison, a higher percentage of dental care is publicly funded in the United States, where approximately 9% of the population has public dental insurance, 44% of residents have some type of private dental insurance, 2% have other dental insurance and 45% have no dental insurance.⁴

A few key informants discussed specific private dental insurance plans available to retired seniors. In February 2001, the Government of Canada established dental services insurance coverage for eligible federal pensioners and their family members, including survivors. When the dental services plan was first offered to federal pensioners, many did not want to assume the additional cost of premiums and did not sign up to acquire this coverage. Presently, many of the seniors who did not initially sign up for this option now

want the opportunity to buy into the plan. The Federal Superannuates National Association is lobbying to make this option available to existing pensioners once again.⁴⁴

Presently, pensioners with the provincial government of Nova Scotia continue to lobby for dental health benefits within their insurance plan. In the meantime, the Nova Scotia Government Retired Employees Association has just become eligible for the Canada Wide Retirees Dental Plan, such that provincial pensioners are now able to sign up and pay for insurance coverage through this plan.⁴⁵

Some key informants mentioned alternative approaches to insurance. A few respondents talked about a pilot insurance plan being explored in British Columbia, whereby seniors residing in long term care facilities may be able to buy into a private dental plan. Since most seniors would likely require services, this plan may place a capitation on treatment expenses, but not on preventative care. One respondent advocated for lobbying private insurance plans to make dental insurance more financially accessible for seniors. The key informant noted that this would be a proactive way to engage the private sector in a potential solution to increase seniors' participation in needed oral health care services.

The Current Situation (cont)

Publicly Funded Dental Programs

Federally funded dental health care is allocated to programs within First Nations Inuit Health, Veterans Affairs Canada, the Department of National Defence, the Royal Canadian Mounted Police, Corrections Canada, and for refugees.⁴³

All provinces fund some dental services for clients receiving income support or social assistance. Many provinces also provide some form of public health dental programs for children. In comparison, there are few publicly funded services for seniors. Many key informants found it difficult to list publicly funded dental programs, and sometimes they erroneously reported information on public programs, even within their own jurisdictions. This perhaps validates that publicly funded dental health care at a provincial level varies among provinces and is not comprehensive or consistent in its coverage.⁴⁶ One key informant noted provincial plans can change rapidly depending on budgets and governments, so it is difficult to remain up-to-date on what is available. To acquire up-to-date information regarding what services are provided via individual federal, provincial and territorial publicly funded dental programs, the Canadian Association of Public Health Dentistry's website is an excellent resource, at <http://www.caphd-acsdp.org/programs.html>.

When comparing provincial/territorial publicly funded seniors' dental plans, it appears that the most comprehensive coverage exists in the Yukon and

Northwest Territories. In the Yukon, Extended Health Care Benefits provide 100% coverage of eligible dental care for seniors, with coverage limited to \$1,400.⁰⁰ in a two year period. To qualify, an individual must be a Yukon resident at least 65 years of age, or at least 60 years old and married to a living Yukon resident who is 65 or older. Seniors with an employer or third party insurance plan are expected to use this coverage first, such that this public plan functions as a payer of last resort. Details about this plan are not listed on the Canadian Association of Public Health Dentistry's website, but can be reviewed at http://www.hss.gov.yk.ca/programs/social_services/seniors/pharmacare_ehcare/. In the Northwest Territories, dental benefits are provided such that non native or Metis seniors who are 60 years of age or over are eligible for 100% coverage of eligible dental care, to an annual maximum of \$1,000.00. This publicly funded program is also a payer of last resort, and it is described on the Canadian Association of Public Health Dentistry's website.

Some key informants erroneously listed Alberta as a province that provided comprehensive dental insurance to seniors. It appears that this program ended in March 2002, as part of the 2002/2003 provincial budgeting process. Now publicly funded, basic dental services are only available to seniors with low to moderate incomes.

One key informant described a publicly funded service available to seniors via a program developed at a regional level in Ontario. Funding for this program may

not be consistently available, so this smaller program cannot be relied upon as a long-term approach to providing comprehensive services to all seniors.

Within Nova Scotia, many participants associated with continuing care facilities spoke about their frustration in accessing basic dental services through the special needs policies within the Department of Community Services and Continuing Care.^{47,48} The funding model for long term care changed on January 1, 2005, and with that came an associated policy change. Seniors admitted to care facilities after January 1, 2005 with low incomes are not eligible for funding of basic dental services through the special needs policy. Only seniors who were residents of care facilities before January 1, 2005 are grandfathered in to remain eligible for this publicly funded program.

For seniors eligible for the program, continuing care facilities are expected to provide a quote for dental services and acquire approval prior to a resident receiving dental care. Since the basic dental services covered are most often used in an emergency or acute episode, some key informants noted that they often do not await approval. They sometimes arrange for treatment knowing the continuing care facility may not be reimbursed and may need to cover the cost of dental services provided. In these situations, a few key informants noted they often use funds from budget

supply lines to cover dental care. For seniors not eligible for this program, families are asked to pay for dental care, or the senior is expected to pay for dental services from their monthly retained income. Many key informants noted that the dental needs of seniors with low income are not being adequately met within continuing care facilities, and that is contributing to many seniors' poor overall health.

While the Canadian Oral Health Strategy recognizes the primary provider of oral health care resides with private dental services that utilize a fee-for-service remuneration system, it does recommend an increase in the availability of alternative delivery systems, to complement private services, and meet the unmet oral health care needs in the system.⁶ The Canadian Oral Health Strategy also recommends that public health services focus on health promotion and preventative care, and target services to people in society who have no other means to acquire dental care. Such public health services need to be accountable for the care they provide, and be sustainable.⁶ This Strategy recommends that provincial governments define and examine the role of public health in providing oral health care.⁶ Many key informants expressed concern that public health dental services are only available to children in Nova Scotia. They stated that they believe public health should provide some services to seniors who require assistance. Some participants stated that they think

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public health should oversee the provision of oral health care in continuing care facilities. An article reviewed noted that the narrow definition of public health dentistry needs to be broadened, to allow the provision of preventative and treatment services to seniors.⁴⁹

Education

The decision was made to exclude interviews specifically directed toward education programs because it was beyond the scope of this review. However, key informants who were interviewed did offer suggestions regarding education, and their thoughts are provided in this section.

Dental Education

It has been reported that dental professionals may be reluctant to provide care to seniors, due to beliefs that seniors cannot afford and/or tolerate treatments. They may also be reluctant to provide care because it is time consuming to provide the complicated services sometimes required and there is a perception that dealing with health administrators in nursing homes will be difficult for reimbursement and space is often a problem.^{21, 22, 25, 50, 51}

Some believe dentists might be less reluctant to provide care to seniors if dental education programs moved beyond a narrowly focused surgical model of care. Incorporating the social, cognitive and behavioural aspects of oral health care into curricula and practice

would likely better prepare dentists with the skills needed to provide more comprehensive services to older adults.^{38, 39, 52, 53}

Most key informants who were not dental health professionals stated they assumed that all dental team members received adequate training specifically about the oral health of seniors. A few key informants stated that they appreciated dental hygiene students completing clinical rotations in continuing care. A few participants who were dental professionals stated that their programs did not cover this topic adequately.

Education For Non-dental Health Care Providers

A person's oral health is affected by the broad determinants of health. Therefore, it is important that both the public and all health professionals better understand oral health issues. An interdisciplinary approach to oral health is believed to better ensure an integrated approach to preventing, identifying and treating oral disease.^{6, 54}

Many different non-dental care providers may be the first point of contact to identify an oral health issue requiring attention. It is important that training for professionals such as doctors, nurses, dieticians, and pharmacists is provided so that oral screening becomes routine in their care delivery.^{6, 19, 39, 55, 59} Similarly, dental professionals should participate in interdisciplinary team

education to better understand seniors' unique health needs from other professionals' perspectives.²⁹

Two participants mentioned the benefits that inter-professional learning modules might offer in teaching various health professionals about the relationship of oral health to overall health. They believed it would allow students to explore how each discipline might contribute to enhancing the oral health of seniors. More specifically, a few key informants stated that there is a need for collaboration and interdisciplinary education between medicine and dentistry. Medicine needs to regain appreciation for the oral health effects of many systemic diseases, and dentistry needs to become more equipped to recognize the medical conditions affecting their older clients.^{38, 60-63}

The effects of oral health on overall health are not well understood by the profession of nursing, which can mean oral health promotion for seniors with dementia is often not deemed a high priority by nursing staff.^{24, 64-66} Providing training on oral health to nursing employees has been shown to lead to improved oral hygiene practices with residents.^{67, 68}

Some key informants noted they would like to see more comprehensive training provided to continuing care assistants regarding the oral health of seniors. One participant noted that within the continuing care assistant curriculum in Nova Scotia, content on oral care is under personal care, where the learning outcome

states the students should be able to: "demonstrate the ability to assist the client with, or provide the following personal care procedures: oral care." Individual institutions develop lesson plans to achieve this objective, so it is unclear if issues particular to seniors' oral health are consistently covered.

Many respondents described continuing education sessions that dentists and dental hygienists provide regarding oral health primarily to nursing, but most of these sessions appeared to occur on an ad hoc basis, and often these professionals donated their time to provide information to those who required it.

Policies, Standards and Guidelines

Most participants reported that they were not aware of any policies, standards or guidelines available to address the oral health of seniors.

Policies

The Canadian Oral Health Strategy is not itself a policy, but it provides governments with an overarching framework to guide oral health initiatives. At a national level, a chief dental officer position has been created to further integrate dental health care with the general health system. The Canadian Oral Health Strategy

The Current Situation (cont)

recommends at a provincial level, the presence of a full-time Senior Dental Consultant, solely dedicated to oral health issues.⁶ There are full time dental consultants working in British Columbia, Manitoba, Quebec, and Prince Edward Island.⁶ There is also a group of Federal/Provincial/Territorial Dental Directors that meet and teleconference throughout the year to improve the effectiveness of public dental programs in order to improve the oral health of Canadians. A few key informants stated there is a lack of leadership within the Nova Scotia government related to issues of oral health.

Oral infections are most likely avoided in long term care facilities when consistent, comprehensive oral health plans are carried out by care providers. Given the links of oral infection to systemic disease, this issue must be addressed.^{60, 61} The Canadian Oral Health Strategy recommends that governments implement legislation and policy for both private and public continuing care facilities, that requires all residents have oral health screening and a comprehensive oral care plan. It also suggests legislation should mandate continuing care facilities of a certain size to create space for the set up of dental equipment.⁶

In an attempt to standardize some aspects of dental care within the health system, it has been suggested that governments lobby to have oral health criteria integrated into the Canadian Council on Health Services Accreditation process.⁶ This process could then be followed to accredit, assess and compare public dental health programs across Canada.⁶

Standards

Within the Ontario Ministry of Health, there are standards for long term care, specifically regarding oral and dental care, and dental services. These standards note that individualized oral care will be provided to residents and that cleanings of the mouth will happen twice daily. All new residents are expected to have an oral assessment on admission, and a dental assessment is expected to be made available annually.¹⁰

In British Columbia, changes were made in 1997 to the Adult Care Regulations to ensure that licensed long term care facilities were required to provide certain oral health services to their residents. To aid in full implementation of these regulations, an Integrated Oral Health Standard has recently been developed to be used in the Fraser Health region.

In England, Minimum Standards for Care Homes for Older People exist, which address both access to dental care and oral hygiene.⁵⁶ There are also guidelines in England for the development of local standards for oral health care when working with dependent, dysphagic, critically and terminally ill patients.⁶⁹

Guidelines

Despite acknowledgement that older adults have unique needs related to oral health, there appears to be no comprehensive best practice guidelines for dental health

professionals available to guide seniors' oral health care.³⁸ The Canadian Oral Health Strategy recommends that evidence-based clinical guidelines be developed with the Canadian Collaboration of Clinical Practice Guidelines in Dentistry.⁶

Nursing guidelines were developed in Scotland, entitled: Working with Dependent Older People to Achieve Good Oral Health. These explore topics such as the need to raise nurses' awareness of the importance of oral health, assessment, care of the mouth and teeth, and education and training.⁷⁰ In Singapore, the Nursing Management of Oral Hygiene is a set of clinical practice guidelines that review assessment, oral cleansing, oral hygiene, denture care and patient education.⁷¹ Oral Hygiene Care for Functionally Dependent and Cognitively Impaired Older Adults was created in Iowa and it also looks at assessment, oral hygiene and strategies for different clinical presentations.⁷²

Assessments and Programs

Many key informants noted that they were not aware of any programs or assessments available to address the oral health of seniors. A few participants referred to research occurring at Dalhousie University on Seniors Oral Health Assessment.

Assessments

Within the literature, assessment tools are discussed such as the Index of Clinical Oral Disorder in Elders, the Oral Health Assessment Tool and the Brief Oral Health Status Examination.^{58, 59, 73, 74} One article noted that there is no valid and reliable oral health screening tool available for use by nursing staff.²⁵

Within home care in Nova Scotia, a minimum data set (MDS-HC) is used to complete assessments to determine the care needs of individuals seeking assistance with care in the home. The dental status and oral health section asks three questions related to problem chewing, a dry mouth and problems experienced when brushing teeth or dentures. A few informants noted an expansion of these questions might more accurately screen for oral health problems with older adults. Guay discusses the benefits of expanding oral health questions on MDS assessments to better establish baseline data regarding the oral health challenges seniors experience.⁷⁵

It is believed that oral health assessments should become part of the general assessments of seniors' health.¹⁰ In one Israeli study, collaborative efforts among nursing, medicine and dentistry made it possible for oral exams to happen with older persons during short term admission on a geriatric unit. Candida infection within dentures was found with 50% of the subjects in the study. Once a week dental screening and an oral

The Current Situation (cont)

hygiene program was found to significantly improve the oral health of the participants.⁵⁵

Programs

An oral health program exists at the Veterans Memorial Hospital in Halifax and a few respondents noted they were looking to implement this program within their own nursing homes. This program ensures Veterans receive an oral assessment on admission and a dental visit, and a caddy of required oral health supplies are left in each resident's room to facilitate ongoing oral health practices. A few other participants spoke about an effective oral health program that exists in Halton, Ontario.

Research and Evaluation

The World Health Organization has been recommending the creation of oral health information systems to more fully understand the impact of oral disease in the population and to allow for the evaluation of oral health systems. Few countries have been able to implement this recommendation.³ In Canada there is very little consistent data available on oral health. Few oral health surveys or databases exist, and when they occur regionally the data is not necessarily comparable to the other parts of the country.⁶

No key informants reported formal evaluations occurring regarding oral health services or programs, and many informants recognized this as a gap in service delivery. Many participants referred to the work of SOHC when asked if they were aware of any research projects occurring, and only some respondents reported awareness of research occurring at different universities.

Two key informants spoke about the Canadian Community Health Survey conducted by Statistics Canada nationally that asks three core questions related to oral health. Provinces can also purchase an optional set of an additional eleven questions to collect data in their own region on oral health.⁷⁶ Nova Scotia does not presently participate in the gathering of data for this optional set of questions.

A few participants reported that they are looking forward to the implementation results of another national endeavour, known as the Canadian Health Measures Survey. From 2006 to 2008, direct health measures will be collected from 5,000 Canadians in this survey, representing 97% of the Canadian population aged 6 to 79. Oral health has been selected as one of the physical measures that will be researched. It is hoped this work will contribute to the body of knowledge regarding relationships between disease risk factors and oral health status.⁷⁷

A national standardized method of monitoring oral health has been recommended in the Canadian Oral

Health Strategy. Monitoring consistent oral health indicators was also recommended in the 2005 National forum: Taking Action on Seniors Oral Health Care in Canada.^{6, 39}

Specific to seniors, the Canadian Oral Health Strategy suggests some objectives for improvement of Oral Health and reduction of dental disease by year 2010 that include:

- In self report surveys, at age 65+, at least 70% of the population report that the state of their oral health is very good or better.
- In self report surveys, at age 65+, no more than 35% of the population report that they are impacted by difficulties chewing.
- In self-report surveys, at age 65+, no more than 35% of the population report that they have been impacted by peri-oral pain in the last month.
- At age 65+, no more than 30% of the population have lost all their natural teeth.
- At age 65, 50% of the population have 20 or more natural teeth.
- All provinces and territories have legislation requiring oral screening of new residents upon entry into a long term care facility, as well as ongoing oral health care plans.
- 75% of non-institutionalized seniors report adequate access to dental care.

CONCLUSION

and recommendations

It is imperative that Nova Scotia strives to maintain and/or improve the oral health of seniors throughout the province. Accountability for the provision of dental services is complex, given it is primarily privately funded. However, many seniors presently do not have private dental insurance, they experience low incomes and have difficulties attending dental appointments in traditional private offices. Without oral health care, these seniors are at substantial risk for developing oral infections and an associated deterioration in overall health status. Similar to the special needs of children, seniors with special needs should have access to effective oral health services. The following recommendations lay the foundation for a framework for action to improve oral health care for Nova Scotia seniors. This framework has potential for including other access-challenged populations within Nova Scotia. These recommendations require the commitment of many different government and non-governmental organizations.

1.

The Department of Health, Department of Health Promotion and Protection, and Department of Community Services should ensure that a position is created within the provincial government dedicated to the oral health of seniors. Oral health should be recognized as a priority by hiring a full time Oral Health Coordinator who can provide leadership for addressing the following issues:

- a. Integrating seniors' oral health issues into current and future planning occurring in public health, health promotion, chronic disease prevention, primary care, continuing care, acute care, palliative care, community services, and education;
- b. Developing, implementing, monitoring and evaluating standards for the oral health care of seniors that are linked to the Public Health Standards. This process should be supported by a working group comprised of key stakeholders;
- c. Developing, monitoring and regularly reporting upon a set of indicators related to the oral health of seniors, including taking advantage of existing national surveys when appropriate; and
- d. Creating an ongoing social marketing campaign about the importance of oral health for seniors.

2.

The Seniors Oral Health Collaboration should continue in its leadership role initiating change to improve oral health care for seniors in Nova Scotia. Specifically, the Seniors Oral Health Collaboration should work with the Oral Health Coordinator to:

- a. Explore the feasibility of preventative and restorative oral health care services to seniors who do not have access to oral health care. A pilot project should be implemented that could include:
 - i. Creating a business case to estimate costs associated with conducting such a pilot;
 - ii. A collaborative practice arrangement where

- members of a health team work together to maximize use of professional skill sets, building upon the lessons learned from collaborative practice models in primary health care;
 - iii. An innovative care delivery model with alternative payment schemes, such that health professionals are compensated appropriately for the time and expertise required to effectively provide oral health care to seniors in this environment;
 - iv. A mobile dental clinic option where the health care team provides oral health services for seniors and potentially other access-challenged groups;
 - v. Service provision in both urban and rural settings; and
 - vi. An evaluation to determine the impact of the model and the feasibility of expanding the model throughout the province.
- b. Work with the regulatory bodies for dental health professionals to implement a regulatory framework that delineates scopes of practice and provides seniors with safe and appropriate oral health care, building upon the lessons learned from collaborative practice models in primary health care.
- c. In partnership with the Nova Scotia Seniors' Secretariat and Group of IX (organizations concerned with seniors' issues), work with groups of pensioners to develop and implement a strategy to encourage more private insurance companies to offer affordable private dental insurance to retired Nova Scotians.
- d. Identify opportunities for ongoing interdisciplinary research related to promoting the oral health of seniors.
- e. In partnership with the Department of Education, work with institutions that educate health professionals to integrate issues regarding seniors' oral health into their respective curricula.
- 3.
- The Faculty of Dentistry and the School of Dental Hygiene at Dalhousie University, should partner with other health professional training institutions to pursue inter-professional learning activities in clinical practice and research that will promote increased interdisciplinary awareness of oral health issues among graduating health professionals. The Faculty of Dentistry and the School of Dental Hygiene at Dalhousie University should also pursue the following activities:
- a. Establish core or mandatory elements to their respective curricula to ensure dental health professionals consistently receive increased training regarding specific oral health needs of seniors.
 - b. Lead a collaborative process to develop and/or adapt and disseminate an oral health screening tool that can be used by health professionals and caregivers to identify seniors' oral health issues requiring attention.
 - c. Together with the Nova Scotia Dental Association and Nova Scotia Dental Hygienists Association, host collaborative continuing education

Appendix A

Oral Health of Seniors Policy Scan and Analysis Interview Guide

Oral Health of Seniors Policy Scan and Analysis Interview Guide

Name of Interviewer:

Date:

Name of Participant:

Purpose

The purpose of these interviews is to help the Seniors Oral Health Collaboration in Nova Scotia seek information about provincial, national and international policies related to the oral health of seniors. They are working with the Nova Scotia Department of Health to develop policy recommendations and strategies that address the oral health needs of Nova Scotia Seniors.

Process

1. Identified interview candidates will be contacted initially by e-mail to request their participation in an interview to explore policies and programs related to seniors' oral health. Positive responses will be followed up with a request for a time for a telephone interview. Non-responses will be followed up within one week by telephone and invited to participate in an interview at a convenient time. Two attempts to contact by phone will be made.
2. Questions will be circulated to interviewees via e-mail before the interview, as will a brief background information page about the Seniors Oral Health Collaboration.
3. Interviews will be conducted via telephone.
4. Responses from the interviews will not be directly attributed to specific individuals in any reporting of the data. Although we are working with a small sample, every effort will be made to ensure that sample quotes used for illustration purposes in the final report do not identify respondents specifically.
5. Script to guide the interviewer is shown on the next page in italicized text. Questions to be asked of the interviewees is shown in non-italicized text. Instructions to the interviewer are in all capital letters.

Introduction

Hello, my name is <interviewer name>. I am working on a project for the Seniors Oral Health Collaboration in Nova Scotia to assist them in exploring policies and programs that exist related to the oral health of seniors. We are interested in hearing about any policies or programs you are aware of that are related to seniors' oral health.

We are interviewing about 40 people for this project. The responses from all of the interviews will be combined in a report to the Seniors Oral Health Collaboration, so any comments that you make during the interview will not be attributed specifically to you. We expect that the interview will take approximately 20 minutes.

A few days ago I sent you a copy of the interview questions as well as a brief overview of the work of the Seniors Oral Health Collaboration. Did you receive these?

IF YES, THEN SAY

Great. Do you have any questions before I begin asking you the interview questions?.

IF NO, THEN SAY

Would it be helpful for me to give you a brief overview of the work of the Seniors Oral Health Collaboration in Nova Scotia before I begin asking you the interview questions?

IF YES,
then briefly review the information provided in the pre-circulated materials.

IF NO,
proceed with interview.

Interview Questions

1.

What are the issues (if any), you have encountered in your organization/work related to the oral health of seniors?

ISSUES IDENTIFIED – GO TO QUESTION 2

ISSUES NOT IDENTIFIED - GO TO QUESTION 3

a. *Public awareness and promoting oral health practices with seniors and caregivers*

Probe: education sessions, public displays, health promotion initiatives

b. *Seniors' accessibility to dental care regardless of where they live*

Probe: transportation services, mobile clinics, home care, long term care

c. *Publicly funded dental care programs for seniors*

Probe: insured services for specific populations, social assistance

d. *Supplemental public or private funding that complements seniors' private insurance for dental care programs*

Probe: private trusts that fund services in care facilities

2.

Are you aware of policies and/or programs available to address these issues?

I would now like to ask you about your awareness of policies or programs in some more specific areas related to seniors' oral health.

3.

Are you aware of any policies and/or programs that address:

Interview Questions

e. *Education and training for dental health professionals specifically about the oral health needs of seniors*

Probe: content within courses for degree requirements, continuing education

f. *Education and training for non-dental health professionals specifically about the oral health needs of seniors*

Probe: content within courses for degree requirements, continuing education

4.

Are you aware of any standards or guidelines that exist for addressing the oral health of seniors?

IF SO How may we learn more and/or get a copy?

5.

Are you aware of any resources or tools that can be used by health professionals to assess the oral health needs of seniors?

IF SO How may we learn more and/or get a copy?

6.

Are you aware of any research projects or program evaluations related to the oral health of seniors?

IF SO How may we learn more and/or get a copy?

7.

Do you have any suggestions regarding what other organizations or specific people we should talk to about seniors' oral health policies and/or programs?

8.

Do you have any other comments or advice for the Seniors Oral Health Collaboration as they work towards developing policy recommendations and strategies to address the oral health needs of Nova Scotia seniors?

Thank you very much for taking the time to speak with me today. If you have any questions about the project, please do not hesitate to contact me in the future.

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