



“What will it take to leave no  
senior behind?”

*(Pyle, SCD 2002)*

# The Oral Health of Seniors Project





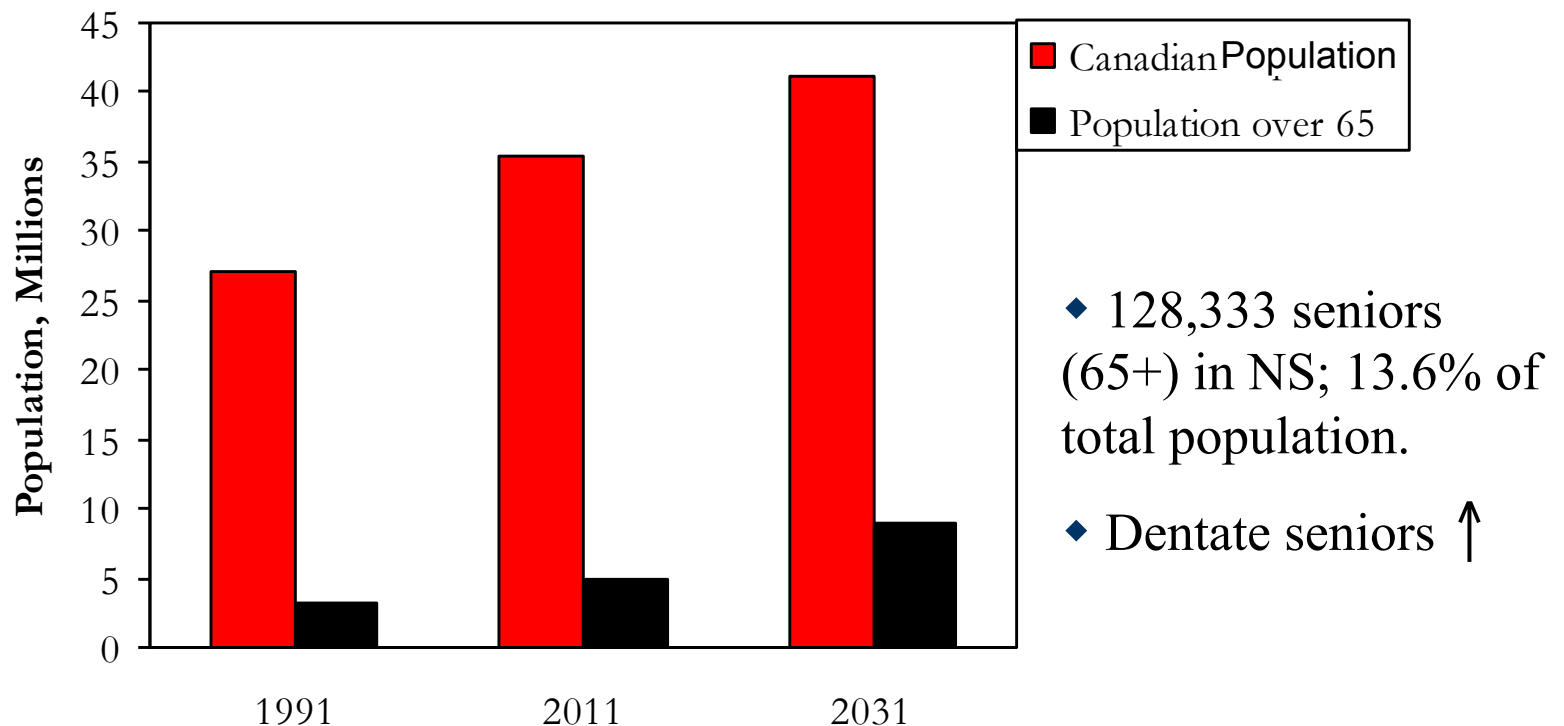
# Overview



- ◆ Demographics
- ◆ Public Policy
- ◆ Situating Oral Health
- ◆ Barriers to Care
- ◆ Is there a Crisis of Care?
- ◆ Project History
- ◆ Health Services Research
- ◆ OHS Project

# Demographic Trends

Canadian Population Projections



# Demographic Trends

- ◆ 78.4% visited a physician whereas only 52.4% visited a dentist within a 1-year period
- ◆ 50% of seniors have gone 3+ years without a dental visit
- ◆ 8-9% of NS seniors live in LTC

# Public Policy

- ◆ Dentistry is a discretionary health service
- ◆ No central authority for establishing priorities for care
- ◆ Distribution occurs (almost exclusively) on the basis of free market exchange
- ◆ Romanow “A Report Without Teeth”
- ◆ No hospital residency programs in NS

# Situating “Oral Health”

“...in dentistry, there has been a tendency for us to treat the oral cavity as if it were an autonomous anatomical structure that happens to be located within the body but is not connected to it (the body) or the person in any meaningful way. That is, the mouth as an object of enquiry has usually been isolated from both the body and the person.” (Locker, 1996)

# Situating “Oral Health”

March 2000, US Surgeon General’s Report:

- ◆ Recognized the serious situation facing marginalized groups such as the aged as the “silent epidemic” of oral disease
- ◆ This report was meant to alert citizens to the “full meaning of oral health and its importance to general health and well-being”



# Situating “Oral Health”

## Themes of the US Surgeon General’s Report:

- 1) “oral health means much more than healthy teeth”  
- the craniofacial complex.
- 2) “oral health is integral to general health” - the mouth is a mirror of health and disease.
  - Difficulties chewing, tasting, and swallowing - effects eating patterns, nutrition status
  - Acute or chronic oral pain - ↑ prevalence of caries in senior populations (est. 95%)
  - Salivary gland dysfunction - polypharmacy

# Situating “Oral Health”

## Themes of the US Surgeon General’s Report:

- 3) “safe and effective disease prevention measures exist that everyone can adopt to improve oral health and prevent disease” - role of professionals

↑ number of seniors retaining their natural teeth will require more complex preventive and restorative procedures

- 4) “general health risk factors, such as tobacco use and poor dietary practices, also affect oral and craniofacial health”

Elders are at highest risk for oral cancer→least likely to receive early detection services

# Goals for Healthy Aging?

- ◆ Does oral health impact these goals?
  - Minimizing disease and disability
  - Maintaining physical function
  - Improving social relationships  
(e.g. social withdrawal because of dental appearance→poor self-esteem)

# Barriers to care

## ◆ Financial Constraints

- Social assistance coverage stops at 65
- Dental insurance commonly cut-off at retirement or at 65
- In 1996, 75% of men and 83% of women aged 75+ in Canada did not have dental insurance
- Insurance plans are too expensive and not designed for seniors

## ◆ Access to Dental Care

- ↓ physical capacity and/or disability
- Transportation difficulties
- Lack of knowledge of dental services or lack of dental services in the given community

# Barriers to care

## ♦ **Attitudes of the Elderly**

- Accept dental disease as a natural part of aging
- Lack of experience with visits; anxiety and fear
- Feel care is unnecessary once they have dentures
- Lack of prevention/promotion materials

## ♦ **Attitudes and Knowledge of Caregivers**

- Family apathy
- Health professionals:
  - Training
  - Time

# Barriers to care

- ◆ **Attitudes and Knowledge of Direct Care Providers**
  - Age may affect the treatment decisions of the dentist (seniors receive fewer preventive and restorative treatment options)
  - Insufficient knowledge and education about gerontological issues (e.g. medical complexity)
- ◆ **Unique barriers for Institutions**
  - Financial constraints; lack of interest by patient and family; transportation to dental office; lack of space for treatment; insufficient equipment; difficulty engaging relevant parties (e.g. administrators, families); not a primary concern.

# Barriers to care

## ♦ Education System

- Lack of specialty training options
- Curriculum changes to meet the changing demographic

## ♦ Physiological Complications of Aging

- Inability to properly care for his/her oral health (e.g arthritis, cognitive impairment)
- Chronic illnesses can become acute dental diseases

# Is There a Crisis of Care?

- ◆ Oral health is marginalized from publicly funded health care:
  - Exclusion of issues from population health surveys
  - Lack of oral health promotion and prevention initiatives (e.g. NS public health mandate is up to age 30)
  - Lack of available training opportunities and specialized programs for care providers
  - Fewer than 20% of Cdn. dentists report visiting nursing homes



# Project History

- ◆ Discussions between Faculty of Dentistry and Atlantic Health Promotion Research Centre regarding collaboration on a project in the area of health promotion and dentistry
- ◆ Successful letter of intent to the Canadian Health Services Research Foundation (CHSRF)
- ◆ After receiving partnership funding from private sector partners in June 2001, this project was awarded national funding.
- ◆ The Project's start date was April 15, 2002.

# Health Services Research

Explores:

- ◆ Health policy; management; organization; delivery of health services
- ◆ Governance; financing; effectiveness; and efficiency of the health system

# Why is Our Research Important?

- ◆ Explores the pressing need for an integrated set of policies and practices for managing continuity of seniors' oral health care
- ◆ Clarifies the private-public sector roles and required structural changes to affect policy
- ◆ Creates linkages between stakeholder groups
- ◆ Ultimately, this research will improve the oral health of seniors

# Partners

## Atlantic Health Promotion Research Centre

- ◆ **Mission:** To conduct and facilitate research in health promotion that influences policy and contributes to the well-being of Atlantic Canadians.

## Faculty of Dentistry, Dalhousie University

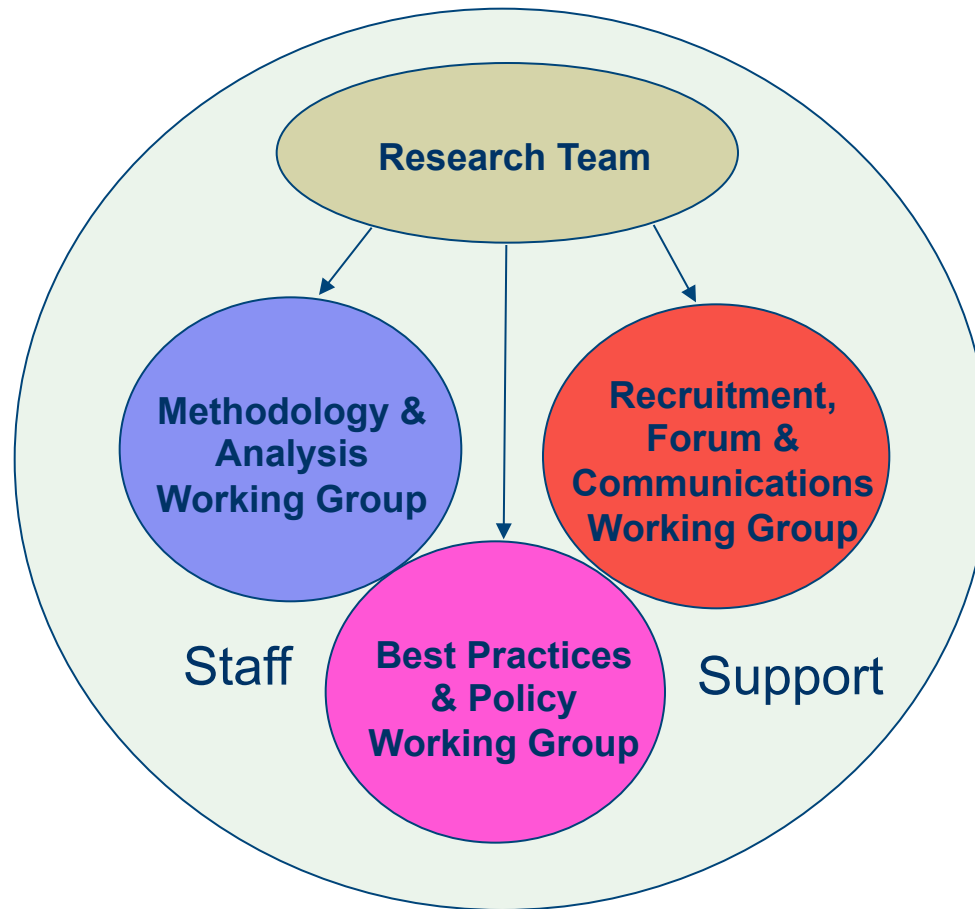
- ◆ **Mission:** To promote health in a caring and compassionate way through oral and maxillofacial health-based education, research and service.

# Project Team

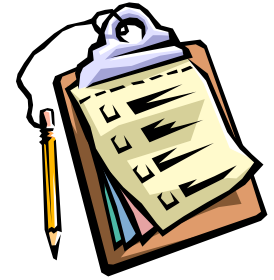


- Faculty of Dentistry, Dalhousie University
- Atlantic Health Promotion Research Centre
- University of Toronto
- Manulife Financial
- Nova Scotia Dept. of Health
- Nova Scotia Dental Association
- Nova Scotia Dental Hygienists Association
- Nova Scotia Seniors Secretariat
- Northwoodcare Inc.
- Senior Representative
- Staff

# Working Group Framework

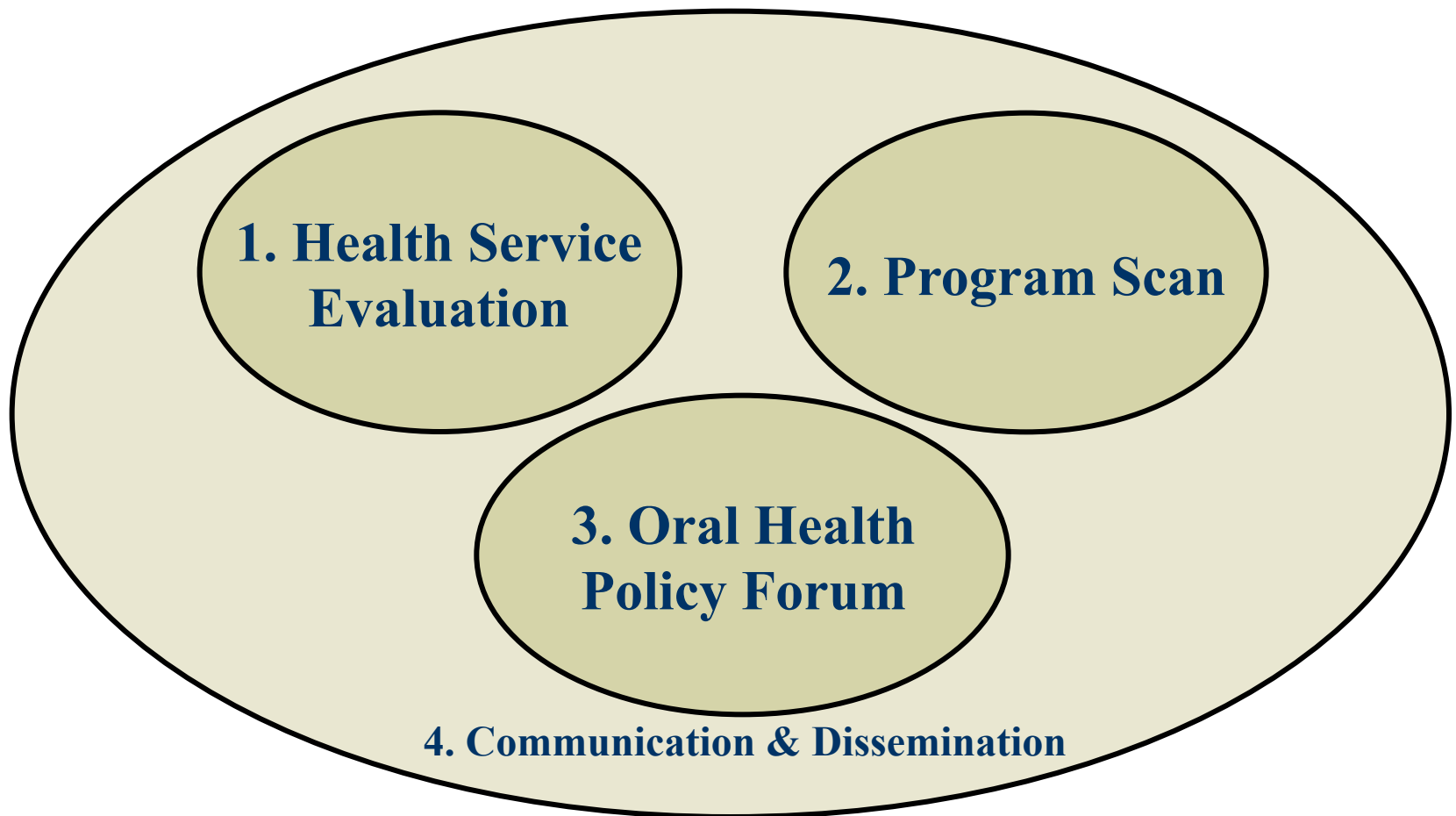


# Research Question



What are the key components of a health services model, based on continuity of care, which will help improve access to oral health for seniors?

# Objectives





# Health Services Evaluation



Examine the continuity of care in the  
delivery of oral health services to seniors in  
Nova Scotia

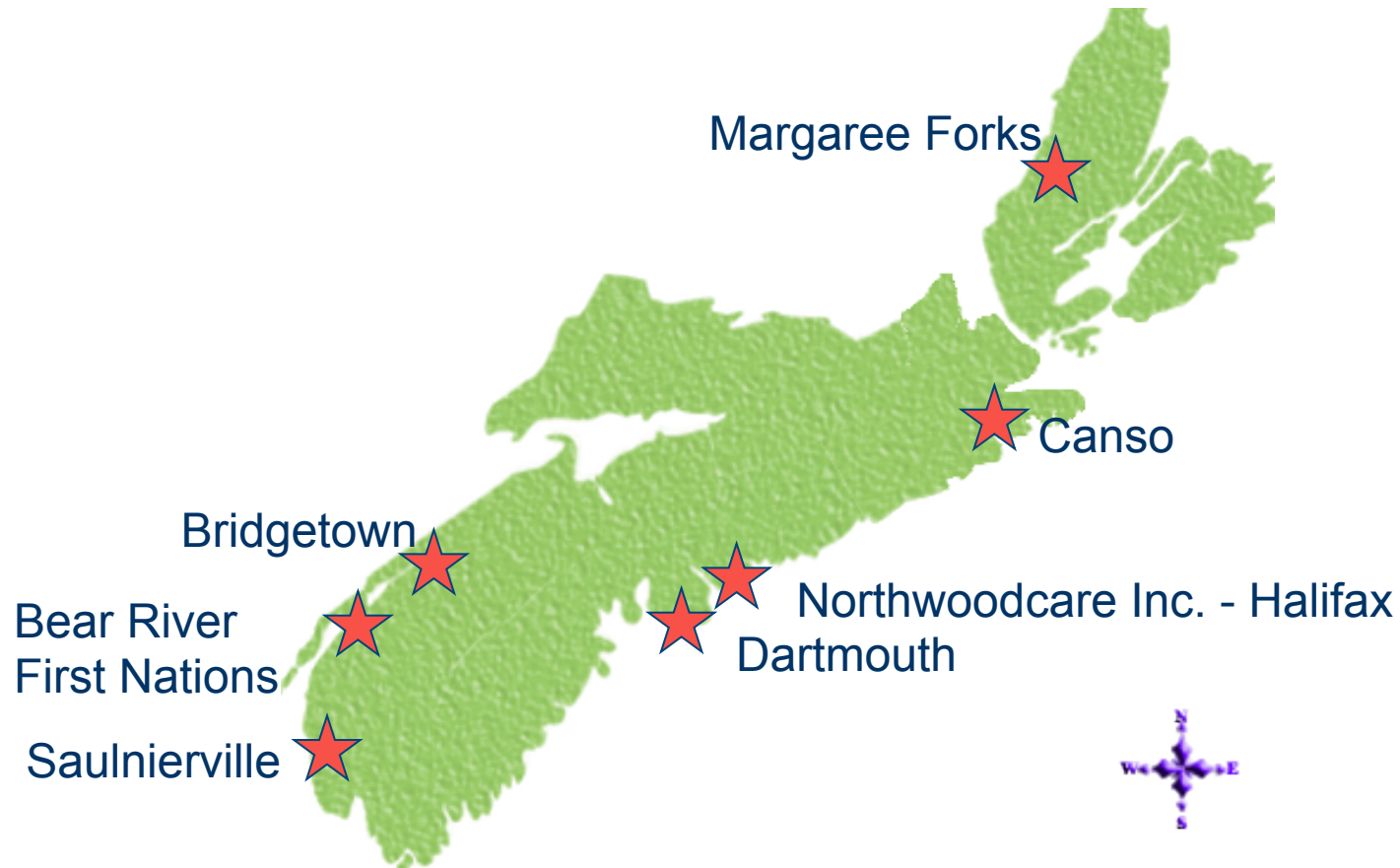
# Methodology

- ◆ Surveys (seniors, direct care providers – *dentists and dental hygienists only*)
- ◆ Focus groups (seniors, direct care providers – dentists, dental hygienists, nurses)
- ◆ Key informant interviews (indirect care providers – those that develop policy and provide support for seniors)

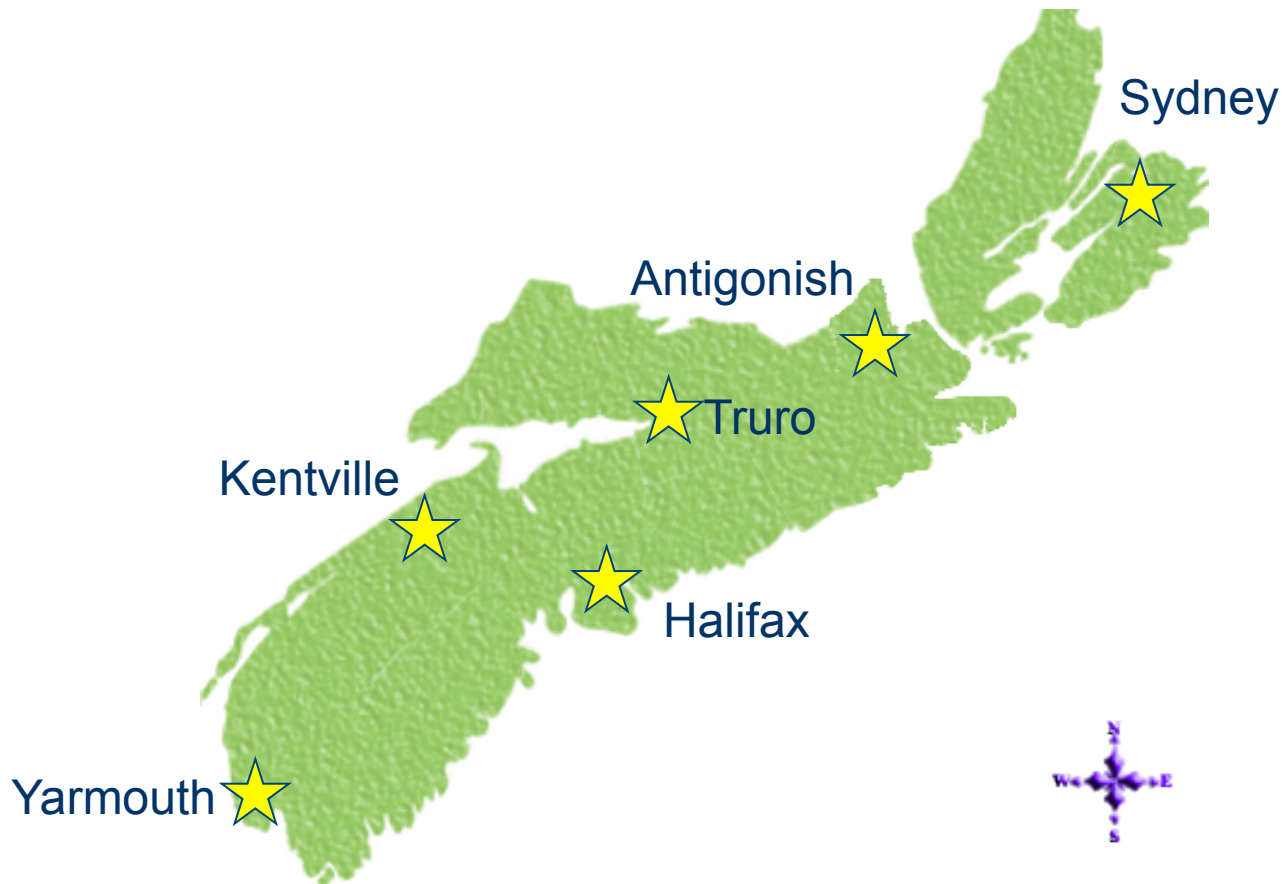
# Recruitment

- ◆ Seniors (65+)
  - Recruitment strategy - to reflect demographic profiles:
  - Age levels (65-74, 75-84, 84+), Urban/rural, Gender, Martial Status, Education level, Ambulatory and non-ambulatory, Long-term care facility residents/those living at home, Language, Ethnicity, Income level (*Statistic Canada Profile on Seniors, 2001*)
- ◆ Direct Care Providers:
  - Dentists, dental hygienists, RNs/LPNs/PCWs/HSWs
  - Recruitment strategy – representatives from a variety of different types of areas (e.g. urban, urban-rural, rural, rural-remote) within their region.

# Participant Locations- Seniors



# Participant Locations- DCP



# Methodology

## ◆ Survey

- Background questions
- Health status
- Dental care received in the past
- Level of satisfaction
- Dental insurance
- Access and barriers to oral health care

## ◆ Focus Groups

- Types of oral health services
- Things that make it difficult
- Things that help
- Whether the services meet the need
- What can be done to help

# Recruitment

- ◆ Indirect Care Providers:
- ◆ Purposeful sampling, 2-3 key informants from each group:
  - Insurance managers, long-term care facility administrators, academic program providers (dentistry, dental hygiene, nursing, medicine), academic researchers (geriatric and dental research), policy experts, health critics, senior advocacy groups
- ◆ Questions: Management and funding of program, implementation and evaluation, future direction of programs/policies

# Program Scan



Determine 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.



# Methodology

- ◆ Using computerized databases, Internet searches and consultation with national and international experts
- ◆ Scan for seniors' oral health programs/services (nationally and internationally) at three levels:
  - 1) Existing dental programs for seniors (direct service and insurance);  
Questions include:
    - Background characteristics
    - Implementation/evaluation strategies
    - Recommendations
  - 2) Geriatric training programs;
  - 3) Oral health promotion/prevention programs.

# Methodology

- ◆ Comprehensive review of the literature.
  - Literature themes: attitudes, nutrition, status, barriers, quality of life, care of seniors in long-term care, private and public dental programs, promotion, prevention and education, training, insurance, policy
- ◆ Scan of existing policies
- ◆ Establish assessment criteria for existing programs and services for seniors' oral health

# Oral Health Policy Forum



To develop strategies for financial, organizational and policy interventions and a model for continuity of care that will improve private/public sector provision of oral health services in Canada.

# Objectives

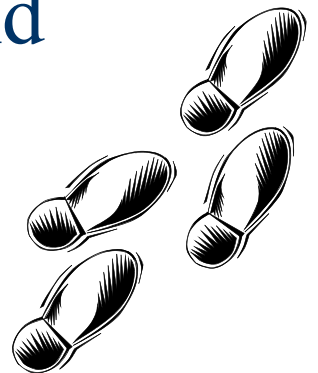
- ◆ To disseminate the project results
- ◆ To build collaborations across sectors
- ◆ To build a foundation for a provincial intersectoral Seniors Oral Health Working Group
- ◆ To formulate strategies for a health-services model

# Expected Outcomes

- ◆ Researchers: Bring the issue to the forefront and encourage more oral health services research
- ◆ Care providers: Affect policy and program development, and create the potential for improved access for seniors to oral health care services
- ◆ Seniors: Improved access to oral health care will ultimately affect general well being and overall health.

# Next Steps

- ◆ Analyze data (focus groups, interviews, Program Scan)
- ◆ Summarize information into reports
- ◆ Host the *Oral Health Policy Forum*
- ◆ Build a model of recommendations and strategies
- ◆ Disseminate the project findings



# Sponsors



## Key:

- Canadian Health Services Research Foundation
- Nova Scotia Health Research Foundation
- Drummond Foundation
- Manulife Financial
- Nova Scotia Dental Association
- Dentistry Canada Fund

## Other:

- Nova Scotia Senior Citizens' Secretariat
- Nova Scotia Dental Hygienists Association
- Faculty of Health Professions – Dalhousie University
- Faculty of Dentistry – Dalhousie University

# Questions?



*Project website:*

**[http://www.ahprc.dal.ca/  
oralhealth/Index.htm](http://www.ahprc.dal.ca/oralhealth/Index.htm)**

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