Oral Health Care for the Aging Population

Statewide Initiatives Targeting High-Risk Seniors

Lynn Bethel, RDH, MPH
Director, Office of Oral Health

Massachusetts Department of Public Health
The Commonwealth's High-Risk Senior Population

Results and Recommendations from a 2009 Statewide Oral Health Assessment

Massachusetts Department of Public Health
Office of Oral Health
July 2010
Access to Dental Care for Seniors at Meal Sites

- Over 79% did not have dental insurance
- About 70% were not eligible for MassHealth (Medicaid)
- 34% did not have a dentist of record
- Nearly 50% hadn't had a dental visit in the last year
Nearly 20% of seniors had not had a dental visit in more than 5 years.
Edentulism

- 19% at meal sites were completely edentulous with 50% having no dentures.
- 35% at LTCF were completely edentulous with about 50% having no dentures.
- 26% of seniors at meal sites had most of their natural teeth, compared with 13% of seniors at LTCF.
35% screened at meal sites had gingivitis
74% at LTCF had gingivitis

* 1+ teeth located in the mandibular anterior sextant only
62% of seniors in both groups who had untreated decay also had xerostomia

Figure 21. Prevalence of Untreated Decay Among All Seniors with 1+ Teeth and Xerostomia

p value = 0.003
35% at meal sites had untreated decay with 17% having major to urgent dental needs.

**Figure 18. Prevalence of Untreated Decay Among Seniors at Meal Site and Treatment Urgency**

- Untreated Decay: 35% of Seniors
- Early: 15%
- Major: 10%
- Urgent: 5%
59% at LTCF had untreated decay, with 34% having major to urgent dental needs.
32% of low income 3rd graders have untreated decay
35% of seniors at meal sites and 59% at LTC Facilities have untreated decay

Prevalence of Untreated Decay Among Seniors and 3rd Graders in Massachusetts

The Oral Health of Massachusetts’ Children, DentaQuest Institute, 2007.
Recommendations

- Establishment of a special working group to develop recommendations, guidelines and policies to improve the oral health of seniors.

- Develop routine oral health in-service education for all nursing staff in LTC and nursing facilities.
Recommendations (cont’d)

- Promote the training of MDs and RNs to perform oral health assessments, oral cancer screenings and applying fluoride varnish.

- Inclusion of preventive dental care in private and public medical (health) insurance plans.

- Incorporate the oral health needs of seniors in dental and dental hygiene education.
Recommendations (cont’d)

- Promote the utilization of the public health dental hygiene workforce in long term care facilities, senior housing and other settings serving seniors.
Oral Health Working Group

- American College of Health Care Administrators
- Association of Registered Nurses
- Dental & Dental Hygiene Education
- Dental Hygienists’ Association
- Dental Society
- Elder Services
- Hebrew Senior Life
- HHS Centers for Medicare and Medicaid
- HHS Region I - Division of Women’s Health
- Home Care Alliance
- Medical Society
- Nat’l Assoc of Directors of Nursing Administration in LTC
- Senior Care Association
- Veteran’s Affairs
- Visiting Nurses Association
- 3 seniors
Oral Health Working Group (cont’d)

- Board of Registration in Dentistry
- Commissioner's Office
- Division of Health Professions Licensure
- Executive Office of Elder Affairs
- Heath Care Quality
- MassHealth (Medicaid) Dental Program
- Office of Healthy Aging
Priorities

1. Expand and make available oral health materials, trainings, and resources to providers, family and seniors

2. Promote public health dental hygienists and access to a dental home for seniors

3. Long term care (still developing)
Implementing the Priorities

- Identified Best Practices and Gaps in available information
- Developed Three Webinars for DPH website
  - Top 10 Oral Health Problems
  - Oral Care for the Homebound Senior
  - Augmenting the Toothbrush to Assist in Self-Care
- Developed Fact Sheets and Menu Backs
- Developed a Mini-Missions of Many Manual
Your Oral Health

“Everyone needs dental care every day…”

Tips for Good Oral Health

1. Brush and floss every day…use fluoride toothpaste.
   - Use a manual or power toothbrush. Always remember to change the toothbrush every 3 to 4 months or after a cold.
   - If it is difficult to hold a toothbrush handle and properly move the toothbrush around your mouth, there are simple things you can do to modify the toothbrush.
     - Try wrapping adhesive tape around the toothbrush handle to make it thicker and easier to grasp, or attach it to a bicycle handle. Toothbrush handles can also be made bigger by cutting a hole in a tennis ball attaching it to the end of the handle.
   - Always use fluoridated toothpaste.
   - If flossing is difficult, try using floss-ades such as floss picks, floss threaders, or a proxabrush.

2. Drink fluoridated water…water fluoridation benefits everyone…regardless of age.
   - To find out if your community has fluoridated water call your local water department or the Massachusetts Department of Public Health at 617-624-5943.

3. Visit the dentist office regularly…it’s important even if you don’t have any natural teeth.
   - Know your medical history! It’s important that a thorough medical history is always taken when visiting a dental office. It’s helpful to bring a list of your medications and their dosages to each appointment.
   - Early detection is key! Be sure the dentist or dental hygienist performs an oral cancer screening, at least yearly.

For more information, contact:
Massachusetts Department of Public Health
Office of Oral Health at 617-624-5943 or at Oral.Health@state.ma.us

Your Oral Health:
Toothbrush Adaptations

Why Is Dental Health So Important?
There are significant links to dental health and overall health. According to Former Surgeon General Dr. C. Everett Koop, “You are not healthy without good oral health.” A healthy mouth is important for many aspects of life, including eating well, absence of dental pain, personal relationships and feeling good about your appearance. Older adults need to be especially concerned about their oral health due to its relationship with systemic diseases, such as heart disease and diabetes, and the effect of some medications on the oral cavity. Dental diseases like tooth decay, and oral diseases like gingivitis and periodontitis, cause pain difficulty in chewing, gums to bleed while brushing and bad breath, as well as teeth to loosen. Oral hygiene, medication use, and nutrition, in addition to accessing regular dental care, play a role in how healthy your teeth and mouth will be.

What Can I Do If I’m Having Trouble Brushing My Teeth?
If you or someone you are caring for is having trouble brushing their teeth, there are many ways you can adapt the toothbrush to make it easier to hold. You can attach a toothbrush to a velcro strap (often used with food utensils) or use an elastic band to attach the toothbrush to the hand. Other ideas to make gripping the toothbrush easier include cutting a slit in a tennis ball and attaching the toothbrush or attaching a bicycle grip to the end of a toothbrush. Some people also find that using an electronic toothbrush improves brushing technique.
It is important to remember that flossing daily is also important and floss holders and other aids can be used.

For more information and ideas for adapting toothbrushes and other oral hygiene aids, you can search online using the search terms “toothbrush adaptations.”

For more information, contact:
Massachusetts Department of Public Health
Office of Oral Health at 617-624-5943 or at Oral.Health@state.ma.us
Established Resources
Meal or No Meal Cable TV Show
MassHealth (Medicaid)

- 853,00 senior residents are Medicare beneficiaries with 29% of them living below 150% of federal poverty level
- MassHealth (Medicaid) regulations: If a senior has $2,000 or $3,000 as a couple in countable assets they do not qualify for dental benefits
- 1.2 million residents are covered by MassHealth, and just 12% are at least 65 years of age
- July 2010, MassHealth reduced adult dental benefits
Senior Oral Health Program

- Established in December 2009
- Funded through a private family foundation
- Piloted in the City of Boston
- Seniors living in Boston Housing Authority Senior Developments who are at least 60 years of age
- Dental Screening and Follow-up Dental Care
- All dental services are free of charge
- Transportation Assistance is provided
How is the program funded?

- MassHealth (Medicaid) covers examinations, cleanings, x-rays and extractions
- Any service that was reimbursed by MassHealth on June 30, 2010, is covered by the grant funding
- All dental services are paid by the grant funding at the MassHealth rate
- Other services paid by the funding:
  - Personnel
  - Supplies
  - Interpreter Services
  - Oral Surgery Services
  - Transportation Vouchers
Screening is promoted in advance

- Monthly Screening at a selected BHA Senior Development
- Blood Pressure
- Oral hygiene/health education
- Vision Screening
- Dental Screening
- Free Oral Hygiene Supplies
- Raffle for Grocery Store Gift Card

*** Interpreters are available

- Seniors are given follow-up appointments at the Fenway CHC
- Instructions on Transportation, etc.

*** All written material is translated

FREE ORAL HEALTH SERVICES FOR BHA SENIORS
With or without teeth, dental health is important to your overall health!

The Boston Oral Health Project will be offering FREE dental screenings to BHA residents over 60 years of age

Where: St. Botoiph Housing Development
When: Monday, December 21st
       10:00am-11:30pm

FREE Dental health screenings, toothbrushes, toothpaste, and more!

For more information, please contact:
Agnes Lee at 617-988-5269

Sponsored by Boston Public Health Commission, Mass Department of Public Health, Fenway Community Health Center, Boston Housing Authority, and the Sunshine Lady Foundation
Collaborators

Funder

Boston Public Health Commission

New England Eye Institute

Boston Housing Authority

Collaborators

Fenway CHC
## Cost of the Program

<table>
<thead>
<tr>
<th>Grant Year</th>
<th>Personnel</th>
<th>Dental Services</th>
<th>Interpreters Transportation Oral Surgery Supplies</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2009</td>
<td>$ 323</td>
<td></td>
<td>$ 321</td>
<td>$ 644</td>
</tr>
<tr>
<td>Jan to Dec 2010</td>
<td>$29,853</td>
<td>$43,059</td>
<td>$13,672</td>
<td>$86,584</td>
</tr>
<tr>
<td>Jan to Dec 2011</td>
<td>$25,122</td>
<td>$25,989</td>
<td>$ 6,735</td>
<td>$57,846</td>
</tr>
<tr>
<td>Total for All Years</td>
<td>$55,298</td>
<td>$69,048</td>
<td>$20,728</td>
<td>$145,074</td>
</tr>
</tbody>
</table>
Impact
## Participation in the Program

<table>
<thead>
<tr>
<th>Grant Year</th>
<th># of BHA Seniors Screened</th>
<th># BHA Seniors Needing Follow-up Care</th>
<th># BHA Seniors Recving Follow-up Care</th>
<th># of Dental Services Billed to Grant</th>
<th>Total Costs Billed to Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 (Dec 2009)</td>
<td>28</td>
<td>19</td>
<td>11</td>
<td>532</td>
<td>$ 644</td>
</tr>
<tr>
<td>Year 2 (Jan to Dec 2010)</td>
<td>167</td>
<td>114</td>
<td>67</td>
<td>532 ($43,059)</td>
<td>$ 86,584</td>
</tr>
<tr>
<td>Year 3 (Jan to Dec 2011)</td>
<td>141</td>
<td>99</td>
<td>53</td>
<td>316 ($25,989)</td>
<td>$ 57,846</td>
</tr>
<tr>
<td>Total for All Years</td>
<td>336</td>
<td>232</td>
<td>131</td>
<td>848 ($69,048)</td>
<td>$ 145,074</td>
</tr>
</tbody>
</table>
Collaborators

Boston Housing Authority
Fenway CHC
Boston Public Health Commission
Office of Oral Health
New England Eye Institute
Boston University School of Public Health
New England Eye Institute
Boston Housing Authority
Fenway CHC
Boston Public Health Commission
Office of Oral Health
Resident Oral Health Resources

- Senior housing development resident

- Receive day-long training and preparation on general oral health, its impact on general health, oral hygiene instruction, components of the senior oral health program and how to get their neighbors to take part in the program.

- Educate their fellow residents about oral health
ROHRs (cont’d)

- Use his/her unique understanding of the experiences, language and culture of their development, neighbors and neighborhood to encourage participation in the program.

- An ROHR is paid, usually $12-$15 per hour, up to a maximum amount per week.

*** Community members “owning the program” are the best resource to ensure success.
Impact
Thank you!

Oral.Health@state.ma.us
617-624-6074

www.mass.gov/dph/oralhealth

www.facebook.com/mdphoralhealth

http://publichealth.blog.state.ma.us/ask-the-hygienist