

Translating Ideas: Implementation and Building Partnerships for Healthy Aging

Educational Objectives

- 1. Describe** strategies a State Oral Health Program can implement in developing partnerships to address the oral health needs of its aging population.
- 2. Explain** the role of academia and interprofessional collaborative practice for developing community outreach strategies to address the oral health needs of older adults
- 3. Discuss** opportunities for leveraging federal support and grant funds to develop sustainable infrastructure and programs for older adults.

IF OPPORTUNITY
DOESN'T KNOCK,
BUILD A DOOR.

— MILTON BERLE

WWW.VERYBESTQUOTES.COM

Oral Health and Older Adults in Connecticut

Linda Ferraro, RDH, BS

Dental Director, Connecticut Department of
Public Health

April 19, 2016



Connecticut Department of Public Health



Community Outreach
Time
Oral Health
Coalition Building
Research
Respect
Sustainability
Trust
Funding
Collaboration



Connecticut Department of Public Health



“Silver Tsunami”

- **Number of people 65+ in the United States**
 - 2006 36 million
 - 2030 72 million
 - 2050 84 million
- **Proportion of the population 65+**
 - 2000 12%
 - 2030 20%
- **Proportion of the population 85+**
 - 1980 1%
 - 2030 3%
- **Connecticut proportion of the population 65+**
 - 2010 14%
 - 2030 21%



Source: U.S. Census Bureau: State and County QuickFacts.



Connecticut Department of Public Health



Decline in Total Tooth Loss

- **Total tooth loss in adults 65+ years**
 - **1957-58** 61% had no natural teeth
 - **1985-86** 41% had no natural teeth
 - **2012** 16% had no natural teeth
- **Connecticut -Total tooth loss in adults 65+ years**
 - **2012** 14% had no natural teeth



Source: National Health Survey; BRFS

Connecticut Task Force on Oral Health for Older Adults

- 2006 – Established as a result of community concerns regarding the availability and accessibility of oral health services for poor and vulnerable older adults



Initial Task Force Members

- AARP Connecticut
- CT Association of Agencies on Aging
- CT Association of Non-for-profit Providers for the Aging
- CT Association of Health Care Facilities
- CT Alzheimer's Association
- CT Dental Hygienists' Association, Inc
- CT Department of Developmental Services
- CT Department of Public Health
- CT Department of Social Services
- CT Health Foundation
- CT Office of Long-Term Care Ombudsman
- CT Oral Health Initiative
- CT State Dental Association
- University of CT, School of Dental Medicine



Connecticut Department of Public Health



CT Task Force on Oral Health for Older Adults

- 2008 – *“Just the F.A.C.T.S.” Report*
 - 5 Key Strategies
 - Financing, Advocacy, Communication
Training, Services



National Association of Chronic Disease Directors

“Opportunity Grants for Healthy Aging”

- 2009 – Action Plan on Oral Health for Older Adults 2010-2013
- 2012 – Basic Screening Survey for Older Adults

*CONNECTICUT'S ACTION PLAN
ON ORAL HEALTH
FOR OLDER ADULTS
2010- 2013*

*A SUPPLEMENT TO THE
“JUST THE F.A.C.T.S.”
REPORT*



**The Oral Health of Vulnerable
Older Adults in Connecticut**

2013



Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

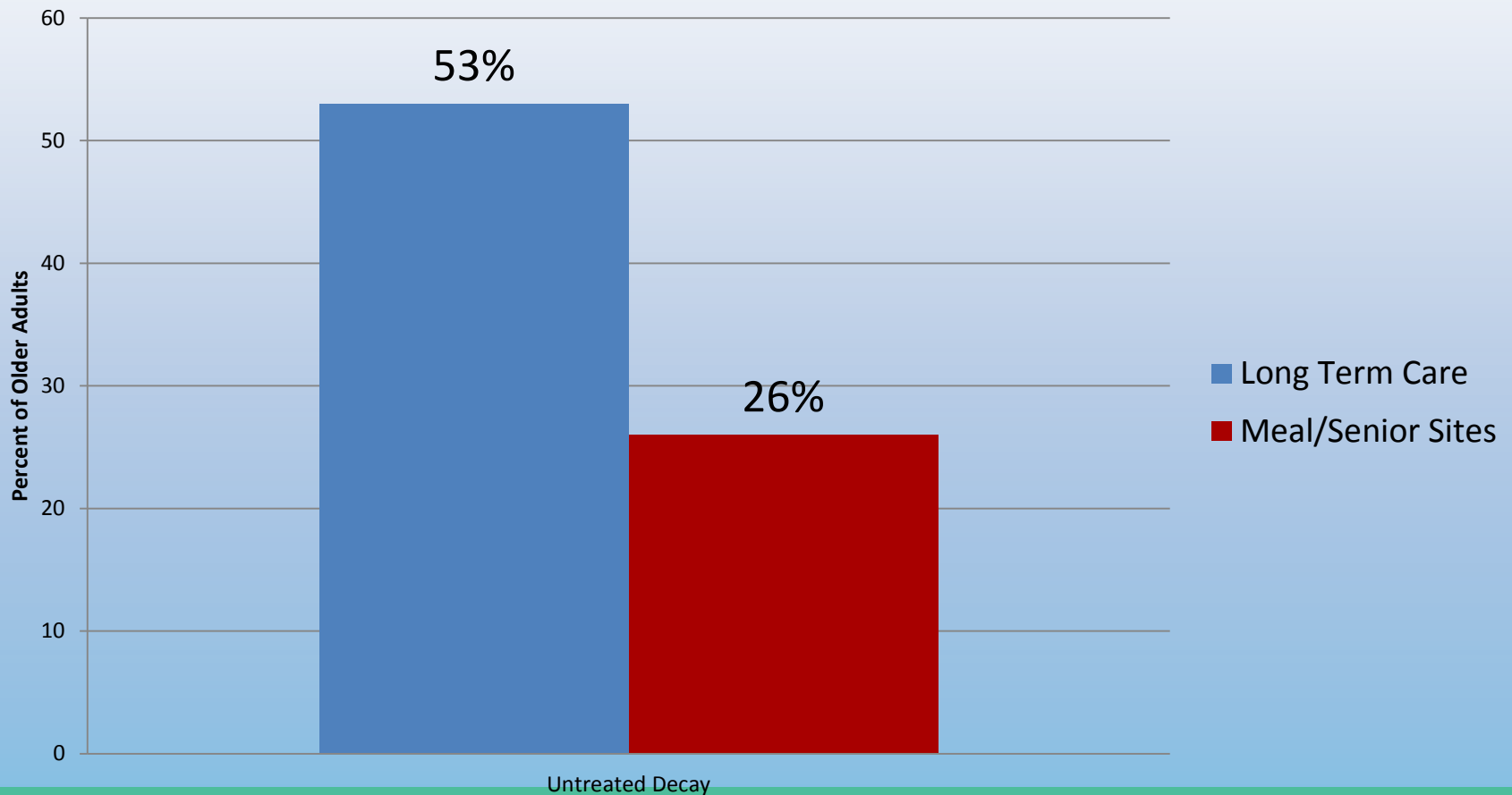


Connecticut Department of Public Health



The Oral Health for Vulnerable Older Adults in Connecticut-2013 Report

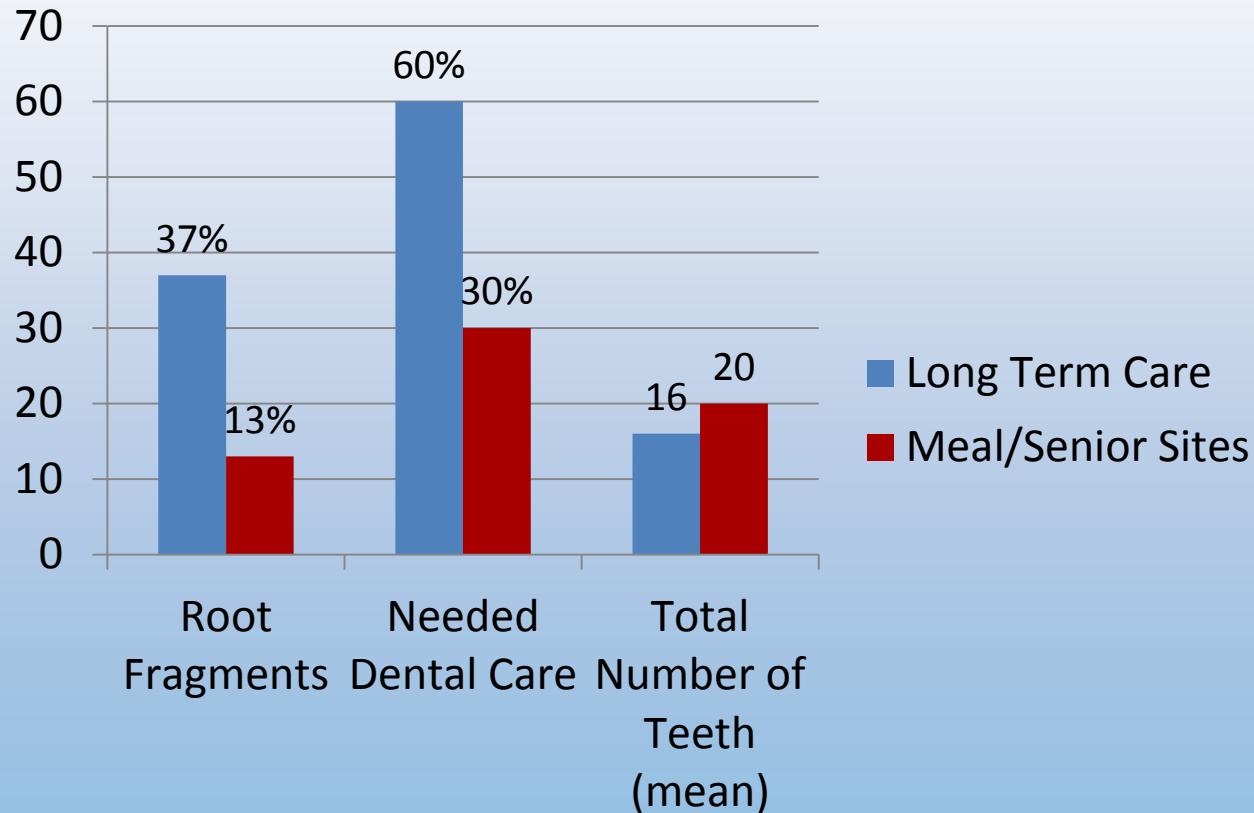
Percent of Vulnerable Older Adults with Untreated Decay



Connecticut Department of Public Health



The Oral Health for Vulnerable Older Adults in Connecticut-2013 Report

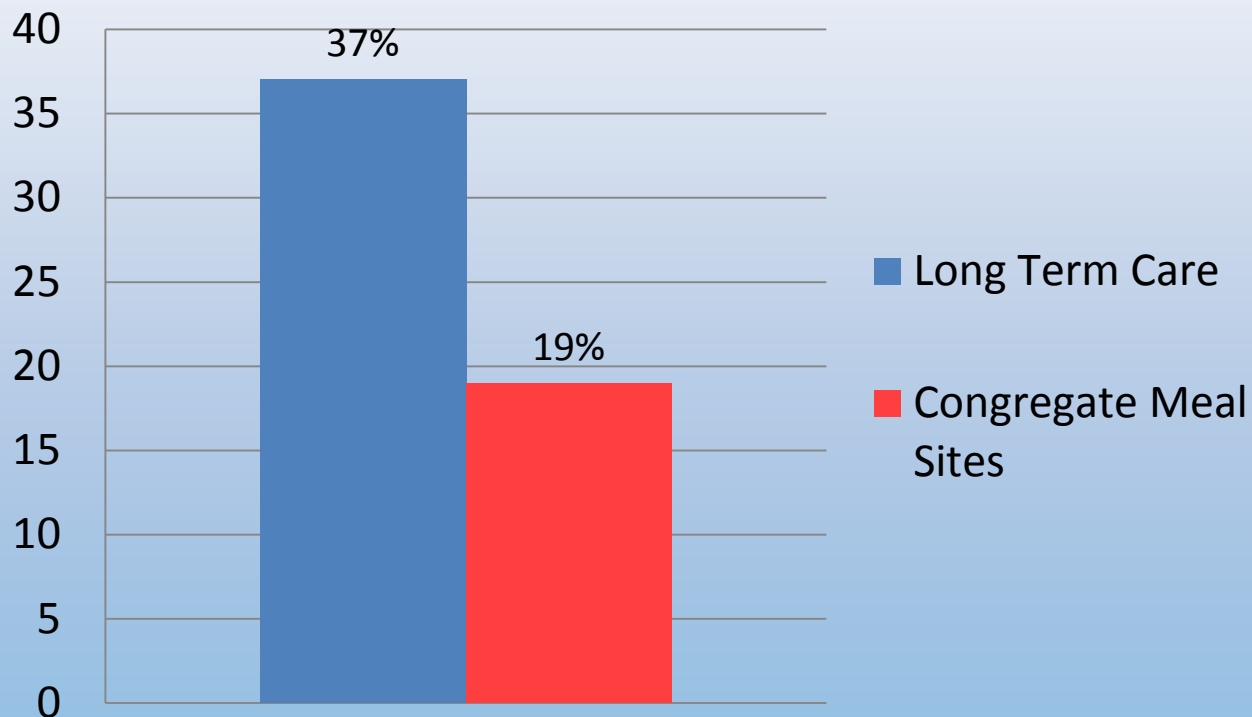


Connecticut Department of Public Health



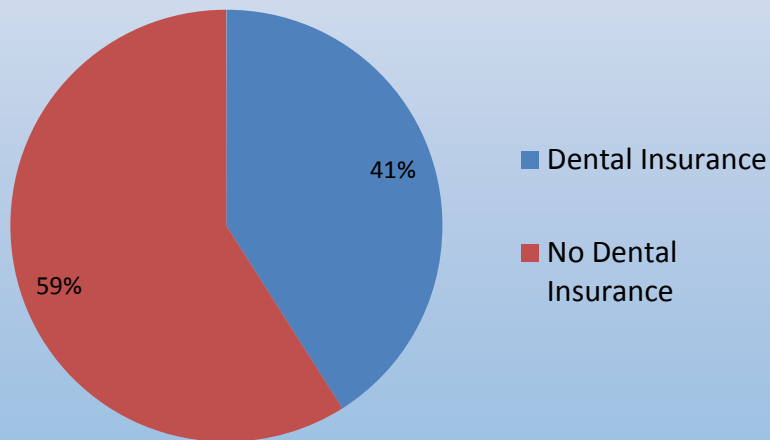
The Oral Health for Vulnerable Older Adults in Connecticut-2013 Report

Percent who have lost all natural teeth

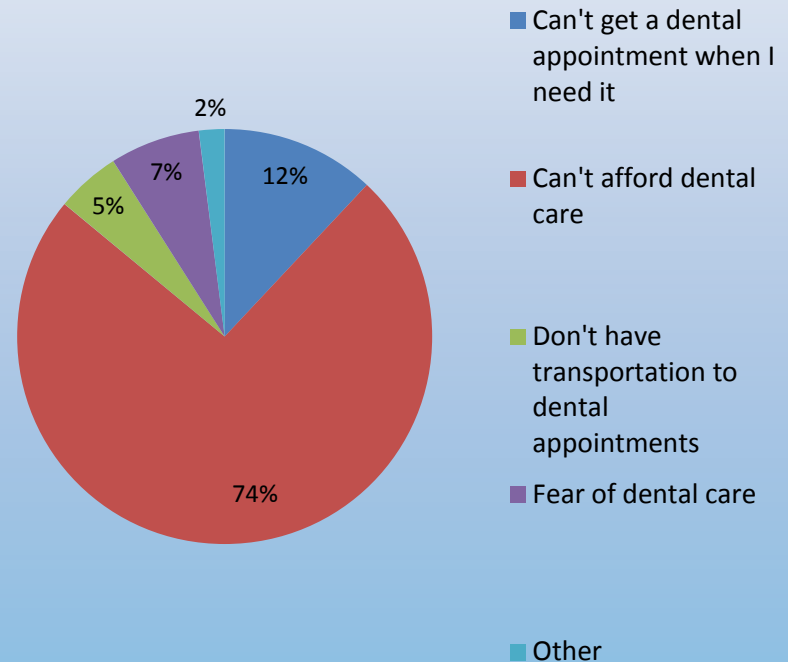


The Oral Health for Vulnerable Older Adults in Connecticut-2013 Report

Percent of Congregate Meal/Senior Center Participants with Dental Insurance



Barriers to Accessing Dental Care as Reported by Older Adults in Congregate Meal Sites



Data to Action – State Policy

October 2014 -

Mandatory annual oral health and hygiene training for all Connecticut long term facilities direct care nursing staff



Source: oralcare.ca



Connecticut Department of Public Health



Key Accomplishments of 2010-2013 Action Plan

Financing

- Simplified credentialing and prior authorization under 1 ASO for Dental Medicaid
- Area Agencies on Aging utilized “Older American’s Act” funding to provide support for community dental services

Advocacy

- Maintained adult dental benefits in Medicaid program

Communications

- CT 1st state to pilot the Oral Health America’s Wisdom Tooth Project state webpage

Training

- Area Agencies on Aging – Meals on Wheels and Nutritionists
- Grand rounds with Middlesex Hospital integrating oral health to overall health
- Delta Dental Foundation – Pilot project in LTC enhanced oral health/hygiene for CNAs
- Trained state LTC auditors in oral health and what they should be looking for during their inspections



Connecticut Department of Public Health



Current Statewide Initiatives

Oral Health for Older Adults Consortium

- 2014 – Combined Task Force on Oral Health for Older Adults and Oral Health Research Strategic Alliance
- Oral Health for Older Adults Action Plan 2016-2019

Current Membership

- Institute for Community Research
- Meriden Housing Authority
- CT Apple Rehab
- CT Valley Hospital
- Hispanic Dispensary
- UConn AHEC Urban Service Track
- North Central Area Agency on Aging



Connecticut Department of Public Health



Current Statewide Initiatives

- **Health and Human Services Administration**

- 2015 “Grants to States to Support Oral Health Workforce Activities”
 - » CT Department of Public Health 1 of 16 states awarded
 - » 3 year grant - \$1.2 million
 - » Integrating Dental and Primary Care for underserved communities:
 - Older Adults focus area
 - CT Oral Health for Older Adults Summit
 - Community Health Worker -Oral Health Curriculum



Connecticut Department of Public Health





National Oral Health Conference 4/19/16

Ruth S. Goldblatt DMD, FAGD, FASGD, DABSCD

Associate Clinical Professor

University of Connecticut School of Dental Medicine

The TLC's of

'Building Bridges'



Trust, Leverage and Communication

- AHEC
 - Urban Service Track
 - Foundation for Interprofessional Education
 - Funding Resources
 - (partially HRSA funded)
- GOT Care! (geriatric assessment with care)
 - Unfunded pilot to start
 - Funded under HRSA as a nursing training grant
- Project GOH (Good Oral Health)
 - Infrastructure to pilot to collaborative U grant agreement
 - NIDCR Funded

'Building Bridges'





Core Competencies

Question posed to CT's FQHCs:

When a new provider crashes and burns in six months, what skills didn't they get in school?

- Cultural & Linguistic Differences
- Population Health
- Health Policy & Advocacy
- Healthcare Financing and Management
- Multiple Constituencies
- Community Resource Constraints
- Interprofessional Teamwork and Leadership
- Professional & Ethical Conduct
- Quality Improvement & Patient Safety



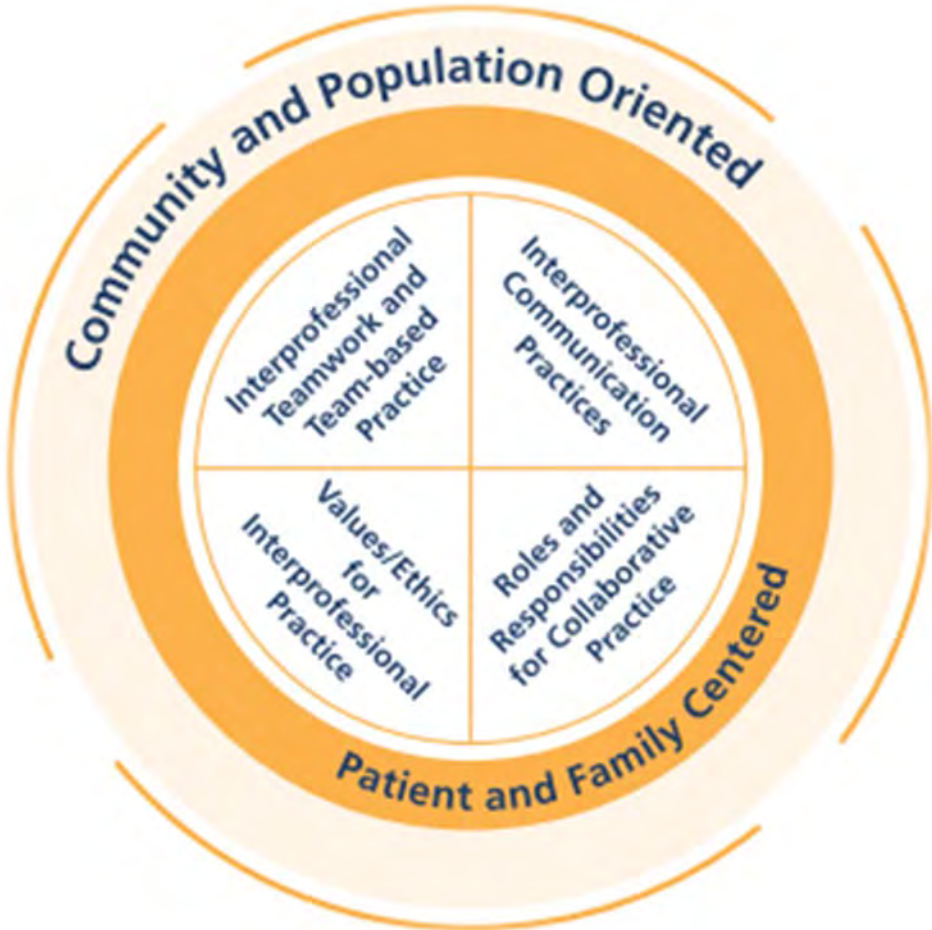
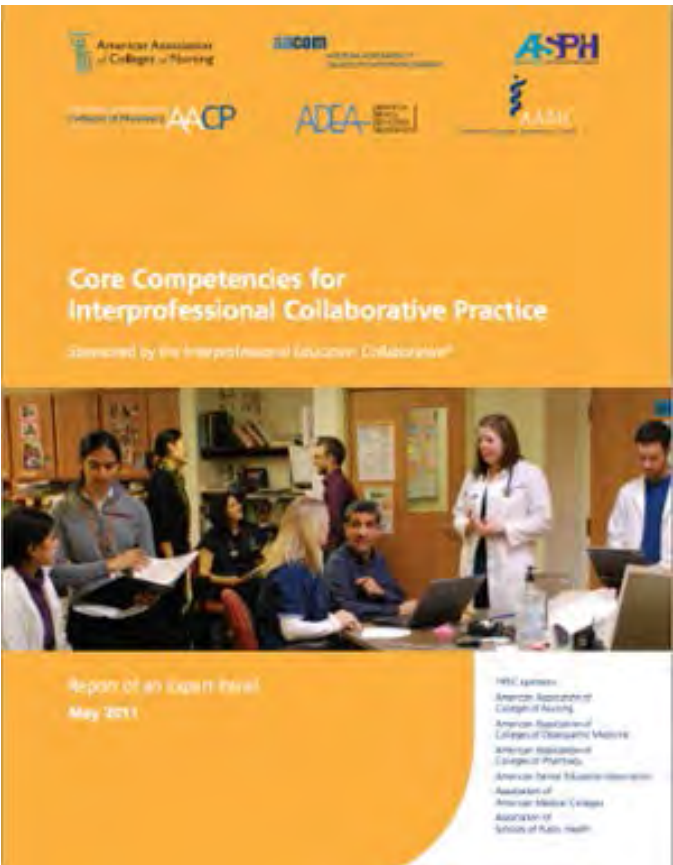
Programmatic elements:

- Academic and community partnerships
- Interprofessional training
- Problem-solving work to improve health outcomes in under-resourced communities

Curricular components:

- Formal 2 year curriculum encompassing 11 competencies
- Competencies delivered through 7 vulnerable population “lenses”
- Mentoring program
- Leadership program
- Service learning
- Reflection and feedback

Integration IPEC Competencies



UST Service Learning Events Annually

*Affording Medications:

*Asthma Camp:

*Biomedical Engineering Discovery Program:

*Brushing Bunnies:

CT Mission of Mercy: CCMC/UHC HIV/Peds/Family Holiday Social:

*Community Garden Initiative:

*Community Health Fairs -

- Neighbor Housing Services of New Britain Health Fair (mid/late June)
- Greater Hartford NAACP Family Day (mid/late August)
- Simpson Waverly Health Fair (mid/late September-early October)
- National Primary Care Week Afternoon of Service (mid/late October-early November)
- *Bloomfield/West Hartford Health Department Initiative (throughout the year)
- *Going Beyond Initiative (throughout the year; agencies and locations rotate) – reaching out to populations not typically seen at other UST outreach events

• Go Red Women's Heart Health – collaborating with the American Heart Association, this event is typically held in March. Urban Health Scholars provide pre-luncheon wellness screenings and education.

• *Sickle Cell Walk-a-thon and Health Expo – (early/mid October)

*From Wheeze to Breeze:

*Health Careers Awareness:

*Hispanic Senior Center:

*Immunization Education:

*Migrant Farm Worker Clinic:

National Association of Community Health Centers (NACHC) Policy and Issues Forum:

*No Ifs, Ands, or Butts:

*Nutrition Detectives:

*Pathways Senderos Teen Pregnancy Prevention Program:

*Smiling Seniors:

*Spring Forward – Don't Fall Back:

*Tar Wars:



Geriatric Outreach and Training with Care!

GOT Care!



Logo co-authors: Millicent Malcolm (concept and design) and Suzanne French (graphic art/design) 2014

The screenshot shows the Middlesex Hospital website. At the top, there is a 'vita' newsletter header with the tagline 'NEWS FOR A HEALTHIER WAY OF LIFE' and the date 'MARCH 2015'. Below the header is a navigation bar with links for 'Find A Physician', 'Classes & Events', 'MiddlesexHospital.org', 'Locations & Directions', and 'Archived Issues'. The main content area features a large image of an older man and a woman, with the headline 'GOT CARE! ADDRESSES NEEDS OF OLDER ADULTS'. Below the headline is a 'GET TO KNOW...' section titled 'MIDDLESEX HOSPITAL'S VASCULAR SURGEONS' with a 'VIEW DETAILS' button. To the left of the main article is a 'IN THIS ISSUE...' sidebar with a list of topics: 'Surgeons offer latest techniques to treat vascular disease', 'GOT Care! addresses needs of older adults', 'What you can do to help prevent colon cancer', 'Mission Moment', and 'Get to know Middlesex Hospital's vascular...'. The main article text begins with 'Based on a community health needs assessment conducted by Middlesex Hospital, a higher than average, rapidly aging, adult population in Middlesex County was identified, along with high Emergency Department use by older adults for health conditions that could instead be addressed in the outpatient setting. This data helped the Hospital develop community benefit goals to address access and care coordination among Middlesex County's older adult population. A multidisciplinary Geriatrics Sub-Committee and Geriatrics Steering Committee were formed and several Hospital departments decided to collaborate with the UConn School of Nursing on ways to test an in-home geriatric assessment and support those interested in careers in the specialty of geriatrics. In 2014, UConn applied...'

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HRSA-14-070 titled Nurse Education, Practice, Quality, and Retention Interprofessional Collaborative Practice for \$1,400,688. Project Title: Geriatric Outreach and Training with Care (GOT Care!) through the University of Connecticut School of Nursing.

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

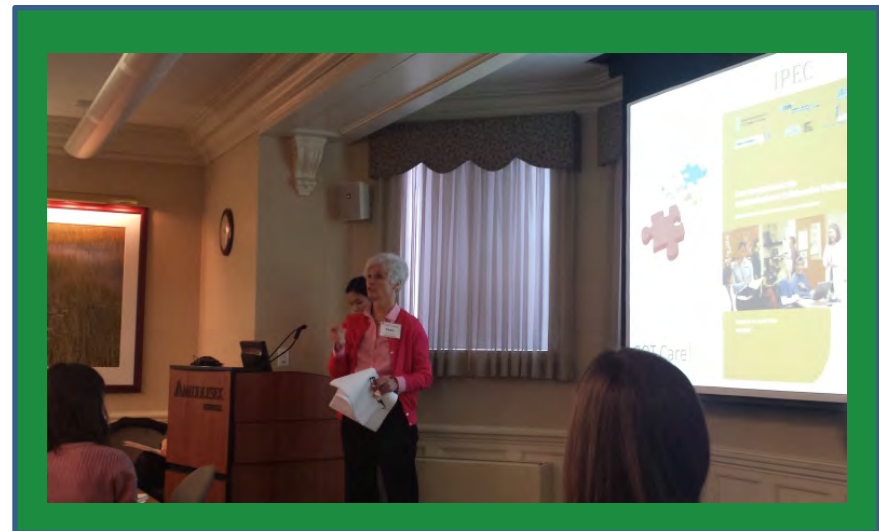
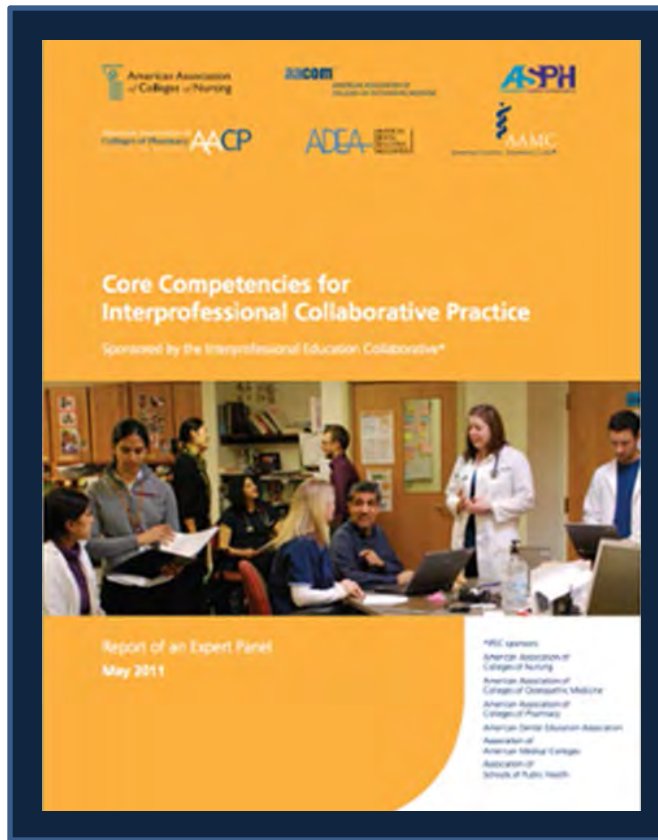
Main Objective



- Geriatric Outreach and Training with Care (GOT Care!) is an interprofessional collaboration:
 - to provide nursing leadership in the development and execution of an interprofessional team
 - to increase workforce expertise in geriatrics by providing a learning experience for UConn students:
 - nursing, physical therapy, social work, pharmacy, and dental medicine, and Middlesex Hospital Family Medicine residents
 - to improve care for Middlesex Hospital’s vulnerable older adult population by conducting in-home comprehensive geriatric assessments and linking patients to needed services through care navigation.

Immersion Training Days

- Using your known resources
 - AHEC and UST
 - Common faculty with experience in IPE and IPCP
 - Building on what works





What do you get when you put
a sociologist and an
anthropologist with research
experience in a room with a
dentist, a nurse, a social
worker and a person with a
master's in education?

Answer:



A idea
for
a unique
pilot
study
that is
outside
the box

Our Common Concerns

Structural factors contributing to health disparities

- Inadequate access to dental care
- Limitations of insurance coverage and corresponding cost of care
- Gaps in professional medical and dental education related to the oral health needs of older adults
- Gaps in oral health literacy at all levels
- Fears and myths about oral health among older adults
- Lack of cultural and technical competence in delivery of services

Project GOH – Good Oral Health

NIDCR funding for 2 studies enabled us to...

- Identify researchable topics
- Build relationships with publically supported buildings including adults and people with disabilities with limited incomes
- Establish research infrastructural support
- Develop health education materials for interventions
- Test a bilingual English/Spanish pilot intervention to improve oral health self- management among vulnerable urban, low income residents of senior housing in central Connecticut.

Good Oral Health Planning

Built on 3 years of development (2010 – 2013)

- **Multilevel and site based research infrastructure (NIDCR #1RC4DE021324-01)**
 - Build agency support network
 - Gain building sites receptivity
 - Formative qualitative assessment of feasibility, acceptability, and materials and instrument development with residents
- **Pilot intervention study (NIDCR # 1 RC34 DE021324)**
 - Developing theoretical framework
 - Developing intervention components (tailored face to face and norms change social marketing campaign)
 - Testing measures and scales measuring theoretical domains
 - Evaluating outcome
 - Creating fidelity measures
 - Developing feedback mechanisms for participants

Building Collaborative Research Infrastructure to Reduce Oral Health Disparities among Low Income Older Adults: A 3-year project (2010 – 2013) to build research infrastructure

Aims:

- Create a sustainable oral health research strategic alliance (OHRSA)
- Integrate older adult community voices in research and curriculum development
- Identify specific oral health disparities and develop research to reduce them
- Build and institutionalize geriatric oral health and clinic/community based research in medical and dental curricula



Activities as part of the Infrastructure Grant:



- Oral health presentations in 13 senior housing sites in 3 communities
- Resident-identified oral health concerns
- Materials Development Committees organized to develop their own oral health FAQs
- Health presentations on problems impacted by poor oral health
- Organization of the Oral Health Research Strategic Alliance
- Identification of buildings and residents to participate in focus groups for next oral health study

This study laid the foundation for...

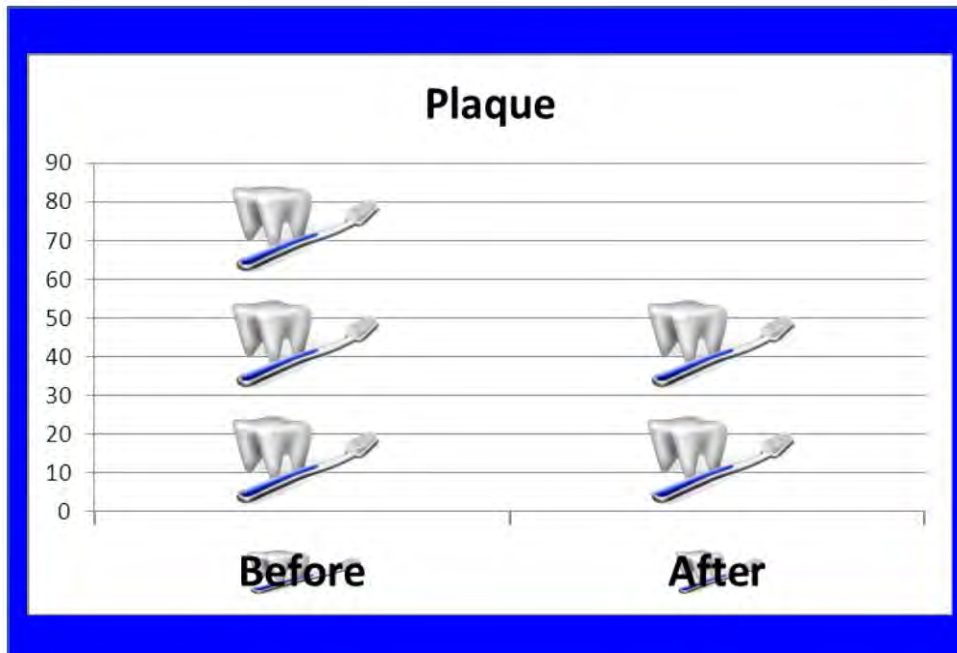
Pilot Grant

Changing Oral Health Norms and Hygiene Practices among Vulnerable Older Adults

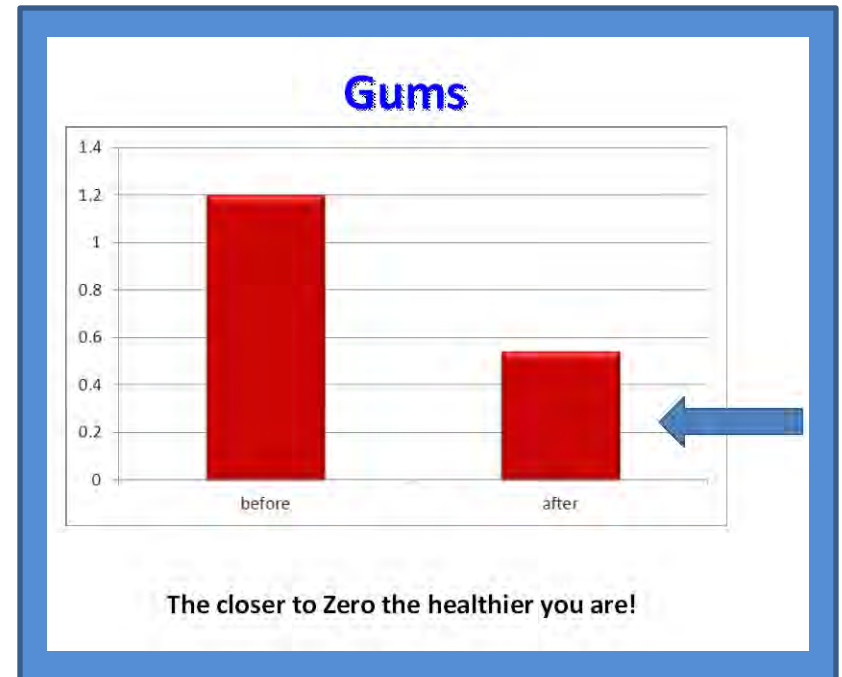
A 2-year pilot study (2011 – 2013):

- Identify senior housing residents understandings oral health, and oral health self-management
- Develop and conduct a pilot intervention to improve oral health self management
- Evaluate it for feasibility, acceptability, fidelity and short term outcomes
- Develop intervention and evaluation tools and protocols, and prepare standard operating procedures, evaluation measures and intervention manuals for use in a broad clinical trial

Results of Pilot



84% to 58%



1.2 to about .58



Good Oral Health:

A Bi-level Intervention to Improve Older Adult Oral Health

A Five Year Community Clinical Trial

(NIDCR 1U-01DE024168-01)

- Community effectiveness trial designed to disaggregate and test the components of an effective intervention against each other, and to compare their cumulative effect
- Participants are low income disabled and older adults. It is CBPR (community based participatory research). Study is completely bi-lingual. Plan is 3 sets of matched buildings for a total of 450 participants at 4 time intervals.
- Compares building wide interventions such as health fairs with one on one adapted motivational interviewing and oral hygiene instruction.
- Clinical indicators are plaque score and gingival index.



Considerations and Summary



- Community-based oral health clinical trials are feasible
- They can address oral health disparities successfully
- They can address prevention/promotion where care is irregular or intermittent
- They can meet criteria for good social/behavioral reliable and generalizable intervention science
- They can be done in partnership with members of the study population
- Establishment of community research infrastructure and pilot testing takes time
- Requires continuous interaction of researchers with site based participants and personnel to build, test, implement and evaluate



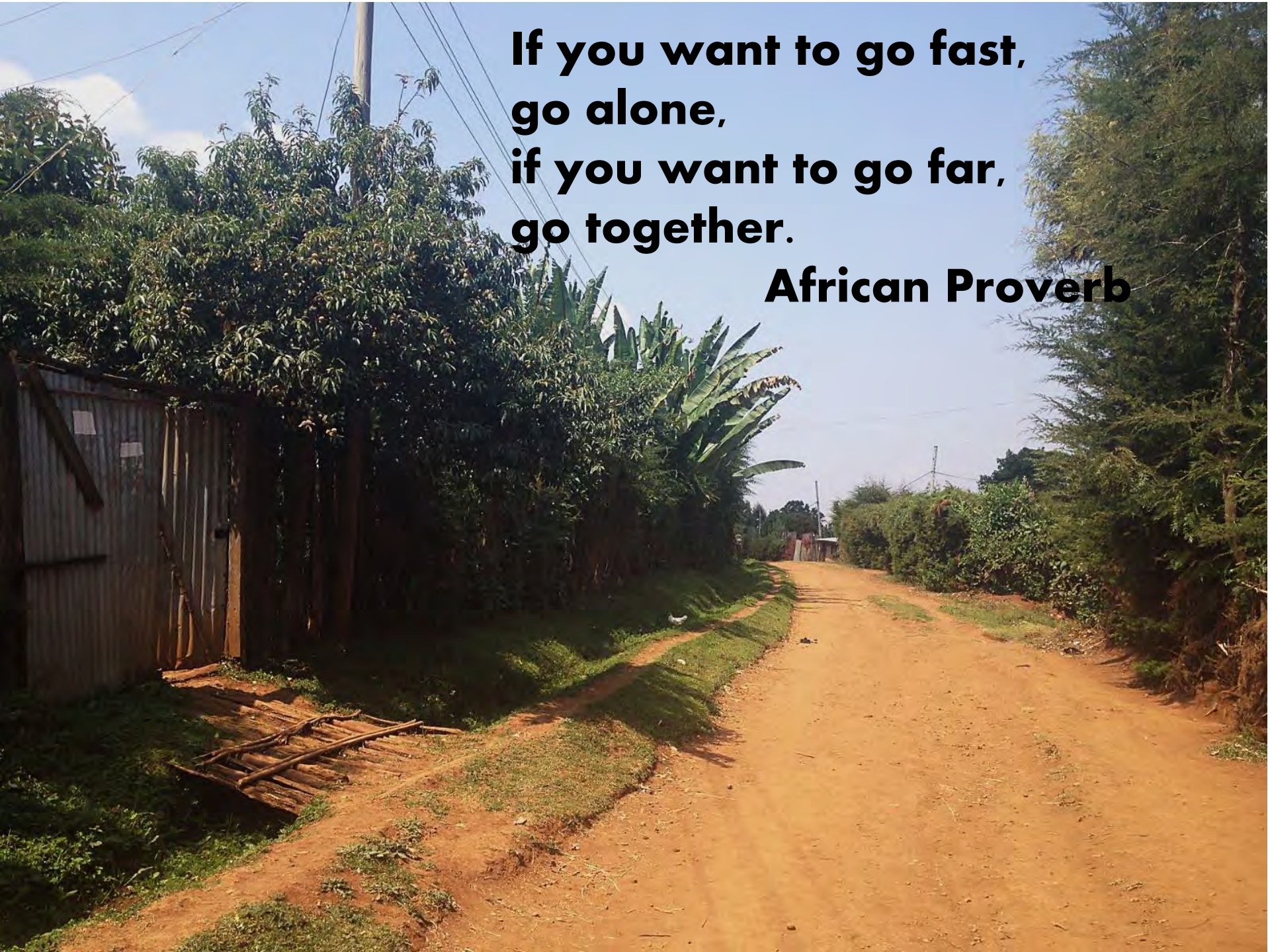
The Institute for
Community Research

Creating Partnerships for Healthy Mouths and Healthy Bodies



**If you want to go fast,
go alone,
if you want to go far,
go together.**

African Proverb





Health Resources and Services Administration

National Oral Health Conference

Renée W. Joskow DDS, MPH
Senior Dental Advisor

April 18-20, 2016

Disclaimer

The views expressed are solely the opinions of the author and do not necessarily reflect the official policies of the U.S. Department of Health and Human Services, or the Health Resources and Services Administration, nor does mention of the department or agency names imply endorsement by the U.S. Government

The Current Landscape

- **S.192 - Older Americans Act Reauthorization Act of 2015**
 - Title IIIB (Supportive Services) , Section 321





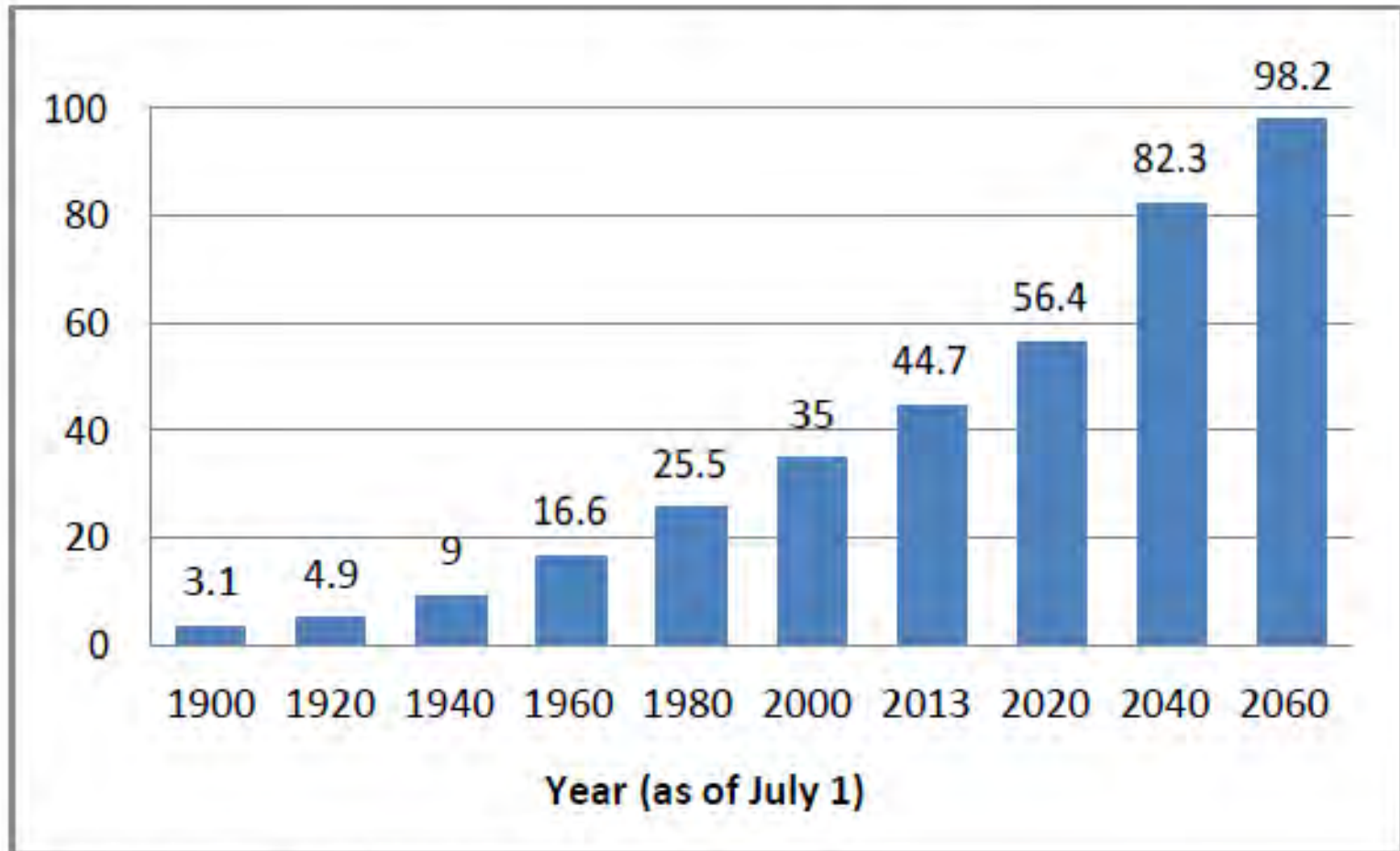
www.aoa.acl.gov/Aging_Statistics/Profile/2014/docs/2014-Profile.pdf

A Profile
of
Older Americans: 2014



Administration on Aging
Administration for Community Living
U.S. Department of Health and Human Services

Figure 1: Number of Persons 65+: 1900-2060 (numbers in millions)



Note: Increments in years are uneven.

Source: U.S. Census Bureau, Population Estimates and Projections.



Older Adults and Oral Health: Mobilizing Partnerships for Healthy Mouths

N4A Conference ~ Presented by Danielle Nelson

July 13, 2014



HRSA Strategic Goals



**Improve
Access to
Quality
Health Care
and Services**



**Strengthen
the Health
Workforce**



**Build Healthy
Communities**



**Improve
Health Equity**



**Strengthen
HRSA
Program
Management
& Operations**



HRSA and Older Adults

The National Center for Health and the Aging

Google Custom Search

Home About Us Clinical Care Technical Assistance Resource Center Espanol Contact Us



ORAL HEALTH

What is Oral Health?

Oral health is often taken for granted, but it is an essential part of our everyday lives. Good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow, and convey our feelings and emotions through facial expressions. However, oral diseases, which range from cavities to oral cancer, cause pain and disability for millions of Americans each year. [Read More](#)

[Tips for Taking Care of Your Teeth and Visiting the Dentist](#)

News and Updates:

Elderly Care (Geriatrics)

November 3, 2011

According to the U.S. Administration on Aging, the population of Americans older than 65 years is expected to double to about 71 million by 2040. What's more, the population of Americans older than 85 years is expected to increase to 9.6 million by 2030.

The unique dental needs and challenges of senior adults, includes a vital connection between a healthy body and a healthy mouth.

Resources:



2014 NATIONAL PRIMARY CARE SYMPOSIUM ON AGING.

Save the Date
6.9.2014
Alexandria, Virginia

National Primary Care Symposium on Aging
Cornerstones for Improving Senior Health Outcomes:
Outreach, Enrollment and Community Partnerships

DETAILS TO FOLLOW

The annual symposium provides an opportunity for health centers and senior advocates to exchange ideas and information on health topics related to improving the lives of millions of American seniors. Topics include health center management, quality control and improvement, disease management, outreach and enrollment, and collaborating with various community groups to achieve wellness for all seniors served at health center program sites.

http://www.healthandtheaging.org/?page_id=162

Strengthen the Health Workforce



Nurse Practitioner–Dentist Model for Primary Care (NPD Model)



Nurse Practitioner & Dentist Model *for* Primary Care

- Harvard school of dental medicine and Northeastern University School of Nursing
- Nurse practitioner and dental students provide chairside primary care
- \$1.2 Million 3-year cooperative agreement
- Determine effectiveness of integrated oral health and primary care delivery while helping students develop interprofessional collaborative practice competencies

Leverage Public Private Partnerships (PPP)

Leveraging Public Private Partnerships

Promoting Access to Oral Health Care through Public-Private

Partnerships: Roles for State Oral Health Programs

and Oral Health Coalitions

Purpose

This report will highlight four examples of public-private partnerships and their community programs. The programs are designed to highlight sustainable models that address access to care and health literacy, inform policymakers and other stakeholders and raise awareness of the importance of oral health in the total health picture. These examples, while different in approach, structure and leadership, have all succeeded in forming a convergence of interests around a defined public health issue. They illustrate how a sustainable solution can be constructed on combined business and community needs. They create value for the diverse sectors participating in the partnership and provide the benefit of operating a program within economies of scale, e.g., joint fundraising, purchasing advantages, marketing and outreach. Corporate partners have the opportunity to experience social benefits for their employees and leadership and to tell their story of support for a greater good. Public partners, including state oral health programs (SOHP) and oral health coalitions, take advantage of leveraging private capabilities and relationships to maximize the impact of the partnership on their programs and local communities.



Prepared by the Association of
State and Territorial Dental Directors
1838 Fieldcrest Drive, Sparks, NV 89434
(775)626-5008 <http://www.astdd.org>



This publication was supported by Grant/Cooperative Agreement No. U44MC00177 from the Health Resources and Services Administration (HRSA) and No.5U58DP001695 from the Centers for Disease Control and Prevention (CDC). The content is solely the responsibility of the authors and does not necessarily represent the official view of HRSA or CDC.

Oral Health and Aging: Meeting the Needs of Older Adults

Dial-in Number: 1-866-740-1260

Access Code: 5074212#

<http://naccho.adobeconnect.com/p7c4dn1cfc6/>



Leveraging Resources and Federal Partnerships



Rides to Wellness Demonstration Grants Webinar

Wednesday, April 20, 2016 3:30:00 PM EDT - 4:30:00 PM EDT

The goal of the competitive Rides to Wellness (R2W) Demonstration Grants is to find and test promising, replicable public transportation healthcare access solutions that support the following goals:
increased access to care, improved health outcomes and reduced healthcare costs.

Eligible applicants include: States, Tribes, and Designated or Direct Recipients for funds under 49 U.S.C. 5307, 5310 or 5311. Applicants must serve as the lead agency of a local consortium that includes stakeholders from the transportation, healthcare, human service or other sectors.

Transportation.gov
U.S. Department of Transportation

▼ About DOT ▼ Our Activities ▼ Areas of Focus

Search Blog: [input field]

Subscribe: [Facebook] [YouTube] [Twitter] [Email] [RSS]

Recent Posts:

- Hyperloop competition brings out student innovators
- Taking Action to Advance Equal Pay
- Job seekers, employees need better accessible transportation technology
- Volpe continues exploring ways to go #BeyondTraffic
- As Seaway locks close, winter work begins

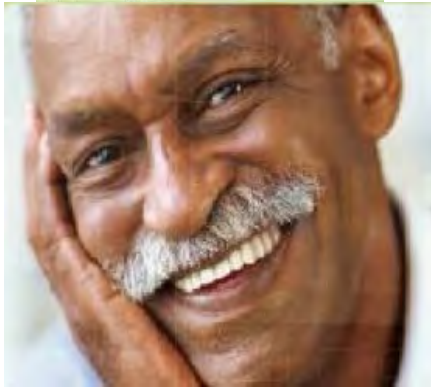
JUN 30 Creative Ways to Make that Healthcare Appointment

Posted by *Therese McMillan*

In Buffalo, New York, a community health clinic is testing the idea of placing a personal "travel navigator" in the obstetrician's office to help pregnant women develop individualized travel plans to ensure they don't miss pre-natal appointments.

In Worcester, Massachusetts, healthcare providers plan to experiment with a web-based app that searches for the quickest available public transportation when they schedule patient appointments, hoping to reduce no-shows.

And in southern Illinois, healthcare providers designed an experimental system to identify patients at risk for readmission to the hospital and connect them with a mobility manager to schedule transportation to medical appointments. It's part of a strategy to keep them healthy and out of the hospital.

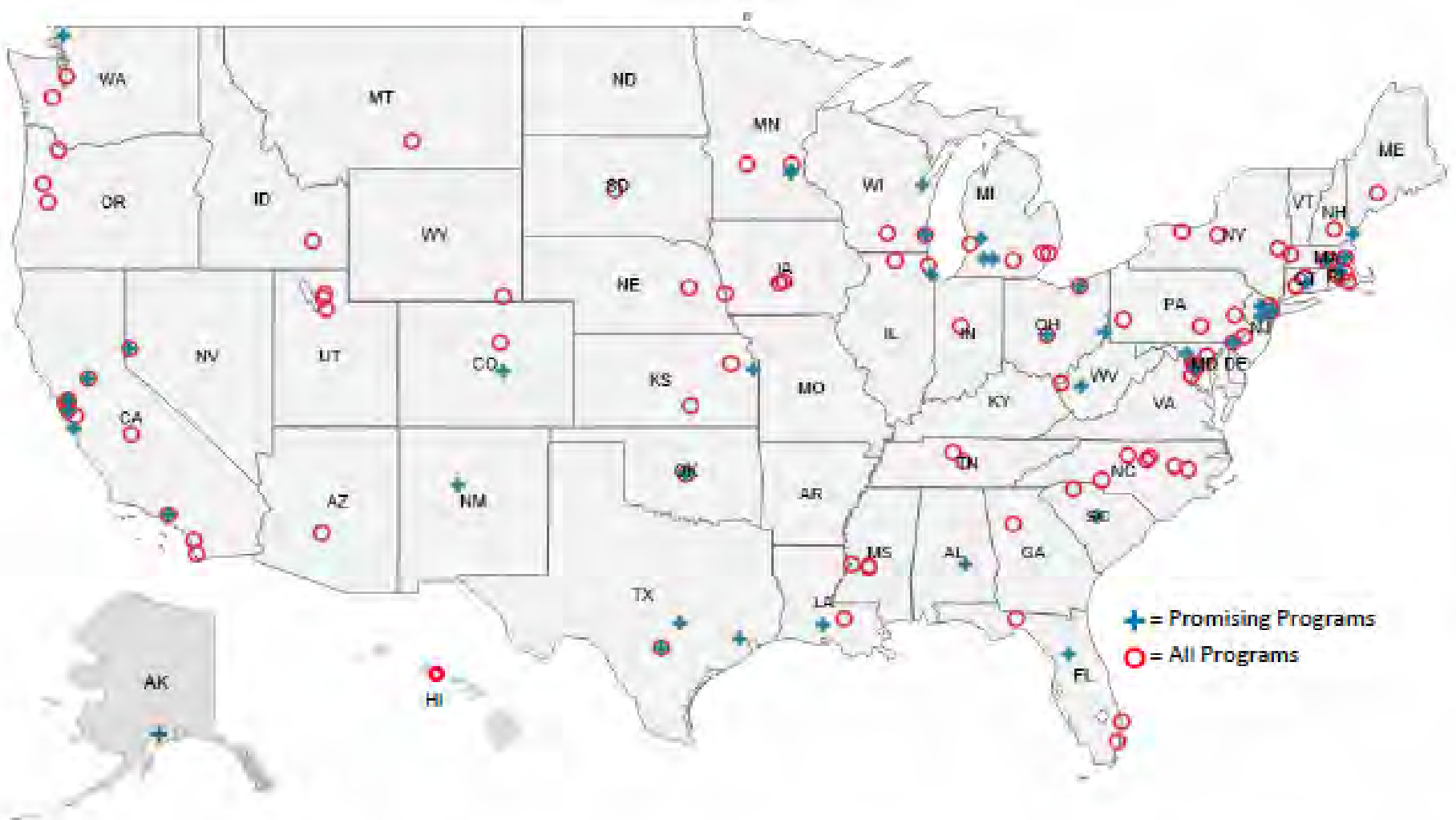


The Community Guide to Adult Oral Health Program Implementation

Project Overview

- In October 2014, with funding from the Department of Health and Human Services' Office on Women's Health, ACL entered into a three-year contract with The Lewin Group to identify and promote vetted, low-cost, community-based oral health programs for older adults.
- Lewin will develop a Community Guide to Adult Oral Health Program Implementation that highlights promising oral health programs and provides key steps for communities interested in starting their own program.
- **Key Project Components**
 1. Environmental scan of community-based oral health programs for older adults
 2. Identification of promising programs
 3. Searchable registry of promising programs on ACL's website
 4. Community guide on how to start an oral health program

Programs Identified, by State (n=207)



Community Guide for Program Implementation

- The ACL website will have a searchable registry of oral health programs. The registry will include all of the programs from the environmental scan, but will feature in-depth summaries of promising programs.
- Guidance for communities interested in starting, enhancing, or replicating an oral health program for older adults
- The guide will include resources on:
 - Assessing community needs
 - Setting goals
 - Partnering for impact
 - Designing the program
 - Gaining funding
 - Implementing the program
 - Evaluating the program
 - Conducting quality improvement

Focus Areas

1. Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead these kinds of systems.
2. Developing providers who can assess and address the needs of older adults and their families/caregivers at the individual, community, and population levels.
3. Creating and delivering community-based programs that will provide patients, families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for the older adult(s).
4. Applicants may also choose to address providing Alzheimer's disease and related dementias (ADRD) education to families, caregivers, direct care workers and health professions students, faculty, and providers.

Contact Information

Renée W. Joskow DDS, MPH

Senior Dental Advisor

301-443-6769

rjoskow@hrsa.gov

www.hrsa.gov