Implementing an Oral Health Program for Older Adults in Your Community: Illustrating the Latest Interactive Resources from HHS

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Administration for Community Living

The LEWIN GROUP®

HEALTH CARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING - **WITH REAL-WORLD PERSPECTIVE**.

Help Your Community Smile:
Start or Enhance a Community Oral Health Program for Older Adults

2017 National Oral Health Conference

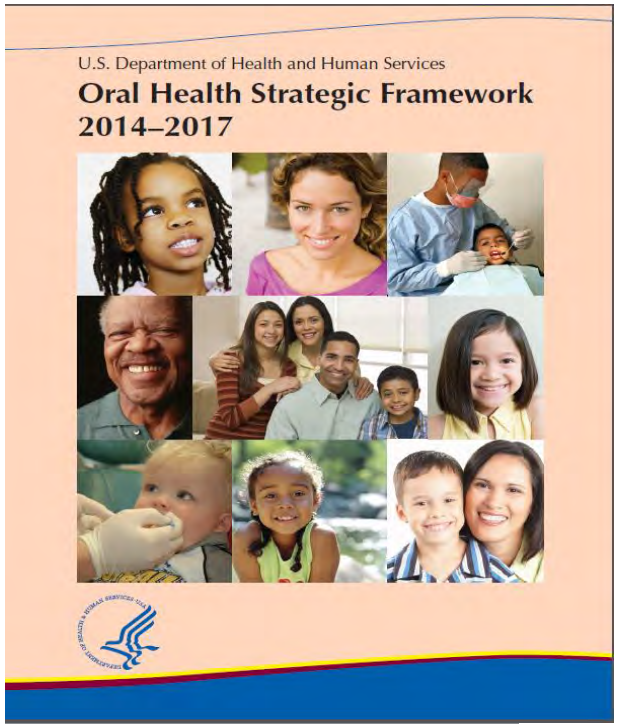
Background

“Oral health is a critical component of health and must be included in the provision of health care and the design of community programs.”

Dr. David Satcher, MD, PhD

former Surgeon General of the United States

The Oral Health Coordinating Committee (OHCC)



Oral Health Needs Among Older Adults

- According to the American Dental Association:
  - **43%** of low-income adults suffer tooth or mouth pain and **42%** have difficulty biting and chewing
  - **One in four** adults avoids smiling due to the condition of their teeth and mouths, and **29%** of low-income adults say that it affects their ability to interview for a job
- According to the Centers for Disease Control and Prevention:
  - Almost **two-thirds** of older adults have gum disease
  - Nearly **one out of five** older adults have lost all of their teeth
  - Approximately **40%** of older adults have not visited a dental professional in the past year

Barriers

- Low utilization of dental care: Cost
- *Medicaid* programs cover dental services for children under age 21. No minimum coverage requirements for adults. No preventive or routine dental coverage under *Medicare*.

Types of Adult Dental Services Covered for Non-Pregnant, Non-Disabled Adults under Medicaid, 2015

Type of service	Number of states	Services typically included
Emergency only	18	Emergency extractions, other procedures for immediate pain relief
Preventive	28	Examinations, cleanings, and sometimes fluoride application or sealants
Restorative	26	Fillings, crowns, endodontic (root canal) therapy
Periodontal	19	Periodontal surgery, scaling, root planning (cleaning below the gum line)
Dentures	26	Full and partial dentures
Oral surgery	25	Non-emergency extractions, other oral surgical procedures
Orthodontia	2	Braces, headgear, retainers

Source: MACPAC, June 2015 Report to Congress on Medicaid and CHIP

Women and Aging in the US

- **Number of older Americans increased by 30% since 2005, compared to 5.7% for under 65 population. Persons 65+ expected to be 1 out of every 5 people in US by 2040 (20%)**
- **In 2015: sex ratio 126.5 women to men. Sex ratio 85+: 189.2 women per 100 men.**
- **Older adult population will greatly increase in racial/ethnic diversity over next decades.**
- **2015 median money income for 65+: 31,373 for men and 18,250 for women. Major source: SSA In 2015, older women had a higher poverty rate (10.3) than men (7%)**
- **Older adults averaged out-of-pocket health care expenditures of $5,756, an increase of 37% since 2005. Does not include oral health/vison or hearing.**

Source: ACL/DHHS, A Profile of Older Americans: 2016 (Source: US Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics).

Project Overview

- **Funding:** Department of Health and Human Services' Office on Women's Health (OWH) to Administration for Community Living (ACL) for three-year contract starting in October 2014

- **Purpose:** Identify and promote vetted, low-cost, community-based oral health programs for older adults

Through this project, ACL and OWH hope to facilitate the development and enhancement of oral health programs serving older adults

Project Narration

Key Project Components

1. **Oral Health Programs Database:** searchable database of community-based oral health programs

2. **Community Guide to Adult Oral Health Program Implementation (Oral Health Guide):** how-to guide that provides key steps for communities interested in starting or enhancing an oral health program for older adults

Both of these tools will be available on the Oral Health website once it goes live!

Environmental Scan

Comprehensive online search

- Reviewed national, state, local level organization websites
- Conducted searches using pre-determined list of keywords

Program submission form

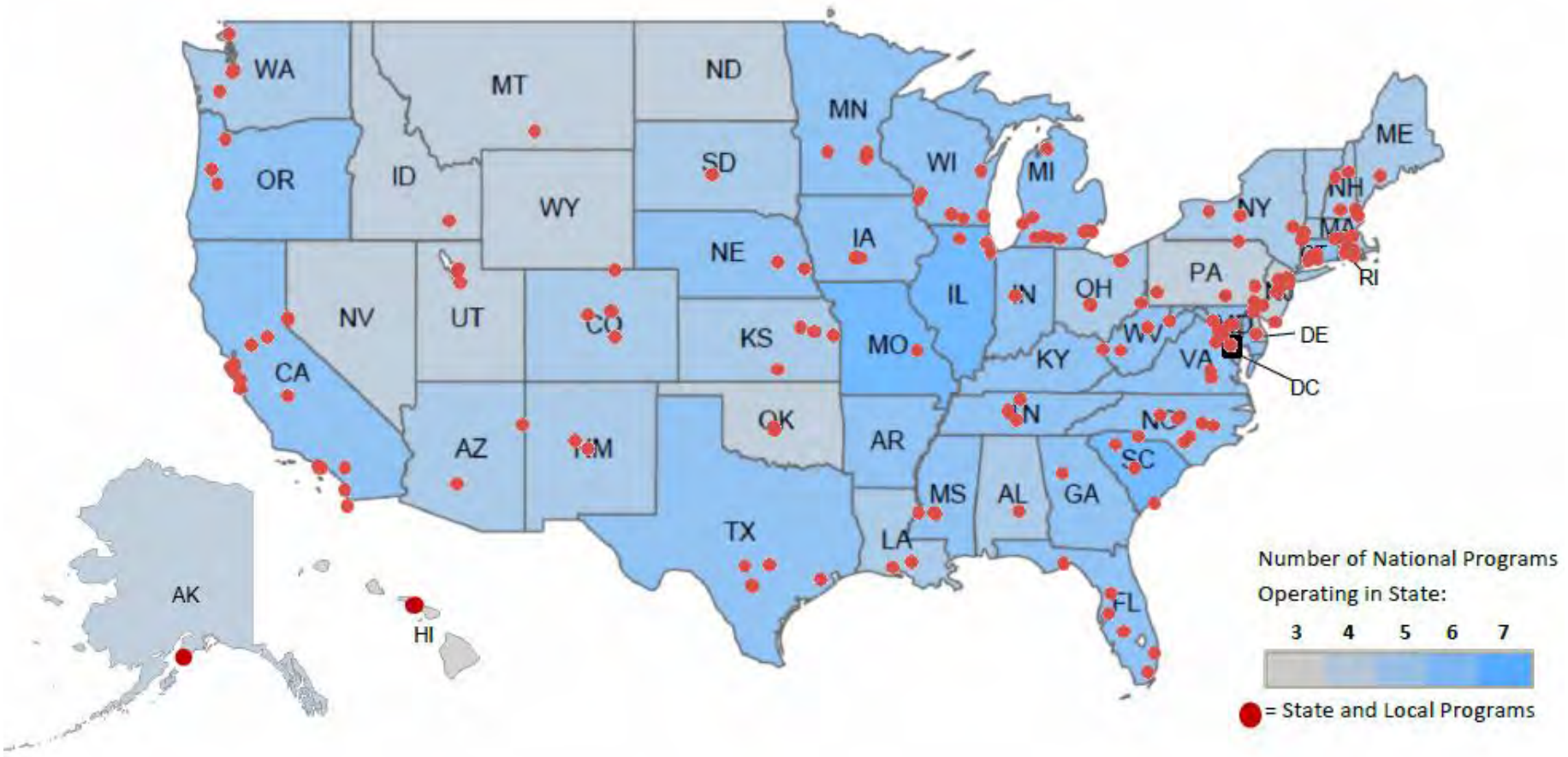
- Disseminated to over 500 stakeholders; received over 200 submissions

Key informant interviews

In-depth program information research

- Collected all available programmatic online information
- Contacted each program to request additional information

Programs Identified, by State (n=207)



Oral Health Program Evaluation Methodology

Apply performance criteria

PURPOSE
Systematically evaluate each program

METHOD
Five reviewers independently scored each program

Calculate program scores

PURPOSE
Ensure reliability and compare programs

METHOD
Averaged reviewer scores for each criterion per program, calculated total scores

Group similar programs

PURPOSE
Facilitate selection of featured programs

METHOD
Grouped similar programs based on program model (e.g., mobile units)

Select top programs in each model

PURPOSE
Ensure diversity in the list of featured programs

METHOD
Selected top quartile of programs in each model

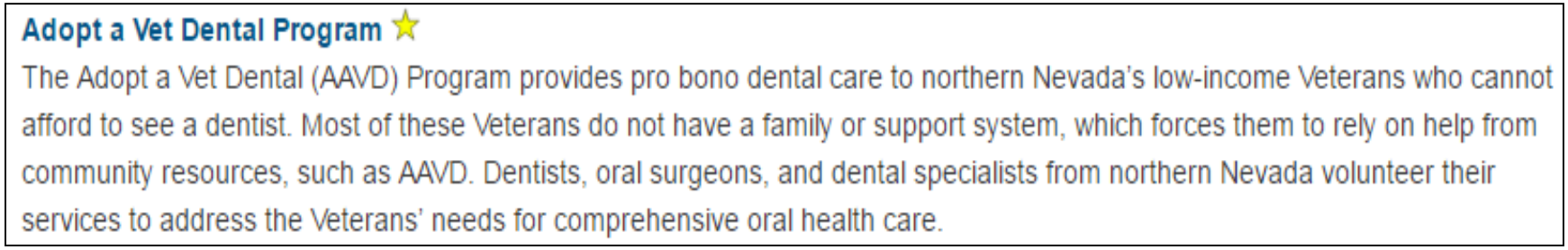
Six Service Delivery Models

Identified programs were grouped into six common service delivery models:

1. Dental Clinic Model (e.g., permanent setting)
2. Mobile-Portable Model
3. Eligibility and Enrollment Model (e.g., referrals, care coordination)
4. Virtual Model (e.g., telehealth)
5. Event-Based Model
6. Outreach and Education Model

Selection of Featured Programs

1. Five reviewers independently scored each program based on predefined performance criteria (e.g., improves health, reduces cost, sustainable, replicable)
2. Similar programs were grouped together by service delivery model (e.g., mobile-portable, virtual)
3. Forty-six programs that scored in the top quartile of each service delivery model are identified as featured programs
4. Featured programs are distinguished with a gold star on the website



Example of gold star indicating a featured program on "All Programs" page of the website

Website Demo

Key Project Components

1. **Oral Health Programs Database:** searchable database of community-based oral health programs

2. **Community Guide to Adult Oral Health Program Implementation (Oral Health Guide):** how-to guide that provides key steps for communities interested in starting or enhancing an oral health program for older adults

Oral Health Programs Database

Enter a keyword or keywords to search for a program:

Age

- [ ] 0-17 (Children and Youth)
- [ ] 18-60 (Adult)
- [ ] 60+ (Older Adult)

Specific Populations

- [ ] Homeless individuals
- [ ] Individuals with intellectual and/or developmental disabilities
- [ ] Individuals with physical disabilities
- [ ] Individuals with specific or complex medical conditions
- [ ] Individuals with low income
- [ ] Individuals with no dental insurance
- [ ] Individuals with Medicaid
- [ ] Veterans
- [ ] Refugees/immigrants

Geography

Service Delivery Setting

Service Delivery Model

Staffing

Payment for Care

- [ ] Medicaid
- [ ] No charge to client
- [ ] Sliding fee scale
- [ ] Out of pocket
- [ ] Commercial dental insurance

Program Funding

Dental and Oral Health Services

Other Program Services

- [ ] Referrals to dental and oral health services
- [ ] Care coordination/care management
- [ ] Patient education
- [ ] Caregiver education
- [ ] Provider education
- [ ] Advocacy/coalition

Integration with Services

Submit Clear

Program Profiles

- *All* program profiles include:
  - Program overview
  - Website link
  - Information on program model, target population, services delivered, etc.
- *Featured* program profiles include additional information on:
  - Program history and development
  - Program sustainability
  - Program impact

Community Guide to Adult Oral Health Implementation
Featured Program Profile

Senior Dental Days
Grand Rapids, Michigan

Program Overview

Senior Dental Days, organized by the Area Agency on Aging of Western Michigan (AAAWM), is an annual event that serves low-income older adults in Grand Rapids, Michigan and the surrounding areas. AAAWM works with nonprofit agencies to identify and invite older adults based on financial need. Participants receive free dental cleanings, x-rays, screenings, and referrals to a permanent dental home. The events are staffed by volunteer dental students, dental school faculty, dentists, hygienists, and dental assistants.

Program History and Development

Senior Dental Days began in 2011 as a partnership between AAAWM, the Coalition for Oral Health for the Aging (COHA), and Dr. Elisa Ghezzi. AAAWM recruits and schedules participants, completes forms, and arranges meals and transportation for volunteers. Grand Rapids Community College (GRCC) staff recruits hygienists and obtains use of a facility and equipment. In addition, GRCC Dental Clinic provides space for the event and needed supplies. Hygienists and dental assistants can earn continuing education units by participating in the event; this was approved by the state of Michigan after Dr. Ghezzi initiated conversations with legislators.

Senior Dental Days 2014 at Grand Rapids Community College

Program Sustainability

- Senior Dental Days is funded by grants from the Delta Dental Foundation, the Michigan Dental Association Foundation, the West Michigan Dental Society, Grand Rapids Community College, Area Agency on Aging of Western Michigan, and Health Intervention Services – Grand Rapids.
- The entirety of the program's funding comes from foundation grants.
- One hundred dental students, dental school faculty, dentists, hygienists, dental assistants, and AAAWM staff volunteered their time in 2014.
- The annual budget of the program is $2,000.

Program Impact

- In 2014, the program served 42 older adults during the one-day event.
- Senior Dental Days surveys both volunteers and participants regarding program effectiveness and satisfaction.
- Awareness was raised in Kent County, Michigan about the continuing need for accessible, low-cost dental care for older adults.

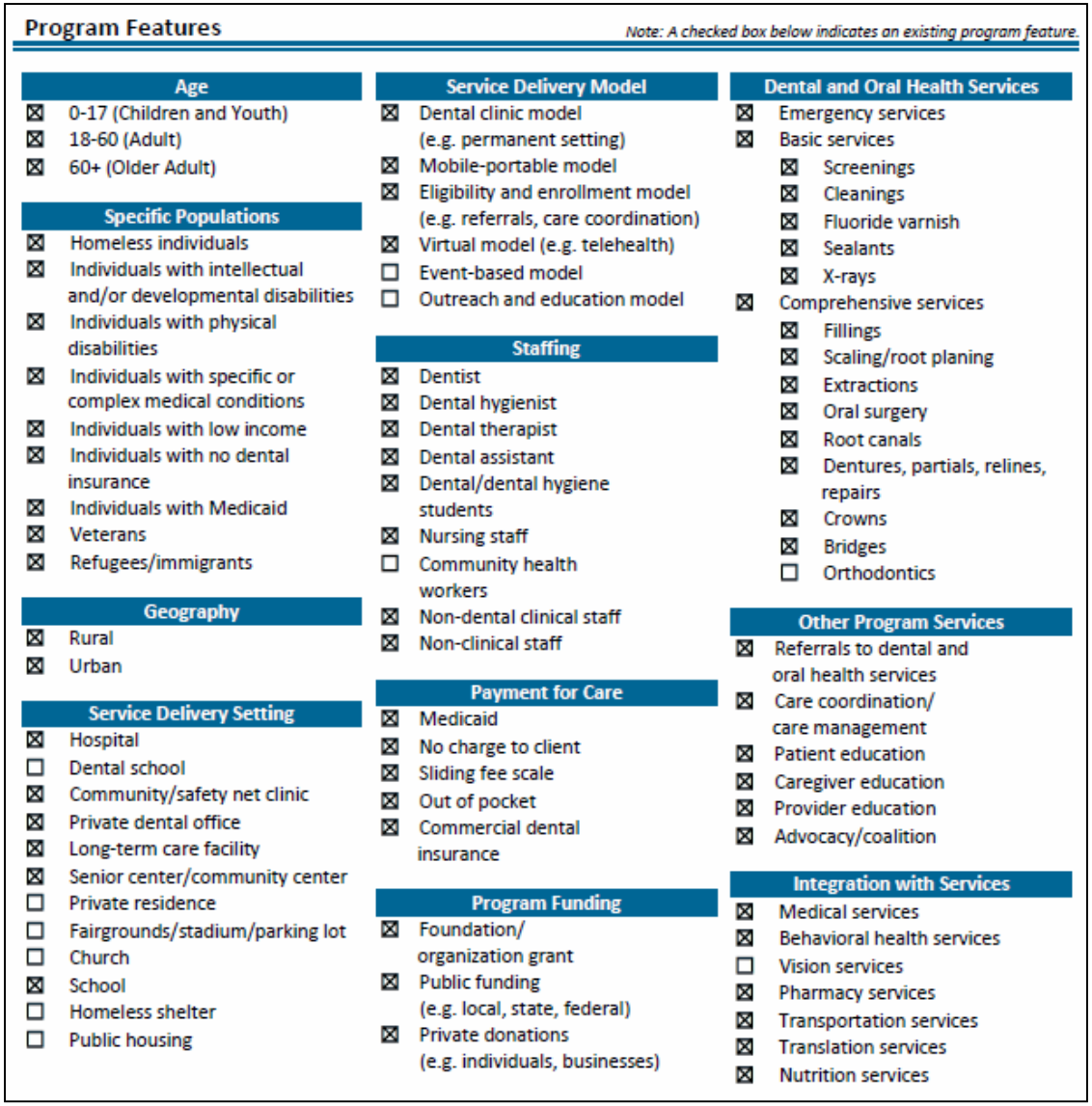
"You all made me feel so welcomed and cared for, this day truly was a blessing." – individual who received dental care at Senior Dental Days 2013

Program Contact Information
Program Website: http://www.aaawm.org/organizational_news/tag/Dental

Sample Featured Program Profile

Program Profiles (Continued)

Sample second page of all program profiles



Program Features

Note: A checked box below indicates an existing program feature.

Age
- ☒ 0-17 (Children and Youth)
- ☒ 18-60 (Adult)
- ☒ 60+ (Older Adult)

Specific Populations
- ☒ Homeless individuals
- ☒ Individuals with intellectual and/or developmental disabilities
- ☒ Individuals with physical disabilities
- ☒ Individuals with specific or complex medical conditions
- ☒ Individuals with low income
- ☒ Individuals with no dental insurance
- ☒ Individuals with Medicaid
- ☒ Veterans
- ☒ Refugees/immigrants

Geography
- ☒ Rural
- ☒ Urban

Service Delivery Setting
- ☒ Hospital
- ☐ Dental school
- ☒ Community/safety net clinic
- ☒ Private dental office
- ☒ Long-term care facility
- ☒ Senior center/community center
- ☐ Private residence
- ☐ Fairgrounds/stadium/parking lot
- ☐ Church
- ☒ School
- ☐ Homeless shelter
- ☐ Public housing

Service Delivery Model
- ☒ Dental clinic model (e.g. permanent setting)
- ☒ Mobile-portable model
- ☒ Eligibility and enrollment model (e.g. referrals, care coordination)
- ☒ Virtual model (e.g. telehealth)
- ☐ Event-based model
- ☐ Outreach and education model

Staffing
- ☒ Dentist
- ☒ Dental hygienist
- ☒ Dental therapist
- ☒ Dental assistant
- ☒ Dental/dental hygiene students
- ☒ Nursing staff
- ☐ Community health workers
- ☒ Non-dental clinical staff
- ☒ Non-clinical staff

Payment for Care
- ☒ Medicaid
- ☒ No charge to client
- ☒ Sliding fee scale
- ☒ Out of pocket
- ☒ Commercial dental insurance

Program Funding
- ☒ Foundation/ organization grant
- ☒ Public funding (e.g. local, state, federal)
- ☒ Private donations (e.g. individuals, businesses)

Dental and Oral Health Services
- ☒ Emergency services
- ☒ Basic services
  - ☒ Screenings
  - ☒ Cleanings
  - ☒ Fluoride varnish
  - ☒ Sealants
  - ☒ X-rays
- ☒ Comprehensive services
  - ☒ Fillings
  - ☒ Scaling/root planing
  - ☒ Extractions
  - ☒ Oral surgery
  - ☒ Root canals
  - ☒ Dentures, partials, relines, repairs
  - ☒ Crowns
  - ☒ Bridges
  - ☐ Orthodontics

Other Program Services
- ☒ Referrals to dental and oral health services
- ☒ Care coordination/ care management
- ☒ Patient education
- ☒ Caregiver education
- ☒ Provider education
- ☒ Advocacy/coalition

Integration with Services
- ☒ Medical services
- ☒ Behavioral health services
- ☐ Vision services
- ☒ Pharmacy services
- ☒ Transportation services
- ☒ Translation services
- ☒ Nutrition services

Key Project Components

1. **Oral Health Programs Database:** searchable database of community-based oral health programs

2. **Community Guide to Adult Oral Health Program Implementation (Oral Health Guide):** how-to guide that provides key steps for communities interested in starting or enhancing an oral health program for older adults

Community Guide to Adult Oral Health Program Implementation (Oral Health Guide)

- Includes detailed steps for program design and implementation, interviews with featured programs, and interactive resources
- Content focused to help communities:
  - Conduct a needs assessment
  - Develop a vision, a mission, and goals
  - Establish partnerships
  - Design the program
  - Finance the program
  - Implement the program
  - Evaluate the program
  - Ensure sustainability of the program

Oral Health Guide Website Content

- Secure funding through an endowment, a planned giving arrangement, or a deferred gift. An endowment is a monetary gift invested on the program's behalf and the interest of which may be used as operating income. A planned giving arrangement is a donation acquired through wills, trusts, and other forms of wealth, whereas a deferred gift is an arrangement that becomes available to the program at a future date (e.g., at the donor's death).

"There is a category of funders that are not necessarily thinking of oral health as a health issue. Tell them it is related to health. If they're concerned about overall wellness, they should be concerned about oral health, too." - Dr. Vyan Nguyen, Gary and Mary West Foundation

Go to Top

Establish Strategic Partnerships

- Gather input from key stakeholders (e.g., current funders, staff, volunteers, clients) on pote strategies and how they align with your vision, mission, and goals. For examples of **potent strategies**, see Chapter 46 in the University of Kansas's Community Tool Box.
- Adopt a multipronged approach, and attract funding from a variety of different sources, rec program's ending if one funding source dries up.
- Leverage existing resources and skills, either within your organization or among partners. people with grant writing skills to prepare grant applications, or use people with experience legislators to attract state funding.
- Consider sharing resources, such as facility space, dental equipment, or staff (e.g., paid er volunteers, students), with another organization, or become a line item in the existing budg organization or entity. See the University of Kansas's Community Tool Box for more inform **a line item in an existing budget**.

Go to Top

Develop Key Messages

- Identify all potential audiences that might care about your program's results, including com aren't directly concerned with oral health (e.g., media outlets, local hospitals). Find out wha audience or audiences and how they'll use your key message or success story.

combination of these prominent channels.

- Consider writing a press release to share your program findings. See the University of Kansas's Community Tool Box, **Chapter 6.3**, for guidance on developing a press release and for a press release template **here**.

Go to Top

Program Spotlight: West Virginia Health Right

West Virginia Health Right's dental clinic opened in 2001, when a group of community leaders approached the West Virginia Health Right medical center, citing the need for oral health care in the community. This case study provides additional information on how to sustain a program based on the experiences of this clinic.

Through careful planning and consistent applications submitted every year, the dental clinic achieved sustainability with funding from more than 50 grants. The clinic tracks many client health and use metrics to demonstrate to funders the program's effects and cost savings. The program also emphasizes that gaining buy-in from local businesses, such as hospitals, which have an economic or social stake in older adults' oral health is critical to securing consistent funding.

In addition, volunteerism, the program insists, accounts largely for its sustainability. Without these volunteers, the clinic wouldn't be able to operate because most of the program funding is used to pay for equipment and supplies. To keep volunteers engaged, the clinic mails a quarterly newsletter with client success stories, hosts volunteer appreciation events with awards ceremonies, and sends personally written birthday cards from the CEO. The clinic also maintains an informal policy of placing volunteer dental staff's needs and interests above everything else in its day-to-day operations. This policy includes transcribing electronic health records into paper-based records for dentists who prefer the latter and coaching clients to voice concerns directly to the program staff rather than to the dentists.

Through planned and routine applications to public and private payers, as well as deliberate relationship-building with volunteers, West Virginia Health Right's dental clinic has built a sustainable oral health program in the community.

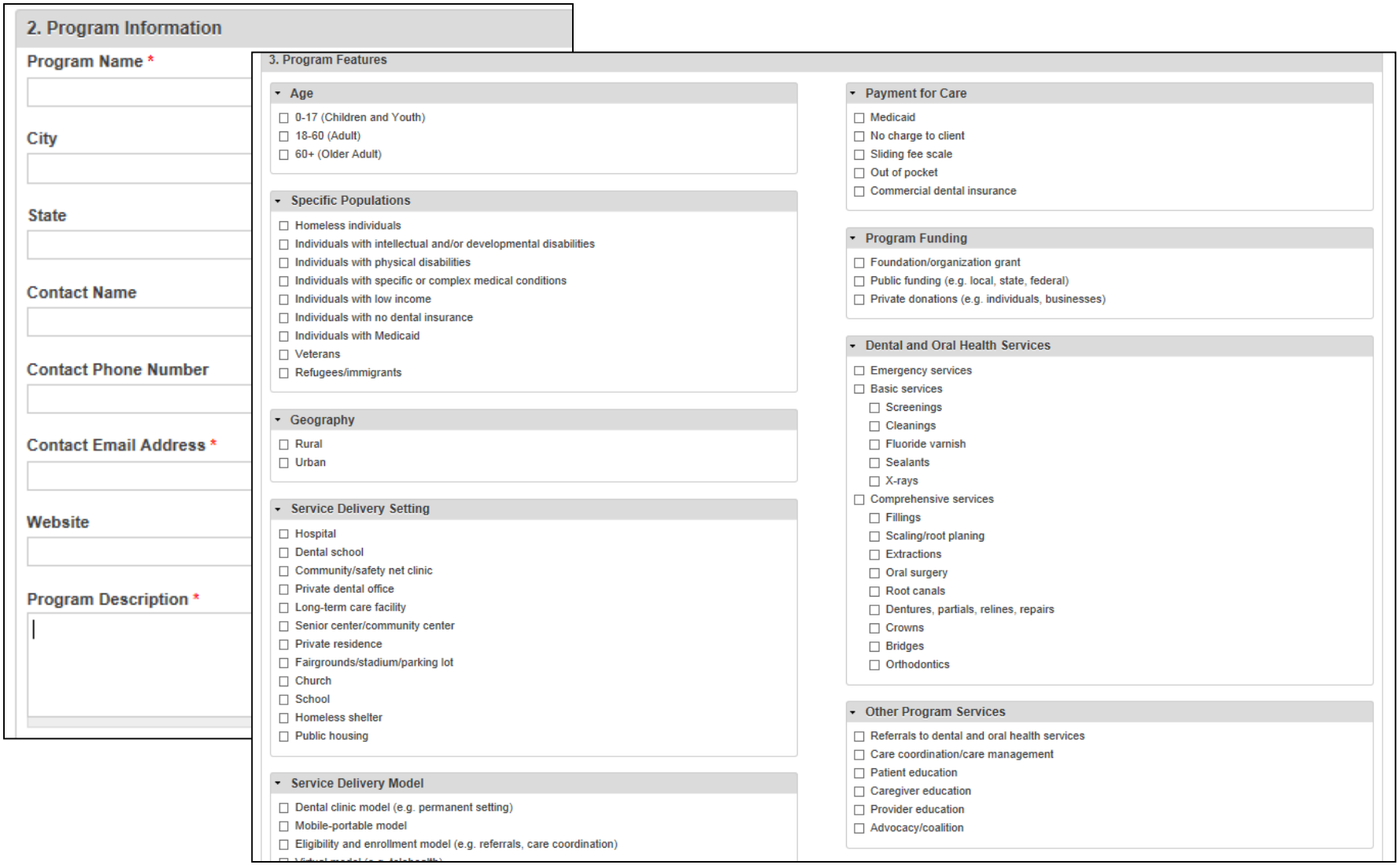
Key Resources

Example of key resource included in the Oral Health Guide

The Dentists' Partnership
Guidelines for launching in your own community.

Step	Activity	Description/Notes
Step 1	Identify the unmet need or "problem" in your community.	Emergency Room visits for dental diagnoses, waiting lists that exist in your community, turnaway information from dental providers, etc.) The key is to identify that there IS a problem in your community with dental access. You need something measurable against which to mark your progress.
Step 2	Identify who else cares about the issue.	Hospitals, community funders, United Way, dental & hygiene schools, FQHCs, health/dental coalitions, free clinics, private practice dentists, retired dentists, hygienists, community nonprofits working in this area, etc. This work cannot be done without a broad base of support. Don't limit your thinking…invite anyone who might be interested in the work and get them excited and on board.
Step 3	Bring everyone identified in Step 2 together to talk about the issue.	This group can't just talk about the issue…at least some members must be committed to taking action,

Submit a Program



2. Program Information

Program Name *

City

State

Contact Name

Contact Phone Number

Contact Email Address *

Website

Program Description *

3. Program Features

Age
- 0-17 (Children and Youth)
- 18-60 (Adult)
- 60+ (Older Adult)

Specific Populations
- Homeless individuals
- Individuals with intellectual and/or developmental disabilities
- Individuals with physical disabilities
- Individuals with specific or complex medical conditions
- Individuals with low income
- Individuals with no dental insurance
- Individuals with Medicaid
- Veterans
- Refugees/immigrants

Geography
- Rural
- Urban

Service Delivery Setting
- Hospital
- Dental school
- Community/safety net clinic
- Private dental office
- Long-term care facility
- Senior center/community center
- Private residence
- Fairgrounds/stadium/parking lot
- Church
- School
- Homeless shelter
- Public housing

Service Delivery Model
- Dental clinic model (e.g. permanent setting)
- Mobile-portable model
- Eligibility and enrollment model (e.g. referrals, care coordination)

Payment for Care
- Medicaid
- No charge to client
- Sliding fee scale
- Out of pocket
- Commercial dental insurance

Program Funding
- Foundation/organization grant
- Public funding (e.g. local, state, federal)
- Private donations (e.g. individuals, businesses)

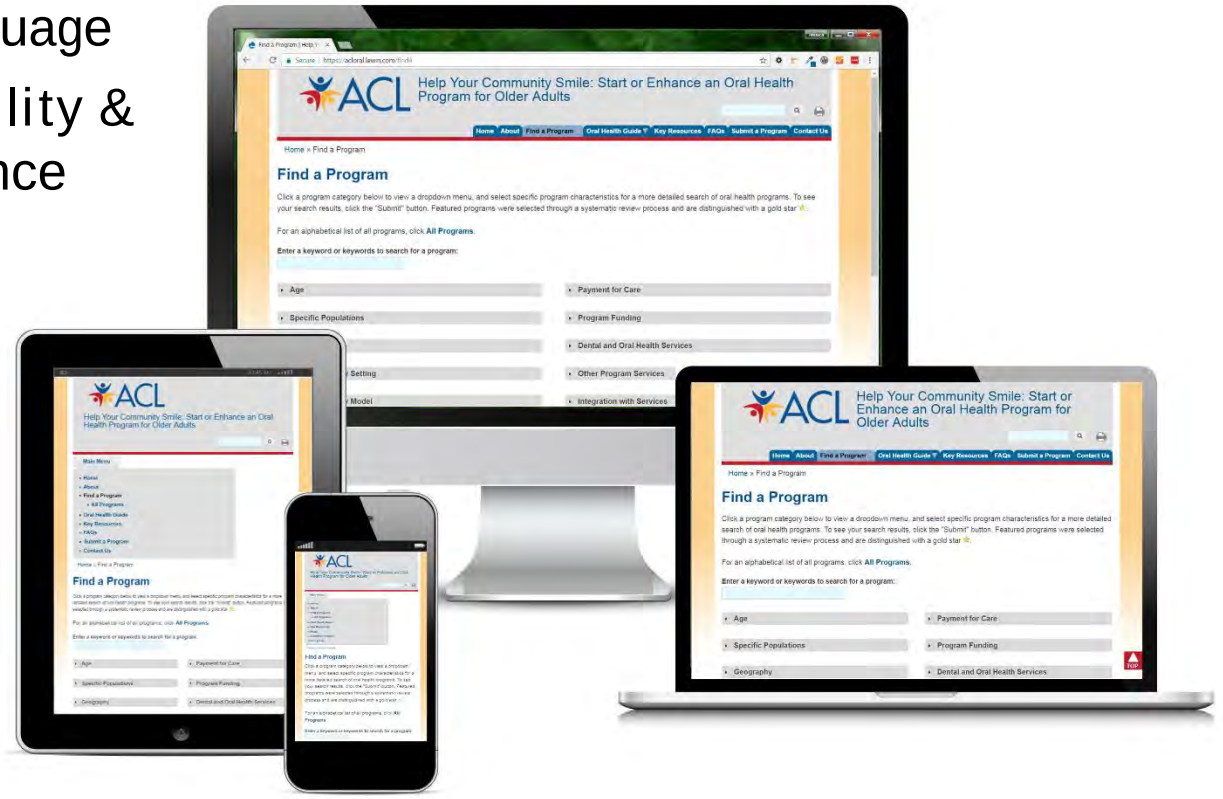
Dental and Oral Health Services
- Emergency services
- Basic services
  - Screenings
  - Cleanings
  - Fluoride varnish
  - Sealants
  - X-rays
- Comprehensive services
  - Fillings
  - Scaling/root planing
  - Extractions
  - Oral surgery
  - Root canals
  - Dentures, partials, relines, repairs
  - Crowns
  - Bridges
  - Orthodontics

Other Program Services
- Referrals to dental and oral health services
- Care coordination/care management
- Patient education
- Caregiver education
- Provider education
- Advocacy/coalition

End of Website Demo

Oral Health Website Features

- Responsive/mobile design
- Written in Plain Language
- Created for Accessibility & Section 508 Compliance



Additional Program Profiles

The Oral Health website is coming soon!

Virtual Dental Home

Virtual Dental Home

Multiple locations throughout the United States

Program Overview

The Virtual Dental Home (VDH) provides dental and oral health services in locations across California where people live, work, and receive social services. Dental hygienists and assistants gather diagnostic records, communicate with dentists using a telehealth system, treat individuals with basic oral health needs, and refer individuals with more complex needs to dentists in the same geographic area. This program leverages telehealth technology to bring comprehensive diagnostic, preventive, and early intervention services to otherwise hard-to-reach individuals in a convenient and low-cost fashion.

Program History and Development

UNIVERSITY OF THE PACIFIC
Arthur A. Dugoni School of Dentistry

In 2009, the Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry recognized that the majority of people in the California population had unmet dental needs that were not being addressed through the traditional dental care system. The Center decided to create a model of care that could reach people in more convenient locations. The Virtual Dental Home system of care was sequentially developed in California as a six-year demonstration involving 13 communities.

VDH leverages telehealth technology to connect dental hygienists and assistants in the community with remote dentists to create a treatment plan. As of March 2016, 15 different communities in California had implemented this model, ranging from Head Start schools to nursing homes. Programs in Hawaii, Oregon, and Colorado were also in the process of implementing this model. In addition, several other states have followed California's lead, stimulated by the VDH system of care, and copied California's groundbreaking laws and regulations related to the use of store-and-forward teledentistry.

Program Sustainability

- VDH is supported by numerous organizations including: the University of the Pacific - Arthur A. Dugoni School of Dentistry, the California Dental Association Foundation, the DentaQuest Foundation, and the American Dental Hygienists' Association.
- The majority of the program's initial funding came from grants and contracts from federal and state government sources and private foundations. Approximately 15 funders contributed to a total of almost $4 million in the six-year demonstration. However, legislation now allows providers to directly bill for teledentistry enabled services.

Program Impact

- As of August 2015, VDH had provided more than 50,000 dental procedures to over 2,900 individuals since 2009.
- The VDH model improves access to care and requires less time per visit than the current Medicaid program.
- According to an analysis conducted by staff at the Pacific Center for Special Care, the VDH model would allow California's Medicaid to buy more oral health per dollar spent than the state's existing models of care.
- The cost of delivering diagnostic, preventive, and early intervention dental services, supplemented by education in case management, is approximately one-third the cost of delivering the same services in a traditional dental office setting.

"The VDH produces the 'Triple Aim' for dental care: better experiences, better health, and lower cost per capita."
-Paul Glassman DDS, MBA

Program Contact Information

Program Phone Number: 415-385-5017
Program Website: http://www.virtualdentalhome.org/

Harris Health System Health Care for the Homeless Program

Community Guide to Adult Oral Health Implementation
Featured Program Profile

Harris Health System Health Care for the Homeless Program

Houston, Texas

Program Overview

The Harris Health System Health Care for the Homeless Program provides dental care and other preventive and primary health care services to homeless individuals in Houston, Texas. This program operates multiple shelter-based clinics and mobile units to improve the health of the homeless population in Houston and engage them in health promotion and prevention activities.

Program History and Development

Harris Health System Health Care for the Homeless dental van.

The Harris Health System Health Care for the Homeless Program is an extension of Harris Health System's Community Health Program and has been in operation since 1988. Dental services have been offered since 2002. The program has grown to be one of the largest homeless programs in the United States, providing health care to homeless individuals in 10 homeless shelters and day centers within Harris County, Texas. The services provided through this program include medical care, immunizations, and behavioral health services. The program provides dental services through a mobile van that travels to multiple homeless shelters in Harris County.

Program Sustainability

- The Harris Health System Health Care for the Homeless Program partners with many organizations, including the Bureau of Primary Health Care and the Houston Police Department Homeless Outreach Team.
- The majority of this program's funding comes from federal funding (Bureau of Primary Health Care).
- The dental program is staffed by a contracted dentist, dental assistants, and support staff.
- The annual budget for the Health Care for the Homeless Program is $3,709,884.
- The Harris Health System Health Care for the Homeless Dental Program has been in operation since 2002.
- Past funders include the Harris County Hospital District Foundation and the Simmons Foundation.

Program Impact

- In 2015, the Harris Health System Health Care for the Homeless Dental Program provided 1,464 dental services to 433 homeless individuals.
- The Health Care for the Homeless Program collects data on participant demographics, participant medical history, client satisfaction, and health outcomes.
- Surveys have demonstrated high patient satisfaction with increased access to care.
- This program is accredited by the National Integrated Accreditation for Healthcare Organizations (NIAHO) from Det Norske Veritas AS (DNV), which is recognized as a symbol of quality and awarded to few homeless programs. Three sites have also been recognized as National Committee for Quality Assurance (NCQA) patient-centered medical homes.

Program Contact Information

Program Phone Number: 713-757-0572

Program Website: https://www.harrishealth.org/en/our-community/outreach-services/pages/healthcare-homeless.aspx

The Dentists' Partnership

Community Guide to Adult Oral Health Implementation
Featured Program Profile

The Dentists' Partnership

Battle Creek, Michigan

Program Overview

The Dentists' Partnership in Battle Creek, Michigan provides free oral health care to low-income individuals without insurance in exchange for community service at local nonprofit organizations. The required number of service hours depends on the monetary value of the dental services needed by the individual, with one hour of service corresponding to $25 of dental treatment. This program allows both clients and dentists to give back, while allowing clients to gain new skills through their volunteer work.

Program History and Development

Kelly Price volunteers at the Food Bank of South Central Michigan in exchange for dental care (Photo by John Grap/Battle Creek Enquirer)

In 2006, the Battle Creek Health System identified a large number of low-income residents within Calhoun County, Michigan who had unmet dental care needs. A number of community stakeholders then formed the Dentists' Partnership to provide dental care to this population while also getting individuals involved in the community. The program started with 10 dentists in 2007, but has since grown to include 43 dentists and two dental hygienists providing services each month. Services provided have also expanded to include an oral hygiene class, preventive self-care education, orthodontics, and denture services.

The Dentists' Partnership has a significant amount of coordination with the community of Calhoun County, Michigan. It provides transportation to volunteer sites for the individuals, refers interested but ineligible individuals to local federally qualified health centers, and has an extensive referral process with the local Emergency Department. To date, this program has been successfully replicated in 20 communities in the Midwest and has been contacted by many other interested communities.

Program Sustainability

- The Dentists' Partnership receives funding from: the United Way, Bronson Battle Creek Hospital, and the Battle Creek Community Foundation.
- This program is staffed by approximately 56 percent of dentists in Calhoun County, Michigan (33 dentists) who volunteer to treat individuals each month, differing in services provided and number of individuals treated.
- The annual budget for 2016 is $154,398 and the operating expenses are $149,898.

Program Impact

- In 2015, the Dentists' Partnership provided $41,570 worth of dental services to 173 individuals and provided 2,601 hours of community service.
- To date, the Dentists' Partnership has provided roughly $1,620,000 worth of dental services since 2007 to approximately 5,000 individuals who would otherwise not have access to care.
- A five-year analysis found that this program generates a return on investment of 322 percent, accounting for the value of donated dental services and the value of volunteer service hours.
- Studies have shown that the Dentists' Partnership has contributed to a 70 percent decrease in the number of low-income individuals with dental complaints at the local Emergency Department.
- To date, the Dentists' Partnership has provided over 70,000 hours of community service at local nonprofits.

"The Calhoun County program epitomizes the best kind of private sector, community-based solution to access-to-care problems...this program is organized in a way that everyone can win."
- Norm Palm, Michigan Dental Association

Program Contact Information

Program Website: https://innovations.ahrq.gov/profiles/program-offering-free-dental-care-exchange-community-service-significantly-reduces-dental

Senior Dental Days

Community Guide to Adult Oral Health Implementation
Featured Program Profile

Senior Dental Days
Grand Rapids, Michigan

Program Overview

Senior Dental Days, organized by the Area Agency on Aging of Western Michigan (AAAWM), is an annual event that serves low-income older adults in Grand Rapids, Michigan and the surrounding areas. AAAWM works with nonprofit agencies to identify and invite older adults based on financial need. Participants receive free dental cleanings, x-rays, screenings, and referrals to a permanent dental home. The events are staffed by volunteer dental students, dental school faculty, dentists, hygienists, and dental assistants.

Program History and Development

Senior Dental Days 2014 at Grand Rapids Community College

Senior Dental Days began in 2011 as a partnership between AAAWM, the Coalition for Oral Health for the Aging (COHA), and Dr. Elisa Ghezzi. AAAWM recruits and schedules participants, completes forms, and arranges meals and transportation for volunteers. Grand Rapids Community College (GRCC) staff recruits hygienists and obtains use of a facility and equipment. In addition, GRCC Dental Clinic provides space for the event and needed supplies. Hygienists and dental assistants can earn continuing education units by participating in the event; this was approved by the state of Michigan after Dr. Ghezzi initiated conversations with legislators.

Program Sustainability

- Senior Dental Days is funded by grants from the Delta Dental Foundation, the Michigan Dental Association Foundation, the West Michigan Dental Society, Grand Rapids Community College, Area Agency on Aging of Western Michigan, and Health Intervention Services – Grand Rapids.
- The entirety of the program's funding comes from foundation grants.
- One hundred dental students, dental school faculty, dentists, hygienists, dental assistants, and AAAWM staff volunteered their time in 2014.
- The annual budget of the program is $2,000.

Program Impact

- In 2014, the program served 42 older adults during the one-day event.
- Senior Dental Days surveys both volunteers and participants regarding program effectiveness and satisfaction.
- Awareness was raised in Kent County, Michigan about the continuing need for accessible, low-cost dental care for older adults.

"You all made me feel so welcomed and cared for, this day truly was a blessing."
– individual who received dental care at Senior Dental Days 2013

Program Contact Information

Program Website: http://www.aaawm.org/organizational_news/tag/Dental

ElderSmile

ElderSmile

Multiple locations in Northern Manhattan, New York City

Program Overview

The ElderSmile program is designed to improve the oral health of older residents in northern Manhattan through outreach programs held at senior centers and other locations where seniors gather. Dental school faculty or staff deliver 20-minute health promotion presentations at the community locations while other staff and dental students provide support. Individuals are screened for three conditions: oral health and oral cancer, diabetes, and hypertension. Individuals requiring follow-up dental care are referred to their dentist or one of the Columbia University affiliated community-based dental treatment centers if they do not have a regular dentist. Transportation is arranged for dental and medical appointments for individuals requiring this assistance. The program services 51 sites in the Harlem and Washington Heights-Inwood communities for three to four hours at a time.

Program History and Development

COLUMBIA UNIVERSITY College of Dental Medicine

ElderSmile was founded in 2004 and initially focused specifically on providing dental care to older adults in community settings. The founders of the program – faculty at the Columbia University College of Dental Medicine – also wanted to provide practical experience to students at the dental school interested in geriatric dentistry. In November 2010, screening for chronic medical conditions was added to the program, as many chronic conditions can lead to heart disease, stroke, eye problems, kidney disease, and nervous system disease. The program is intended to serve as a prototype for dental schools and others interested in reaching out to this underserved population.

Program Sustainability

- The ElderSmile program has received funding from: Sunstar Foundation, Stella and Charles Guttman Foundation, and other charitable organizations.
- The Fan Fox and Leslie R. Samuels Foundation provided initial grant funding for the dental program, as well as a grant to cover the costs (approximately $200,000) of expanding to include chronic disease screening, such as equipment and staff time.
- The ElderSmile program is staffed by faculty members, a part-time program coordinator, a dental assistant, and 12-15 dental student volunteers. Faculty members and the dental assistant devote approximately 10 percent of their time to the program.

Program Impact

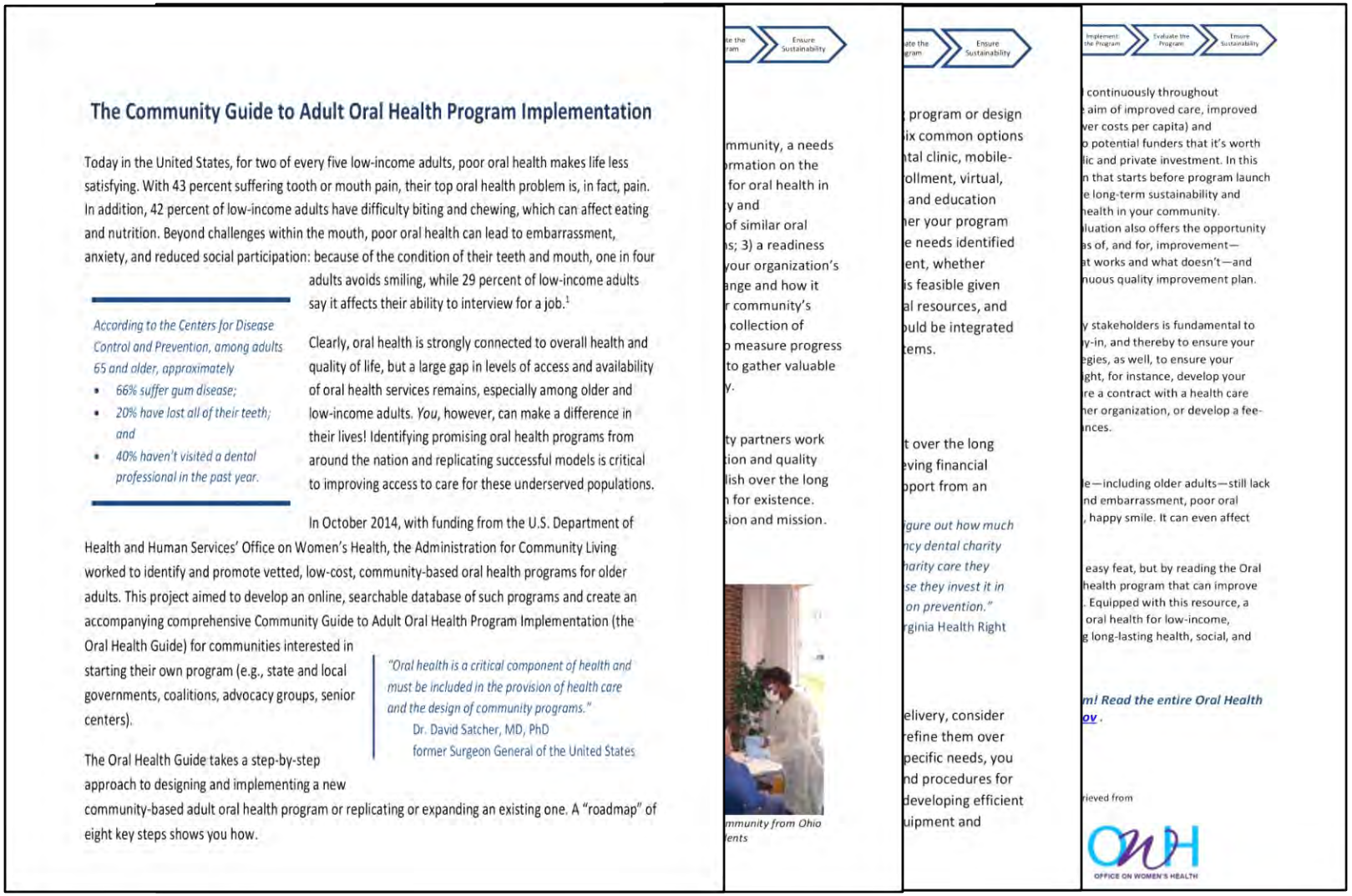
- From August 2006 to October 2007, 447 older adults participated in oral health promotion presentations and completed a self-reported oral health survey. Of these 447 older adults, 308 were clinically examined by dentists. 78 percent of the 308 adults needed referral for treatment and 27 percent had no teeth.
- The ElderSmile program collects data on demographics, medical history, oral health status, diabetes status (HbA1c), blood pressure, and number of individuals served.
- In a study of 580 individuals in the program between November 2010 and June 2012, the program identified older adults with undiagnosed conditions who have or are at risk for diabetes (50%) or hypertension (62.3%), along with many previously diagnosed individuals who do not have the conditions under control (75 percent for hypertension and 38 percent for diabetes). It has also helped many older adults access necessary follow-up care.

Program Contact Information

Program Website: https://innovations.ahrq.gov/profiles/adding-diabetes-and-hypertension-screening-oral-health-and-hygiene-program-identifies-many

Additional Resources

Additional Resources



The Community Guide to Adult Oral Health Program Implementation

Today in the United States, for two of every five low-income adults, poor oral health makes life less satisfying. With 43 percent suffering tooth or mouth pain, their top oral health problem is, in fact, pain. In addition, 42 percent of low-income adults have difficulty biting and chewing, which can affect eating and nutrition. Beyond challenges within the mouth, poor oral health can lead to embarrassment, anxiety, and reduced social participation: because of the condition of their teeth and mouth, one in four adults avoids smiling, while 29 percent of low-income adults say it affects their ability to interview for a job.[1]

According to the Centers for Disease Control and Prevention, among adults 65 and older, approximately

- *66% suffer gum disease;*
- *20% have lost all of their teeth; and*
- *40% haven't visited a dental professional in the past year.*

Clearly, oral health is strongly connected to overall health and quality of life, but a large gap in levels of access and availability of oral health services remains, especially among older and low-income adults. *You*, however, can make a difference in their lives! Identifying promising oral health programs from around the nation and replicating successful models is critical to improving access to care for these underserved populations.

In October 2014, with funding from the U.S. Department of Health and Human Services' Office on Women's Health, the Administration for Community Living worked to identify and promote vetted, low-cost, community-based oral health programs for older adults. This project aimed to develop an online, searchable database of such programs and create an accompanying comprehensive Community Guide to Adult Oral Health Program Implementation (the Oral Health Guide) for communities interested in starting their own program (e.g., state and local governments, coalitions, advocacy groups, senior centers).

"Oral health is a critical component of health and must be included in the provision of health care and the design of community programs."
Dr. David Satcher, MD, PhD
former Surgeon General of the United States

The Oral Health Guide takes a step-by-step approach to designing and implementing a new community-based adult oral health program or replicating or expanding an existing one. A "roadmap" of eight key steps shows you how.

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OFFICE ON WOMEN'S HEALTH

Additional Resources

ACL Administration for Community Living

OWH Office on Women's Health

Help Your Community Smile: Start or Enhance an Oral Health Program for Older Adults

The Problem

Life poses considerable emotional and social challenges for people who lack confidence in their oral health. The condition of their mouth and teeth causes embarrassment for 23 percent of adults. In fact, one in four adults avoids smiling because of poor oral health, while 29 percent of low-income adults say the appearance of their mouth and teeth affects even their ability to interview for a job.[1]

Many older adults, in particular, have significant oral health needs but don't have access to care. More than two-thirds of adults 65 and older endure gum disease; 20 percent suffer complete tooth loss; and 40 percent haven't visited a dental professional in the past year.[2,3] Sadly, pain is the top oral health problem for low-income adults.[4]

The Solution

Clearly, oral health is strongly connected to overall health as well as to quality of life, yet a significant gap in levels of access to and availability of oral health services remains, especially among older and low-income adults. You, however, can make a difference in their lives! Identifying promising oral health programs and replicating successful models is critical to improving access to care for these underserved populations.

The Project

In October 2014, with funding from the U.S. Department of Health and Human Services' Office on Women's Health, the Administration for Community Living entered into an agreement with The Lewin Group to identify and promote vetted, low-cost, community-based oral health services for older adults. This project aimed to develop an online, searchable database of community-based oral health programs across the nation and a comprehensive Community Guide to Adult Oral Health Program Implementation (the Oral Health Guide) that offers guidance to communities (e.g., state and local governments, coalitions, advocacy groups, senior centers) interested in starting an adult oral health program.

The Website

- **Oral Health Guide:** Find the Oral Health Guide on the website. Brimming with key steps, case studies, and other resources, it explains how to develop and operate cost-effective, sustainable oral health programs for older adults. What's more, if your community already operates such a program, the Oral Health Guide can show you how to expand or enhance it.
- **Oral Health Program Database:** You can peruse the website's database of nearly 200 vetted adult oral health programs among 11 categories, including specific populations, service delivery setting, program funding, and more. Identify the one or ones that best match your community's needs and circumstances.
- **Program Profiles:** Each program profile in the database contains an overview and key characteristics helpful for replication. Featured programs offer additional information on program sustainability and impact.

Visit the Oral Health Website at **https://oralhealth.acl.gov**

How to Start Your Own Oral Health Program

The Oral Health Guide takes a step-by-step approach to designing and implementing a new community-based program or replicating or expanding an existing program. A "roadmap" of eight key steps leads the way.

- Conduct a Needs Assessment
- Develop a Vision, a Mission, and Goals
- Establish Partnerships
- Design the Program
- Finance the Program
- Implement the Program
- Evaluate the Program
- Ensure Sustainability

1 American Dental Association Health Policy Institute (2015). Oral Health and Well-Being in the United States. Retrieved from http://www.ada.org/en/science-research/health-policy-institute/oral-health-care-projects?source=VanityURL
2 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2015). Oral Health for Older Americans. Retrieved from https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm
3 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & National Center for Health Statistics. (2014). Oral and Dental Health. Retrieved from https://www.cdc.gov/nchs/fastats/dental.htm
4 American Dental Association Health Policy Institute (2015). Oral Health and Well-Being in the United States. Retrieved from http://www.ada.org/en/science-research/health-policy-institute/oral-health-care-projects?source=VanityURL

Thank You!

Questions?

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