

# Oral Health Disparities in Emerging Elders:

## An Emerging Public Health Priority!

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# The Baby Boom Tsunami

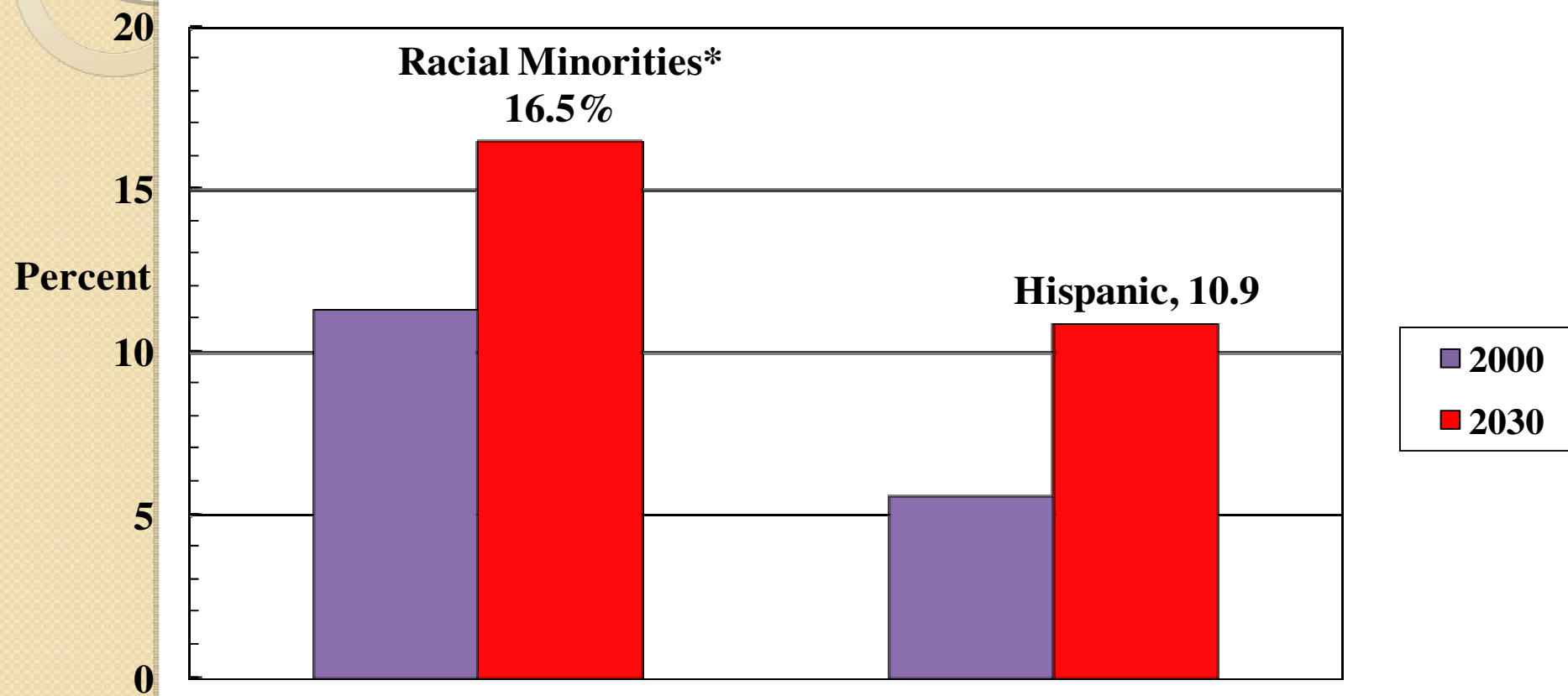


# The tip of the iceberg



icebergs in lake michigan/snopes accessed 4 9 12

# Elders' race/ethnicity changes



\*Black, Am. Indian/Alaskan Native, Asian/Pacific Islander;  
MMWR 2/14/03

# Median Percent with Any Dental Insurance by Age, US, 2001 (BRFSS)

80

70

60

50

40

30

20

10

0

69.45

58.53

29.07

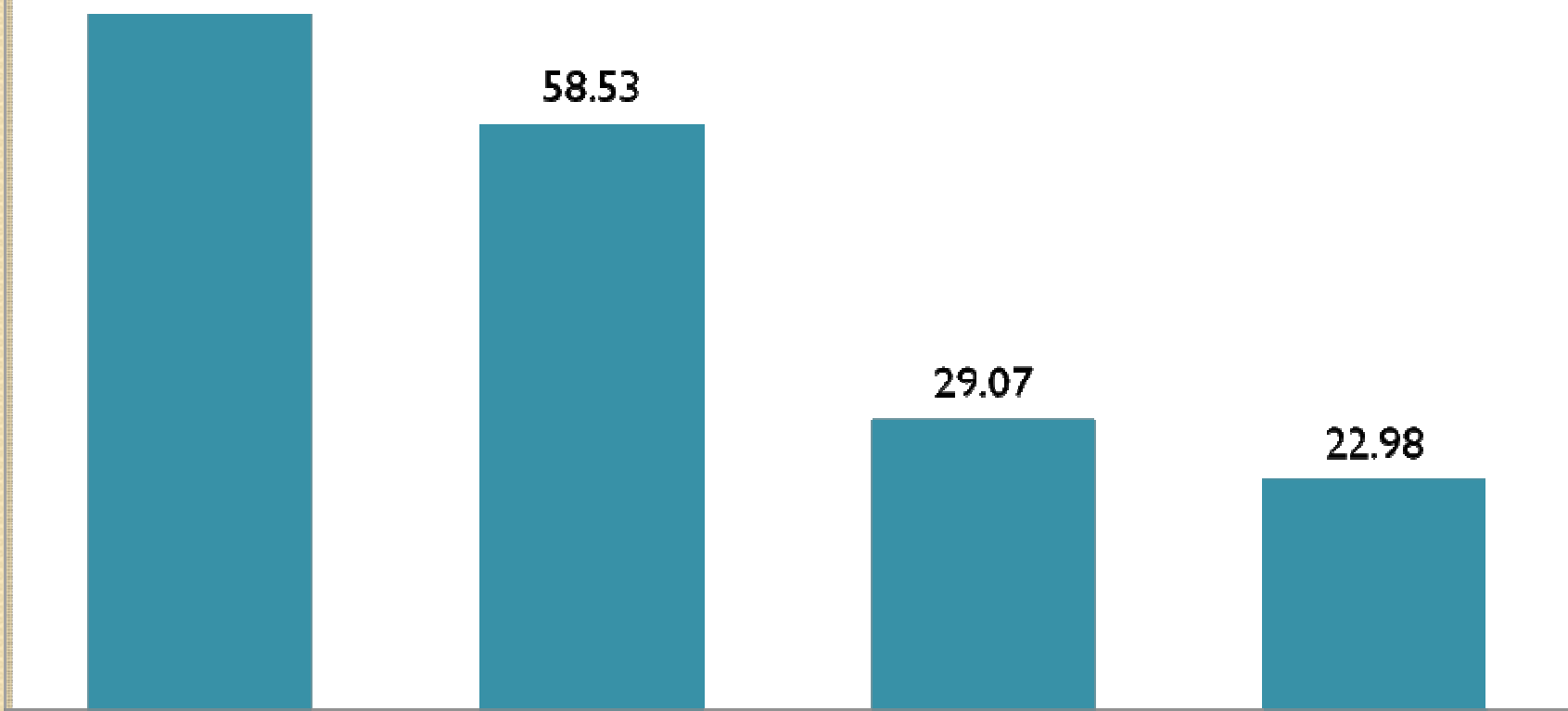
22.98

45-54

55-64

65-74

75+





59 y.o. male



# February 2011

ID: 59 y.o. male

CC: submandibular / submental swelling,  
unable to open his mouth

HPI: swelling \*4 days, waxed and waned

PMH: obesity; no meds; allergic to Penicillin

SH: no dental insurance

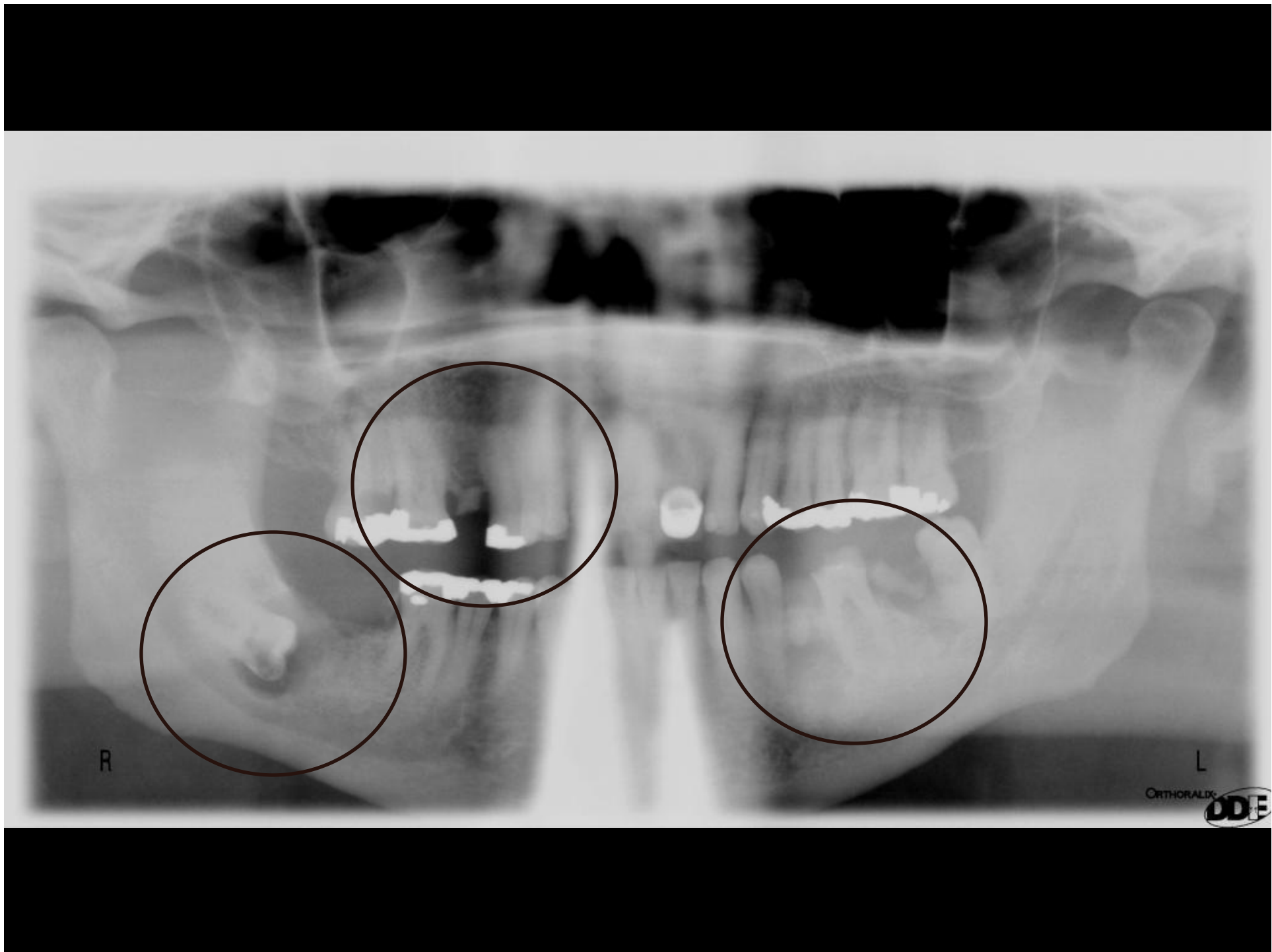




## 59 y.o. caucasian male: Exam

- temp 98.2 °F; BP 126/86, HR 86, reg; 310#
- face and neck warm to touch
- swelling R>>L neck, especially submental
- limited occlusal opening, <2cm on stretching, passive at ~15mm
- foul odor
- swelling in area of #32 with copious purulent exudate on palpation of R mandibular ridge in area of #32







## 59 yo male

- in hospital for 10 days including OR/ICU for drainage of facial cellulitis
- ROM of R TMJ so limited due to infection...
- discharged without extraction of infected teeth, especially #32
- Seen in April of 2011

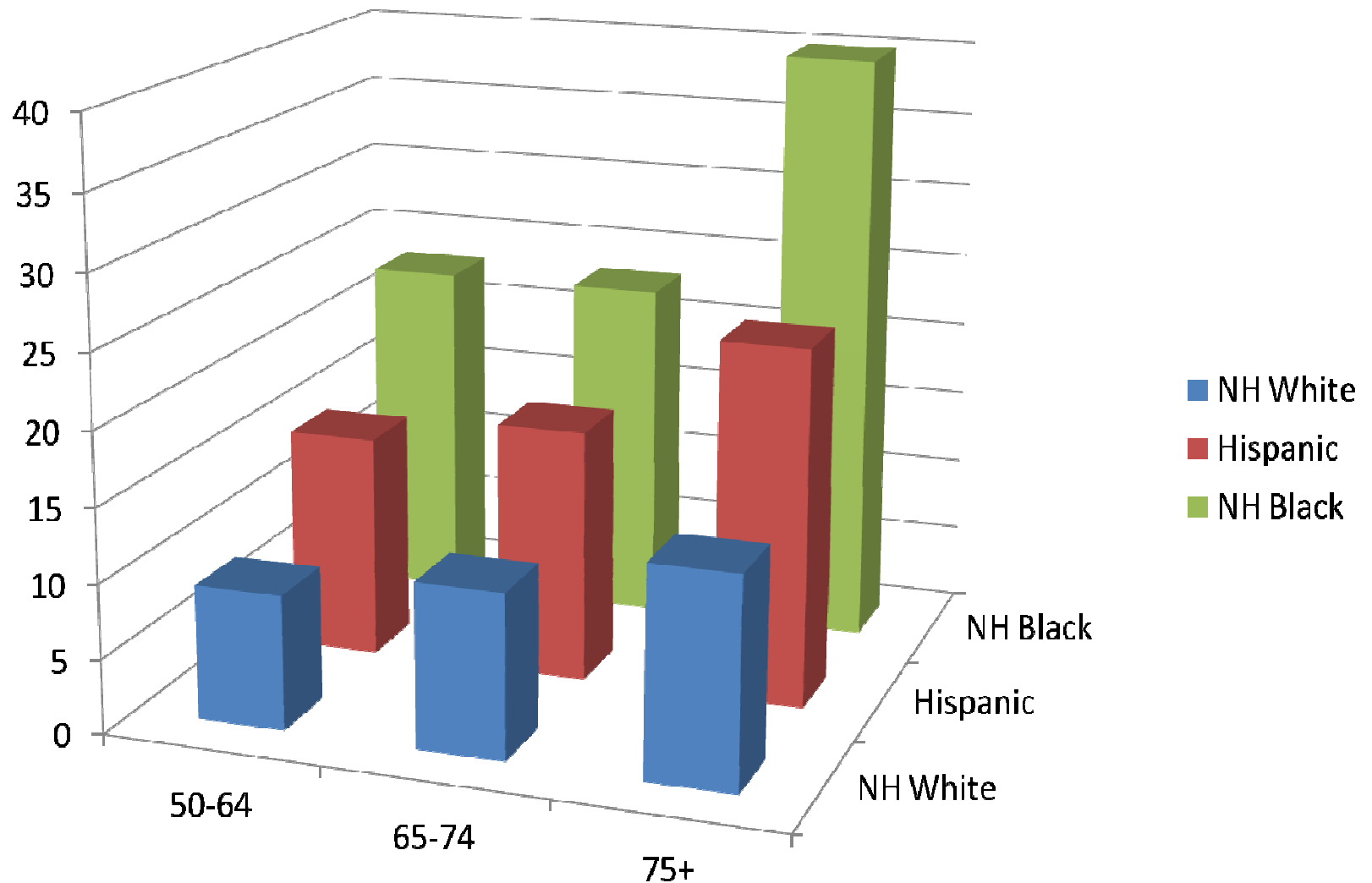


## 59 yo white male

- Admitted for extractions in April 2011
- #32 ext in pieces plus 4 other teeth and root tips
- Soft diet \* 6 months
- F/U on in May and September for post operative evaluations
- Doing well
- Still has no dental provider!

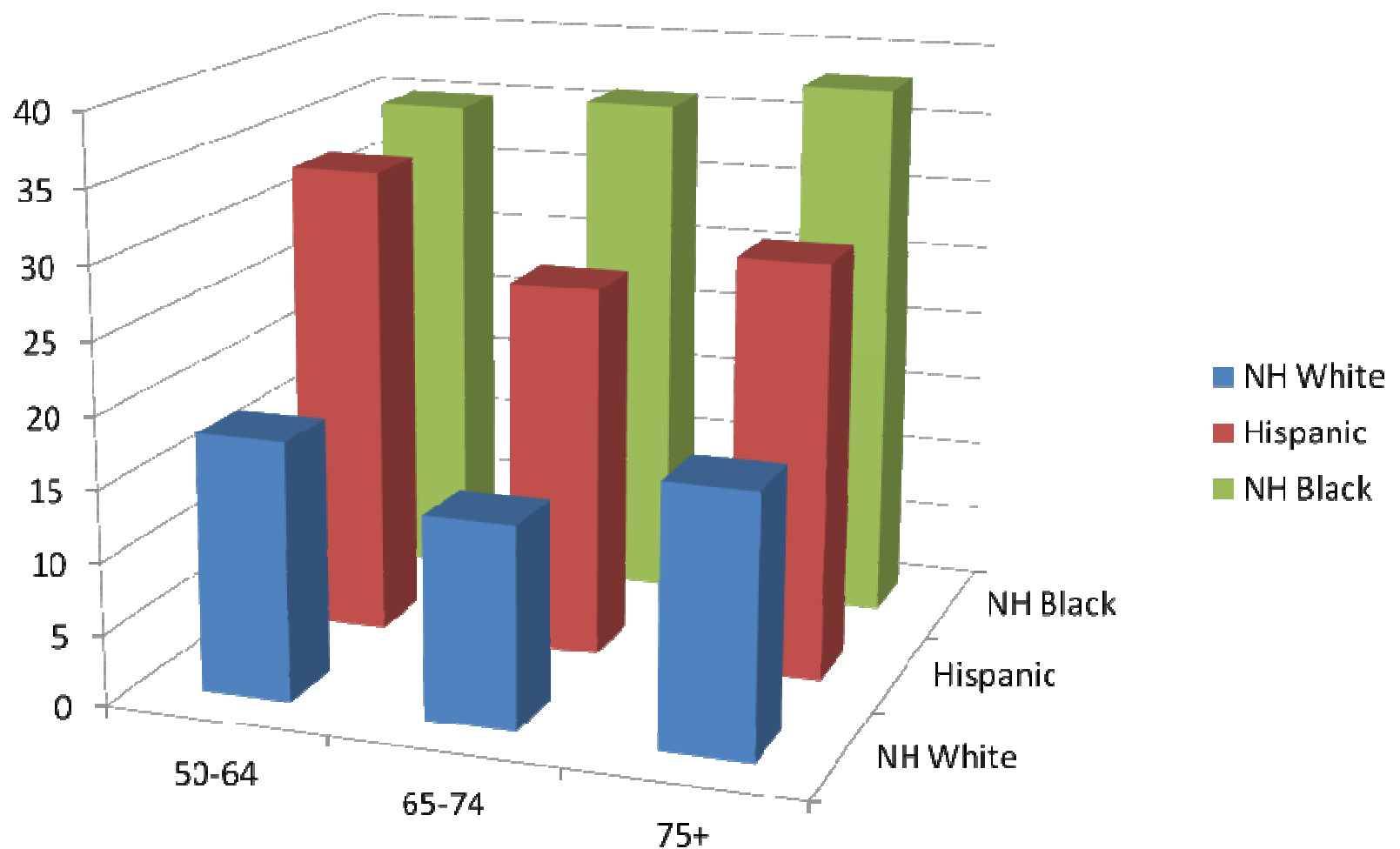
# % with unfilled coronal caries

(NHANES 1999-2004)



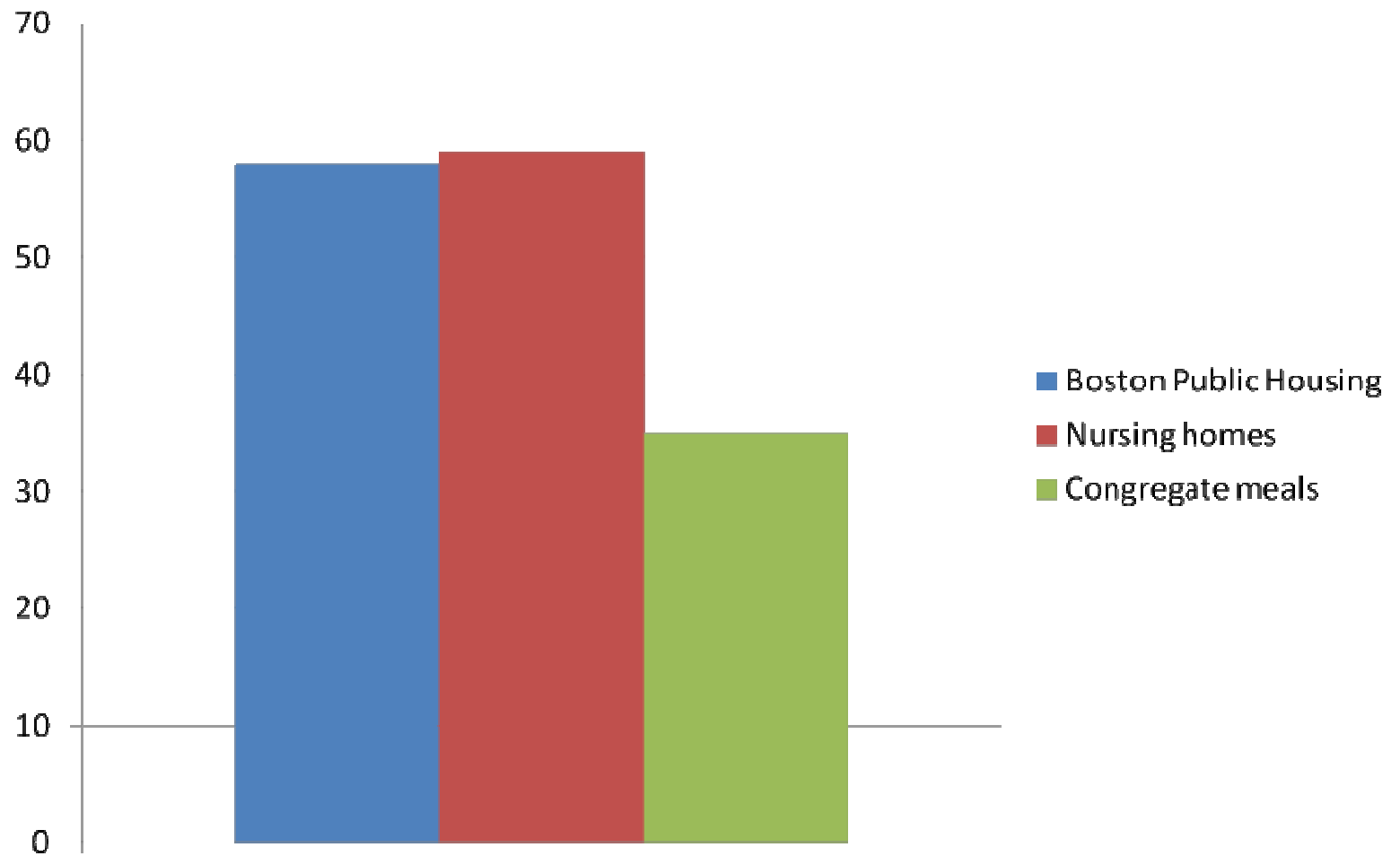
# % with unfilled root caries

(NHANES 1999-2004)



# % with unfilled caries

(MA, 2005-2009; Sources BPHC, Ma Dept. of Oral Health)





# “You’re not healthy without good oral health”

C. Everett Koop

- Intergenerational equity issue
- Caries is as much of a problem in seniors as in children (Dye, 2007)
- Racial/ethnic, income and health status associated disparities in oral diseases are often as/more marked than among children
- Oral diseases are a significant burden among older adults (Griffin et al, AJPH 2012)





# What are our options?

- Fluorides prevent caries in adults as well as children (Griffin et al, 2007; Gibson et al., 2011)
- Bring prevention to where the seniors are: senior housing, senior centers, meals on wheels, assisted living and nursing homes
- Similar to school-based preventive programs



# Models

- Monthly fluoride varnish in homebound seniors was as effective as daily use of high strength fluorides (Ekstrand, 2008)
- High strength fluorides prevent new caries and remineralize early lesions in high risk individuals (DePaolo, 1983; Baysan, 2001; Gibson 2011)



# Opportunities abound:

- Extend ourselves at our local senior center, public housing
- Start small, provide oral cancer screening and fluoride varnish and referral to your office, CHC, or to your peers
- Quarterly / semiannual program?
- Nursing homes - Incurred medical expense-
  - [https://www.ada.org/sections/professionalResources/pdfs/ime\\_documents.pdf](https://www.ada.org/sections/professionalResources/pdfs/ime_documents.pdf)



## Why is it important?

- Needs do not decrease with age
- Out of pocket costs increase to
- 67% in 65-74; 75% in 75+ year olds
- Private insurance decreases in each successive age group (from 50% in 55-64 to 14% in 75+) (MEPS, 2010)
- MEDICARE covers only medically necessary care [narrowly defined]



# What can WE do together?

- Support funding of elders' dental care
- Part D for DENTAL in Medicare
  - Optional program for elders to buy (like part B)
  - Coverage for dual eligibles
- Special Care Dentistry Act –
  - Supported by the ADA - NECAC
  - Requires oral health coverage for the aged, blind and disabled through a separate state adult dental program.