

Oral Health of Our Aging Population: Policy Opportunities

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**“The more sand has
escaped from the
hourglass of our life, the
clearer we should see
through it.”**

Jean-Paul Sartre

LeadingAge

Defining Aging Services

- **Blurred boundaries between acute, primary, chronic LTC and preventive services**
- **Focus on function, well-being, health status**
- **Broad range of services and supports**
- **Housing and services equally important**
- **Formal and informal care**

Emerging Issues/Trends in Aging Services

- **State rebalancing of Medicaid dollars toward home and community-based services**
- **Consumer direction in home and community based services**
- **Culture change in nursing homes**
- **Expansion of residential alternatives – how affordable?**

Emerging Issues/Trends in Aging Services Cont'd

- **Managed LTC**
- **Integration of acute, primary and LTC**
- **CCRCs without walls**
- **Workforce/Talent Development**

Opportunities through ACA

- **ACOs and other integrated service models**
- **Independence at Home Demo**
- **Avoidable Hospitalization from NH demo**
- **Transitional Care Demos**

Other Initiatives

- **Dual eligible initiatives at state level**
 - **Managed care programs**
 - **Other state-based integration experiments**
- **Affordable senior housing plus services model development**
- **HRSAs National Center for Health and Aging (TA to FQHCs)**
- **Eldercare Workforce Alliance**

Finding the “Well” Elderly

- **Physicians’ offices**
- **Clinics**
- **Pharmacies**
- **Senior centers**
- **Places of worship**
- **Retirement communities/CCRCs**
- **Fitness clubs/golf courses**
- **NORCs**
- **ElderHostel**
- **SeniorNet**

Finding the “Disabled” Elderly

- Hospitals/ER
- Hospice
- Nursing homes
- Assisted living/board and care
- Low income senior housing
- Adult day care
- NORCs
- Life care without walls
- PACE

Public Sector Partners

- **Area Agencies on Aging**
- **Medicaid agencies**
- **Ombudsmen programs**
- **Local HUD agencies**
- **Public health departments**
- **Adult protective services**
- **Health insurance counseling programs**

Private Sector Partners

- **Hospital/health care systems/ managed care**
- **Medical/long-term care providers**
- **Housing providers**
- **Geriatric care managers**
- **Financial planners**
- **Grocery stores**
- **Banks**
- **Community advocates (e.g., Alzheimer's chapters, AARP)**
- **Silver-haired legislatures**

Funding Mechanisms

- Medicare-FFS and managed care
- Medicare SNF/home health
- Medicaid NF/HCBS/Managed care
- SSI/SSP
- OAA
- SSBG
- State funds
- VA
- Private long-term care insurance
- Private foundations(GIA)
- Title VII

Example of a Real-World Evidence based Program

Mouth Care Without a Battle ©

*Individualized Mouth Care
for Persons with Cognitive and Physical Impairment*

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Mouth Care Without a Battle

Provide evidence-based oral hygiene care
-- toothbrushing, flossing, denture care --
while using proven approaches for
dementia care

Pilot Study

Mouth Care Without a Battle[©] was implemented in three nursing homes, by six certified nursing assistants trained as oral care aides. They provided mouth care to 97 residents.

The results that follow focus on changes in

- staff attitudes following training
- resident oral health (plaque and gingiva)

Results: Change in Staff Attitudes

	Before Training	“Before” Rated After	After Training
I have sufficient knowledge for this job.	3.3	2.7*	3.8
I am familiar with the practical procedures to do this job.	3.2	2.3**	4.0
When a resident doesn’t want me to brush his/her teeth, I can figure out a way to get the job done without force.	2.8	2.7*	3.8
I know ways to provide mouth care to residents who hit/scream.	2.7	2.0**	3.5

1 = strongly agree to 4 = strongly disagree ; *p < .10; **p < .05 compared to after

After training:

- *staff rated their knowledge and skills higher*
- *staff said they overestimated their initial knowledge/skills (second column)*

Results: Change in Dental Health

<u>Measure</u>	<u>Mean (SD)</u>
Dental Plaque Index (lower is better)	
Baseline	5.0 (1.0)
8 week follow-up	3.5 (1.5)**
6 month follow-up (one site)	2.9 (1.3)**
Gingival Index (lower is better)	
Baseline	1.8 (0.5)
8 week follow-up	1.4 (0.5)**
6 month follow-up (one site)	1.4 (0.4)*

*p < .05; **p < .001 compared to baseline

After training, the condition of the plaque and gingiva was improved

Before Mouth Care Program



After Mouth Care Program



Before Mouth Care Program



After Mouth Care Program



The Evidence: Conclusions

Mouth Care Without a Battle[©]
significantly improves
staff knowledge and skill
and resident health

Mouth Care Without a Battle®
Individualized Mouth Care for Persons with Cognitive and Physical Impairment

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We were wrong about restraint use. Now we're finding we've been wrong about mouth care. It's not grooming; it's infection control. It's not something to be omitted when time is tight, because it's a critical component of health care.

Only recently have we realized that poor mouth care is a significant cause of pneumonia in nursing home residents and people with physical and cognitive impairment. Bacteria that cause pneumonia live in dental plaque, from which they're released into the saliva and then aspirated into the lungs. The more the bacteria, the more likely the pneumonia. This is no small problem, as over time it's expected that more than two million episodes of nursing-home acquired pneumonia will occur every year, many of which require hospitalization and result in death. Recent research indicates that as many as half of these infections -- and deaths -- could be avoided with good mouth care.

That's not all. Poor mouth care also leads to poor nutrition, both by promoting tooth loss and by causing gingivitis (gum inflammation due to chronic infection). Gingivitis is uncomfortable, and chronic pain from gingivitis can lead to agitation. In addition, it makes diabetes harder to control, and poor oral health has even been linked to heart attacks. Bottom line: mouth care relates to health and quality of life, and better mouth care benefits both older adults and the people who provide their care.

Studies have also shown that mouth care in nursing homes is often done inconsistently or not at all. More so, the residents most likely to not receive mouth care -- persons with severe disabilities or advanced dementia -- are the most susceptible to pneumonia, low oral intake, and other problems related to poor oral hygiene. So the question is not "should" mouth care be improved, but "how".

The University of North Carolina at Chapel Hill (UNC) developed and studied the outcomes of *Mouth Care Without a Battle*, a program similar to their *Bathing Without a Battle*, which provides basic mouth care techniques and strategies to care for people with cognitive and physical impairment. Oral health was significantly improved by the nursing assistants who provided mouth care in accordance with this program. The pictures below speak for themselves.



The UNC program involves innovative products, innovative care techniques, and direct care workers with specialized training. Now that we know how to improve care, the challenge is to make it common practice.