

Oral Health of Older Adults Living in Community-Based Settings

An initiative of The HealthPath Foundation







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Oral Health Ohio is a statewide coalition of partners who advocate for and educate to improve the oral and overall health of Ohioans across the lifespan.

> Become a member, there is no cost www.oralhealthohio.org



This webinar is made possible by the generous support of the Delta Dental Foundation

FOUNDATION





Please put into the chat box:

- Your name and organization
- What are the oral health issues you see most frequently in your older adult clients?



Agenda

- 1. Welcome and housekeeping items
- 2. Suparna Mahalaha, DDS, MPH
- 3. Rosemarie Hemmings, PhD, LCSW
- 4. Moderator questions
- 5. Audience Q&A







Please put questions into the chat box

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You will receive a link to today's slides. The recording and slides will also be available on OHOs website.



Continuing Education Credits

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In support of improving patient care, this activity has been planned and implemented by Oral Health Ohio and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Through Joint Accreditation, credits are also available for this activity through:

Association of Social Work Boards (ASWB)

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- Explain the unique oral health challenges faced by older adults.
- Identify the connection between oral health and overall health in older adults.
- Identify at least two opportunities for social workers to integrate oral health in community-based settings.



Our Speakers



Rosemarie Hemmings, Ph.D., LCSW, CCTP-II Assistant Professor of Public Health Dentistry, Director of Social Work, School of Dentistry, Oregon Health & Sciences University



Suparna Argekar Mahalaha, DDS, MPH Assistant Professor, Department of Community Dentistry, School of Dental Medicine, Case Western Reserve University



Oral Health of Older Adults Living in Community Settings

SUPARNA ARGEKAR MAHALAHA, DDS, MPH

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My Background....



Coming to you from sunny Cleveland, Ohio!

Chief Dental Officer at local Federally Qualified Health Center

Practiced dentistry in elementary schools, nursing homes, homeless shelters, adult day centers, and community clinics for the past 23 years

Assistant Professor at Case Western Reserve University- School of Dental Medicine (Community Dentistry/Geriatrics)

Nursing Home Dentist with 360 Care



The Lower Third of Your Face

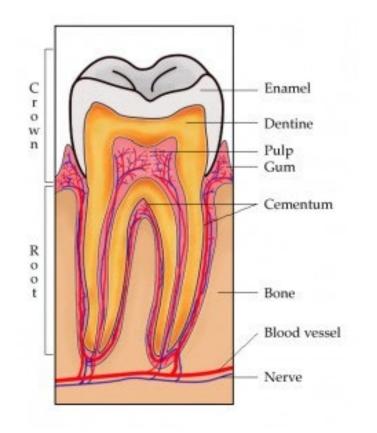
Think about the last time you **laughed** out loud

Think about the last **meal** you really enjoyed

Think about the last time you had a great **conversation** with someone

Think about the last time you smiled to convey kindness and friendliness

You can certainly do all these things without optimal oral health, but it makes it easier if you do!



What is Oral Health?

Not just the absence of disease

Presence of oral wellness

- Healthy teeth, gums, and tongue
- Ability to smile with confidence, speak, chew, and enjoy a variety of foods.

Free of pain in the mouth and face, oral and throat cancer, gum disease, tooth decay, tooth loss



Oral Wellness Affects:

- Obtaining a job
- Confidence
- Enjoyment

Oral Pain is Linked to:

- Difficulty chewing and inadequate nutrition
- Poor school performance in children
- Work loss in adults to care for themselves and their children and family members

Guarnizo-Herreño CC, Wehby GL. Children's Dental Health, School Performance and Psychosocial Well-Being. Journal of Pediatrics. 2012;161(6):1153-1159.e2.



Surgeon General's Report

Dental care is the most common unmet health need

Oral disease can negatively affect systemic health

Disparities in oral health and access to care exist for all ages

Most oral disease is preventable or at least controllable

Interdisciplinary care is necessary to achieve optimal oral health and overall health

US Department of Health and Human Services. Oral health in America. A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. 111 million people visit 27 million people visit primary care annually, but do not see a dentist.

a dentist annually, but not a primary care provider.

Access to Care

astock.com - 67764873

Poor Oral Health...

Raises health care costs

Affects a person's quality of life

Results in unnecessary pain, suffering, and elevated risk of malnutrition, aspiration pneumonia, respiratory diseases, diabetes and cardiovascular diseases.

Contributes to bad breath and changes dental and orofacial esthetics

Can alter speech and can affect self-image and self-esteem, with serious psychological and social consequences

The mouth is connected to the body!

 Older adults are more susceptible to systemic conditions, including oral diseases that can directly or indirectly lead to:

- Malnutrition
- Altered communication
- Increased susceptibility to infectious diseases
- Diminished quality of life

Oral Health and Nutrition

-With painful teeth and gums, it's hard to eat solid foods. Difficult to chew. Pureed foods can be high in carbs and sugar...Cycle of decay starts...

-With no teeth or ill-fitting dentures...a balance diet can be difficult..

-Not being satisfied while eating, can lead to depression, isolation and weight loss.

-Compensating by eating soft processed foods (donuts, pastries, desserts), can lead to weight gain. -Not eating enough fiber, due to an inability to chew effectively, can lead to constipation.



Periodontitis(Gum Disease) and Diabetes

-Periodontitis is an infection of the gums that if left untreated causes redness, bleeding, pain, odor, tooth mobility and eventual tooth loss.

-If a person has diabetes, their mouths can be more susceptible to periodontitis. And because diabetes can slow down healing in general, periodontitis can be harder to treat.

-Diabetics should have optimal oral hygiene to prevent further exacerbation of disease.

Alzheimer's Disease

-Alzheimer's Disease (AD) is a devastating neurodegenerative disease that affects 1 in 10 adults over the age of 65. Two major types-Familial (5%) and Sporadic (95%)

-Dr. Keiko Watanabe is a Professor of Periodontics and researcher at the UIC College of Dentistry. Her study is the first ever to show that exposure to periodontal bacteria can initiate the formation of senile plaques that are found in Alzheimer's patients.

-This suggests that chronic oral bacterial infection or the presence of bacteria/product in the brain may influence the development of senile plaque and hence chronic bacterial infection may be a risk factor for the Sporadic form of AD.

K.Watanabe 2018 Oct 3;13(10):e0204941. doi: 10.1371/journal.pone.0204941. eCollection 2018.

Aspiration Pneumonia

-Aspiration pneumonia occurs when oral or gastric contents are aspirated into the lungs, leading to infection. It often results from impaired swallowing or protective airway reflexes.

-The common risk factors associated with aspiration pneumonia include advanced age, dysphagia, altered mental status, neurological disorders, and conditions that affect the gag reflex or esophageal motility.

-Nursing home-acquired pneumonia (NHAP) is currently the second most common type of infection among patients in LTC facilities in the USA

-NHAP is also responsible for a majority of emergency department transfers

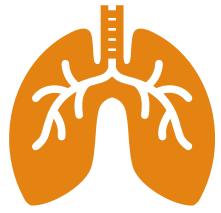
-Pneumonia represents 13–48% of all infections in nursing home settings

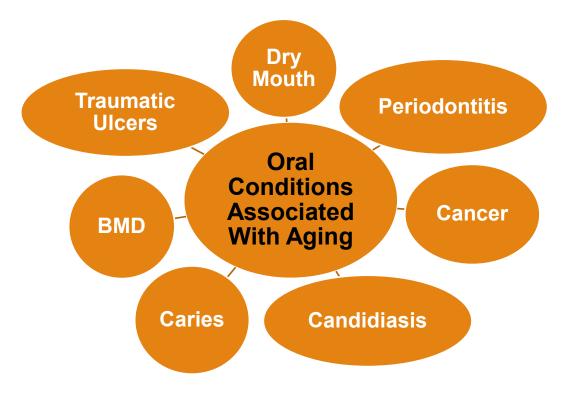
-Residents with poor oral health can aspirate plaque and associated bacteria into the lungs. This can be prevented with daily oral hygiene!

Stats Pearls - Raghavendra R. Sanivarapu¹; Sarosh Vaqar; Joshua Gibson².

Affiliations Nassau University Medical Center/ Michigan State University

Predictors of Mortality for Nursing Home-Acquired Pneumonia: A Systematic Review<u>Biomed Res</u> Int. 2015; 2015: 285983.





Dry Mouth / Xerostomia



Many older persons complain of a dry mouth (xerostomia) and have diminished salivary output (salivary hypofunction) ~30%-40%

3 most common causes of dry mouth:

- Dehydration
- Polypharmacy
- Anxiety/depression (stimulation of anti cholinergic mechanisms which can lead to decreased salivary flow rate)

•Other causes for decreased salivary flow:

- Cigarette smoking, alcohol, caffeine consumption
- **Systemic conditions:** Diabetes mellitus, Sjogren syndrome, malnutrition, salivary stones, salivary gland tumor
- Radiation therapy to the head and neck region

Limited Access to Care

-Only 46% of elders visit the dentist!

- •70% lack dental insurance
 - Medicare does not cover preventive & outpatient dental treatment
 - Medicaid dental coverage varies by state but is limited and often does not cover routine preventive services – OHIO!!
- Poverty
- Limited mobility and transportation
- Physical and/or mental impairment
- Limited evidence-based care guidelines
- Equipped dental offices for older adult needs
- Few specialized geriatric dentists

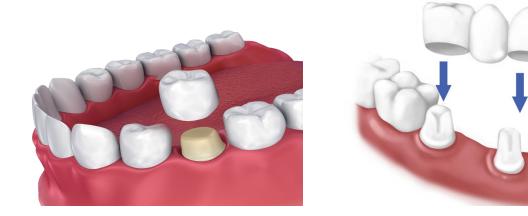
Healthy People 2020

Restorations (Fillings)





Crowns / Bridges



Edentulous

Lacks all natural teeth





Figure 1: Case 1 - Pretreatment photograph showing mandibular atrophy.

Complete Dentures-Upper/Lower



Partial Dentures



Dental Implants



How can a social worker assist?

-Make oral health a priority for yourself first!

-Make referrals as needed. Know your local resources.

- Community Health Clinics/ Federally Qualified Health Centers
- Schools of Dentistry and Dental Hygiene
- Private Dentists (also those who take Medicaid insurances)
- AARP resources

-Work with community health workers (CHW) and community dental health coordinators (CDHC)

-Routinely ask clients/community members-

- Do you have pain in your mouth?
- When was the last time you saw a dentist?

-Even residents without teeth need an oral screening yearly.

-The goal is holistic care. Care coordination and interdisciplinary collaboration are welcome!



References

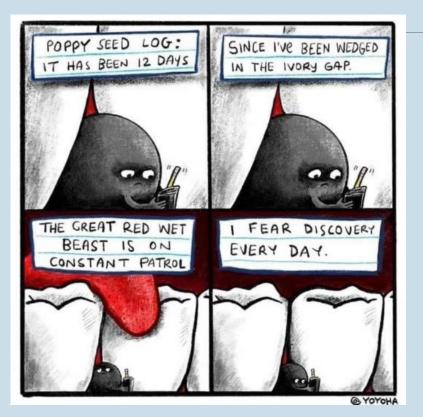
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Matthews DC, Clovis JB, Brillant MGS, Filiaggi MJ, McNally ME, Kotzer RD, Lawrence HP. Oral health status of long-term care residents: a vulnerable population. J Can Dent Assoc. 2012;78:c3.

Thapa, R., Chimoriya, R. & Arora, A. The development and psychometric properties of oral health assessment instruments used by non-dental professionals for nursing home residents: a systematic review. *BMC Geriatr* 21, 35 (2021).

Pearson A, Chalmers J. Oral hygiene care for adults with dementia in residential aged care facilities. Int J Evid Base Healthc. 2004;2:65–113.

MDS 3.0 Resident Assessment Manual Chapter 3 Section L



Questions?

Oral Health of Older Adults Living in Community Settings

Social Worker Webinar

Dr. Rosemarie Hemmings

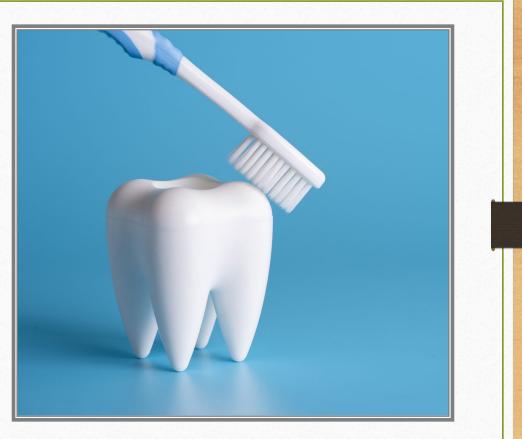
June 27th, 2024

Social Work Goals

- "Enhance human well-being and help meet basic and complex needs of all people, with a particular focus on those who are vulnerable, oppressed, and living in poverty." NASW, 2024
- "Social workers are people who care about people, who want to make things better, who want to relieve suffering, and who want their work to make a difference." NASW, 2024
- Social Work founding principle is social change advocacy. NASW, 2024

Separation of oral health care from overall health care

- Access to oral health care across the lifespan
- Greatest barriers to oral health care are often among the most vulnerable
- Low oral health literacy both individuals and health care providers. (How many social work programs include oral health in the curriculum?)
- Oral health issues not prioritized in the national health and health policy agenda.



The mouth as a mirror of health and disease

Oral health is an integral part of overall health

- Mental health
- Isolation
- Depression/Anxiety
- Eating disorders acid erosion
- Substance Use Disorder

- Chronic diseases
- Infection
- Heart disease
- Respiratory illness
- Stroke
- Transplants
- Oral and throat cancer



Unique oral health challenges faced by older adults

- Living longer tooth retention becomes more important as we age
- Limited access to dental care and insurance
- Vulnerability, dependency, frailty
- *Medication side effects (psych meds impact on taste buds)*
- Mental distress, self-isolation embarrassment
- Sleep disturbance and poor concentration
- Impact daily quality of life
- Chewing, swallowing, altered taste and smiling

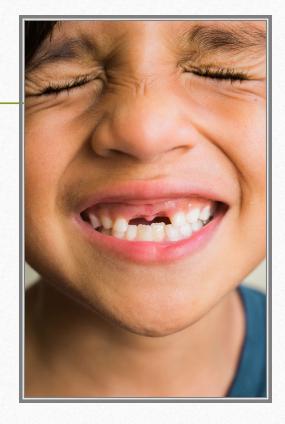


Opportunities for social workers to integrate oral health in community settings

- Include oral health history in assessments history of traumatic dental care experience, last dental visit, dental insurance information
- Look for risk factors (heart disease, diabetes, eating disorders, SUD, medication, dependency/frailty (ADLs), cognitive functioning, isolation, mood disturbance, SES, dental insurance, elder abuse/neglect history, etc.)
- Advocate for access to dental care in your org educate others, identify dental providers who care for older adults/special needs population(multi-disciplinary approach)
- Research dental resources and identify barriers to access (SDOH-transportation, financial, lack of/or inadequate insurance, health literacy, dental trauma, etc.)
- Educate caregivers importance of good oral health, risk factors, options for paying for dental care (CareCredit, dental insurance options, low-cost dental services)
- Teach older adults/caregiver may not know how to communicate with dental providers around cost of treatment
- Ask....

Cute at 6 years old

Let's not normalize this for older adults!



References

- <u>Association of State and Territorial Dental Directors (ASTDD)</u> <u>Best Practices Committee. Best practice approach: Improving the</u> <u>Oral Health of Older Adults [monograph on the Internet]. Reno,</u> <u>NV: Association of State and Territorial Dental Directors;</u> <u>December 2023. p.21 Available from: http://www.astdd.org.</u>
- <u>IOM (Institute of Medicine) and NRC (National Research Council).</u> 2011. Improving access to oral health care for vulnerable and underserved populations. Washington, DC: The National <u>Academies Press.</u>
- https://www.socialworkers.org/



Resources





Delta Dental – Senior Smiles

Delta Dental: How Oral Health Affects Senior Mental Well-Being

Healthcare Referral Directory, Special Olympics

<u>Ohio Association of Community Health Centers, Interactive Map</u> – Map of safety-net clinics (medical and dental)

<u>Ohio Department of Health, Dental OPTIONS Program</u> - Helps adults in Ohio get dental care by linking them with volunteer dentists.

Ohio Department of Health, List of Safety Net Dental Programs

Ohio Department of Health, Dental Care for People Living with HIV or AIDS

MOTIVATE At Home – A free oral health education program ideal for care partners of older adults who reside in their homes.

<u>Silver Diamine Fluoride Fact Sheet</u>, (Center for Evidence Based Policy) – SDF is a non-invasive treatment used to prevent, slow, or stop tooth decay for people of all ages. The use of SDF provides a nonsurgical approach to arresting and managing caries, particularly among high-risk and underserved populations. Ohio Medicaid covers SDF for children and adults.



Welcome to Motivate at Home

MOTIVATE at Home is a free oral health education program. It is ideal for care partners of older adults who reside in their homes. By participating in the program, we hope you will learn:

- 1. The connection between oral health and overall health.
- 2. Why older adults are at greater risk of oral health problems?
- 3. The steps for adequate at home oral health care.
- 4. How to speak to your health care provider about oral health.



Maine's Oral Team-Based Initiative: Vital Access to Education

Nurturing Oral Wellness Every Step of the Way









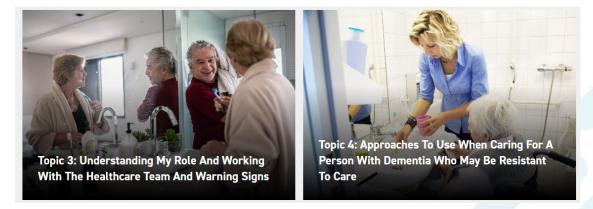
What I Want to Learn

Select a topic to access helpful oral health information, including videos, tipsheets and additional resources.



Topic 1: The Link Between Oral Health And Overall Health





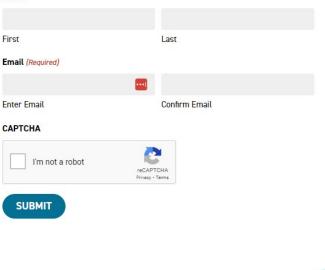
https://lunderdineen.org/program/motivate-at-home-portal/



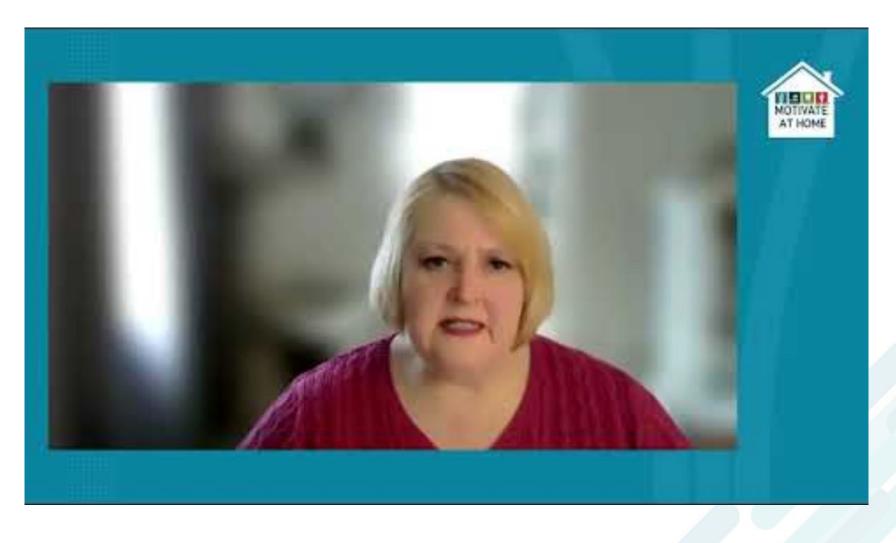


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By joining these live conversations with a dental expert, you'll learn about how to help your person as well as yourself. Name









Thank You.

Healthy Mouths > Healthy People > Strong Communities

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