Oral Health of Older Adults:
Present status, future challenges and opportunities

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Cross-sectional study design (county level)

Sample of seniors at community/meal sites

Self-reported oral health survey (including OHIP-14)

Sample of seniors residing in the nursing facilities

Clinical screenings based on the ASTDD Basic Screening Survey

Directors/Administrators on structure of oral health program

Institutional staff knowledge and attitudes

Oral health needs, dental care utilization, and quality of life perceptions among Oregonian seniors.

Kohli R¹, Sehgal HS², Nelson S³, Schwarz E¹.
Treatment needs in the population (N=177)

Most frequent reported problems (OHIP-14) - Uncomfortable eating foods and feeling self-conscious
Factors affecting Dental Care Utilization

- Having Dental Insurance (OR=4.2, CI=1.3-13.8)
- Being White (OR=11.6, CI=1.1-126.1)
- Having a Regular Dentist (OR=33.1, CI=10.1-108.6)
- Being Dentate (OR=5.3, CI=1.2-23.4)
- Living in the community (OR=5.7, CI=1.9-17.0)
Dental care practices and oral health training for professional caregivers in long-term care facilities: An interdisciplinary approach to address oral health disparities.

Kohli R\textsuperscript{1}, Nelson S\textsuperscript{2}, Ulrich S\textsuperscript{3}, Finch T\textsuperscript{3}, Hall K\textsuperscript{3}, Schwarz E\textsuperscript{4}.

**Figure 1. Cross-Sectional Study Design**
Results

• Approximately two-thirds (68.6%) of respondents (n=70) reported feeling adequately trained in oral care.

• However, up to 75% of the respondents reported it is “often” and “sometimes” that:
  - residents’ medical requirements take more time than oral health,
  - residents refuse oral health care,
  - do not open their mouth,
  - do not understand directions,
  - use abusive/offensive language or
  - hits/kicks/bites during oral health activities.

• Many caregivers felt the need for additional training in topics of:
  - medication effect on oral health (60%),
  - detection of oral cancer (46%),
  - recognition of gum disease (40%), and
  - recognition of dry mouth (29%).

• Caregivers felt the training curriculum provided them with competencies needed to improve their daily oral health services.
Improving Oral Health Education of Older Adults with On-Site Programs
R. Kohli, L. K. Aus, E. Schwarz, T. Montgomery, A. Kyros
IADR Meeting 2018, July 2018, London

Oral Health America Project: Tooth Wisdom®: Get Smart About Your Mouth
2014-2017
Results:

- 248 dental hygienists were trained in the curriculum, leading 290 workshops, and reaching 4,880 seniors.
- In 2017, 96% of participating older adults reported feeling more confident about better managing their oral health needs, and 65 percent improved their overall questionnaire score by one or more questions.
- 74% rated the workshop as “very good”, the highest answer option on the Likert scale.

Conclusions:

- Tooth Wisdom®: Get Smart About Your Mouth improved the oral health knowledge and attitudes of older adults.
- Expansion projects are underway, including:
  - online training opportunity of the curriculum for dental professionals as well as health professionals working daily with seniors;
  - coupling the curriculum with oral health assessments;
  - and exploring a relationship between oral health literacy and oral health status.
In-depth interviews with 16 community-based, self-identified African-American seniors from March 2017-August 2017 in Oregon.

Nine participants (56%) had no dental insurance; seven participants with dental insurance had coverage through Medicaid (n = 4, 25%) or private plans (n = 3, 19%).

Individual/Relational Factors
- Presence of dental emergency
- Attitudes towards dental health
- Delaying treatment
- Past dental experiences
- Source of dental education
- Previous exposure to preventive oral health programs

Macro-environmental Factors
- Bureaucracy of insurance
- Understanding of payment mechanisms
- Cost driving dental care decisions
- Dental provider characteristics
African American Seniors’ Perspectives On Dental Care: A Qualitative Study

Figure 3: Participant Solutions to Improving Dental Health of African American Seniors

- Better oral health education starting at a younger age
- Provision of onsite community dental services
- Navigators to help educate about insurance payment options and available low-cost providers
- Affordable/free (reduced cost) dental care and vouchers for dental work
Objective: To examine the association between self-reported dental problems and cognitive function of older adults in Oregon.

Methods: Entry data was analyzed from three aging studies:
- African American Dementia and Aging Project (AADAPt, 2000-2015, n=140),
- Oregon Brain Aging Study (OBAS, 1989-2005, n=304), and
- Intelligent Systems for Assessment of Aging Changes (ISAAC, 2007-2015, n=223)

Variables included:
- Self-reported dental problems,
- Scores on Cumulative Illness Rating Scale (CIRS),
- Mini-Mental State Examination (MMSE),
- Animal Fluency test, and
- CERAD Word List Delayed Recall test.
Results and Conclusion

- 74%, 10% and 57% of the participants reported having dental problems in AADAPt, OBAS and ISAAC studies, respectively.

- In AADAPt study, participants with dental problems were older (74.2 vs. 71.3 mean years), performed worse on MMSE (27.4 vs. 28.2 mean score) and scored higher on CIRS (22.3 vs. 20.8 mean score) than those without dental problems.

- In contrast, in OBAS study, those with dental problems performed better on animal fluency (19.8 vs. 17.7) and delayed word recall (7.5 vs. 6.3) than those without dental problems.

- In ISAAC study, a greater proportion of non-whites had dental problems (27% vs. 12%).

- Conclusion: Results are mixed as to the association between self-reported dental problems and function. Future studies are needed with robust study design, clinical dental examinations and cognitive evaluations to make valid conclusions.
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| 07/20  | Nutrition in the elderly and its relationship to oral health                | Terese Scollard, MBA, RD, LD, FAND | 1, 2, 3, 4, 5, 6, 7 | 1. Increase awareness of nutrition and oral problems for seniors.  
2. Identify useful screening tools for identification of seniors at risk of malnutrition. |
| 07/25  | Dementia and Depression in Older Adults                                     | Foy White-Chu, MD                  | 1, 2, 3, 4, 5, 6, 7 | 1. Define depression and dementia.  
2. Explain common medications used by patients with dementia and potential oral side-effects.  
3. Review methods to alter dental treatment planning and delivery of care for patients with dementia. |
| 07/27  | Prosthetic Considerations for Frail and Functionally Dependent Older Adults | Amit Punj, BDS, DMD                | 1, 2, 3, 4, 5, 6, 7 | 1. Describe psychological aspects of aging.  
2. Identify principles for prostodontic rehabilitation in elderly patients. |
| 08/01  | Role of Professional Caregivers in Geriatric Oral Health                    | Patricia Berry, PhD, RN            | 1, 2, 3, 4, 5, 6, 7 | 1. Describe the importance of interprofessional team-based approach and the role of professional caregivers in geriatric oral health. |
Aim 1: To increase nursing personnel’s knowledge of oral health using evidence-based Smiles for Life, National Oral Health Curriculum.
Aim 2: To increase nursing personnel’s confidence to make referrals to dentists by early identification of oral health problems.
Future Projects: Workforce Pilot Project

- ITR done in community
- Patient referred to dental office for treatment
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