

# National Coalition Consensus Conference: Oral Health of Vulnerable Older Adults and Persons with Disabilities




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# National Coalition Consensus Conference: Oral Health of Vulnerable Older Adults and Persons with Disabilities





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Oral Health of Vulnerable Older Adults  
and Persons with Disabilities*

# Professional Education to Meet the Oral Health Needs of Older Adults and Persons with Disabilities

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# Professional Education

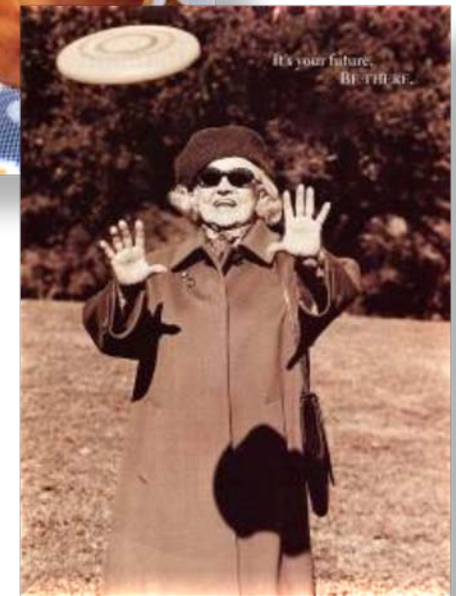
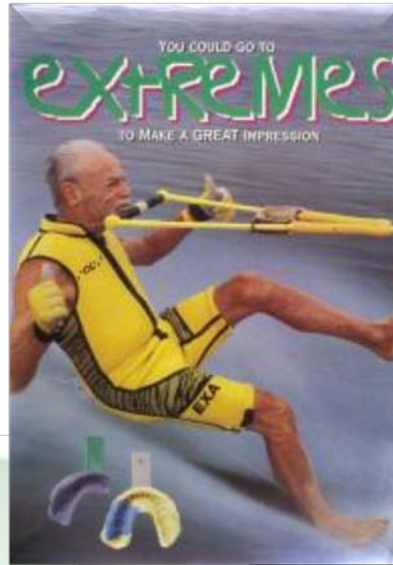
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# Today's Images of Aging





Using a functional needs-based framework,  
***special needs*** can be defined as:

“Populations whose members may have additional needs.... including but not limited to: maintaining independence, communication, transportation, supervision and medical care...

may include those who have disabilities; who live in institutionalized settings; who are elderly, who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who have limited transportation options.”

<http://www.fema.gov/emergency/nrf/glossary.htm#S>



# Vulnerable Elders

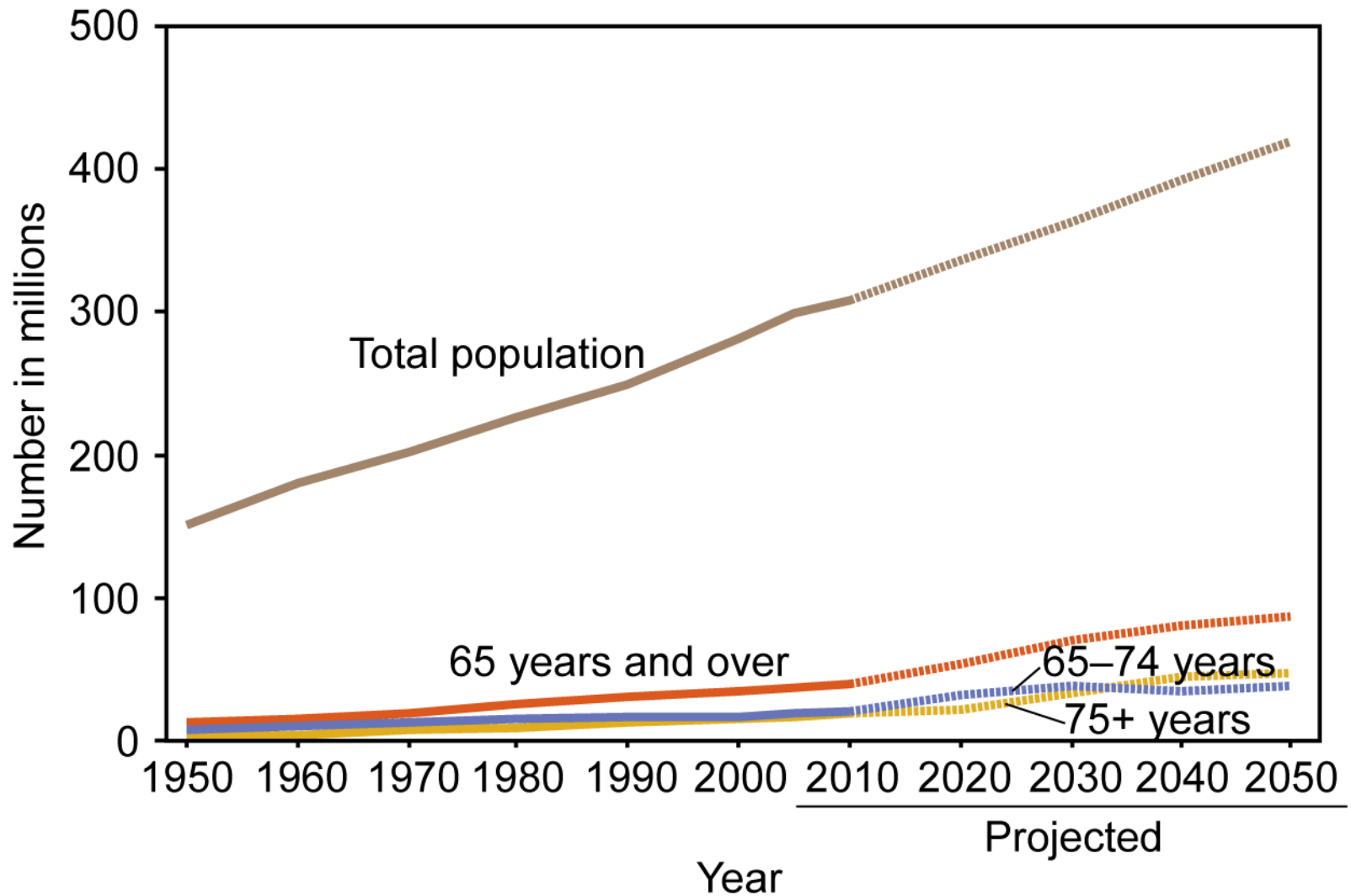
**Vulnerable Elderly Patients** are patients over age 65 who have any or all of the following: limited mobility, limited resources, or complex health status.

Source: 2007 Oral Health Care of Vulnerable Elderly Patients Survey, ADA Survey Center

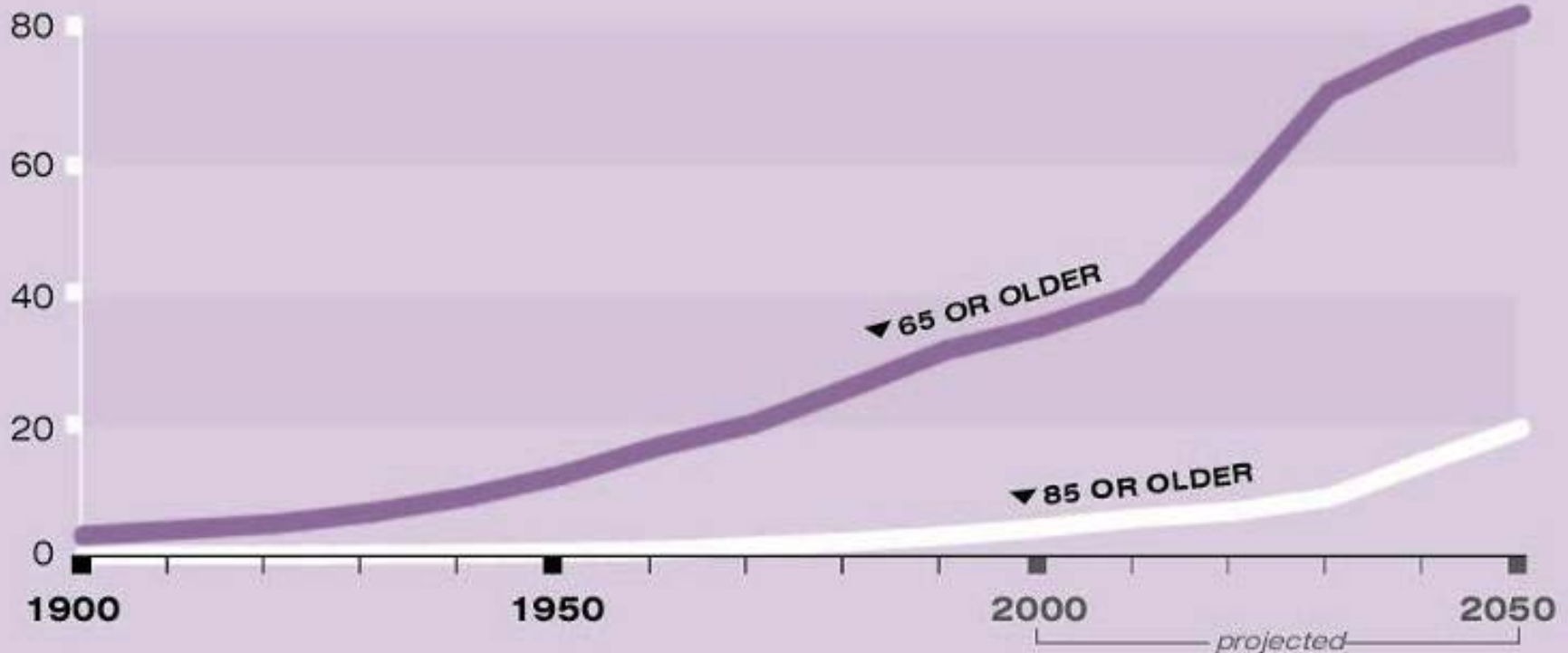
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# Population growth



## Total number of persons age 65 or older, by age group, 1900 to 2050, in millions



Note: Data for the years 2000 to 2050 are middle-series projections of the population.

Reference population: These data refer to the resident population.

Source: U.S. Census Bureau, Decennial Census Data and Population Projections.





# US Population Estimates

41.3 million people or 15.1 percent of civilian non-institutionalized population 5+ years have one or more disabilities  
(Census Bureau, American Community Survey, 2008)

54 million children and adults have one more disabilities  
(National Organization on Disability)

1.6 million people live in nursing homes (CDC)

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# “Special Needs” and Geriatric Professional Education Milestones

Year	Agency	Activity
1960's		Federal agencies funded university-affiliated programs in most states to train professionals in the care of disabled patients
Mid 1970's	Robert Wood Johnson Foundation	Funded training programs and curriculum development for special needs dentistry in 11 of the existing 52 dental schools
1981+	Univ. MN	First university-based MS program in geriatric dentistry
1982+	VA	Fellowship Training Programs in Geriatric Dentistry
1986	NIDR, NIH, VA	“Research Agenda on Oral Health in the Elderly”
1988	NIDR	NIDR Research and Action Program to improve the Oral Health of Older American and Older Adults at High Risk
1987	AADS, AoA	Geriatric Dentistry Curriculum Project
1988+	HRSA	Fellowship Training Programs in Geriatric Medicine & Dentistry
1989	AADS (ADEA)	Curriculum Guidelines in Geriatric Dentistry
1994	AADS (ADEA)	Section on Gerontology and Geriatrics Education was established
1996	BHPr, HRSA	Geriatric Education Futures Project - White Papers, etc.

# Changes in Geriatric Dentistry Curriculum

	1974	1979	1985	1998
	%	%	%	%
Taught at all	58	100	100	100
As a required course	0	78	67	88
As a specific course	0	12	58	83
As lectures in a course	44	69	85	44
Integrated in curriculum		30		39
Other		5	0	14

Ettinger RL, Watkins C, Cohen H. Reflections on changes in Geriatric Dentistry. J Dent Educ 64(10):715-22. 2000.



# Dental Accreditation Standards

## Predoctoral Dentistry

- Standard 2-22: “Graduates **must** be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.”
- Standard 2-24: “Graduates **must** be competent in assessing the treatment needs of patients with special needs.

### Definition: Special needs patients

“Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to modify normal dental routines consider a wide range of assessment and care options in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, and significant physical limitations, and the vulnerable elderly.”



# Dental Accreditation Standards

## Dental Hygiene

- Standard 2-16, “Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. Graduates must be competent in assessing the treatment needs of patients with special needs.”

**Intent Statement:** The program must have an adequate patient pool to “provide a wide scope of patient experiences that include patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual.”

# Dental Residency Programs

- Why do students apply?
  - “Need more experience with special and/ or medically compromised patients”
- Graduates were more likely to:
  - serve on the staff of a nursing home or hospital
  - report that they treated geriatric/medically compromised patients in their offices

# Federally-funded training programs in geriatric medicine and dentistry

Funding Year	No. Programs Funded	No. Fellows Trained
1988	23	115
1991	16	74
1994	9	135
2000	5	-
2001	2	-
2002	2	-
2004	11	66
2005	11	66
2006	0	0
2007	11	33
2008	11	66

Sources: (1) Pyle MA, Stoller EP. Oral health disparities among the elderly: interdisciplinary challenges for the future. J Dent Educ 67:1327-36, 2003. (2) <http://www.hrsa.gov/about/budgetjustification09/geriatic.htm>



# Other dental workforce issues

- Faculty “pipeline”– national shortage of dental faculty
- Large increase in the number of students applying to dental school; First-year dental school enrollment relatively flat
- The dental profession is aging
- Dentist-to-population ratio started declining around 1995 and has continued to decrease
- Lack of diversity in the dental workforce
- Current economics of dental practice not conducive to expanding access to special needs populations

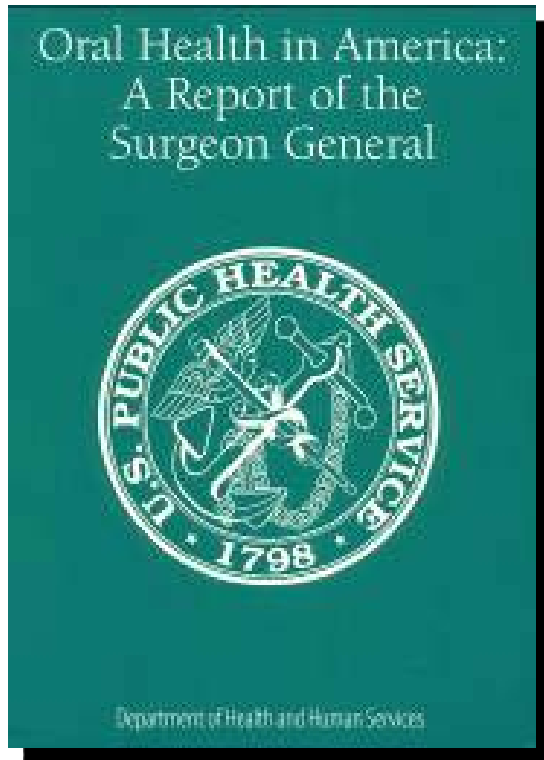
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# Calls to Action



**May 2002**  
**The "Silent Epidemic"**

*Association Report*

## **Improving the Oral Health Status of All Americans: Roles and Responsibilities of Academic Dental Institutions**

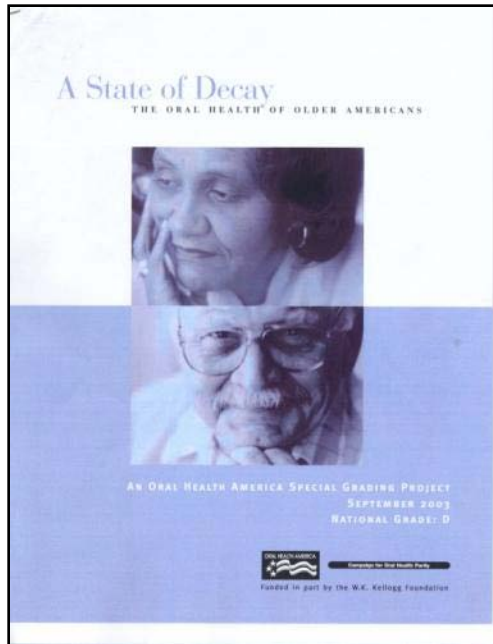
**The Report of the ADEA President's Commission\***

### Guiding principles:

- Access to basic oral health care is a human right.
- The oral health care delivery system must serve the common good.
- The oral health needs of vulnerable populations have a unique priority.
- A diverse and culturally competent workforce is necessary to meet the oral health needs of the nation.

*March 2003*

# “A State of Decay”



“There are significant structural problems in our oral health care system, and the problems are getting worse due to demographic trends, workforce trends, public health infrastructure inadequacies, and the increasing number of children, adults, elderly and special populations not covered by Medicare or Medicaid.”

**Overall grade “D”**



# The Elder's Oral Health Summit (2004): Plan of Action

- To change perceptions: Oral health matters for health and quality of life
- To overcome barriers and replicate effective programs
- To build the science base and accelerate the science transfer
- To increase workforce diversity, capacity, and flexibility
- To increase collaborations with extant aging networks

# 2005 White House Conference on Aging

## Resolution:

Attract and retain new health care providers with advanced training in geriatric medicine, mental health, social work, nursing, dentistry, allied health professional and direct care workers by establishing geriatrics as an underserved profession and by supporting expanded training opportunities, and financial incentives including loan forgiveness, benefits and appropriate reimbursement.

Source: <http://www.whcoa.gov/>

# ADA Task Force on Elder Care

2004 ADA House of Delegates adopted Resolution 74H requesting appointment of a two-year task force to “explore challenges in rendering comprehensive dental care to our aging populations; and that special attention be given to identifying varying needs based on the variety of resident situations.”


Report included goals related to: Education, Advocacy,  
Research

Predecessor to the National Elder Care Advisory  
Committee



# ADA Task Force on Elder Care Recommendations

- **Education Goal:** Increase the understanding of how good oral health enhances quality of life in vulnerable elders.
- **Objective 2.** Educate health care workers, including dentists, about vulnerable elder's oral health needs and care delivery issues through provision of six new initiatives within three years.
  - Expand AEGD programs in geriatric dentistry
  - Implement CE for certified nursing assistance in oral health and daily mouth care of vulnerable elderly
  - Create a web-based clearinghouse of programs, practice resources and CE related to providing oral health care to vulnerable elderly

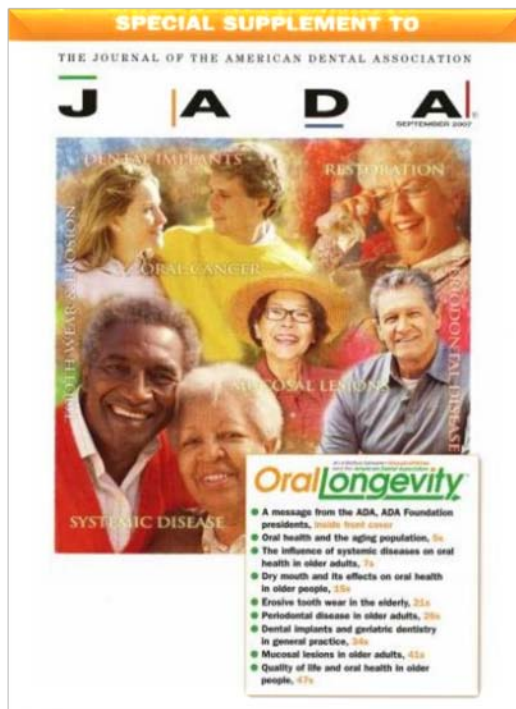


What about dental  
specialty and fellowship  
programs?

# ADEA Advisory Committee for the Development of a Core Curriculum for the Older Adult

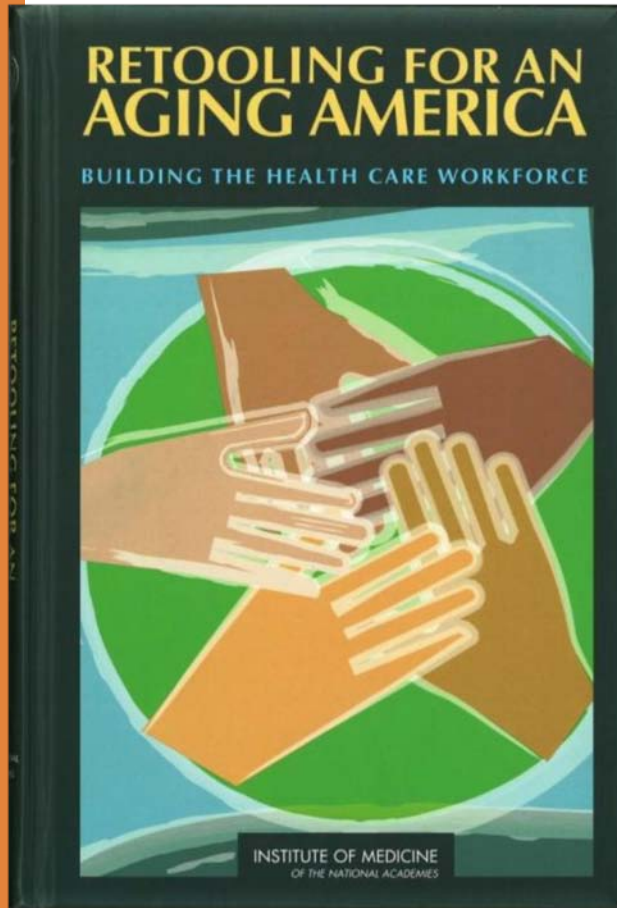
**Supported by:** GlaxoSmithKline

**Goal:** Develop the Oral Health for Independent Older Adults, “ADEA/GSK Pre-doctoral Curriculum Resource Guide.”



Targets educational resource materials for pre-doctoral education that is geared toward the independent older adult.

Dr. Marsha Pyle, Committee Chair  
Dr. Douglas Berkey  
Dr. Diane Ede-Nichols  
Dr. Ronald Ettinger  
Dr. Raul Garcia  
Ms. Karen Hart, ADA CDEL  
Dr. Todd Watkins  
Dr. Janet Yellowitz



IOM, 2008

## Recommendations:

- Enhance the geriatric competence of the entire workforce.
- Increase the recruitment and retention of geriatric specialists and caregivers.
- Improve the way care is delivered.
  - Address health care needs comprehensively, efficiently, using new technologies



# The Impact of the Aging Population on the Health Workforce in the United States

(March 2006)

- Many health professions including dentistry do not offer formal credentials focused on the needs of the elderly
- A majority of health care professionals in most setting deal with substantial numbers of elderly people whether or not they are specialists

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In the United Kingdom, “Special Care Dentistry” was added to the existing 12 specialist lists.

The General Dental Council defined *Special Care Dentistry* as being:

“concerned enabling the delivery of oral care for people with an impairment or disability, where this terminology is defined in the broadest of terms. Thus, Special Care Dentistry is concerned with the improvement of oral health of individuals and groups in society, who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors.”



# Special Care Dentistry

“that branch of dentistry that provides oral care services for people with physical, medical, developmental, or cognitive conditions which limit their ability to receive routine dental care.”

Source: <http://www.scdaonline.org/>

# Specialty Status

## Pros

- Recognized dental specialties attract trainees, prestige, and typically higher reimbursement commensurate with the additional expertise/training
- Assist in recruitment of dental faculty?

## Cons

- Further segmentation of dental care?
- Increased cost of care?

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# *Expanding dental educational opportunities*

## *Leadership and Funding:*

- *HRSA Oral Health Initiative 2010*
- *Engage foundations, other funding sources*
- *Maintain GME funding for dental residency training*

## *Curriculum and Commitment:*

- *Build on previous work in the 1970's-90's*
- *Expand geriatric and special care curriculum in all health disciplines*
- *Enhance interdisciplinary health professions education*
- *Use distance learning and non-traditional delivery to expand learning opportunities*

# National Academy of Sciences Study Will Recommend Improvements to U.S. System of Oral Health Care

*Wednesday, October 08, 2009*

HRSA recently awarded the National Academy of Sciences contracts worth \$2.4 million to conduct a wide-ranging study of oral health care in the United States and suggest ways it could be improved.

Working with the National Academy of Sciences, the Institute of Medicine's (IOM) Board on Children, Youth and Families and the Board on Health Care Services will establish two 15-member committees of experts in oral health and other health-related services to:

- examine the oral health system of care in the U.S. as it currently exists;
- explore its strengths, weaknesses and future challenges;
- describe a desired vision for the oral health care system; and
- recommend strategies to achieve that vision.

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# *New models of care delivery, with embedded educational opportunities*

- Train and engage new members of the dental care delivery team
- Create “Regional Centers of Excellence” for special needs patients
- FQHCs – recognize adults with special needs as underserved and a priority population for dental care
- Educate students within a viable model of care delivery – so that they have a sense of “possibilities” for their own practice

# Professional Education to Meet the Oral Health Needs of Older Adults and Persons with Disabilities

## ***Review***

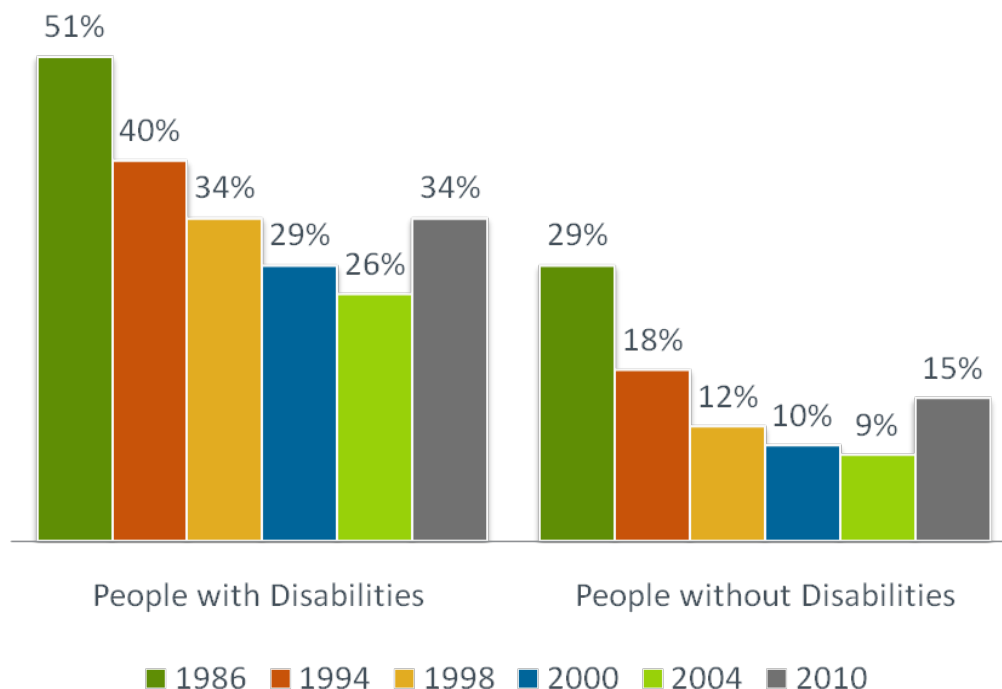
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Thank you!



# People with disabilities are much more likely to be living in poverty.

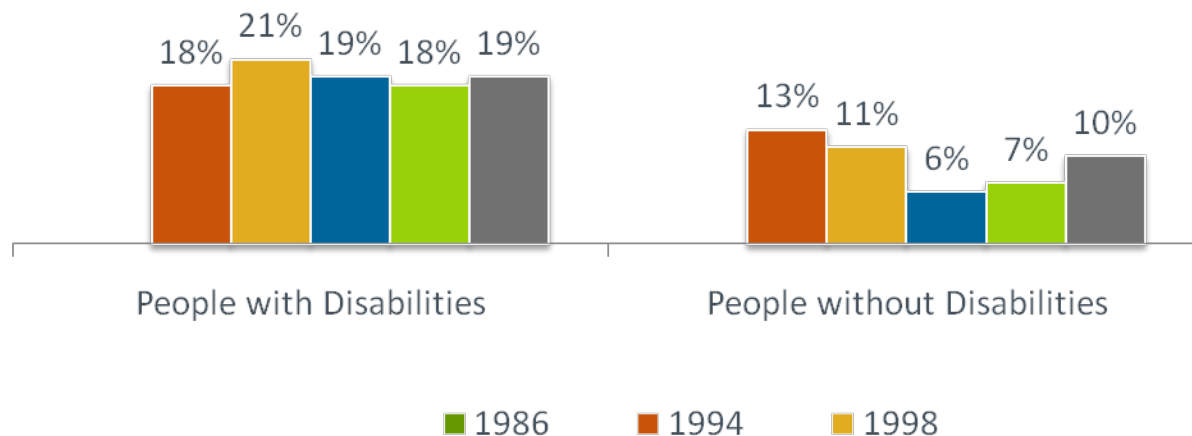
Less than \$15,000 in Annual Household Income



*Q1420 Which of the following income categories best describes your total 2009 household income?*

# People with disabilities are much more likely to report not getting needed medical care.

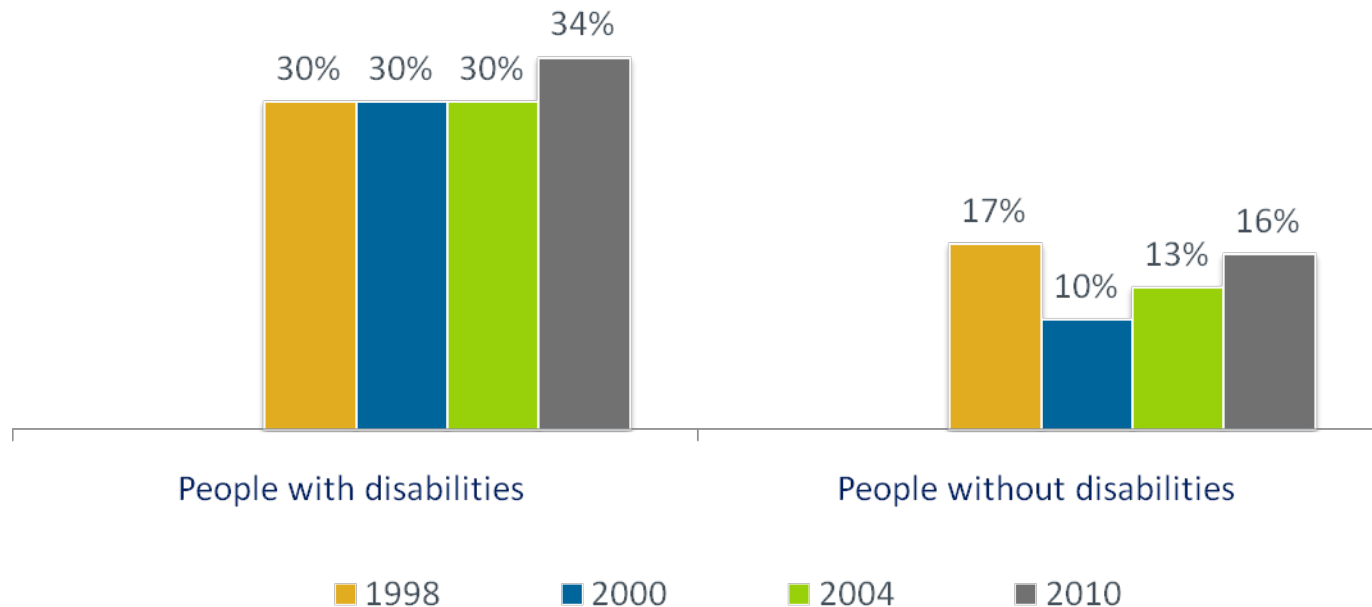
Did not get Needed Medical Care in Past Year



*Q1100 In the past 12 months, was there a time when you needed medical care but did not get it, or not?*

Source: Kessler Foundation, Survey of Americans with Disabilities - July 26, 2010  
<http://www.2010disabilitysurveys.org/presentation.html>

# People with disabilities are more likely to experience difficulties with transportation



*Q805 Is inadequate transportation a major problem, a minor problem, or not a problem for you?*