



CANADIAN DENTAL ASSOCIATION
L'ASSOCIATION DENTAIRE CANADIENNE

REPORT ON SENIORS'
ORAL HEALTH CARE

Committee on Clinical and Scientific Affairs
May 2008

Acknowledgment

The Committee on Clinical and Scientific Affairs thanks the National Seniors' Task Force members for the commitment of their time and their diverse expertise in the development of this report. Their collective wisdom, academic perspectives, and practical clinical experiences with seniors in a variety of settings, has contributed a depth of understanding to this complex problem and provided a pragmatic approach to the development of the recommendations contained in this report.

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Both the CCSA and the members of the Task Force acknowledge the invaluable support of staff from the Membership and Professional Services Department — Dr. Benoit Soucy, Dr. Euan Swan and Ms. Lorna Lang.

Introduction

The Canadian Dental Association recognizes that many seniors face substantial barriers and profound disparities in accessing needed dental services, resulting in poor oral and general health outcomes, with a negative impact on quality of life in the declining years at a time often characterized by increasing disability and decreasing independence. To confront the critical issues facing seniors' oral health care in Canada, the CDA brought together corporate and clinical leaders from across Canada in 2005 to identify the key issues, to develop a national shared vision and to take action in meeting the significant challenges inherent in promoting optimal oral health for the elderly.

Background: Understanding the Problem

Providing quality oral health care for older adults is a challenge that is growing in importance as our population ages. Canadians are living much longer than previous generations so oral health care must be available over a much longer lifespan than ever before. In addition, the population is aging with a greater percentage of natural teeth and edentulism is on a steady decline (*US Department of Health and Human Services 2000*). Retention of natural teeth results in new patterns of disease and greater challenges for addressing oral health care needs of older adults, especially those who are frail and dependent. Canadians will enter retirement with less access to employer sponsored dental plans at a time when their dental needs will become progressively greater.

Although there is no representative data to profile the oral health status of community dwelling older Canadians, studies consistently indicate poor oral health and limited access to professional care among residents of long term care (LTC) facilities (MacEntee, Wyatt, McBride 1990; Wyatt 2002; Adegbenbo 2002; Wyatt et al 2006; Hawkins, Main and Locker, 1998). Poor oral hygiene precipitates mucosal inflammation, caries and periodontal disease, which together with unhygienic and ill-fitting dentures cause considerable morbidity in old age (Wyatt, JCDA 2002 Parts I&II, Wyatt et al 2006).

Pain and disability associated with poor oral health affects one's ability to eat properly affecting nutritional status, body weight and overall resistance to systemic diseases (Locker and Matear, 2000). For example, maintenance of periodontal health can assist in controlling blood sugars of both insulin dependant and non-insulin dependant diabetic patients (Sandberg et al 2000; Grossi & Genco 1998; Stewart et al 2001). Studies have also shown the reciprocal; patients with untreated or poorly controlled diabetes are more likely to have periodontal disease and gingival abscesses (Collin et al 1998; Sandberg et al 2000; Oliver & Teryonen 1993). Preliminary research suggests individuals with untreated periodontal disease are at increased risk of cardiovascular diseases, even after taking into account other relevant risk factors (Beck et al 1996; Joshipura et al 1998; Wu et al 2000).

Dentistry and the dental profession have undergone dramatic changes and advancement within a relatively short time frame. The 1960's, 70, and 80's saw a number of institutions created that resulted in a highly trained and skilled dental workforce of dentists,

hygienists and auxiliaries in Canada. This modern workforce, coupled with dramatically increased funding for increasingly complex dental care, has resulted in a significant portion of the Canadian population enjoying excellent oral health and a trusting relationship with dental professionals. The profession now needs to take stock of its resources and professional development in order to meet the emerging needs of the coming decades and to address the retirement of a significant portion of this highly experienced and skilled workforce.

Access to dental professionals in urban areas is good; however a growing number of communities in Canada will face significant challenges when many of those currently practicing in less urban areas retire. The next generation of dental professional will need to be highly skilled to work with a progressively older population that benefited from improved hygiene and access to dental care. The effect of water fluoridation and fluoride toothpaste has reduced dental caries significantly. Access to dental care from an increase in dental professionals and coverage from dental insurance has resulted in maintenance of oral health into the later years of life.

In recent years, some progress has been made in selective areas of Canada to deal with access needs of the institutionalize elderly. Regrettably, these programs are sparse and reliant on a limited number of highly dedicated professionals with limited support from government. These programs remain the exception rather than the rule and universities and hospital based post-graduate training programs should be teaching and training future dental professionals in geriatric dentistry. Programs emphasizing treatment planning, working in inter-professional team settings with other medical professionals and learning to adapt clinical care to the unique needs of the elderly are critical if the profession is to be prepared to meet this growing need.

Statement of the Problem

1. There is a rapidly increasing need for dental care for the failing, complex dentition of some seniors, and for maintenance and palliative oral health care for many others who are becoming increasingly frail and dependant.
2. A number of barriers exist for seniors in accessing appropriate needed dental and oral health care, including but not limited to:
 - a. Limited access to care for institutionalized elderly due to lack of public policy and guidelines related to standards for the provision of oral health care; lack of proper facilities and remuneration for oral health care providers; and, a shortage of providers with the interest and willingness to provide care in these settings
 - b. Geographic access creates enormous barriers for homebound and institutionalized seniors in rural areas
 - c. Financial barriers exist for a growing number of seniors who have lost dental insurance benefits at retirement, have limited income or who no longer qualify for government sponsored plans

- d. Physical barriers in dental offices, such as lack of wheelchair accessibility, limit access for many seniors
3. There is inadequate educational preparation of dental professionals for the provision of appropriate life-span (including end of life) oral health care, and lack of competencies (knowledge, skills and attitudes) related to interprofessional care for team-based, collaborative practice critical to the care of the elderly.

Process Used to Develop this Report

The Committee on Clinical and Scientific Affairs (CCSA) was directed by the CDA Board of Directors in February 2006 to review and make recommendations on the report of the national forum “Taking Action on Seniors’ Oral Health Care” held in Ottawa in February 2005. In August 2006, The CCSA approved the Terms of Reference and appointed a task force, chaired by CCSA member Dr. Chris Wyatt, to review the 2005 report and set priorities for the recommended activities contained therein, and to provide CCSA with a report not later than December 2007.

Specifically the Task Force was asked to:

1. Review the report from the 2005 Seniors’ Oral Health Forum and set priorities on recommended activities.
2. Survey provincial dental associations to determine what activities and programs for seniors’ oral health care are currently in operation.
3. Based on an analysis of the recommended activities and the current status of activities and programs, develop a national strategy to address the top 10 priority action items.

The Task Force, supported by CDA staff from the Membership and Professional Services Department, met in December 2006 and June 2007 at the CDA offices in Ottawa and communicated on a regular basis electronically. A preliminary report was presented by the chair of the Task Force to CCSA at its June 2007 meeting and the final report was submitted in December 2007.

The Task Force reviewed the Seniors’ Oral Health Forum 2005 report in detail; reviewed relevant literature; surveyed provincial dental associations to ascertain current activities and programs for seniors’ oral health; considered the Oral Longevity Project 2007 of the American Dental Association; and examined documents related to competencies for beginning dental practitioners and accreditation of dental programs in Canada. Based on an analysis of this information, recommendations were developed for a national strategy to address issues in provision of oral health care for seniors.

The CDA Committee on Clinical & Scientific Affairs accepted the report at their meeting of March 15, 2008. The committee decided to adapt the report for submission to the CDA Board of Directors. After revision via e-mail and a teleconference, the final report from the Clinical & Scientific Affairs Committee was produced in May 2008.

Findings of the Report

A wealth of information was found in the dental literature describing the depth and breadth of the problems related to the provision of excellent oral health care to seniors in a variety of settings. There were a number of reports which suggested best practices; illustrated care models; or, described specific projects to enhance education of students and practitioners. However, there was scarce information available on national collaborative strategies or policy frameworks, although the American Dental Association has made strides in this area with its' recently launched national program called OralLongevity (American Dental Association, 2007).

It was apparent from the survey of the provincial dental associations that there are significant, diverse and innovative projects underway across the country¹. The results of the survey of corporate members are shown in Appendix 1. These data highlight the need for a national collaboration, to harness the collective creative capacity and generate synergies to move the seniors' oral health care agenda forward in a meaningful way.

The report contains seven key recommendations under four subheadings (Education, Delivery of Care, Research, and Strategic Planning). The recommendations have one or more activities that are considered necessary to achieve the goal. Each recommendation is linked to the CDA's Key Result Areas as defined in the Canadian Dental Association Strategic Plan 2006-2010. The organization or individual identified to carry out the activity along with a time frame and the key results area to which it applies, are shown in Table 1.

¹ The committee recognizes that this brief survey may not have captured all of the successful projects in place at the time of the survey, and that significant work is occurring presently and is ongoing in a number of provinces. It is hoped that this regularly updated catalogue will provide a useful database and repository of ideas for the CDA and its corporate members for future initiatives.

KEY RECOMMENDATIONS

A. EDUCATION

1) Lobby for increased geriatric dental education (Rec #1)

i) Develop model(s) for undergraduate dental education

- a. Lobby the Association of Canadian Faculties of Dentistry (ACFD) to include and expand accreditation documentation regarding serving the “Aging Canadian Population”. An emphasis should be placed on dental geriatrics, especially with respect to “Seniors with Special Needs”
- b. Communicate with individual Canadian dental schools to ascertain what is being taught (curriculum content, requirements, and competencies). Create a database of findings to be made available to all schools and to be published in JCDA for Canadian dentists.
- c. Create an example of an “ideal” undergraduate geriatric dentistry curriculum based on 2 above, supplemented by a literature review of best practices in geriatric care and education.
 - For example, courses to cover:
 - ethical issues;
 - patient management;
 - special risk patients;
 - appropriate treatment planning & care;
 - models of care;
 - interaction of other professions;
 - clinical experience and
 - mentorship opportunities

This information should be made available to all schools and published in JCDA for Canadian dentists.

- d. Dental schools should be encouraged to ensure students experience community outreach services to underserved populations including geriatrics.
- e. Dental schools should be encouraged to ensure that students have meaningful interprofessional experiences in interprofessional care in the geriatric setting.

ii) Develop model(s) for hospital general practice residency programs

- a. Lobby the Commission on Dental Accreditation of Canada (CDAC) to include a long term care (LTC) experience and didactic material concerning the “Seniors with Special Needs” within their accreditation documentation.
- b. Lobby individual hospital general practice residency programs to provide outreach programs for LTC facilities without a dentist.

iii) Develop model(s) for graduate education

- a. Communicate with individual Canadian universities to identify programs (MSc, PhD, professional programs) concerning dental geriatrics. Create a database of findings to be made available to all schools and publish in JCDA for Canadian dentists.
- b. Encourage universities with dental schools to create professional programs in geriatrics with an emphasis on the “Seniors with Special Needs” for dentists. These dental geriatric programs may offer a certificate, diploma, and/or degree.

iv). Lobby for increased continuing dental education in geriatrics

- a. Lobby continuing dental education providers (university, dental societies, CDA annual convention organizers) to increase course availability concerning geriatrics.
- b. Lobby the provincial dental regulatory bodies to encourage continuing dental education concerning geriatrics
- c. CDA annual convention should identify at least 3 hours within the annual convention dedicated to geriatrics.
- d. The JCDA should encourage journal material (papers, points of care, editorials, etc) concerning seniors and every second year provide a focus on geriatrics.

B. DELIVERY OF CARE

2. Develop service model(s) for delivery of care to seniors (Rec #2)

- i) **Identify an individual or individuals to review various models of care** for seniors within Canada, and provide recommendations in the form of a report for CDA. This activity will require CDA funding. Survey activities will need to address the spectrum of models from community dental care to comprehensive interdisciplinary care, considering that care models depend on

age and frailty of patient and recognizing that there are 3 categories of seniors (recently retired, transitional, frail elderly). The location (community, retirement home, LTC facility; urban, rural) should also be considered.

- ii) **Develop best practices for care** including examination, informed consent, treatment, referral mechanisms, and follow-up. Best practices should state that only the dentist has the training and expertise to provide a comprehensive oral examination and diagnosis.
- iii) **Review protocols for linking dentists and LTC facilities** (for example, the BCDA database) to create a broader model that could be implemented on a national level and/or within individual provinces.
- iv) **Lobby the federal government to create a tax incentive for dentists** who remodel their offices to improve access for “Seniors with Special Needs” (wheelchair access, overhead lifts, mobile dental equipment for LTC or home care, for example).
- v) **Lobby the federal government to include medically-necessary dental care for patients in LTC facilities under the Canada Health Care Act.**

3. Develop standards for “Daily Oral Hygiene” in long term care (Rec #3)

- i. **Identify best practices** and provide recommendations in the form of a report for CDA. Create a CDA position statement outlining a standard for “daily oral hygiene” with respect to what needs to be performed and who will provide care.
- ii. **Encourage dental associations to lobby provincial governments** to require an appropriate level of “daily oral hygiene” for seniors in LTC.
- iii. **Provide standards for “daily oral hygiene” for seniors in LTC** to interested dentists, provincial dental associations, dental schools, and other professions.

C. RESEARCH

4. Lobby for an increase in geriatric dental research (Rec #4)

- i. **Lobby the Institute of Aging of the Canadian Institutes of Health Research (CIHR)** to increase funding for projects related to dental geriatrics and to fund graduate students with a research interest in dental geriatrics. The

transition from retirement to long-term care with respect to disability and declining oral health needs to be investigated.

- ii. **Lobby the Office of the Chief Dental Officer, Health Canada** to increase emphasis on studies of Canadian seniors' oral health. Include "oral health" in any future population health surveys.
- iii. **Lobby the Dentistry Canada Fund (DCF)** to provide research funds specifically within the field of geriatrics.
- iv. **Create a student poster presentation award** for geriatrics to be presented annually at the CDA annual convention.

D. STRATEGIC PLANNING

5. Create a "social ethical framework" for the dental profession that includes care for seniors (Rec #5)

- i. **Consult widely and develop a social ethical framework for Canadian dentists.** Canadian dentists should be encouraged to increase their service support of underserved segments of our population, including seniors. CDA should create opportunities and encourage environments where dentists can give back to the community. "Giving back to the community" may take the form of donating money or time or supporting the work that is already being done by peers. The ethical framework should be communicated to the dental profession via a letter, JCDA article, and the CDA website. Initiatives that support the social ethical framework should be documented and celebrated.
- ii. **Lobby federal government for a tax incentive** for dentists providing care at no cost for "Seniors with Special Needs".

6. Develop a communication strategy to raise awareness of geriatrics with the dental profession, other professions, government, and the public (Rec #6)

- i. **Lobby seniors & special needs advocacy groups** to support the CDA strategic plan with respect to the aging Canadian population.
- ii. **CDA public education programs should focus on the prevention of dental disease for seniors.** Dental office brochures, tip sheets, CDA website content, etc. should be developed. A similar approach has been taken by the American Dental Association under their "OralLongevity" program.
- iii. **Dental Health Month should focus on seniors every third year.**
- iv. **Communicate common messaging concerning geriatric dentistry issues to other professions** (dental hygiene, medicine, nursing, etc.). There is a need

for dentists to develop interdisciplinary and interprofessional relationships with relevant stakeholders.

- v. Lobby federal government for the creation of a “personal wellness investment funds”** (similar to the retirement, education and disability programs). This will provide a means for Canadians to save for their own dental care before retirement. This concept could be investigated with other professions such as pharmacy & physiotherapy

7. Create a vehicle within CDA to address seniors' issues in dentistry (Rec #7)

- i. CDA strategic plan should promote the provision of safe, equitable and high quality oral health care for the aging Canadian population.**
- ii. CDA should promote a culture of collaborative working relationships among all provincial members to achieve a National Seniors' Oral Health Strategy**
- iii. Resources, both in terms of budget and staff time, will be necessary** to implement, monitor and evaluate the recommendations contained in this report.
- iv. A dedicated mechanism for implementation and oversight** should be incorporated as part of an existing committee, task force, or working group, to provide the clinical and academic expertise necessary to propel this strategy forward.



TABLE 1

Recommendations	KRA	By Whom	Completion	Next Step
A. EDUCATION				
Recommendation #1				
Lobby for increased geriatric dental education				
1. i)a: Lobby ACFD to include and expand accreditation documentation concerning serving the “Aging Canadian Population”	1,3,5	CDA seniors committee, task force, or working group	December 2008	Lobby ACFD
1.i)b: Create a database of dental undergraduate curriculum content, requirements, and competencies	1,3,5	CDA staff	December 2008	Publish results in JCDA
1.i)c: Create an example of an “ideal” undergraduate geriatric dentistry curriculum	1,3,5,	CDA seniors committee, task force, or working group	December 2009	Make available to all Canadian dental schools
1.i)d: Encourage dental schools to provide community outreach services to underserved populations including geriatrics	1,2,3,5	CDA seniors committee, task force, or working group	December 2009	Write a letter to all Canadian dental schools
1.ii)a: Lobby CDAC to include a LTC experience and didactic material concerning “Seniors with Special Needs” within their accreditation documentation	1,3	CDA seniors committee, task force, or working group	December 2008	Write a letter to the Commission on Dental Accreditation of Canada
1.ii)b: Lobby individual hospital residency programs to provide outreach programs for LTC facilities without a dentist	1,3,5	CDA seniors committee, task force, or working group	December 2008	Write a letter to each residency program in Canada
1.iii)a: Create a database of MSc, PhD, professional	1,3,5	CDA staff	December 2008	Publish results in JCDA

programs concerning geriatrics				
1.iii)b: Encourage universities with dental schools to create professional programs in geriatrics	1,3,5	CDA seniors committee, task force, or working group	December 2009	Write a letter to each Canadian dental school
1.iv)a: Lobby continuing dental education providers to increase course availability concerning geriatrics	1,2,3,4,5	CDA seniors committee, task force, or working group	December 2008	Write a letter to CDE providers
1.iv)b: Lobby the provincial dental regulatory bodies to encourage continuing dental education concerning geriatrics	1,2,3,4,5	CDA seniors committee, task force, or working group	December 2008	Write a letter to CDRAF
1.iv)c: CDA annual convention should identify at least 3hrs within the annual meeting dedicated to geriatrics	1,2,3,5	CDA staff	December 2010	Work with CDA conference organizers
1.iv)d: JCDA should encourage journal material concerning seniors and every second year provide a focus on geriatrics	1,2,3,5	CDA staff	December 2010	Work with JCDA editor

B. DELIVERY OF CARE

Recommendation #2

Develop service model(s) for delivery of care to seniors

2.i): Review models of care for seniors within Canada	1,2,3,4,5	CDA seniors committee, task force, or working group	December 2009	Identify an individual to write the report and CDA funds
2.ii): Develop best practices for care	1,2,3,4,5	CDA seniors committee, task force, or working group	December 2010	Consult with experts and the dental literature
2.iii): Create a national database for linking dentists	1,2,3,4,5	CDA staff	December 2009	Review BCDA protocols and database

and LTC facilities				
2.iv): Create a tax incentive for dentists remodeling their offices to improve access for “Seniors with Special Needs”	1,2,5	CDA staff	December 2009	Lobby the federal government
2.v): Include essential dental care for patients in LTC settings under the Canada Health Care Act	1,2,3,4,5	CDA staff	December 2010	Lobby the federal government
Recommendation #3				
Develop standards for “Daily Oral Hygiene” in LTC				
3.i): Identify best practices and provide recommendations in the form of a report for CDA. Create a position statement outlining a standard for “Daily Oral Hygiene” for seniors in LTC	1,2,3,4,5	CDA seniors committee, task force, or working group	December 2009	Identify an individual to review daily oral hygiene educational material
3.ii): Lobby provincial governments to require an appropriate level of daily oral hygiene for seniors in LTC	1,2,3,4,5	CDA staff	December 2010	Work with provincial dental associations
3.iii): Provide standard for daily oral hygiene for seniors in LTC to interested dentists, provincial dental associations, dental schools, and other professions	1,2,3,4,5	CDA seniors committee, task force, or working group	June 2011	Information to be made available in written and electronic format to public and profession This will be based upon the standard for daily oral hygiene for seniors in LTC
C. RESEARCH				
Recommendation #4				
Lobby for an increase in geriatric research				
4.i): Lobby the Institute of Aging within the CIHR to increase funding for projects related to dental geriatrics	1,3,5,	CDA seniors committee, task force, or working group	December 2008	Write a letter to the Institute of Aging
4.ii): Lobby the Office of the Chief Dental Officer to increase emphasis on studies of Canadian seniors’ oral health	1,5	CDA seniors committee, task force, or working group	December 2008	Write a letter to the Chief Dental Officer

4.iii): Lobby the Dentistry Canada Fund to provide research funds specifically within the field of geriatrics	1,5	CDA seniors committee, task force, or working group	December 2008	Write a letter to DCF
4.iv): Create a student poster presentation award for geriatrics	1,5	CDA staff	CDA conference 2009	Work with CDA conference organizers

D. STRATEGIC PLANNING

Recommendation #5

Create a “social ethical framework” for the dental profession that includes seniors

5.i): Create a social ethical framework for the dental profession that includes seniors	1,2,3,4,5	CDA seniors committee, task force, or working group	December 2010	Communicate to the dental profession via a letter, JCDA article, and CDA website
5.ii): Tax incentive for dentists providing care at no cost for “Older Adults with Special Needs”	1,5	CDA staff	December 2009	Lobby the federal government

Recommendation #6

Develop a communication strategy to raise awareness of geriatrics with the dental profession, other professions, government, and the public

6.i): Lobby seniors & special needs patient advocacy groups to support the CDA strategic plan with respect to the aging Canadian population	1,5	CDA staff	June 2011	Write letters to seniors & special needs patient advocacy groups outlining the CDA strategic plan for seniors
6.ii): CDA public education programs to focus on the prevention of dental disease for seniors	1,2,3,4,5	CDA seniors committee, task force, or working group and CDA staff	December 2010	Create dental office brochures, tip sheets, website content
6.iii): Dental Health Month to focus on seniors every third year	1,2,3,4,5	CDA staff	April 2010	Work with CDA Dental Health Month group
6.iv): Communicate common message concerning geriatric dentistry issues to other professions	1,2,3,4,5	CDA staff	December 2008	Develop interdisciplinary relationships with relevant stakeholders

6.v): Lobby for the creation of a “personal wellness investment funds” (similar to the retirement, education and disability programs)	1,2,4,5	CDA staff	December 2009	Lobby federal government
Recommendation #7				
Create a vehicle within CDA to address seniors’ issues in dentistry				
7.i): CDA strategic plan should promote the provision of safe, equitable and high quality oral health care for the aging Canadian population	1,2,3,4,5	CDA Board	ongoing	
7.ii): CDA should promote a culture of collaborative working relationships among all provincial members to achieve a National Seniors’ Oral Health Strategy	1,2,3,4,5,	CDA Board and staff	ongoing	
7.iii):Resources, both in terms of budget and staff time, will be necessary to implement, monitor and evaluate the recommendations contained in this report	1,2,3,4,5	CDA Board	August 2008	
7.iv):A dedicated mechanism for implementation and oversight should be incorporated as part of an existing committee, task force, or working group, to provide the clinical and academic expertise necessary to propel this strategy forward	1,2,3,4,5	CDA Board	August 2008	

APPENDIX 1

Survey of Provincial Dental Associations 2007

A survey of provincial dental associations to determine what activities and programs for seniors' oral health care are currently in operation was conducted by CDA staff in 2007. Each provincial dental association was contacted by e-mail and non-responders were called by telephone. Questions were asked concerning programs for seniors within each province and the existence of any activities by the dental association. The CDA Seniors Oral Health Forum (2005) was highlighted and questions asked concerning provincial activities. The "Tracking Outcomes from the Seniors Oral Health Forum (Feb 2005) Worksheet" was used as a starting point of the conversation and questions were asked on the projects listed and the existence of new activities since 2005.

The following lists some of the exceptional successes from which we can learn and which may provide either a foundation or an inspiration for similar projects, to build capacity for the oral care of seniors across Canada.

British Columbia Dental Association

Below are the activities that have taken place in British Columbia related to seniors' oral health. The titles are based from the Action List developed from the 2005 Seniors Oral Health Forum.

Professional Education

- **UBC Professorship of Dental Geriatrics** - the BCDA donated all proceeds from its 2006 Winemasters Dinner and Gala event and annual charity golf tournament
- **ELDERS "Mouth care for persons in residential care"** - the BCDA contributed funding to update this manual in 2007. It provides basic information to help caregivers maintain the oral health of their residents. Copies were distributed to dentists providing care in long-term care (LTC) facilities, LTC administrators and public health. Copies will also be sent to program heads of care aide schools.
- **Pacific Dental Conference** - identified geriatric dentistry speakers to be invited to the 2007 and 2008 conferences
- **Home & Community Care Conference 2007** - members of the BCDA Geriatric Dentistry Committee attended this one day forum to provide input from the perspective of seniors' oral health on solutions for the future of community care. Feedback from this year's conference formed part of a submission to the provincial government's *BC Conversation on Health*.
- **Home & Community Care Conference 2008** - submitting proposal for dentist speaker(s) at their May 2008 conference (which is being organized in conjunction with the Caregivers Association of British Columbia).
- **Positive Aging Conference** - with financial support from a grant received from the BC Ministry of Health (see Public Policy & Advocacy) UBC is organizing a

three day conference for May 2008 that will incorporate seniors oral health in three parts: a meeting with stakeholders (both dentally related and non-dental health professionals) to discuss seniors oral health; one day of CE for professionals; and a public health fair.

- **Mentoring opportunities** - the UBC ELDERS group offers dentists interested in LTC care to make arrangements to see firsthand their residential oral care program in action. This is publicized by the BCDA to its members, i.e. through CE directory.
- **Communications and publications** - articles related to seniors' oral health have been published in *Connections*. For example, the 2006 Economic Survey results related to LTC care (see Program Development below), a cover story about the dental geriatric insurance pilot project and focus on seniors as part of Oral Health Month campaigns.

Public Education

- **Community Dental Day 2006** - focus on providing free treatment for low income to seniors. This annual event is an Oral Health Month program where dentists volunteer their time and services to treat low income adults who require urgent care.
- **2007 Oral Health Month campaign** - focus on seniors' oral health. Included tactics such as TV advertising, dry mouth tip sheet for dentists and pharmacists and a media release focusing on looking after the oral health of aging parents.

Public Policy & Advocacy

- **\$125,000 grant from the Ministry of Health (2007)** - received by the BCDA to educate non-dental health professionals about seniors oral health. The BCDA is currently working on strategies and tactics.
- **Premier's Council on Aging and Seniors** - although unsuccessful in securing a dental representative on this council, the BCDA and its geriatric dentistry committee sent letters outlining concerns about seniors oral health. The final report produced in late 2006, included references to seniors oral health needs.
- **Seniors Dental Insurance Plan in LTC facilities** - the pilot project to test the feasibility of a geriatric dental insurance plan reached its one year mark in October 2007. Funding still remains available to proceed with the project for one more year and gain further valuable data (agreed to by the UBC Geriatric Dentistry Program, the Three Links Care Society and the BCDA).
- **BC Conversations on Health** - the BC government undertook a public consultation process starting in early 2007 to gain input about the province's health care system. The BCDA sent in a submission on oral health, including importance of seniors care.
- **Position paper on long-term care patients** - the BCDA and UBC are working on producing a report that identifies the current status of residential oral care and recommendations.

Program Development

- **2006 BCDA Economic Survey** - the Association included additional questions about treatment of patients in LTC. The questions focused on treatment provided, available resources, remuneration, education and referrals. About 200 dentists responded (8% of the BCDA membership) who indicated they spend an average of 4.4% of their practice time treating LTC patients. The BCDA followed up with these dentists to ask permission to add them to the Association's database of LTC dentists to keep them informed of initiatives related to geriatric dentistry.
- **Continuing Education** - BCDA's Geriatric Dentistry Committee arranged a half-day geriatric dentistry session at the 2007 Thompson Okanagan Dental Society conference in Kelowna. Approximately 100 dentists and staff attended.
- **LTC requests for equipment and dentists** - ongoing

Alberta Dental Association & College

There have been 3 major projects in Alberta since the 2005 forum.

1. ADA&C gifted \$3 Million, matched by the government of Alberta, to the University of Alberta Faculty of Medicine and Dentistry to fund the creation of 2 chairs, one in clinical dental research and one in geriatric oral health care. The positions have not been filled yet, but good candidates are currently being considered. The geriatric chair will have a dual role in research and teaching. The aim of the teaching portion of the position is to sensitize students to the oral care needs of geriatric, disabled and reduced-mobility patients in LTC facilities.
2. ADA&C solicited the government through the Alberta Seniors and Community Supports program for \$800,000 to purchase and equip two state-of-the-art mobile dental clinics. Staff recruitment is underway and the clinics are projected to be operational by April 2008. Various organizations are already soliciting the attendance and service of these clinics, which will be excellent examples of affordability and access to care. They will also travel outside of the province to showcase "the art of the possible" to other provincial governments and dental organizations.
3. ADA&C has facilitated the operation of the Dental Assistance for Seniors Program, which is funded by the government and supported by Blue Cross. This program funds the cost of dentistry for seniors, up to 100% of the median fee. 272,000 Albertans have already benefited from it.

College of Dental Surgeons of Saskatchewan

The College of Dental Surgeons of Saskatchewan launched project to serve residents of long-term care in 2007: **Oral Health for Seniors: The Santa Maria Seniors Oral Services (S.O.S.) Pilot Project**. The pilot project committee is dedicated to developing a set of standards and guidelines across the province that will be sensitive to the oral health concerns of senior citizens in long term care facilities and that reflect the diversity of their financial, physical and mental conditions. The details of this program can be seen in appendix 2.

Manitoba Dental Association

A meeting scheduled for late November 2007 to discuss ways of revitalizing past initiatives in this area.

Ontario Dental Association

Since 2000, the ODA has renewed its efforts to address the needs of seniors and more specifically to promote access to care for Long-Term Care residents. Efforts to understand more about the needs of this patient population and how dentists and dental teams are responding to that need continue. The efforts of ODA's working group on Access to Care resulted in the publication of Handbook for Treating Patients with Special Needs, with an entire section on caring for the Institutionalized elderly. That documentation is available to members and is on the ODA web-site. In January 2005 an interview with Dr. Martin Kushner, "Providing Oral Health Care to the Institutionalized and Home-Bound" was published in the ODA Journal, Ontario Dentist. In that same issue of the Journal, an article, "Oral Health of an Industrialized Elderly Population without Access to Oral Health Care Services", authored by Dr. David Matear and John Barbaro was published. Both Drs. Kushner and Matear served on the ODA's working group on Access to Care.

The ODA has engaged its component societies in efforts to promote access to care for the Long-Term Care community. In the fall of 2005, the ODA invited the leaders of the Component Societies to attend a workshop with a focus on Long-Term Care. Societies were encouraged to appoint a long-term care coordinator. The coordinator will work with local dentists in an effort to work with the "homes" in their community to ensure patients have access to a dentist. At that same time, the ODA President, Dr. Jocelyn Pearce concentrated her President's Page on this patient population, raising the issue with the entire ODA membership.

In the spring of 2005, Dr. Linda Niessen presented two sessions during the ODA's Annual Spring Meeting with a focus on geriatric care. The January 2006 issue of Ontario Dentist included an article on geriatric dentistry by Lightman, and MacKay. The 2006 Oral Health Month Campaign promoted oral health care for seniors. This campaign included a new Oral Health Awareness brochure for seniors and their families (thanks to ELDERS Group, UBC Faculty of Dentistry) as well as a PowerPoint presentation for dentists to use. In addition, a new brochure was included in the Oral Health Month tool kit. It provided information on daily mouth care for persons in long-term care residences (again thanks to ELDERS Group). The ODA also produced an educational CD-ROM, brochure and questionnaire designed to highlight the association between oral and overall health, especially for medically compromised patients. Of course, the elderly population in the long-term care community is among the compromised patient groups and this resource benefited the dentist providing care to the home-bound as well as the Long-Term Care resident. Some aspects of the Oral Health Month activities were included in the March 2006 Journal.

At the 2006 June Planning Session of the ODA Board of Directors, there was a focus on enhancing access to oral health care for the elderly and the long-term care resident. Dr.

David Matear spoke on “The Pragmatic Experience in Long-Term Care: Care for the Institutionalized Elderly now and in the future”. Dr. Chris Wyatt discussed “Access to Oral Care Older Adults in Long-Term Care”, providing insight from the experience in British Columbia and the UBC geriatric dentistry Program. Dr. Aaron Bury provided directors and senior ODA staff “A public Health Perspective on oral health care delivery models for the long-term care resident”.

In October 2007 issue of Ontario Dentist the ODA president, Dr. Don Russell informed members of the Summit on Oral Health Care, with an emphasis on the Long-Term Care Community that will be held in April 2008. This Summit is being planned by a working group of the Ontario Dental Association, the Royal College of Dental Surgeons of Ontario as well as the Ontario Dental Hygienists’ Association. In addition to these activities the ODA entered into an agreement in May 2006 with the Ontario Dental Hygienists’ Association. That agreement makes recommendation to improve access to oral health care through a multi-pronged approach and there is an emphasis on Long-Term Care. The two organizations have formed a working group of three dentists and three dental hygienists with staff support from each of the Associations.

In January 2007 the ODA made a submission to the Ontario Government respecting Bill 140, Long-Term Care Homes Act. Unfortunately, many of the revisions and enhancements proposed by the ODA were not included in the revised legislation. During the course of its review of Bill 140, the ODA met with the Associations representing the Long-Term Care Homes and continues its efforts to work more closely with these organizations. In the interim, work continues on the planning of the Summit which is to be held in Toronto in April 2008, the day prior to the start of the ASM. On the following day there will be an ASM speaker, Dr. Gretchen Gibson will be presenting Case Studies in Geriatric Dental Care and Know the Flow: Salivary Dysfunction in the Geriatric Patient.

Association Des Chirurgiens Dentistes du Québec

The ACDQ has taken the following steps over the last few years in order to improve the oral health of elderly people and increase their access to dental care.

- Various representations with government authorities (including the Ministry of Health and Social Services) regarding the geriatric dental care organization and the listing of all portable equipment in the Quebec health network.
- Participation in forums on geriatric dentistry and the symposium held on that subject in April 2006.
- Survey among our members to find out their level of interest and availability to work with this specific clientele, as well as the reasons preventing them from doing so.
- Purchase of portable dental equipment in order to train new graduates to treat persons suffering from loss of independence and residential and long-term care centre residents.
- Survey of working realities of dental professionals who provide this kind of services and meeting with some of them to establish their needs and difficulties

The Dental Association of Prince Edward Island

The Dental Association of Prince Edward Island has been working with the PEI department of health on a video for LTC and mouth care for seniors. As well they have been coordinating the placement of small procedures room (including dental treatment) in some Long Term Care facilities.

The New Brunswick Dental Society

The New Brunswick Dental Society has conducted a two-year double-blind study in nursing homes to determine the effect of minimal care. The findings show that having dentists come into the facility is of insufficient value due to the infrequency of the visits and that there would be more value in educating on-site staff in providing minimal care. They are awaiting the final report. Once it is released, the NBDS is going to go to the government with some recommendations such as requiring an oral health check upon arrival at a LTC facility, educating on-site staff in oral care delivery, and tying accreditation of the facilities to the provision of minimal oral care

Nova Scotia Dental Association

The Nova Scotia Dental Association has created a coalition with numerous partners to address the issue. They have received communication from the provincial Department of Health that Seniors Oral Health Care will be taken up by them as an important issue in 2009. Dalhousie University is also working on projects, including the development of a measurement tool to be used in seniors' assessment. NSDA has been an active participant in the Nova Scotia Seniors' Oral Health Collaboration (SOHC), an interdisciplinary group of stakeholders whose mission is to facilitate sustainable oral health for Nova Scotia seniors. SOHC recently led an in depth policy scan that resulted in *The Oral Health of Seniors in NS Policy Scan and Analysis: Synthesis Report, 2006*. Funded by the NS Department of Health (\$50,000), this report highlights three key recommendations aimed at the development of policy and strategies to facilitate sustainable oral health for NS seniors.

Newfoundland and Labrador Dental Association

The Newfoundland and Labrador Dental Association is in communication with the provincial government about future initiatives. The NLDA has identified the priorities in dental care to be children, seniors, low-income earners and medically compromised individuals. The government agrees and has released a paper entitled "Healthy Aging" which includes oral care in the picture of seniors' health

APPENDIX 2

Oral Health for Seniors: **The Santa Maria Seniors Oral Services (S.O.S.) Pilot Project**

Mission Statement:

The pilot project committee is dedicated to developing a set of standards and guidelines across the province that will be sensitive to the oral health concerns of senior citizens in long term care facilities and that reflect the diversity of their financial, physical and mental conditions.

Pilot Project Objectives:

1. To design a clinical data collection survey and questionnaire that will provide the necessary information and statistics to determine the key components of a health service model based on continuity of care that will:
 - A. Improve the oral health of seniors residing in long term care facilities in Saskatchewan
 - B. Create public awareness of the importance and implications of good oral health care for residents of long-term care facilities
 - C. Provide evidence to mandate provincial policy changes which establish detailed oral health care regulations and minimum care standards for long-term care facilities
2. To create a functioning dental suite within a long- term care home (Santa Maria) that will be utilized to provide:
 - A. Initial dental exams and screenings of all residents (existing and new admissions)
 - B. An oral hygiene program (educational seminars and hygiene treatment).
 - C. Treatment to alleviate oral pain and infection.

Historical Summary:

Oral health has a significant effect on health and well-being; however, it is peripheral to the general health and public health care delivery system. The private nature of oral health care services in Canada contributes to a profound disparity among many restricted access segments of the population, including seniors. A lack of centralized, integrated decision making about oral health care delivery makes it extremely difficult to improve oral health policy for seniors who have restricted access to oral health care. A growing need for action on this important issue has spurred the development of a multidisciplinary taskforce spearheaded by the College of Dental Surgeons of Saskatchewan (CDSS) and the College of Dentistry, University of Saskatchewan. This task force has been developed to address the increasing problems Saskatchewan seniors, especially those in long term care facilities and personal care homes, are experiencing when trying to access the oral health care they need.

Oral disorders impact many aspects of psychological and social well-being. The effects of oral disorders on quality of life include pain, poor oral and facial esthetics, impairments to eating, chewing, and speaking, and a decreased desire to interact socially.

Loss of oral function may limit food choices and detract from the pleasure of eating. Oral problems such as dental decay, periodontal disease, xerostomia (most likely medication induced) and loss of teeth lead seniors to restrict social contact, thus compromising quality of life. Many older adults, whose quality of life may already be diminished, are also suffering unnecessarily from untreated oral diseases.

Traditionally, utilization of dental services among the elderly has been reportedly very low, mostly because there have been relatively few people in that age group who have retained natural teeth. While the elderly have been stereotyped as denture wearers who sought dental care infrequently, this is changing. The “new” elderly, aged 65 and older, are very different from previous cohorts in that they are better educated, have had higher earning capabilities, and have more discretionary income. This generation places a high value on preventive oral health care and will expect the same level of care as they age. This suggests that each cohort will maintain more teeth, so there will be more teeth at risk and presumably more people will have dental problems as they age. With the expected trend towards retaining more natural dentition into old age and increasing utilization of dental services, future frail and functionally dependent elderly will require improved access to oral care services.

Saskatchewan is far behind many other provinces when it comes to setting objectives for dental care and in legislation for the provision of oral health services in long term care homes. Establishing detailed oral care regulations is vital to creating minimum guidelines and standards for these long term care homes. In Canada, the regulation of long term care homes is governed by the provincial legislation, therefore one of our main objectives as a provincial dental association must be to mandate change in this provincial legislation. Five main components must be included in a provincially legislated seniors’ oral health program:

- 1) a standardized oral health assessment tool and oral care standards
- 2) a formalized routine for periodic oral health assessments
- 3) education for seniors and their families, health professionals and caregivers concerning the importance of mouth care to health and well-being in general
- 4) training of caregivers to provide daily oral hygiene for residents
- 5) easy access to dentists, dental hygienists and denturists for residents and homebound seniors’ dental treatment needs

Good oral health care is particularly important to seniors as health issues in this group are numerous, complex and interrelated. Currently, very few resources exist in Saskatchewan for seniors who need or want dental care, especially for those who are living in poverty, homebound, dealing with multiple systemic health problems, or residents of long term care facilities. To date, most residents requiring dental care are expected to attend a dentist’s private office. Without a plan in place to address these gaps in services, oral health care needs will continue to go unmet, and the problem will only get bigger as projected numbers in this population segment increase. As of January 1st, 2005 there were 8,514 residents living in 158 licensed long term care homes in Saskatchewan. This number is expected to increase by over 20% in the next 10 years. Recognizing the

growing need for an evidenced-based, comprehensive approach to this issue, the CDSS is recommending that Saskatchewan Health commission the funds for the required reporting on seniors' oral health.

Vision for the future:

An innovative approach to seniors' oral health care is required. Maintaining the status quo is not an option. It does not meet the needs of Saskatchewan's seniors today, and is incapable of adequately serving the needs of the next generation of seniors.

For change to occur, the task force must provide:

1. public awareness of the importance and implications of good oral health care for seniors
2. current, accurate statistics for Saskatchewan
3. a program that is sensitive to the concerns of the elderly and reflects the diversity of their financial, physical and mental conditions
4. an effective service delivery system – The Santa Maria Seniors Oral Services (S.O.S) pilot project
5. evidence to mandate provincial policy changes which establish detailed oral health care regulations and minimum care standards for long term care facilities

The CDSS /College of Dentistry, University of Saskatchewan is recommending a two tiered approach to provide the required data for advocacy and to develop an effective oral health care delivery system. The first will involve a clinical data collection survey and questionnaire and the second will involve a pilot project program created in cooperation with the Santa Maria Senior Citizens Home.

The survey component will be designed to determine the key components of a health service model based on continuity of care that will improve the oral health of seniors in Saskatchewan. Our questions associated with managing continuity of oral health care for seniors will include; *How is oral health care for seniors currently managed and funded? How well is it working? How can the system be more effectively restructured to improve the oral health of seniors? And, what are the policy implications arising from the findings?* We are proposing that the taskforce be comprised of researchers, government decision makers, dentists, physicians, dental hygienists, dental assistants, dental therapists and members representing the long term care facilities and community-based seniors groups. We plan to collect the clinical data during the fall of 2007.

The Santa Maria pilot project will consist of two components:

- a *free* oral health screening program that will provide all participating residents with a complete oral health screening exam and the second component will involve
- creating a functioning fee for service dental suite within the Santa Maria private care home

This dental suite will be designed to have some permanent and some portable equipment so that it can be relocated to a resident's room or to another care home if required. From

this suite a dentist, therapist or hygienist can provide basic and emergency dental treatment to all residents who have signed the required informed consent. The dental suite will provide a location to do an initial and annual dental exam/screening of all residents and to provide an oral hygiene program for the benefit of all participating residents. This program will include:

- 1) An annual oral health exam for each resident and for each new resident on admission
- 2) Oral health action plan for each resident with recall program
- 3) Advocacy for onsite dental treatment
- 4) Regular oral health education for staff and care providers
- 5) Consultation with all health care disciplines
- 6) On site dental hygiene treatment.

We are fortunate in this province to have one of the highest proportions of older persons in Canada – one in every seven people is over the age of 65. We owe a great deal to our seniors, and one of the best ways we can thank them is to help maintain their oral health.

Dr. Todd Graham and Dr. Maureen Lefebvre
Chairs of the National Access Initiative for Saskatchewan
Chairs of the Santa Maria Seniors Oral Services (SOS) Pilot Project

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