# #59

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## Q1

Define the problem: [Outline the challenge(s) your recommendation will address. Insert links to reports where appropriate.]

Oral health is essential to overall health and well-being for all individuals, at every stage of life. Oral health problems, such as dental caries, periodontal disease, complete tooth loss, dry mouth, ill-fitting dentures, and oral cancers are commonly reported among the older adult population. In California, half of older adults in skilled nursing facilities and one-third of older adults in the community have untreated tooth decay, and many have lost all of their teeth. Tooth loss can affect quality of life (social, psychological, and physical) and ability to chew, which can affect nutrition and overall health. It can also have deleterious economic effects on older adults who are otherwise able to work by negatively impacting their employability. In addition, periodontal disease can affect overall health and well-being in this population as the oral bacteria and inflammation have been found to be related to, and likely increases the risk of developing, cardiovascular disease, autoimmune disease, and diabetes.

An oral health needs assessment conducted in 2018 in the County of Santa Clara with support from the California Department of Public Health (CDPH) Office of Oral Health (OOH), identified oral health status, trends, needs, gaps, resources, and best practices. The needs assessment outlines populations affected most by poor oral health outcomes. Older adults over age 65 is one population facing some of most severe oral health outcomes and underutilization of dental care in our community.
Six percent (6%) of County of Santa Clara residents ages 65-74 experience complete tooth loss due to tooth decay or gum disease – slightly lower than the percentage among California residents of the same age (9%), and below the 2028 California target (8%). Though not generalizable to the county overall, a recent field survey suggests that 44% of older adults have lost between 1 and 5 teeth, 26% have lost 6 or more, and 8% have lost all of their teeth due to gum disease or tooth decay.31 Given the growing aging population in the County of Santa Clara, we expect increases in the burden of oral disease for older adults.

The needs assessment found that among adults age 65, 26% report feeling self-conscious because of their teeth, mouth, or dentures fairly or very often, something that is important given the increases in isolation and loneliness that often happen as adults age. A major barrier to accessing desired oral health care for older adults is cost, followed by transportation, challenges navigating systems of care, providers lacking training to care for older adults. These barriers likely contribute to low utilization rates compared to the general population, as can be seen in both qualitative and quantitative data. Cost and health care coverage are especially preventing older adults from receiving the dental care they need. In the County of Santa Clara County, adults over age 65 is the lowest demographic with dental insurance (just 43%), compared to any other age group. The loss of dental coverage many older adults face when enrolling in Medicare, coupled with the sky-high out-of-pocket costs of dental services make receiving dental care unattainable and unaffordable for many older adults.
Sources:
Santa Clara County Oral Health Plan, 2018;
Behavioral Risk Factor Survey 2013-14
DHCS Medi-Cal Certified Eligible Recent Trends, April 2018

**Q2**

Pick your Master Plan for Aging goal(s): [Check the goal(s) your recommendation aims to fulfill. View MPA Framework document for reference]

**Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.**

**Q3**

Choose your MPA Framework objective: [Check the objective(s) your recommendation will accomplish. View MPA Framework document for reference.]

**Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.**

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**Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.**

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**Objective 2.1: California's neighborhoods will have the built environment to fully and meaningfully include older adults, people with disabilities, and people of all ages.**

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**Objective 3.1: Californians will live in communities with policies and programs that promote well-being throughout our lifespans.**

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**Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.**

**Q4**

Outline your recommendation: [In one to two sentences, sketch out your idea for the Master Plan for Aging.]

Increase access to dental services by expanding oral health education and infrastructure to meet the oral health needs of older adults.

**Q5**

Identify and quantify your target population: [Describe which groups of Californians will be impacted by this recommendation, with numbers if available.]

Adults ages 65 and older

**Q6**

Share your recommendations for an age-friendly California: [Insert detailed bullet points describing your Master Plan for Aging ideas.]

- Health and Community Services: Oral health is important for overall health. Poor oral health exacerbates existing chronic conditions and impacts older adults' ability to consume nutritious food. Increasing awareness and reducing barriers to oral healthcare will improve older adults' overall well-being.
- Social Participation: Oral health is linked to self-confidence. Increasing access to dental care will help remove self-consciousness as a barrier to participating in the community and reduce social isolation.
- Transportation: Transportation can be a barrier to going to the dentist, especially for home-bound older adults, those who live in nursing homes, and those who no longer drive. Mobile dental care and clinics with integrated dental care could reduce this barrier.

**Q7**

Provide any supporting evidence for your recommendation: [Add links or summaries of research evidence that support your unique vision.]

• Reframe oral health as a key part of overall health in the medical community as well as the general public
  o "Putting the Mouth Back in the Head: HEENT to HEENOT" (American Journal of Public Health, 2015): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4330841/
    ▪ Many New York University nursing, dental, and medical faculty and students have been exposed to interprofessional oral health HEENOT classroom, simulation, and clinical experiences. This was associated with increased dental–primary care referrals."

• Incorporate oral health information into existing learning programs, including for nurses, nutritionists, and social workers and advocate for state funding to pilot oral health integration models, including metrics, financing, and practice reform by local or regional integrated care organizations.
  o "Oral health care education and its effect on caregivers' knowledge and attitudes: a randomised controlled trial." (Community Dentistry and Oral Epidemiology, 2002): https://www.ncbi.nlm.nih.gov/pubmed/12000349
    ▪ Nursing home staff who were trained significantly improved their knowledge and attitudes about oral health compared to the control group
  o "Interprofessional Solutions for Improving Oral Health in Older Adults" (GSA, 2017): https://www.geron.org/images/gsa/documents/gsa2017oralhealthwhitepaper.pdf
    ▪ Pharmacists who participated in a training program on oral health reported greater knowledge, confidence in locating resources, and level of preparedness to counsel older adults about oral health."
  o Smiles for life curriculum for oral health integration with primary care: https://www.smilesforlifeoralhealth.org
  o "A Guide to Promoting Oral Health in Community Health Centers and Achieving Medical-Dental Integration": https://www.aachc.org/wp-content/uploads/2014/04/AACHC-Oral-Health-Toolkit_3rd-Edition.pdf

• Integrate oral health questions into older adult patient visits by medical providers; navigators, health educators.
  o "Oral Health: An Essential Component of Primary Care" (page 25, 2015): http://www.safetynetmedicalhome.org/sites/default/files/White-Paper-Oral-Health-Primary-Care.pdf
    ▪ The Oral Health Delivery Framework outlines oral health activities primary care settings can implement within their practice guidelines. Ask about symptoms including mouth dryness, pain or bleeding, when they last saw a dentist, and dietary habits. The physician may change medications, counsel on dietary habits or tobacco use, provide fluoride treatment, provide oral hygiene counseling, or provide a referral

• Comprehensive, culturally competent education campaigns and materials are not available to fulfil appropriate literacy level requirements for older adult populations in multiple languages.
  o "Oral health promotion programme for older migrant adults" (Gerodontology, 2004): https://www.ncbi.nlm.nih.gov/pubmed/15603281
    ▪ Adults who participated in language appropriate education significantly improved knowledge, attitudes, self-reported health, and self-reported oral hygiene behaviors
    ▪ A Community-Based Culturally Competent Oral Health Promotion for Migrant Older Adults Living in Melbourne, Australia" https://www.onlinelibrary.wiley.com/doi/abs/10.1111/jgs.12078

• Reduce transportation as a barrier to accessing dental health care by increasing funding to mobile dental services and dental clinics operating in community centers.
  o "The impact of providing dental services to frail older adults: Perceptions of elders in adult day health centers" (2008): https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1754-4505.2007.tb00336.x
  o "Oral health delivery systems for older adults and people with disabilities" (2013): https://onlinelibrary.wiley.com/doi/pdf/10.1111/scd.12038
    ▪ "Collaborative on-site and clinic-based teams establish "Virtual Dental Homes" that provide ongoing, year-round access to oral health services designed to prevent mouth infections, deliver evidence-based preventive care, and restore infected individuals to stable and sustainable oral health. These new delivery models are beginning to demonstrate better health care delivery, better health

outcomes, and the potential to drive down total health care costs for older adults and people with disabilities."

• Increase the number of FQHC's offering sliding scale fees for dental care regardless of insurance status.
  o "Dental Care Presents the Highest Level Of Financial Barriers, Compared To Other Types Of Health Care Services" (Health Affairs, 2016): https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0800
    - "Across age groups, we found that the percentage of respondents reporting financial barriers to receiving dental care was higher than the percentage for any other type of care" using 2014 National Health Interview Survey (NHIS).
    - "According to the Oral Health and Well-Being Survey, cost was 2.7 times more likely to be reported as the reason for not going to the dentist than the next most common reason" in survey of 14,962 adults
    - "Before health insurance expansion under the ACA, adults were roughly twice as likely to have lacked dental insurance than medical insurance, 4,5 and the design of the ACA reinforced this coverage gap."

**Q8**

**Give examples of local, state or national initiatives that can be used as an example of best practices: [Provide any available links and sources.] Local: State: National: Other:**

• Minnesota Oral Health Plan: https://www.health.state.mn.us/people/oralhealth/contact/stateplan.html
  o Includes goals for professional integration, funding oral health programs, and increasing access to care

• Arkansas Oral Health Plan: https://www.healthy.arkansas.gov/images/uploads/pdf/AR_Oral_Health_Plans_2012-2015.pdf
  o Includes recommendations for oral health integration, increasing Medicaid dental program utilization, culturally competent care, mobile dental care

**Q9**

Provide a roadmap to implementation: [Insert any actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

Potential Partners

• State Agencies/Departs: CDPH Office of Oral Health, California Dental Association, Medi-Cal Dental Program, CADSS
• Local Government: DFCS, City of San Jose, City of Gilroy, City of Sunnyvale, Santa Clara County Health & Hospital System
• Community-Based Organizations: FQHCs, Collaborative for Oral Health, Health Mobile, Sourcewise, Institute on Aging, OnLok, Catholic Charities,
• Philanthropy: Robert Wood Johnson, John Hartford, AARP, SCAN Foundation
• Other: Dental/hygiene programs, such as Foothill College, West Valley College, San Jose City College, Western Career College, UCSF, University of the Pacific; Stanford Center on Longevity

**Q10**

Identify person-centered metrics: [What are the individual measures of inputs or outcomes that can be used to predict your recommended action's impact on people.]

Increase the percentage of Medi-Cal eligible adults 65+ receiving an annual dental visit

**Q11**

Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

# of older adults who have an annual preventative dental visit
% of adults age 65+ in California utilizing the MediCal Dental Program annually
# of dental providers accepting older adult dental plans (MediCal Dental Program, Medicare Advantage plans)
# of medical schools in California using an oral health integration curriculum, such as the Oral Health Delivery Framework
% increase in state funding for oral health education and access programs
# of dental providers designating their practice as “age friendly”

**Q12**

Measuring Success: [How would we know that the implementation of your recommendation is successful?]

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|---|---|
| Short term: By 2020… | **Find a local and state political champion for older adult oral health; organize an “oral health is health” awareness campaign** |
| Mid term: By 2025… | **Increase state and county funding for local oral health initiatives focused on older adults** |
| Long term: by 2030… | **Increase older adult utilization of Medi-Cal Dental Program preventative services** |

**Q13**

Provide data sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Santa Clara County Oral Health Plan, 2018;
Behavioral Risk Factor Survey 2013-14
DHCS Medi-Cal Certified Eligible Recent Trends, April 2018

**Q14**

Identify potential costs and/or savings: [Provide any research, actuarial analysis or other evidence of the cost of, or potential savings from, implementing your recommendation.]

**Respondent skipped this question**

**Q15**

Prioritize your recommendation: [How would you prioritize your recommendation relative to other needs/priorities?]

**High**

**Q16**

Contact information: [Let's stay in touch!]


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| Name: | **Diana Miller** |
| Affiliation: | **County of Santa Clara Department of Aging & Adult Services** |
| Phone: | **(408) 755-7695** |
| Email: | **Diana.Miller@ssa.sccgov.org** |