

## VIEWPOINT

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# WHO IS HELPING SENIORS IMPROVE THEIR ORAL HEALTH? WHAT IS OUR RESPONSIBILITY?

AS A DENTIST WHO IS BOARD certified in dental public health, my entire career has been spent working to promote prevention and access. As my father lived to 10 days short of 102 years of age, and my mother, who recently passed away, lived to one month short of 99 years with all her teeth save one, I would like to share my unique viewpoint of the elderly and their oral health needs.

The “baby boomer generation” will create the largest number of people 65 years and over in the history of our country. Senior citizens today are more sophisticated, live longer, are on more medications, and survive a complexity of health problems better than ever before—and they have better oral health. Seniors are also more concerned about their appearance and quality of life. For many seniors, eating is one of their few pleasures in life. More seniors are retaining their teeth much longer than ever before, thanks to community water fluoridation, fluorides, and better dental technology.

How is the dental profession going to respond to the unmet health needs of the elderly? In 2007, 12.6 percent of the U.S. population was 65 and over, as compared to 13.3 percent in Massachusetts.<sup>1</sup> By 2030, this will increase to 19.7 percent, or 71.5 million people, for the United States, versus 20.9 percent for Massachusetts, or 1.5 million people, which is one out of every five residents.<sup>1</sup> (See Figure 1.) Life expectancy at birth is now 80.7 years for U.S. females and 75.4 years<sup>2</sup> for males. Among the fastest-growing segments of seniors in the United States are those who are 85 years and over, going from 1.4 million in 1970, to 4.3 million in 2000, to 9.6 million by 2030.<sup>3</sup>

Although seniors are only 12 percent of the population, they use about:

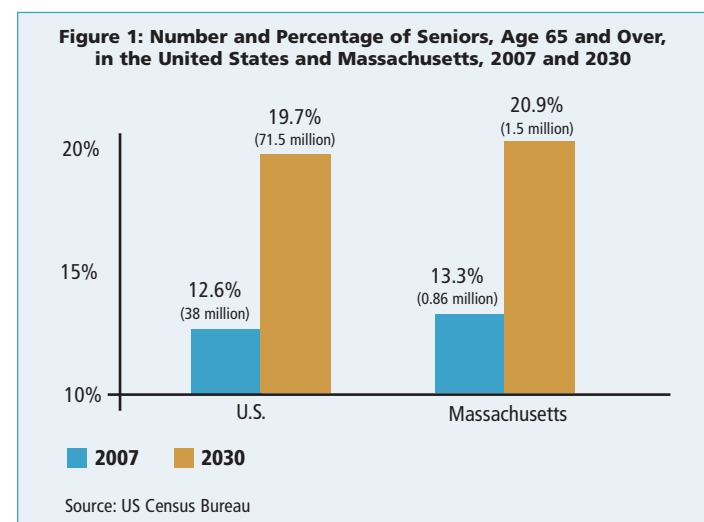
- 26 percent of all physician office visits;
- 35 percent of all hospital stays;
- 34 percent of all prescriptions;
- 38 percent of all emergency medical response calls; and
- 90 percent of all extended-care facility (nursing home) use.<sup>4</sup>



In Massachusetts, more than 76 percent of the elderly receive health care services paid by Medicare<sup>5</sup>; however, there is no Medicare coverage for basic dental services.

The 2000 Special Legislative Commission’s Report, *The Oral Health Crisis in Massachusetts*, raised everyone’s accountability, and the public and private sectors began a variety of oral health initiatives, with a primary focus on children. In addition, a 2005 federal court

order against the MassHealth Dental Program put a greater focus on improving the children’s dental program. Unfortunately, little attention was paid to adults and the elderly, in spite of their great dental needs. Although it is important to make children a high priority for prevention and treatment, better oral health is not effectively reinforced in the home if the parents and grandparents are dental cripples, or are not able to obtain dental care for themselves. A dentist may provide care to a child two to four times a year, but the child’s parents are role models every day, and most parents become grandparents.



In 2002, the Adult MassHealth Dental Program was essentially eliminated. It was restored in 2006 with no significant improvements in the fee schedule. There are approximately 597,000 adults in the MassHealth program, and of the 151,660 members over the age of 60, only about 27.4 percent (41,651) utilized the dental program in fiscal year 2007,<sup>6</sup> compared to 72 percent of all Massachusetts seniors over age 65 who saw a dentist.<sup>7</sup>

### What Are the Dental Needs of Seniors?

- 52 percent of elders examined in elder housing facilities needed dental care, and 15 percent needed urgent care<sup>8</sup>
- 42 percent had urgent needs during the last year and were unable to obtain care<sup>8</sup>
- 39 percent did not seek care because they were unable to afford it<sup>8</sup>
- 60 percent of those in elder housing had untreated dental caries<sup>9</sup>
- 87 percent of homebound seniors had untreated dental caries<sup>10</sup>
- More than 70 percent of the homebound had their last dental visit more than three years ago and 38 percent had soft-tissue lesions<sup>10</sup>

Senior citizens who live in extended-care facilities (nursing homes) and who are homebound probably have the greatest oral health needs among the elderly.<sup>11</sup> In Massachusetts in 2006, approximately 89.4 percent (45,069) of the 50,416 extended-care beds in 453 facilities were filled at any one point in time.<sup>12</sup> Of those, 66 percent were MassHealth members and 49 percent had dementia.<sup>13</sup> In our state, there are also approximately 10,585 assisted-living and residential-care beds in 171 facilities.<sup>13</sup> Another 9.9 percent of all Medicaid recipients receive home health services.<sup>13</sup>

About 5.4 percent of the elderly population in the United States are in an extended-care facility at any one time, and it is estimated that 66 percent of the U.S. population over 65 will need some form of long-term care at some point in their lifetime.<sup>4</sup> Oral hygiene care and preventive services—both professionally and by caretakers—are very difficult to obtain for those in extended-care facilities, and this significantly contributes to making such care one of their greatest needs. It is also difficult to find a dentist who is willing to make a home visit or to see a patient in a nursing home or extended-care facility, and even more difficult in rural areas. This is a serious gap in the dental care delivery system.

### Recommendations

**1. Dentistry needs to take the lead.** The entire spectrum of dental professionals, along with other providers, extended-care facilities and organizations, foundations, insurance companies, local and state government, and senior citizen groups, need to work together with an interdisciplinary approach to respond to these unmet needs.

**2. Model programs must be developed.** Model demonstration programs need to be developed for extended-care, assisted-living, and elder housing facilities, as well as for senior daycare centers and homebound patients in different parts of the state—

especially rural areas. Practicing dentists, student dentists, dental hygienists, and dental assistants need to learn to be comfortable using portable dental equipment to treat these patients in alternate delivery sites. This has been done in the past for dental students and needs to be looked at again.<sup>14</sup>

**3. Dental regulations must be complied with.** All long-term care facilities should comply with the regulations that require an oral examination, 24-hour emergency dental care, and the initiation of necessary prevention, education, and dental treatment in a timely fashion.

**4. Fluoridation must be promoted.** All Massachusetts communities should become fluoridated. Fluoridation is the foundation for better oral health, as it helps prevent tooth decay for everyone, from children through seniors. Prevention is better than cure. Fluoridation has been shown to help prevent root caries in the elderly.<sup>15</sup> ■

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