

# Oral Health Matters: What Will it Take to Leave No Senior Behind?

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After attending the Canadian Dental Association (CDA) oral health forum *Taking Action on Seniors' Oral Health Care in Canada*, held in Ottawa on February 12, 2005, it seemed an appropriate time to invite the broader dental community to reflect on relevant issues affecting Canada's aging population.

What makes the issue of seniors' oral health so intriguing is that although researchers agree that there is inadequate information about the oral health status and treatment needs of older Canadians, all dentists *know* there are major problems. In spite of a dearth of representative data, most Canadian dentists have private practice experience across the entire population spectrum and have therefore witnessed many of the barriers faced by our elderly patients first-hand.

The situation facing this vulnerable group has been variously described as a "looming crisis,"<sup>1</sup> "a silent epidemic"<sup>2</sup> and a "set-up for future disaster."<sup>3</sup> To assess the legitimacy of these ominous prophecies, we must formulate an accurate account of the situation facing the elderly based on a number of important considerations.

The findings of the U.S. Surgeon General's report on oral health,<sup>2</sup> although now 5 years old, have been enormously influential in raising awareness and understanding about the impact of oral health on general health and quality of life. The much quoted phrase, "You cannot be healthy without oral health," might seem redundant to those of us in dentistry, but it is encouraging to see its message reaching audiences outside our immediate domain. For example, a recent edition of the *American Journal of Public Health* featured an editorial on oral health care for the elderly.<sup>4</sup> It aptly reports: "Oral diseases and dysfunction can be extremely painful and can have an acute impact on quality of life, affecting chewing, eating, speaking and social interactions. In no segment of society are these domains of health more critical than in the elderly, for

it is in this population that deficits in quality of life are the most devastating."<sup>4</sup>

Pain and disability associated with poor oral health can affect our ability to eat properly, which in turn can affect nutrition status, body weight and overall resistance to systemic diseases.<sup>5</sup> Studies have shown links between periodontal disease and diabetes mellitus.<sup>6</sup> Still others have shown a link between periodontal disease and cardiovascular disease.<sup>7</sup> Both diabetes and cardiovascular disease are more prevalent in older adults. In addition, the ability to communicate and socialize effectively and without embarrassment is another factor connecting oral health to healthy aging.

Seniors are also prone to certain oral health risk factors. For example, reduced salivary flow is a common side effect of many medications prescribed to older adults. Chronic conditions such as arthritis and dementia can diminish their ability to perform effective oral hygiene practices. The fact that older Canadians visit the dentist less frequently with age compounds these problems. Recent Canadian data indicate that health utilization, calculated on the basis of visits to physicians, increases to 89% for community-dwelling people over the age of 65, while visits to the dentist decrease to 38% for the same age cohort. For those 85 and over, 92% seek medical care, while visits to the dentist decrease even further to 28%.<sup>8</sup>

Another factor for consideration is the demographic phenomenon. Due to an overall increase in life expectancy, seniors are among the fastest growing segment of the population in Canada.<sup>9</sup> Because Canadians are living much longer than previous generations, health services must be available over a greater lifespan than ever before. Of particular significance is the fact that within the seniors' cohort itself, the age group 85 and over is the fastest growing segment. While the health status of people aged 65-74 tends to resemble that of age groups under 65, those 85 and over are most likely to be characterized by many of

the conditions associated with old age, such as chronic disease, frailty and functional dependence.<sup>10</sup> It is not surprising that overall utilization of health care services increases for this age group or that they have the highest representation (34%) living in long-term care (LTC). Those in the 75–84 age group are in transition between “young/old” and “old/old” with respect to health conditions,<sup>10</sup> and only 9% live in LTC.<sup>8</sup> We have a great deal to learn about the oral health status, needs and utilization practices of this largely community-dwelling sector of Canada’s elderly population. Studies consistently demonstrate that in general, the oral health status of older residents living in LTC is poor, with the majority requiring some form of oral health care intervention.<sup>11–13</sup> Such demographic trends will have a major impact on all manner of future health care delivery, including oral health.

As the population ages, more people are retaining a greater percentage of natural teeth than previous generations and will continue to do so in increasing numbers as the baby-boomer cohort ages.<sup>2,3</sup> Retention of natural teeth is a clear indication that we should expect to see new patterns of treatment needs for seniors. Other unique vulnerabilities facing seniors include financial access, mobility and advocacy.<sup>14</sup> Many seniors live in relative poverty, relying on small pensions for economic survival. Seniors are often isolated from family and other social supports. This can make mobility and transportation primary barriers to care, especially for those living in rural and remote areas.

Finally, there are no formal policies and practices for managing seniors’ oral health care in Canada. To help fill this void, a multidisciplinary research team in Nova Scotia recently set out to determine the necessary components of an oral health services model that would improve the oral health of seniors.<sup>14</sup> The findings of this project are consistent with other reports.<sup>2,3,15,16</sup> A number of key policy implications of this project are worth highlighting. Many professionals, not just dentists, are integral to this issue. These include policy-makers, educators, researchers, health promoters, third party insurers and health care providers. It follows then that collaboration amongst the sectors is essential. While it is clearly not within the scope of professional dentistry to provide all of the answers, the profession can determine how to work with others to ensure that appropriate goals for healthy aging are both established and met. In addition, if oral health continues to be overlooked as an essential component of overall health, bringing about any meaningful change will be difficult. Therefore, finding ways to raise awareness across all sectors is essential (Box 1).

In summary, all of these challenges and practical issues can be synthesized into one simple question: “What will it take to leave no senior behind?”<sup>3</sup> There are no easy answers. It is difficult to think of a “good” society that does not care

### **Box 1 Seniors’ Oral Health: Greater Recognition Required**

- If seniors and their families do not learn to recognize the importance of oral health, they will continue to avoid seeking proper care.
- If the long-term care sector does not recognize the impact of poor oral health on its residents, it will not be interested in developing policy and training programs to optimize care.
- If educators across all health care sectors must respond to shortfalls in oral health care training programs, they must be apprised of unmet needs in order to design relevant and effective education programs.
- If care providers and policy-makers within the mainstream health care system are not informed about the situation, oral health will continue to remain peripheral to general health concerns.
- If the public begins to understand that “you cannot be healthy without oral health,” a measure of publicly funded oral care may gain legitimacy within our health care system.

for its elderly population. Therefore, as members of this society, Canadian dentists must begin to reflect upon, and more importantly, to participate in finding effective solutions to the many challenges facing our aging population. Beyond the practical considerations, it may also be time to reflect upon the values that shape professional dentistry’s commitment to vulnerable populations. Unless we can agree that no senior *should* be left behind, it will be difficult to move forward collectively to create a vision for meeting the oral health needs of seniors in the future. ♦



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Many dentists believe their staff members are loyal and would not resort to theft, dishonesty or abuse of trust in the workplace. However, small businesses are quite vulnerable to employee fraud and, in general, can be affected more by the resulting losses than large organizations.

JCDA would like you to share your own experiences with employee fraud, in the hopes that by recounting your personal situation to colleagues, similar scenarios can be avoided in the future.

These personal accounts can detail what occurred at your practice, how the fraudulent behaviour was revealed, what steps you took to resolve the issue — anything that you feel would be informative to others. Be assured that your identity will remain strictly confidential.

Please send your stories for consideration to:

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