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Meeting Report

Emerging findings from an interactive workshop on integrated oral health care for older adults

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Abstract

This article reports on the outcomes of an interdisciplinary full-day workshop focused on interprofessional collaboration on providing oral health care for elderly people. The workshop brought together global experts, researchers, and the public to discuss the concept of interprofessional collaboration in oral health care delivery for older populations. The discussions highlighted 6 areas that formed a policy framework for action and included oral health screening integration into primary care, system requirements in terms of funding and infrastructure, and interprofessional collaboration with trained providers focused on patient-related outcomes.

Keywords: Workshop, aging, frailty, oral health care, interprofessional care, integration, allied providers, workforce, Canadian Dental Care Plan

Background

Population aging is the defining demographic shift of the 21st century. Although many older adults are living longer and healthier lives, many experience frailty, multimorbidity and declining functional and cognitive capacity. Oral health is deeply embedded within the broader context of health and disability continuum,[1] but oral health care is frequently separated structurally, professionally and financially from general health care, particularly in countries such as Canada.[2] However, the introduction of the Canadian Dental Care Plan (CDCP) has brought oral care closer to general health care for low-income residents without private dental insurance.[3] Yet, many older adults, especially those who are disabled or frail, face considerable barriers to accessing dental services.[4]

Oral diseases are preventable and share common risk factors with other non-communicable diseases. This highlights the need to integrate oral health care into primary care involving other non-dental personnel to facilitate early detection, prevention and improved health outcomes.[5]

An Action Plan

The challenge of oral care for older adults led to the organization of an interdisciplinary and multi-sectorial full-day workshop on April 24, 2026, at the University of British Columbia (UBC) Faculty of Dentistry titled Interprofessional aging symposium and workshop: *ENGAGE + EDUCATE + ASSESS + CARE*. Six academics and researchers from Canadian and international universities representing dentistry, nursing, global health and speech language pathology shared their expertise in dental public health, oral health, clinical epidemiology, dental geriatrics and gerontology, oral pathology, acute care, interprofessional collaboration and person-centered care. The workshop had over 40 attendees, including undergraduate and graduate students from various faculties and universities in BC, frontline workers, long-term care (LTC) facility staff and administrators, health care professionals and patients advocates.

Specifically, the workshop aimed to:

- Understand the relationship between oral health and frailty;
- Examine the structural and systemic barriers limiting access to oral care;
- Explore interprofessional and integrated care models;
- Identify practical strategies for embedding oral health into primary and team-based care;
- Evaluate person-centered approaches to assessment and treatment across different care settings;
- Highlight the role of education, workforce development and policy.

The six presentations addressed these objectives from complementary perspectives. Together, they formed a coherent argument for rethinking oral health care delivery for aging populations across the continuum of care. The presentations were followed by interactive small and large group discussions.[6]

In this report, we summarize the most important points highlighted during the presentations and discussions and conclude with a suggested roadmap for policy action and future research.

Emerging Findings

1. Oral Health as a Public Health and Aging Issue

The evidence presented reinforced that oral health remains a major determinant of health and quality of life in older adults, is closely linked to many systemic conditions, and is an integral part of public health with upstream approaches to the prevention of diseases.[7] The cumulative effects of lifelong oral disease combined with aging-related challenges frequently leads to complex care needs and high care dependence in this population. Although edentulism has declined, partial tooth loss, dental caries and other chronic conditions remain highly prevalent, and often require complex and resource-intensive care.[8]

2. Persistent Inequities and Role of the CDCP

The introduction of the CDCP in Canada represents a major policy shift toward reducing financial barriers to dental care. Early data suggest substantial uptake of this program and significant participation by oral health care providers.[3] However, the program does not address the broader systemic barriers such as geographic isolation, physical and cognitive limitations, limited service availability in non-traditional settings and lack of integration with primary care.[9]

3. Fragmentation of Care as a Central Problem

Fragmentation of health care for older adults results in poor integration of care, concentration of oral health care delivery within the private sector, lack of shared professional training and communication, weak referral pathways between public and private providers and an absence of oral health assessments in routine care. Such factors lead to late detection of disease, missed opportunity for prevention, and the perpetuation of health care inequities, especially for vulnerable populations and frail older adults.[10]

4. Primary Care Integration as a Practical and Necessary Solution

Integration of oral care with primary care emerged as a central solution to the delivery of oral health care to older adults.[11] Successful integration promotes routine screening by non-dental personnel, provides well-defined roles for all health care providers within the team-based care, simplifies referral pathways, enhances patient-centered communication and encourages the development of workflow-compatible tools.

5. Interprofessional Workforce and Team-Based Care

Oral health care cannot be delivered solely by oral health care providers in isolation. Nurses, physicians and allied health providers can screen for disease and educate for prevention. It also requires coordinated team-based approaches and shared responsibility across disciplines, including oral health care. However, there are substantial barriers to effective team-based health care approaches, including inadequate oral health education for non-dental personnel, unclear scopes of practice and lack of standardized protocols for shared responsibilities.[5]

6. Program Innovations: UBC Geriatric Dentistry Program

UBC's Geriatric Dentistry Program demonstrates the feasibility of integrated models through expanded services in LTC, specialized geriatric clinics, interprofessional education and research on oral health outcomes and service delivery. Its curriculum innovations,[12] residency programs, and teledentistry initiatives[13] demonstrate transformative ways to care for frail older adults by bringing appropriate services to where they are most needed and advocating for undergraduate training of oral health care personnel.

7. Challenges in Acute Care Settings

Acute care hospitals represent a challenging environment for oral health care due to the high complexity of patients with multimorbidity and polypharmacy, staffing shortages, competing priorities and limited oral health care services.[14] Consequently, oral care is frequently neglected.[15] The role of non-dental personnel includes oral health assessment and advocacy, but it is often overlooked and not deemed as a priority.

8. Importance of Person-Centered Care and Patient-Reported Outcomes and Measures

Traditional clinical indicators are insufficient for older adults with complex health conditions.[16] Care is greatly improved when patient-reported outcomes and measures, functional status and quality of life, and individual values and goals are incorporated into the care plan. Patient engagement in the health care decisions also improves compliance with treatments.

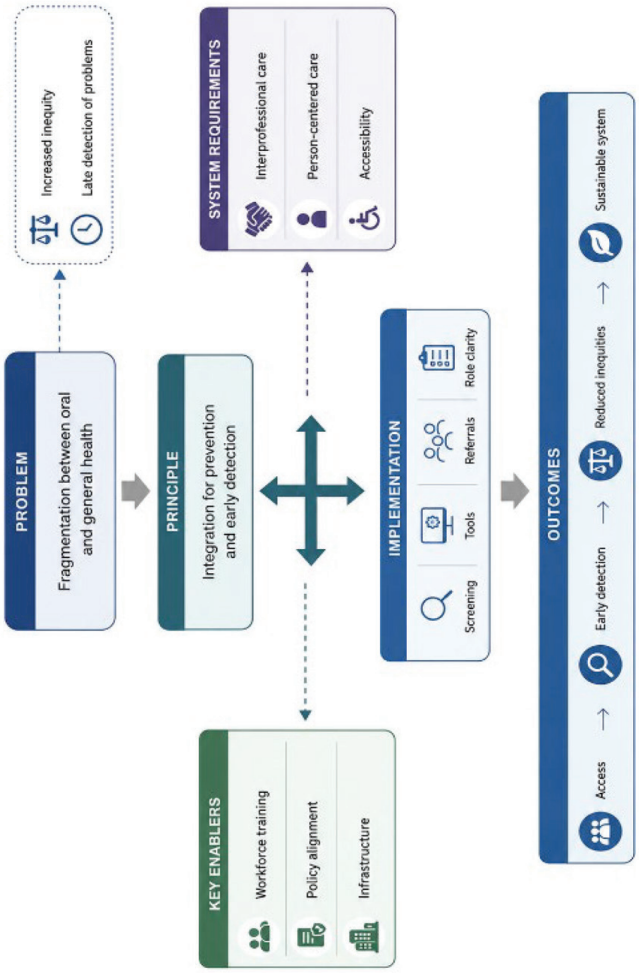
Key Points: A Roadmap

The workshop presentations and discussions highlighted a critical and timely issue: that oral health remains a neglected yet essential component of health care for aging populations. In turn, the participants suggested an integrated oral health framework (**Figure 1**).

The framework begins with recognition of fragmentation between oral and general health systems, leading to inequities and delayed detection. Integration is positioned as essential for prevention and improved outcomes. Core system requirements include interprofessional collaboration, person-centered care and accessible service delivery. These are supported by key enablers, including workforce development, policy alignment and health care infrastructure. Implementation is achieved through scalable strategies such as routine screening, simplified validated tools, referral pathways and role clarification across providers. The framework culminates in improved access, early detection of oral disease, reduced health inequities, and a more sustainable health system. Ultimately, improving oral health for frail older adults requires coordinated action across research, education, policy and practice.

However, future research is needed to put such a roadmap into practice and assess its feasibility and impact, while keeping in mind the possible limitations of the information that emerged from the workshop based on convenient sampling and limited number of older adults with lived experiences.

Figure 1: An integrated oral health framework roadmap.



Conclusion

Oral health must be integrated into general health systems.

- Integration is essential for prevention, early detection and improved outcomes.
- Although the CDCP represents meaningful progress, addressing non-financial barriers is equally critical.
- Interprofessional collaboration is crucial.
- Education and workforce development are key enablers to care for frail older adults.
- Person-centered care should guide practice.
- Incorporating patient perspectives and outcomes is essential for meaningful care.
- Simple interventions, such as screening tools and role clarification, can have a significant impact.
- Policy and system-level changes are needed. JCDA

Author contributions

All authors substantially contributed to the conception and design of this manuscript. MB conceptualized the workshop and MIM, PA, RFR and AMS contributed to the presentations. MB, SK, AN, SP and SR monitored the small group discussions and drafted the first version of the manuscript. MB and RBR were primarily responsible for the development of the framework presented. All authors critically reviewed the draft and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

Data availability statement

Data from the workshop and group discussions include power-point presentations and filed notes. Some of these data are available upon request to the corresponding author.

Disclosures

The authors disclose no conflict of interest. Authors also disclose that there was no use of artificial intelligence (AI) – assisted technologies (such as Large Language Models [LLMs], chatbots, or image creators) during event and/or in the production of this work.

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