Statement
of the

American Association of Public Health Dentistry

before the

United States Senate
Special Committee on Aging

As a participant in the forum on

"Ageism in Health Care: Are our Nation's Seniors
Receiving Proper Oral Health Care?"

By:

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Good Afternoon.

Mr. Chairman and members of the Senate Special Committee on Aging,

My name is Dr. Teresa Dolan, and I am dean of the University of Florida College of Dentistry. I am a board certified dental public health specialist with fellowship training in geriatric dentistry, and I am here today representing the American Association of Public Health Dentistry (AAPHD). AAPHD was formed in 1937 to improve the oral health of the public through education and leadership based on the principles of dental public health. AAPHD has over 800 members serving the public at the federal, state and local levels; as faculty and researchers in dental schools and schools of public health; and as consultants to industry and government. More than 500 of our members are dentists and many members hold a masters degree in public health.

Thank you for the opportunity to participate in this forum to discuss the state of oral health care being provided to our nation's seniors. I was asked to comment on the greatest oral health problems facing America's seniors.

Question 1. What are the greatest problems that America's seniors face where oral health is concerned?
The landmark Report of the Surgeon General on "Oral Health in America" clearly describes the diseases that affect senior Americans, including tooth decay, periodontal or gum disease, tooth loss and edentulism (the complete loss of teeth), and oral and pharyngeal cancers. For example, about one-third of all older Americans have no teeth. Others with few teeth or broken down teeth are disadvantaged in their food choices and their ability to communicate and meet social responsibilities within their families and communities.

Each year about 7,800 Americans die from cancers in the oral cavity and pharynx (throat), and most of these patients are over the age of 50 years. In addition, older adults experience chronic and disabling conditions such as oral-facial pain, temporomandibular disorders, Sjogren's Syndrome and other autoimmune disorders, and oral complications of systemic diseases such as diabetes.

While there have been gains in oral health status for the population as a whole, these gains have not been evenly distributed across subgroups of Americans. This is especially true for older adults, and particularly those who are poor, who are from racial and ethnic minority groups, and individuals with chronic disabling conditions and those residing in long term care facilities. These are the individuals who are least likely to visit their dentist and they experience significant barriers, often insurmountable, to receiving necessary dental care.

Why do these problems exist?
Today's seniors did not benefit from fluoridated water and other preventive and therapeutic advances that today's children experience. Thus, many seniors have accumulated multiple dental diseases and conditions over their lifetimes. In addition, older adults are more likely to experience chronic health conditions such as heart disease, cancer, stroke, diabetes and arthritis. As seniors become disabled due to these conditions, they are less able to perform daily oral care, and are less able to get to the dentist for physical, financial or other reasons.

Is Ageism involved?
Ageism, or stereotypes about old age, can affect the dental care of seniors from several perspectives – on the part of the individual, their family members and their health care providers. The older adult may assume that dental problems are a normal part of aging and their teeth are not worth treating and saving. When a senior becomes frail and unable to care for himself, family members and caregivers often are poorly prepared or fail to recognize the importance of daily mouth care and regular dental visits – resulting in new dental problems or the exacerbation of existing problems. Finally, health care practitioners may have similar misconceptions about oral health and aging. Thus, improved education and health awareness of all parties are important in addressing the potential impact of ageism on dental care and oral health.

What role does neglect play?
Most dental diseases are slowly progressing and chronic in nature. Dental neglect on the part of an individual or a caregiver, particularly in a nursing home or long term care facility, can result in devastating dental problems. For example, I was recently asked to review the case of a 96-year-old woman who expired after living in a nursing home for about two years. Until her placement in the nursing home, she visited her dentist twice a year and maintained almost a full set of healthy natural teeth. At the time of her death, almost every tooth in her mouth was diseased due to neglect. Why did this happen? Most likely, the patient was not able to care for herself. Her family was not aware of the need to clean her mouth or assumed the nursing staff would do so. The nursing home staff did not provide the necessary daily mouth care, and it was probably difficult for the nursing home to locate a dentist who was trained in geriatric dentistry and was comfortable providing care in the nursing home environment. In this case, financing the care was not an issue—the patient was relatively wealthy and could afford dental treatment. However, all across America patients like this do not receive necessary care as they become disabled or placed in nursing facilities. Likewise, older patients cared for at home often do not receive the care needed to maintain a healthy mouth, and even the most well intended caregiver has difficulty accessing dental services for their loved one.

To what extent is oral health covered by insurance versus out of pocket expenses for the elderly?
Because private dental insurance is typically an employment-related benefit, some individuals lose their dental coverage when they retire. As a consequence, people ages 65 years and older reported the lowest levels of coverage.

Eligibility for Medicaid does not ensure enrollment, and enrollment does not ensure that individuals obtain needed care. Barriers include patient and caregiver understanding of the value and importance of oral health, low reimbursement rates, and administrative burdens for both patient and provider. Disabled seniors and those residing in nursing facilities experience additional barriers to care due to the limited number of dental professionals trained in mobile dentistry and the use of portable dental equipment.

Dental services covered under Medicare are limited, and Medicare was not designed to insure routine dental care. The narrow definition of "medically necessary dental care" currently limits oral health services for many insured persons, particularly the elderly. Many state Medicaid programs do not cover adult dental services, and focus their programs on children.

Question 4. Describe any solutions and/or recommendations you may have for the Committee in the area of oral health care for our nation's seniors.
The following recommendations for improving the oral health care for seniors are drawn from the Report of the Surgeon General. Oral health must be acknowledged as an integral part of general health in the minds and actions of older Americans, their caregivers, health professionals, and policy makers. Through educational and advocacy efforts, we must change public perceptions and help people understand that oral diseases are not a normal part of aging.

Individuals of all ages can and should play a key role in practicing good health behaviors, and in doing so, can avoid some of the common oral diseases and conditions. Expanded health education and health promotion programs should include oral health topics to enhance the public's understanding of the meaning of oral health, effective preventive practices, and the relationship of the mouth to the rest of the body.

Educational efforts are needed to enhance the understanding of geriatric dental issues among other professionals, including dentists, dental hygienists, physicians, nurse practitioners, nurses, nurse aids and nursing home administrators. Dental education leaders should advocate for expansion of geriatric dentistry curriculum in dental and dental hygiene education. Federal support for training opportunities in geriatric dentistry have decreased over the

years, and this support is essential to create a leadership cadre within academic dentistry.

Policy leaders like you must advocate for the expanded capacity of the public health infrastructure throughout the nation to improve the safety net for our most vulnerable older adults. The public health capacity for addressing oral health is diluted and not integrated within public health programs. A national public health plan for oral health does not exist in general, and does not exist for older adults. Local, state and federal resources are limited in the personnel, equipment and facilities available to support oral health programs, and this is especially true for frail and disabled seniors.

The lack of dental insurance, private or public, is one of several impediments to obtaining oral health care. This is especially true for seniors who lose their insurance upon retirement, or who become disabled and unable to seek care. Individuals whose health is physically, mentally, and emotionally compromised need comprehensive integrated care – including oral health care. This is currently not available to most seniors.

From a policy perspective, it would be particularly helpful to expand and facilitate the implementation and financing of a broader definition of "medically necessary dental services." Likewise, Medicaid should be expanded to include broad coverage of basic dental services for poor older adults.

Additional research is needed to better understand the etiology and distribution of diseases in older adults, and the most cost effective ways to prevent and treat these conditions.

Conclusion and Summary

Mr. Chairman, thank you again for the opportunity to address these concerns. I briefly described the common oral diseases and conditions facing older adults, and the many factors associated with the inadequate access to dental care for many elders. The education of patients and caregivers as well as improved public and private financing of care is key to overcoming barriers to dental care and improving the oral health status of older Americans.

Thank you for your leadership on this important issue.

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