

# Dental Public Health Activity Descriptive Report

**Practice Number:** 54010  
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## SECTION I: PRACTICE OVERVIEW

**Name of the Dental Public Health Activity:**  
**Oral Health for Caregivers (training curriculum)**

**Public Health Functions:**

Assurance – Population-based Interventions  
 Assurance - Building Linkages and Partnerships for Interventions  
 Assurance – Building State and Community Capacity for Interventions

**Healthy People 2020 Objectives:**

OH-3 Reduce the proportion of adults with untreated dental decay  
 OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease  
 OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis  
 OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage  
 OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year  
 OH-14 Increase the proportion of adults who receive preventive interventions in dental offices

**State:**  
 WA

**Federal Region:**

**Key Words for Searches:**

Caregiver, training, program, area agency on aging caregiver education, caregiver training, older adults

**Abstract:**

To address workforce development and access to dental care challenges, Washington Dental Service Foundation (WDSF) staff and clinical specialists developed a curriculum titled "Oral Health for Caregivers". It provides critical oral health information for paid and family caregivers who care for community-dwelling older adults – to improve the oral health of both care recipients and caregivers. The goal is to ensure oral care is included every day as part of the routine care delivered to clients and that clients receive dental services when needed. With an emphasis on prevention, the interactive demonstrations, visuals, and printed materials introduce oral health in an easy-to-understand format that can be used to educate caregivers. The curriculum was initially developed in 2007 and updated in 2011 and provides the latest information for a high-quality continuing education learning opportunity.

Key components of the trainings include:

- Basic oral care and disease prevention strategies
- Understanding the impact of medications on oral health
- How diabetes and other chronic conditions are interrelated to oral health
- Tactics for working with special-needs and behaviorally-challenged clients
- Hands-on practice and demonstrations
- Training modifications to meet diverse participant needs

WDSF offers continuing education training in a variety of formats for a diverse workforce of professionals. Trainings are presented by contractors with expertise with the target audiences and WDSF pays their fees. Training models include:

- **Training of professional trainers.** A 5-hour workshop for professional development and training managers. These professionals train caregivers as part of their core work and reach a large number of direct care workers. This includes partnerships with the Home Care Association of Washington, the Washington Home Care Association, Area Agencies on Aging, ResCare, and

other community-based nonprofits that provide in-home care. Over 100 professionals are providing training to caregivers across Washington state.

- **Training of Adult Family Home owners, managers, and caregivers.** This 3-hour continuing education workshop is offered through the 11 Adult Family Home Council of Washington chapters. Participants receive training materials to teach other caregivers about the importance of oral health following the workshop. Over 200 AFH employees and owners have been trained since 2014.
- **Online training for direct care workers.** Through our partnership with SEIU Training Partnership, three, 1-hour oral health continuing education modules have been downloaded and completed over 60,000 times by home care aides since 2012.

All trainings and materials are provided free of charge to Washington residents (a small fee – approximately \$50-100 – is applied for out-of-state participants).

A 2008 evaluation\* demonstrated that the oral health curriculum changes how caregivers provide oral care to their clients, their families, and themselves. It showed that trained caregivers are much more likely to provide direct assistance with oral health care to clients than untrained caregivers. This assistance includes:

- helping clients access dental care
- prompting or assisting in some way with the brushing of teeth or cleaning of dentures
- paying attention to the fit of dentures
- encouraging clients to actually wear their dentures
- using or recommending dry mouth remedies
- looking in a client's mouth for possible problems

\*Complete printed evaluation available upon request, or can be viewed [here](#).

Currently, WDSF is expanding its educational outreach to include family caregivers caring for loved ones with dementia and for kinship families (mostly grandparents raising grandchildren).

In partnership with the Alzheimer's Association *Oral Care Cards for Caregivers* was produced in 2015. Using research-based strategies provided by Dr. Rita Jablonski from University of Alabama, Birmingham, 15 simple techniques are illustrated and described for caregivers to more effectively assist with or provide oral care for those with dementia. Already, over 5,000 guides have been distributed in both English and Spanish language versions.

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## **SECTION II: PRACTICE DESCRIPTION**

### **History of the Practice:**

In 2004, the WDSF Seniors Initiative Task Force, along with the Foundation Board of Trustees, determined that investing in the education and training of direct care workers serving community-dwelling older adults was critical to support clients in eating healthy foods, preventing painful oral disease, and reinforcing the importance of regular dental checkups. The development process included in-depth research and participation of the target group (caregivers), dental experts, curriculum designers, and training professionals. The program was pilot tested and then formally launched in 2006.

### Justification of the Practice:

Throughout the country, and particularly in Washington, increasing numbers of older adults are receiving social and medical assistance in their homes rather than in residential settings. In Washington in 2014, 43 percent of the 86,000 elders age 60+ at 100 percent Federal Poverty Level received some form of home-based care. This trend, in addition to the access to dental care challenges that many older adults face, positions caregivers well to make a significant impact on the short- and long-term health and well-being of their clients.

This approach has been effective in providing caregivers with easily accessible, free, high-quality oral health continuing education opportunities that were not previously available. All courses are approved by the State of Washington and count toward the caregivers mandatory 12-hours per year requirement.

An evaluation was conducted in 2008 (click [here to view](#)) and other informal evaluations have been conducted and can be made available to interested parties.

### Inputs, Activities, Outputs and Outcomes of the Practice:

Inputs	Activities	Outputs	Outcomes
Staff	In-person CE training of professional trainers	Over 150 professionals trained since 2007	Increased knowledge and confidence when providing oral care duties.
WDSF financial resources	In-person CE training of Adult Family Homes owners, managers, and caregivers	Over 200 AFH staff trained since 2014	
Expert consultants	Online CE training of individuals direct care workers	Over 60,000 courses completed since 2012	
Community partners	Printed care guide developed for caregivers of people with Alzheimer's	Over 5,000 copies distributed since 2015	TBD

### Budget Estimates and Formulas of the Practice:

The development costs were underwritten by WDSF. Trainings are provided by contract trainers at approximately \$800-\$1,000 per training, on average.

### Lessons Learned and/or Plans for Improvement:

A number of lessons have been learned along the way. Primarily that the training delivery program must be flexible – in scope, in length, and in delivery. It's also critical that the courses are endorsed by the appropriate credentialing entities so that attendees can obtain continuing education credits to put toward their annual requirement.

It's been encouraging to see the enthusiasm from workshop attendees at all levels. There is a genuine interest in the content and an urgency that is sparked once caregivers understand the important impact oral health has on their clients' overall health.

### Available Information Resources:

Training participants receive materials (tooth models, visual props, dental supply samples) to use in their future trainings of caregivers. We also have posted the entire curriculum, including reference materials and educational pieces, on the [www.seniorsoralhealth.org](http://www.seniorsoralhealth.org) website. Professional trainers trained to provide the *Oral Health for Caregivers* training are given an access code and can view/download any portion of the program from the website.

### SECTION III: PRACTICE EVALUATION INFORMATION

#### Impact/Effectiveness

*How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?*

The effectiveness of the program was highlighted in the [2008 evaluation](#):

**Table 8: Caregiver's Confidence Level in their Oral Health Care**

	Very High Confidence		Not Confident	
	Trained	Untrained	Trained	Untrained
Knowing if gums, lips, teeth, and tongue look healthy	54%	44%	2%	10%
Helping my client(s) or family member find resources for dental care	52%	51%	11%	12%
Caring for my client(s) teeth and mouth when they can't do it for themselves	67%	54%	0%	7%
Checking whether their medications can cause dry mouth	54%	51%	4%	7%

Caregivers who went through the training reported in focus groups and interviews many anecdotes about how the training impacted their own oral health and that of their family members. The most frequently mentioned changes were: eating healthier, brushing right after meals, brushing the tongue and all mouth surfaces, flossing more regularly, making a dentist appointment, and using gum with Xylitol and discontinuing sugared gum.

Additional post course evaluations by 160 Adult Family Home owners, managers, and caregivers showed:

Issue	Post Training
How to provide oral care depending on client's ability level	86% more to much more confident
How to help clients accept oral care when they are uncooperative	78% more to much more confident
How oral health is connected to overall health, including serious chronic diseases	91% more to much more confident

A pre-post survey was also conducted in 2014 to assess a training for 25 case managers from two Area Agencies on Aging (Southeast Aging and Long Term Care and Yakama Nation AAA). Training participants guide home care aides as they provide in-home care to AAA clients.

Issue	Pre-Training (knowledgeable)	Post Training (knowledgeable)
Connection between oral and overall health	60%	67%
Medication impact on oral health and how to treat	24%	69%
Gum and diabetes relationship	12%	62%
Denture care and cleaning	20%	62%
Using assistive devices	28%	64%
Gaining cooperation for oral care	20%	68%

## **Efficiency**

*How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.*

The Foundation funded the development of the program and provides expert training and high-quality materials to Train-the-Trainers so that they can successfully deliver training to direct caregivers. This was an effective investment made by the Foundation to develop and package oral health education content and then make it available at no cost to organizations and individual caregivers for replication.

### Cost estimates for delivering in-person trainings:

Staff: 10 hours to collaborate with key partners to plan, publicize, and host trainings (estimate approximately \$750)

Contract trainer: 5-8 hours to prepare, deliver, and evaluate the training (estimate approximately \$800-\$1,000)

Training binder: \$60 per person

Training materials: \$150-200 per kit; per organization (could be scaled down)

## **Demonstrated Sustainability**

*How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?*

The Foundation periodically reaches out to past training attendees to evaluate the long-term effectiveness of the program. The system is not formal but does provide a strong sense of what's working and not working and improvements that are needed to strengthen the program. Print and digital newsletter articles and oral health seminars are also provided to partner organizations.

## **Collaboration/Integration**

*How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?*

The Oral Health for Caregivers program has been adapted for a variety of caregivers and other health projects. A few examples include our work with, the Washington Aging and Long Term Services Administration family caregiver program, the Washington Association of Area Agencies on Aging and sponsoring trainings for case managers and nurse managers to integrate oral health more prominently in client assessments and caregiver instructions; partnership with the Alzheimer's Association to tailor the content to family caregivers; and our partnerships with for-profit, government, and non-profit organizations to reach a broader and more diverse population of caregivers.

## **Objectives/Rationale**

*How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?*

Increased Collaborations – Equipping a diverse workforce with critical oral health knowledge and skills that impact the daily care of vulnerable older adults and increase their referral and access to dental care.