OAA Title IIID - Disease Prevention and Health Promotion (DPHP) Services

Title IIID webpage: http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

Administration on Aging (AoA)

Disease Prevention and Health Promotion Services (OAA Title IIID)

Authorizing Legislation: Section 361 of the Older Americans Act (OAA) of 1965, as amended.

- Background on Definition of Evidence-Based
- Current Definition of Evidence-Based
- Future Definition of Evidence-Based
- How to Determine if a Program Will Meet the Future Definition
- The Purpose of the Title IIID Program
- Funding and Innovation
- Frequently Asked Questions
- Webinar
- Resources

Background on Definition of Evidence-Based

For the past decade, the aging network has been moving toward only implementing disease prevention and health promotion (DPHP) programs that are evidence-based. Evidence-based programs are now required. The Federal FY-2013 Congressional appropriations law included, for the first time, a requirement that evidence-based programs be implemented for the purposes of providing programs that improve health and reduce the risk of chronic disease among older Americans.
Current and Future Status of OAA Title IIID

• Appropriations
  – FY-2012 Congressional Appropriations (http://www.gpo.gov/fdsys/pkg/PLAW-112publ74/html/PLAW-112publ74.htm) included an evidenced-based requirement:
    • For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 (“OAA”), section 398 and title XXIX of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, $1,473,703,000: Provided, that amounts appropriated under this heading may be used for grants to States under section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective.

• Reauthorization
  – The evidence-based requirement is here to stay
OAA Reauthorization

- Bill Text 113th Congress (2013-2014) S.1562.IS
  [http://thomas.loc.gov/cgi-bin/query/F?c113:1:/temp/~c1131tClf1:e5204]
CURRENT Definition of Evidence-Based
(Valid Until October 1, 2016)

AoA currently uses a graduated or tiered set of criteria for defining “evidence-based”. In order to meet the Minimal criteria, the program must meet the bullets listed under the Minimal tier. In order to meet the Intermediate criteria, the program must also meet the Minimal tier. In order to meet the Highest-Level criteria, the program must also meet both the Intermediate and Minimal tiers.

Until October 1, 2016, Title III D funds can be used on programs that meet any of the three tiers.

Highest-level Criteria

All of the below criteria, plus:

- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; * and
- Fully translated in one or more community site(s); and
- Includes developed dissemination products that are available to the public.

Intermediate Criteria

All of the below criteria, plus:

- Published in a peer-review journal; and
- Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); and
- Some basis in translation for implementation by community level organization.

Minimal Criteria

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and
- Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.
FUTURE Definition of Evidence-Based (Effective October 1, 2016)

As of October 1, 2016, the current three-tier definition will no longer exist. In its place will be one definition of “evidence-based.” All programs using Title IIIID funds will have to meet this new definition on and after October 1, 2016.

If a program meets the current definition of highest-level criteria, it will meet the future definition, below.

Future Definition of Evidence-Based

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* and
- Research results published in a peer-review journal; and
- Fully translated in one or more community site(s); and
- Includes developed dissemination products that are available to the public.
How to Determine if a Program Meets the Future Definition

There are two ways to determine if a program meets the future definition (and therefore the current highest-level criteria); either one is acceptable. As always, check with your State Unit on Aging for any State-specific Title IIIID requirements.

1. Document whether the program meets each of the 5 bullets in the future definition. If it does, then it meets the future definition of evidence-based and can be supported with Title IIIID funds.

OR

2. Check to see whether the program is considered to be “evidence-based” by any operating division of the U.S. Department of Health and Human Services (HHS).

We will consider all programs that are considered “evidence-based” by any operating division of HHS to meet the future definition.

For example, this would include programs listed on ACL’s Aging and Disability Evidence-Based Programs and Practices, CDC’s Compendium of Effective Interventions, SAMHSA’s National Registry of Evidence-Based Programs and Practices, NIH’s Cancer Control Evidence-based Portal, etc.

There are numerous evidence-based programs that are administered throughout HHS. For a list of the HHS Family Agencies, visit [http://www.hhs.gov/about/foa/index.html](http://www.hhs.gov/about/foa/index.html).
Future Title IIID Evidence-Based Definition

Evidence-Based Criteria

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; \textit{and}
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; \textit{* and}
- Research results published in a peer-review journal;
- Fully translated in one or more community site(s);
- Includes developed dissemination products that are available to the public.

**Title IIID Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>WEBSITE/CONTACT</th>
<th>PROGRAM GOALS &amp; TARGET AUDIENCE</th>
<th>PROGRAM DESCRIPTION</th>
<th>DELIVERED BY</th>
<th>TRAINING REQUIREMENTS</th>
<th>PROGRAM COSTS</th>
<th>KEY WORDS</th>
</tr>
</thead>
</table>
| A Matter of Balance (MOB)   | www.mainelife.org/ohq/mob           | • Reduce fall risk and fear of falling  
• Improve self-management  
• Improve self-efficacy and promote physical activity  
• Target Audience: Adults 60+ who are ambulatory, able to problem solve, concerned about falling, interested in improving flexibility, balance and strength and have restricted their activities because of concerns about falling | • 8 weekly or twice weekly sessions  
• 2 hours per session  
• 6-12 group participants  
• Emphasizes practical coping strategies to reduce fear of falling and teach fall prevention strategies  
• Structured group intervention activities include group discussion, problem-solving, skill building, assertiveness training, videos, sharing practical solutions and exercise training | • 2 coaches (volunteer lay leaders) teach the class to participants  
• Guest therapist visit (1 session for 1 hour) | • Master Trainers: 2-day training and on-going updates  
• Coach/Lay leader training: 8 hours and attend annual 2.5 hour training update | • Licensing Cost: None.  
Everything is included in the training fee  
• Training Cost:  
- Master Trainer session open to anyone (includes all materials): $1,500 per Master Trainer plus travel  
- Group training available at an agency’s location upon request:  
  a) 11-15 attendees: $16,000* plus $220/person for materials  
  b) 15-20 attendees: $18,500* plus $220/person for materials  
  * plus travel, meals and lodging for 2 Lead Trainers  
• Post-training Materials Cost:  
- Coach Handbook: $20  
- Participant Workbook: $13  
- Guest Therapist Handbook: $6  
- DVD (Fear of Falling and Exercise: It’s Never Too Late): $164.76/set  
- A Matter of Balance DVD: $11.00  
- A Matter of Balance Lay Leader Model CD-ROM for Coaches: $2.00 | • fall prevention  
• group setting  
• self-management  
• health promotion |

| Active Choices              | Contact person: Cynthia M. Castro, Ph.D., Program Developer and Trainer, cync@stanford.edu | • Physical activity program that helps individuals incorporate preferred physical activities in their daily lives | • 6-month telephone-based individualized program that provides remote guidance and support and builds self-management skills | • Trained activity coach/peer counselor/facilitator who monitors progress, modifies exercise strategies as needed | • Facilitator training and certification (recommended, but not required): 8-hour minimum workshop  
- Assigned reading and written test  
- Simulation and | • Licensing Cost: None.  
One time purchase of Active Choices Manual  
• Training Cost:  
- Minimum $1200. Costs vary depending on organization, number of sessions, and | • telephone-based  
• physical activity  
• self-management  
• health promotion |
AEGEE

http://acl.gov/Programs/CDAPOPE/ADP.aspx

Center for Disability and Aging Policy (CDAP)
Office of Performance and Evaluation

Aging and Disability Evidence-Based Programs and Practices

The purpose of the Aging and Disability Evidence-Based Programs and Practices (ADEPP) webpage is to help the public learn more about available evidence-based programs and practices in the areas of aging and disability and determine which of these may best meet their needs. ADEPP is one way that ACL is working to improve access to information on evaluated interventions and reduce the lag time between the creation of scientific knowledge and its practical application in the field.

ADEPP is a voluntary process in which intervention developers elect to participate. All interventions on this page have met minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

The ADEPP intervention summaries provide key information about evidence-based interventions that can be readily disseminated and replicated at the community level. ADEPP inclusion does not constitute an ACL endorsement of specific interventions.

The interventions selected for an ADEPP review have already been tested through randomized-controlled trials (RCTs) or quasi-experimental studies, and the results published in peer-reviewed journals. ADEPP consists of a rigorous review process involving two panels of independent expert reviewers. One set of reviewers assess and rate the quality of research; the other reviewers rate the program on readiness for dissemination. The final review summaries provide key information including a description of the intervention, costs associated with the intervention, other citations, and translational work (whenever available).

Currently, there are a limited number of interventions that have completed the review and summary process. Through an on-going ADEPP process, new reports will be completed and posted as they become available on a range of topics, including:

Office of Integrated Programs
- Aging and Disability Resource Centers Program
- Evidence-Based Care Transitions Program
- Veteran Directed Home and Community Based Services Program
- Lifespan Respite Care Program
- Participant Direction Program
- Transportation Research and Demonstration Program

Office of Policy Analysis and Development
- Technical Assistance

Office of Performance and Evaluation
- Aging and Disability Evidence-Based Programs and Practices

Office of Duals Demonstration Ombudsman Technical
At the National Association of Area Agencies on Aging (N4A) conference, a general session was dedicated to evidence-based programs.

HELPING PATIENT’S MANAGE THEIR HEALTH: THE CRITICAL ROLE OF EVIDENCE-BASED PROGRAMS IN THE FUTURE OF THE AGING NETWORK

Older Americans are disproportionately affected by chronic diseases and conditions, such as arthritis, diabetes and heart disease, as well as by disabilities that result from injuries such as falls. More than one-third of adults 65 or older fall each year. Twenty-one percent of the population age 60 and older – 10.3 million people – have diabetes. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease. Partnerships with the medical community, aging researchers and the Aging Network have yielded a broad range of evidence-based health promotion and wellness programs that are making a difference in the lives of older adults every day. Today, over 90 percent of AAAs operate evidence-based health and wellness programs serving millions of older adults. Key among them is the Stanford Chronic Disease Self-Management and Education Program.

THE FUTURE OF CHRONIC DISEASE SELF-MANAGEMENT

Here from the founder of the Stanford Chronic Disease Self-Management and Education Program (CDSMPE) and about the value and future of this critical program for older adults and the opportunities for the Aging Network.

Presenter:
Kate Lorig, Director, Stanford Patient Education Research Center and Professor of Medicine, School of Medicine, Stanford University, Palo Alto, CA

THE VALUE AND FUTURE OF EVIDENCE-BASED PROGRAMS FOR THE AGING NETWORK

Panel:
Kate Lorig, Director, Stanford Patient Education Research Center and Professor of Medicine, School of Medicine, Stanford University, Palo Alto, CA
Susan Snyder, Director, Project Enhance, Senior Services, Seattle, WA
Don Smith, Vice President, Community Development Division, Director, Area Agency on Aging United Way of Tarrant County, Fort Worth, TX
Johnny Gore, MD, Chief Medical Officer, Cigna-HealthSpring STAR+PLUS, Bedford, TX
In addition, there was a speed dating-type session to learn about evidence-based programs directly from their developers. Zero related to oral health.
A Few of the Conference Sessions Dedicated to Evidence-Based Disease Prevention/Health Promotion Programs

Promoting Healthy Aging

M04) Stress-Busting Program: An Evidence-Based Program for Caregivers of Those with Dementia
Assisting Caregivers

M19) Successful Community Models for Sustaining Evidence-Based Healthy Aging Programs
Promoting Healthy Aging

M40) Innovating Through Integrated Evidence-Based Programs
Promoting Healthy Aging

Since 2003, dissemination grants, AAA systems, research programs, new current and ongoing programs.

Presenters:
Kristie Billings
Matthew Matheson
Sharon Lewis
Amy Adams, MPA
Deborah Billings
Michele Byrn
Kristie Kulin
Donald Smith
Fay Worth, TX

Integrating the implementation of evidence programs such as the Chronic Disease Self Management Balance,' and 'HomeMeds Medication Management Implementation.' helped a network of 28 senior centers programs beyond the congregate meal program and thus diversifying senior center attendees. Learn how seniors benefit from complementary goals of evidence based health and wellness strategies to integrate aspects of multiple evidence based program implementation, and through outcome-oriented health promotion activities, enhanced volunteerism, coordination, diversified funding sources.

Presenters:
Jerry Mosman, Executive Director, Senior Citizen Services of Greater Tarrant County, Inc.
Christina Bartho, M.S., Community Liaison, Area Agency on Aging of Tarrant County, Fort Worth, TX
T03) Building Sustainable Programs and Infrastructure: Maryland's Living Well Chronic Disease Self-Management Education (CDSME) Program

T14) Preparing to Integrate Community Services Within Health Care: Building an Infrastructure to Scale Self-Management Programs

T21) Great IDEA! Maximizing Agency Opportunities through Relationship Building with Medical Partners

T32) A Newbie's Guide to Contracting with Managed Care Organizations

Presenters:
- Millie DeAnda, Director, Dallas Area Agency on Aging, Dallas, TX
- Doni Green, Chief Aging Program Officer, North Central Texas Council of Governments
- Jennifer Scott, Director, Area Agency on Aging of the Capital Area, Austin, TX
Meet the members and organizations of EBLC.

**Evidence-Based Leadership Council:**
We are 12 health innovation leaders working together to bring a better quality of life to more than 200,000 older Americans.

Evidence-Based Leadership Council – 12 EB DPHP program developers (zero oral Health related)
ACL’s CDSME Resource Center (NCOA)

- Where to go: [http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/](http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/)
- What’s available:
  - **Program Planning**: resources to help you decide if you’re ready and plan for a successful implementation. [Learn more](#).
  - **Implementation**: resources that can help you implement evidence-based programming including programming tools and checklists. [Get the tools](#).
  - **Outreach and Recruitment**: recruiting and retaining participants from across your community is crucial to the success of evidence-based programming. [Read how others have done it](#).
  - **Evaluation**: ensure that your program has the intended outcome, evaluation needs to take place at every step in the process. The Center provides resources to help your evaluation planning and reporting. [Access the resources](#).
  - **Sustainability**: sustainability ensures that you can continue to offer your valuable programming. Like evaluation, sustainability should be a part of each step of your process. [Discover strategies for sustainability](#).
OAA Title IIID Evidence-Based Changes and Oral Health

Danielle, I wanted to reach out to you as I’ve heard the rumor about the new rules regarding only evidenced-based programs can be used for Title IIID funding, probably in the next year. And that this change will probably knock out oral health services. As chair of the ASTDD Healthy Aging Committee, could I chat with you about this briefly? My understanding is that if there are articles in peer-reviewed journals, you may be willing to consider, but that these articles need to be about “programs” that can be implemented, rather than just the benefits of oral health services to the overall health of seniors. Is that correct?

S06) Older Adults and Oral Health: Tools for Mobilizing Partnerships for Healthy Mouths
Promoting Healthy Aging
Hide Details

Lack of access to dental care has created a large disparity among low income older adult’s—impacting their oral health awareness and overall health status. Learn about the new Administration on Aging (AoA) and Health Resources and Services Administration (HRSA) Mapping Tool for locating community partners; how to leverage Older Americans Act funds and engage in collaboration to improve access to reduced cost dental care for seniors; and find out how to utilize free educational resources from Oral Health America.

Presenters:
Danielle Nelson, Aging Services Program Specialist, HHS/Administration for Community Living/Administration on Aging, Washington, DC
Donna Biletto, Community Service Specialist, Northwestern Illinois Area Agency on Aging, Rockford, IL
Dora Fisher, Older Adult Programs Manager, Oral Health America, Chicago, IL
Oral Health and the OAA

OAA Title IIIB (Supportive Services) webpage: [http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/supportive_services/index.aspx).

I highlighted the parts of Section 321 (Title IIIB) of the OAA in yellow that allow Title IIIB funds to be used for oral health.

**PART B—SUPPORTIVE SERVICES AND SENIOR CENTERS PROGRAM AUTHORIZED Section. 321.**

(a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for any of the following supportive services:

(8) services designed to provide health screening (including mental health screening) to detect or prevent illnesses, or both, that occur most frequently in older individuals;

(17) health and nutrition education services, including information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions;

(25) any other services necessary for the general welfare of older individuals; if such services meet standards prescribed by the Assistant Secretary and are necessary for the general welfare of older individuals. For purposes of paragraph (5), the term “client assessment through case management” includes providing information relating to assistive technology.
HEALTHY MOUTHS, HEALTHY BODIES
BOTH ARE NEEDED TO AGE IN PLACE

Evidence-Based Strategies for Improving Older Adult Oral Health
April 28, 2015

www.oralhealthamerica.org
THE US DEMOGRAPHIC SHIFT OF 2011 WILL CONTINUE INTO 2030

10K

2/3

92%

72-92 MIL
FRAIL AND LOW-INCOME OLDER ADULTS ARE AT GREATEST RISK

- 70%
- $70K
- 40%
- NO
- 5Y
IN 2009 OHA REPONDED TO THE “SILVER TSUNAMI”

Bad is stronger than good, so the critical challenge is to generate hope by finding the “bright spots” that lead to a sustainable difference.

*Made to Stick*, Chip Heath
CONDUCTED ANNUAL ORAL HEALTH PUBLIC OPINION SURVEYS

- NUTRITION
- FALLS
- CHRONIC DISEASES
- ORAL HEALTH
HELD ONLINE FOCUS GROUPS WITH CAREGIVERS IN FL

**COMMON ORAL HEALTH TOPICS**

- Gum Disease: 34%
- Tooth Loss: 30%
- Cavities: 24%
- Tooth Brushing: 15%
- Flossing: 11%

**ORAL HEALTH KNOWLEDGE GAPS AMONG CONSUMERS**

Respondents: Individuals providing some care for an older person
HELD STAKEHOLDER WORKSHOP WITH HEALTH ADVOCATES IN CT
ADVOCATE for oral health of older adults, especially those most vulnerable.

CONNECT communities with support & resources to access care.

EDUCATE older adults and their caregivers.

toothwisdom.org

Advocacy

Health Education & Communications

Professional Symposia

Demonstration Projects

Oral Health America

Bringing Healthy Mouths to Life
AVAILABLE NOW:
TOOTHWISDOM.ORG

- Health Information
- Access to Care State-by-State
- Oral Health News
- Financial Options
- Caregiver Support
COMING: JULY 2015
TOOTHWISDOM.ORG – TAKE ACTION!
HOW CAN YOU PARTICIPATE?

• Become a State Partner
• Contribute a 250 word By-lined Health Resources Essay
• Become a Toothwisdom.org Reviewer
• Share your favorite Older Adult articles on the Professional Section
AVAILABLE NOW: 2013 REPORT

WHAT: State data for 5 indicators impacting older adult oral health

WHERE: Download from Toothwisdom.org

WHY: Medicaid Advocacy is an ongoing oral health priority

“42% of states (21 states) provide either no dental benefit or emergency coverage only through adult Medicaid Dental Benefits” (SOD, 2013)
COMING: SEPTEMBER 2015
A State of Decay, Vol 3

*DC was excluded from the study as information was not available for all indicators.
HOW CAN YOU PARTICIPATE?

GO TO “THE HILL”
Join OHA on Advocacy Days, Sep 30-Oct 1 on

PLAN A STATE EVENT
Use A State of Decay, when Your legislature is in session

MEDIA OUTREACH
Help OHA to “promote” stories in your market
INTER-PROFESSIONAL SYMPOSIA
2009 & 2013 RESULTS

2009: Oral Health Professionals – 76%
• OHA White Paper - Older Adult OH
• e-Briefings - NYAS.org

2013: Oral Health Professionals – 50%
• Collaborative Project
• Tooth Wisdom: Get Smart About Your Mouth
2013 INTER-PROFESSIONAL SYMPOSIA RESULTS

PROJECT GOAL

FIRST EVIDENCE-BASED ORAL HEALTH CURRICULUM FOR OLDER ADULT CONSUMERS WHO ARE AGING IN PLACE
2013 INTER-PROFESSIONAL SYMPOSIA – STEPS COMPLETED

✓ RESEARCH

✓ INTER-PROFESSIONAL ADVISORY COUNCIL

✓ COURSE DEVELOPMENT
  o Columbia & UIC Educators

✓ PARTNERSHIPS FORMED
  o ADHA
  o COHA
  o Aging Organizations

✓ ALPHA PILOT
  o Chicago
2013 INTER-PROFESSIONAL SYMPOSIA – NEXT STEPS

- **BETA PILOTS**
  - MI, OR, MN, CHI

- **ADHA COMMUNITY SERVICE DAY**
  - 7 Sites-1 Day 6-17-2015

- **PEER-REVIEWED ARTICLES**

- **RANDOMIZED CONTROL TRIAL**
  - The NY Department of Aging

- **SIGNIFICANT FUNDING**
2013 SYMPOSIA – RESULTS
SCOPING REVIEW (n=36)

Resources for Older Adults

Online Resources
- 6 E.g. Colgate Patient Education

Other Media Resources
- 1 DVD with presentation outline
- 1 Manual in PDF format

Regional Community Programs
- 2 LA Smiles for Life

SCOPING REVIEW FINDINGS: Few, if any evidence-based oral health programs for Community Dwelling Older Adults
OHA RESEARCH CONTINUES

“SILVER TSUNAMI” GAINS MOMENTUM

Medicare spending for a person 85 is 51% higher than for a person age 65*

<table>
<thead>
<tr>
<th>Age 65-74</th>
<th>2012: $43M</th>
<th>2030: $73M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 75-84</td>
<td>2012: $19M</td>
<td>2030: $34M</td>
</tr>
<tr>
<td>Age 85+</td>
<td>2012: $5.9M</td>
<td>2030: $8.9M</td>
</tr>
</tbody>
</table>

*Medicare Spending and Financing, Kaiser Family Foundation, 2010
COMING: JULY 2015
INTER-DISCIPLINARY SYMPOSIUM

PURPOSE
Explore inclusion of Oral Health benefits in publicly funded insurance by 2020

PARTICIPANTS
OH Professionals – 25%
Aging Professionals – 25%
Medicare Experts – 25%
Health Policy Experts – 25%
DEMONSTRATION PROJECTS
PAST AND PRESENT

WISDOM TOOTH PROJECT DEMO PROJECTS

ORAL MEDICINE CLINICS: 2013
Buffalo School of Dental Medicine

MOUTHMOBILES: 2014
Aspen Dental

TOOTHWISDOM FOR PHARMACISTS: 2015
NOVA Southeastern School of Dental Medicine
HOW CAN YOU PARTICIPATE?

- Build relationships outside dental
- Advocate for OH inclusion public forums
  - WHCOA
- Sign-on letters that protect Older Adults
  - OAA Reauthorization
- Support or re-vitalize your State OHC
- Suggest a needed Demonstration Project
- Stay in touch through WTP Insider News
“YOU CAN’T BE HEALTHY WITHOUT GOOD ORAL HEALTH”  C. Everett Koop, Surgeon General, 1982-1989

PLEASE VISIT WITH ORAL HEALTH AMERICA 24/7 AT:
WWW.TOOTHWISDOM.ORG

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