Training Health Care Professionals to Focus on the Oral-Systemic Health of Older Adults

ASTDD Healthy Aging Committee

January 25, 2018
General Reminders

• This webinar will be recorded and archived on the ASTDD website

• We would like to hold any questions until the end, so if you have questions, please make a note of them. When we are ready for questions, if you wish to ask one, please click on the Set Status icon which is the little man with his arm raised on either the upper left or the top of your screen. Click on “raise hand.” We will then call on you to ask your question over the phone.

• Please respond to the polling questions at the conclusion of the webinar.
This presentation was supported by Cooperative Agreement NU58DP004919-05-00 from CDC, Division of Oral Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.
Educational Objectives

• Understand important links between oral health and overall health for the older adult population.

• Understand why it is important to learn to work with the older adult population.

• Identify where to find resources to expand their knowledge of working with the older adult population.

• Have increased knowledge about the challenges and rewards from working with older adults.

• Have a better understanding of interprofessional collaboration and how to incorporate it into their treatment of older adults.
Speakers

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TRAINING FUTURE HEALTH CARE PROFESSIONALS TO WORK WITH OLDER ADULTS:

DEVELOPMENT OF A COMPREHENSIVE GERIATRIC CURRICULUM

Lillian M. Mitchell, DDS, MA, FACP
Director, Geriatric Dentistry
UAB School of Dentistry
Director, Fair Haven Oral Health Center
Birmingham, Alabama
January 2018
• By the year **2020**

• There **will be more older adults than there are children under the age of 14**

• **BUT CURRENTLY**

  70% of the elderly population (or 23.2 million older than 65 years)

  Live in the community

  and visit the dental office independently

*Sweetheart Dance 2013*
WHAT MAKES THE GERIATRIC ENVIRONMENT SO VALUABLE TO OUR STUDENT LEARNING AND TEACHING?

• Cultural diversity of patients, staff, other health professionals
• Health Literacy; communication challenges
• Opportunity for interprofessional learning and collaboration
• Clinical challenges – diagnostic, treatment planning, delivery of care
CODA STANDARDS: SUMMARY

- Humanistic environment
- Communication and collaboration with other healthcare providers
- Assessment/care of special needs patients, including vulnerable older adults
- Interpersonal/communication skills to function in a multicultural environment
- Provide oral healthcare to patients in all stages of life
- Clinical experiences working with other healthcare professional students and practitioners (Interprofessional education and practice)
- Patient assessment should emphasize the importance of non-dental considerations and recognize the oral/systemic links to disease
THE BEGINNING...

- UAB Center for Aging
- Geriatric Education Center (GEC)
- HRSA grant
  IDT
  Interdisciplinary Team Training
  For Health Profession Students
  (now called IPTT Interprofessional Team Training)
WHEN 8 STUDENTS HAD NO WHERE TO GO FOR A CLINIC ASSIGNMENT......

• We found a place at Fair Haven Retirement Community medical clinic!

Pilot program Jan 2010

The rest is history!
First day at Fair Haven!  January 15, 2010
PILOT PROGRAM

- Oral hygiene program at Fair Haven Retirement Center
- D2 students, existing medical clinic
- Inception of medical interns rotating with dental students
- First formal interprofessional program for UAB Dentistry

January 2010
PROGRAM DEVELOPMENT

- **Partnered** with a retirement community; 6 levels of care
- **Pilot** oral hygiene program
- Medical interns training with dental students (IPE)
- Developed D2 and D4 **didactic courses** in Geriatrics

**D2** course focuses on the demographics, communication and social/economic impact of the aging population; access to care, oral/systemic inks and need for services, elder abuse

**D4** course focuses on the diagnosis, treatment planning and integration of oral care into the overall assessment and care of the older adult, whether community-dwelling or in long term care; alternative therapies
PROGRAM EXPANSION
BUILDING THE ORAL HEALTH CENTER

SPRING, SUMMER, FALL 2011

• Grant support

Greater Birmingham Community Foundation

• Institutional support

Fair Haven

• Gifts in kind

Henry Schein Dental
OBJECTIVES

• Learning environment for dental students
• Special needs patients (older adult)
• Interprofessional education
• Collaborative care
PROGRAM EXPANSION

- Grant to build a dental clinic in the nursing home
- Opened full service dental clinic in the retirement community
- Welcomed patients from the surrounding communities
- Started the outreach rotation to other communities, state survey, screenings
- Began home visits (limited basis)
- Services provided onsite with portable equipment
Largest retirement community in the state of Alabama-six levels of care

The ONLY retirement community in the state with a full-service dental clinic

UAB physicians are medical directors

D3 and D4 required rotation as part of community learning program

Two D3, two D4 each week

Medical interns train with dental students half day a week
WHERE WE ARE TODAY

- D2 and D4 didactic courses
- Full service geriatric dental clinic
- Patients from the surrounding communities and the residential retirement home
- Outreach rotations to senior centers and senior living housing apartments
- State survey, clinical screenings, BP, medication reviews, oral hygiene services onsite with portable equipment, home visits to the house bound
- Support from ADA Foundation Access to Care grant; Alabama Department of Senior Services grant
- Interprofessional Clinical Experience (ICE) at Fair Haven weekly
- Interprofessional Team Training (IPTT) University-wide twice a year
FUTURE PLANS

- Expand the patient base
- Develop more interprofessional practice opportunities
- Complete the state survey; establish regular rotation sites for continuing care
- Rotations in the UAB Geriatric Medicine outpatient clinic
- Rotations in the UAB Highlands Hospital ACE Unit (Acute Care for Elders)
OUTCOMES

BESIDES PROVIDING NEEDED ORAL CARE...

- Dental students participation with older adults goes beyond the dental clinic!
- Sweetheart Dance
- Senior prom
- St. Patrick's Day party
- Poster presentations at Geriatric Education Center Interprofessional Symposium, UAB Center for Aging Symposium, UAB SOD Scholar's Day
  
  Multiple winners over the last eight years
- UAB ASDA chapter projects at area AL and senior centers
- Student leadership at local health fairs
Sweetheart Dance
“Senior” Prom
St. Patrick’s Day party
THANK YOU
QUESTIONS???
Aging and Oral Health

• The mouth is a window to the whole body

• Poor oral health has a negative impact of quality of life

• 80% of older adults have one or more chronic diseases that have an oral-systemic connection

(Oral Health America, 2018)
Poor oral health in older adults is associated with:

- Poor nutrition
- Metabolic syndrome
- Diabetes
- Cardiovascular disease
- Dementia
- Cancer (oral or oropharyngeal cancers, upper GI and gastric cancers, pancreatic cancer, lung cancer, & esophageal cancer)
- Osteoporosis & Osteonecrosis
- Respiratory infections
- Rheumatoid Arthritis

(Clark et al., 2010)
Barriers to Accessing Oral Health Care for Older Adults

- Poverty
- Lack of Insurance Coverage
  - 70% of older adults lack dental insurance
  - Medicare does not cover preventive and outpatient dental treatment
- Limited number of dentists trained in geriatric dentistry
- Lack of mobility/transportation
- Disability
- Institutionalization
- Belief that they no longer need dental care

(Oral Health America, 2018)
PERSON-CENTERED PRIMARY CARE FOUNDATIONAL TO STRONG HEALTH SYSTEM

- Community Centers
- Public Health
- Employers
- Faith-Based Organizations
- Health IT
- Medical Home
  - Team-based Primary Care
- Home Health
- Hospital
- Oral Health
- Pharmacy
- Mental Health
- Specialty & Subspecialty
- Skilled Nursing Facility

Payment Reform

(PCPCC, 2017)
Interprofessional Oral Health Workforce Capacity Model

- Increased Oral and Overall Health Outcomes
- Increased Access to Oral Health Care, Reduced Oral Health Disparities

Why Nurses, Physicians, and Physician Assistants?

• On average, 72% of Americans visit a primary care provider 6.5x during a year.

• The rate of visits to physicians’ offices among the population 65 years of age is the highest.

• People over the age of 65 years experience nearly 3x as many hospital days per thousand than the general population.

• Nursing is the largest health profession with 4 million RNs, 234,000 NPs, and 11,800 MWs practicing in the U.S.

• There are 1 million MDs and DOs and 115,000 PAs practicing in the U.S.

(CDC, 2003)

**ASK**
- Brush?
- Smoke or chew tobacco?
- Dry mouth?
- Gums that bleed?
- High alcohol?

**LOOK**
At teeth and gums:
- White spots?
- Cavities?
- Inflamed gums?
- Lesion under tongue?

**DECIDE**
- Is this patient at risk?
- Already high risk?

**ACT**
- Patient and family education
- Self management support
- Fluoride varnish
- Collaboration & Referral

Available at: www.QualisHealth.org/white-paper
Putting the Mouth Back in the Head: HEENOT to HEENOT

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DURING THE DECADE FOLLOWING publication of the Surgeon General’s Report, Oral Health in America, health professionals, policymakers, and communities have stepped up to address unmet oral health needs. However, since then, there has been continued emphasis on oral health goals and strategies. The HEENOT (Health Endured to End Oral Needs Transformation) initiative was developed in response to the need for a comprehensive approach to address oral health disparities. This program focuses on improving oral health outcomes in underserved populations, particularly children and seniors.

HEENOT Article

http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302495

(Haber et al., 2015)
Smiles for Life: A National Oral Health Curriculum

www.smilesforlifeoralhealth.org
The Oral Health Nursing Education and Practice (OHNEP) Program

Visit www.OHNEP.org
Oral Health Patient Facts

**Oral Health and You**

- What is Oral Health?
  Oral health is not only about keeping teeth clean. It also includes the gums, tongue, and other parts of the mouth that make up the oral cavity.

- Oral Health Problems
  Oral health problems can affect both your general health and your ability to lead a healthy lifestyle.

- What Are Some Common Oral Health Problems?
  Common oral health problems include cavities, gum disease, and oral cancer.

- What Are the Warning Signs of Poor Oral Health?
  Common warning signs include bad breath, tooth decay, gum disease, and oral cancer.

- How Are Oral Health Problems Diagnosed?
  Oral health problems are diagnosed after exams, tests, or medical procedures.

**Oral Health and Diabetes**

- How Are Diabetes and Oral Health Linked?
  People with diabetes are at greater risk for oral health problems, like gum disease and tooth decay.

- What Are Some Common Oral Health Problems Related to Diabetes?
  Diabetes can cause tooth decay and gum disease, which can lead to problems with your heart and blood vessels.

- What Are the Warning Signs of Oral Health Problems Related to Diabetes?
  Common warning signs include tooth decay, gum disease, and oral infections.

- How Are Oral Health Problems Diagnosed?
  Oral health problems are diagnosed after exams, tests, or medical procedures.

**Oral Health and Older Adults**

- What Is Oral Health?
  Oral health is not only about keeping teeth clean. It includes the gums, tongue, teeth, and the soft tissues of the mouth, which make up the oral cavity.

- Oral Health Problems for Older Adults?
  Common oral health problems for older adults include tooth decay, gum disease, and oral cancer.

- What Are the Warning Signs of Oral Health Problems for Older Adults?
  Common warning signs include bad breath, tooth decay, gum disease, and oral infections.

- How Are These Problems Treated?
  Common treatments for oral health problems include cleaning, antibiotic treatment, and surgery.

**Resources**

- https://www.acponline.org/patient_ed
Oral-Systemic Health in Geriatric Primary Care
Diabetes

• Adults with severe gum disease:
  – Have higher long-term blood sugar levels (A1c)
  – Have a higher risk of developing type 2 diabetes
  – Have a harder time controlling their type 2 diabetes
• Adults who are diabetic may have more mouth problems:
  • Increased risk for tooth decay, gum disease, tooth loss, dry mouth, and thrush

(Clark et al., 2010)
Diabetes–Periodontal Disease: A Vicious Cycle

HOW DOES THIS AFFECT MY DENTAL PRACTICE?

- Periodontal disease is an early warning sign for metabolic syndrome (4)
- In one study, untreated periodontal disease was linked to a 3-fold increase in mortality from heart and kidney diseases. (6)
- Periodontal disease elevates HBA1C markers and may contribute to the onset of diabetes (6)
- Perio therapy can reduce markers of inflammation, preventing heart complications (5)
- Perio therapy reduces HBA1C levels, and promotes blood sugar control in diabetics (6)
- Reducing HBA1C levels reduces the risk of death and serious complications from diabetes and heart disease (6)

(Dentistry IQ, 2017)
Cardiovascular Disease

People with periodontal disease are almost TWICE as likely to have heart disease

(Clark et al., 2010)
Osteoporosis & Osteonecrosis

- Osteoporosis:
  - May trigger dental and oral health issues, including gum or periodontal diseases and loss of teeth
  - Additional denture adjustment as jaw shape changes

- Osteonecrosis:
  - Side effect of bisphosphonates and other anti-neoplastic drugs
  - Symptoms include jaw pain, swelling and infection, loosening teeth, and drainage and exposed bone
  - Diminished quality of life
Xerostomia

- Medications, radiation therapy, and rheumatic disease are common causes of dry mouth

- More than 90% of the elderly take prescription medication each week

- 57% take five or more medications daily

- Taste alteration (dysgeusia) is also associated with over 200 medications

(Clark et al., 2010)
Nutrition

• Tooth loss, dentures, and decreased saliva can lead to alteration in diet
• Elders may experience the following:
  • Changed sensory perception of eating (texture and taste)
  • Lowered masticatory efficiency
  • Decreased intake of important nutrients

(Clark et al., 2010)
Oral Health & Dementia

• Older adults with dementia-related conditions like Alzheimer’s disease are at increased risk for tooth decay and gum disease

• May pay less attention to personal grooming and lose their ability to brush their teeth effectively

• Common dementia medications may complicate oral health by increasing risk for oral bacterial infections and xerostomia

(Colgate, 2018)
Oral-Systemic Health in Geriatric Acute Care
Ventilator Associated Pneumonia (VAP)

➢ VAP crude mortality approximately 10-40%

➢ Increase LOS up to 4-14 days

➢ Annual cost $2 billion dollars

➢ Providing oral health care is an effective intervention in reducing the incidence of VAP

(Brennan & Vollman, 2017)
Non-Ventilator Hospital Acquired Pneumonia

➢ Most common HAI in U.S.

➢ Increased mortality → 18%-29%

➢ Extended LOS → 4-9 days

➢ Increased cost → $28K to $109K

➢ 2x likely for readmission <30 day

➢ Providing oral health care is an effective intervention in reducing the incidence of non-ventilator hospital acquired pneumonia

(Brennan & Vollman, 2017)
Pathogenesis → Prevention

Germs in Mouth
- Dental plaque provides microhabitat
- Bacteria replicate 5X/24 hrs

Aspirated into Lungs
- Most common route
- 50% of healthy adults micro-aspirate in sleep

Weak Defenses
- Poor cough
- Immunosuppressed
- Multiple co-morbidities

(Brennan & Vollman, 2017)
Maintaining Oral Health at the End of Life

Table 1. Prevalence of Oral Problems Among Palliative Care Patients

<table>
<thead>
<tr>
<th>Oral Problems</th>
<th>1991(^{10})</th>
<th>1992(^{9})</th>
<th>2000(^{11})</th>
<th>2012(^{12})</th>
<th>2014(^{13})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xerostomina and mouth dryness</td>
<td>97%</td>
<td>58%</td>
<td>88%</td>
<td>78%</td>
<td>98%</td>
</tr>
<tr>
<td>Oral soreness (mucositis)</td>
<td>31%</td>
<td>42%</td>
<td>16%</td>
<td>67%</td>
<td>50%</td>
</tr>
<tr>
<td>Candidiasis</td>
<td>-</td>
<td>70%</td>
<td>52%</td>
<td>34%</td>
<td>36%</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>51%</td>
<td>37%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Denture problems</td>
<td>40%</td>
<td>71%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Poor oral hygiene</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>56%</td>
<td>-</td>
</tr>
<tr>
<td>Difficulty talking</td>
<td>68%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* Percent of populations affected.
Table 5. Preventive Oral Care for Palliative Care Patients

<table>
<thead>
<tr>
<th>Task</th>
<th>Supplies/Equipment</th>
<th>Directions</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep lips moist</td>
<td>Petroleum jelly</td>
<td>Use a lip balm form</td>
<td>At all times needed</td>
</tr>
<tr>
<td>Keep inside of mouth moist</td>
<td>Enzyme-containing gels or rinses</td>
<td>Apply with oral sponge or mouth rinse</td>
<td>At all times needed</td>
</tr>
<tr>
<td>Brush teeth</td>
<td>Manual or powered brush with fluoride dentifrice</td>
<td>Use pea-sized amount of paste</td>
<td>After breakfast and at bedtime</td>
</tr>
<tr>
<td>Interproximal cleaning</td>
<td>Floss by itself or with floss holder</td>
<td>Caregiver to provide assistance as needed</td>
<td>At least once daily</td>
</tr>
<tr>
<td>Clean soft tissues</td>
<td>Soft brush or oral sponge</td>
<td>Moisten brush with water</td>
<td>Remove adherent debris, including dried mucus saliva</td>
</tr>
<tr>
<td>Clean dentures</td>
<td>Denture brush</td>
<td>Brush under running water</td>
<td>At least once daily and if food collects</td>
</tr>
</tbody>
</table>

(Jucan & Saunders, 2015)
The Missing Piece of Whole Person Care

Pharmacy

Hearing & Vision Care

Nutrition

Primary Care

Podiatry

Missing Piece
References


MINNESOTA: COME FOR THE CULTURE

STAY BECAUSE YOUR CAR WON'T START
University of Minnesota & Walker Methodist Collaboration
Oral Health Services for Older Adults Program
University of Minnesota School of Dentistry
OHSOA MISSION

- Train dental & non-dental professionals to provide better geriatric care
- Contribute new knowledge about geriatric oral health
- Improve access to high quality dental care for older adults with special needs.
First university-based geriatric dental fellowship/degree program in US (1981)

Miniresidency in long-term care established (1991)

ADA Geriatric Oral Health Care Award (1995)

MN Dept. of Health funded training expansion via Walker Dental Clinic (2006)

M.H.H.A. Innovation of the Year Award (2007)

“Growing Old with a Smile” DVD released with MN Dept. of Health (2010)

Walker expansion with funding from MDH, Delta Dental, Bremer Trust, Stevens Square (2015-16)
Minneapolis clinic gets award for senior dental care using UMN students

By MAJA BECKSTROM | Pioneer Press
PUBLISHED: November 2, 2016 at 11:33 am | UPDATED: November 8, 2016 at 6:52 pm

Walker Methodist Health Center’s dental clinic received a national award this week for its innovative way of providing dental care for seniors. The Minneapolis clinic is staffed by University of Minnesota dental students, a model recognized with an innovation award from LeadingAge, a national association of senior housing and health care organizations.
Geriatric Education

- MS and/or Certificate:
  - 36 fellows to date
  - 14 in faculty positions

- 200+ other learners/year:
  - DDS, DH, DT students
  - Grad/Advanced Education Programs
  - AHC students in IPE
  - CDE & CME
UMN Continuing Dental Education

Miniresidency in Geriatrics & Long-Term Care for the Dental Team

Wednesday-Saturday, Oct. 11 – Oct. 14, 2017

A special opportunity to learn about the long-term system, dental program development, as well as geriatric dental care considerations.

250+ attendees; 45 states; 6 provinces; 5 countries
Providing Dental Care in Nursing Homes: Challenges & Strategies for the Dental Team

A unique opportunity to learn about providing dental care in nursing homes and other long-term care environments.

May 15 - May 17, 2003
Baltimore, Maryland

Present:

Kansas Mini-residency In Nursing Home Care For The Dental Team

For Dentists and Dental Hygienists

1165 SW Boulevard, Wichita, KS 67213

Dental Assistants and Auxiliaries

October 23-25, 2003
Lakeview Village Retirement Community
9100 Park Street
Lenexa, Kansas 66215
Contributing New Knowledge

- Community-based research
- Numerous publications, scientific presentations
- 6 national student research prize-winners
- $3 million+ in grants:
  - NIH/NIDCR, CDC
  - HRSA
  - State/local government
  - Foundations & industry
Current Grants (NIH & CDC)

Miniature Passive Device for Locating Lost Dentures in Care Facilities (NIH/NIDCR 1R43DE026377-01)

How a sensor/passive antenna system could be used to find a missing set of dentures. (Courtesy ASTER Labs)

An antenna like this could be embedded into dentures to help find them when they get lost thanks to a project being worked on by a University of Minnesota professor and a Shoreview research company. (Pioneer Press: Richard Chin)
Walker Methodist Dental Clinic

- Opened May, 2006 (MDH funded)
- UM-Walker Methodist partnership
- Objectives:
  - Clinical & interprofessional care & education
  - Expanded community geriatric care
  - Research opportunities
- Expansion completed 2016
  - MDH, Delta, Bremer, Stevens Square, funding ($453,000)
  - Doubled capacity for clinical care and education
Walker/U of MN Service

- Community elderly & 15 area long-term care facilities
- Open to all 3rd party & State Medicaid plans
- MN Critical Access Provider
- Area resource for dementia care
- Since inception:
  - 19,000 visits for 2400 patients
  - $3 million+ in services provided
  - $1 million+ in uncompensated care
Introducing a New Resource for Dental and Long-term Care Professionals...

“Growing Old with a Smile: Oral Care for Older Adults in Long-Term Care”

- New DVD and Workbook for use by both long-term care facilities and dental providers to help train direct care staff about how to provide appropriate oral care.
- Developed and produced by the Minnesota Department of Health’s Licensing and Certification Program and University of Minnesota School of Dentistry’s Oral Health Services for Older Adults Program.

**DVD Menu**
- Introduction
- Oral Care:
  - General Hygiene
  - Checking the Resident’s Mouth
  - Routine for Natural Teeth (Brushing)
  - Flossing
  - Brushing Full or Partial Dentures
  - Use of Denture Adhesives
  - Managing Difficult Situations
  -Unconscious or Bedridden Patients
- Summary

**Workbook**
- PDF file on DVD can be printed & duplicated as needed.
- Review of all video materials
- Glossary of Terms
- Oral Health Quiz and Answer Key
- Additional Resource List

**CR Foundation Clinician’s Report (January, 2011)**

- A 2011 “Best New Product”
- 81% of 21 CR Evaluators would incorporate into their practices
- 95% rated it excellent/good & worthy of trial by colleagues

**Ordering Information:**

For Long-term Care Professionals:
- Minnesota Department of Health Division of Compliance Monitoring
- Phone: 651-201-4101
- E-mail: health.fpc-web@state.mn.us

For Dental Professionals:
- Minnesota Dental Association
- Phone: 800-950-DENT (3368)
- E-mail: info@mndental.org
Lessons Learned

- **Collaboration** is key
  - No successes have occurred alone
  - Cost-sharing appreciated by all parties

- **Broad-based programs** more valuable & appealing
  - Clinical care for community + full spectrum LTC
    (e.g., NH’s, TCU’s, AL’s, Group Homes, Dayhealth)
  - Multi-level educational programs
    (DDS, DH, DT, Grad/Advanced, IPE, CDE/CME)

- **Interprofessional** is where the action is
  - Better care, education, research & fund-raising!

- **Now is the time!**
  - Geriatric oral health initiatives more appealing than ever
Oral Health: An Essential Element of Healthy Aging

**Overview of Oral Health in Older Adults**

A problem in the United States and around the globe, poor oral health affects 25% of older adults and has significant health implications. Poor oral health can contribute to systemic diseases, such as diabetes and cardiovascular disease, and can also affect overall quality of life. Oral health is closely linked to overall health and well-being, including mental health, social participation, and general health. Effective oral health care is crucial for promoting better overall health outcomes for older adults.

- **Oral Health: An Essential Element of Healthy Aging**
- **OTC Medications & Older Adults**
- **Pain Management**

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Thank You!

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Speakers

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