

Senior Oral Health: A System in Decay

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“At this point, I think I want an advanced directive to insure all my teeth come out before I enter a nursing home. At least I know dentures may be easier to get out of my mouth to be cleaned.”

When I read this quote in the recent report prepared by the Nova Scotia Seniors’ Oral Health Collaboration,¹ I was shocked. Why would anyone feel this way, and how bad must the situation be to cause someone to feel this way? When I spoke to my dentist about this, she told me about a patient, who, 2 months after being given a clean bill of oral health, was put into a long-term care facility because of the onset of Alzheimer’s disease. Two years after entering the facility, she had to have all her teeth removed. Was this a normal occurrence? What I discovered was frightening.

The poor oral health of older adults in continuing care facilities is well documented. However, even with this knowledge, the Nova Scotia government changed the funding model for long-term care and with that came an associated policy change. Low-income seniors admitted to long-term care facilities after January 1, 2005, are not eligible for funding of basic dental services through the special needs policy. Those who were residents of care facilities before that date are grandfathered to remain eligible for this publicly funded program. Families of ineligible seniors are asked to pay or the seniors are expected to pay for

dental services from their monthly retained income.

After speaking with 2 directors of long-term care facilities, I realized that there are now 2 different groups in the same facility: one whose basic oral care is paid for by government and another whose members are responsible for their own expenses. As an administrator told me, “It was very difficult to get even the most basic care taken care of under the old system, but the new system is far worse.”

I also discovered that what constitutes basic care differs from institution to institution. It depends on how important oral health is to the administrator of the facility. In far too many cases, it is provided only when an emergency arises. I am not trying to condemn these facilities or their staff. We all know there are too few to do all the work that is necessary and, in many cases, an understanding of the importance of proper oral health to total health is lacking. All concerned need much more training and information on the importance of proper oral health in seniors.

Although I have mainly focused on seniors in long-term care facilities, I believe the same difficulties exist for all seniors. Little research has been done in this area; however, the information that does exist reveals that the problem is very serious and it will not get better without a concentrated effort by all concerned parties.

What does the future hold? I have heard that as the baby boomers become seniors, things will change for the better. In 2000, it was reported that 58% of Canadians 65 years of age

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and older had lost all their natural teeth. As the baby boomer generation ages, the proportion of seniors retaining their natural teeth will increase, leading to an increased demand for continued oral health assessment and care.

The better oral health of the baby boomers speaks well for the work done by the Canadian Dental Association in convincing people of the importance of proper oral health. However, there are still a number of boomers — people like me — who, for one reason or another, have not taken care of their teeth properly. The boomers will evoke change, but only in percentages. Perhaps the 58% of seniors with no natural teeth will decrease to 40% or perhaps the 11% of low-income older people with private dental insurance will increase to 25%. Good changes will take place, but the problems will still exist.

Will that mean that a much larger number of seniors will have all their teeth pulled out before going into a long-term care facility? A baby boomer with dementia, Alzheimer's disease or a physical disability will still need a lot of help to maintain proper oral health. We can't wait for the boomers to get there before we effect change. We need research to find out where the difficulties lie. We need to find out how we can change what needs to be changed. We need to determine who is responsible for ensuring that seniors' oral health care will be provided.

While preparing this article, I was fortunate to have the opportunity to read the *Policy Scan and Analysis: Synthesis Report*¹ of May 2006 prepared for the Nova Scotia Department of Health by the Seniors Oral Health Collaboration. This exceptional report provides most of the statistics I have cited. It also presents findings from both a literature review and key informant interviews regarding the accessibility of oral health care, public awareness and promotion, education, policies, standards and guidelines, assessments and programs, research and evaluation.

As chair of the Group of IX — an organization that represents 130,000 seniors in Nova Scotia — I am very concerned with all aspects of senior oral health, in particular the barriers faced by seniors receiving oral health care — living in a rural area; cost of care; lack of private dental insurance; lack of public dental programs; fear of dentist visits; disease or disability that makes brushing or flossing extremely challenging; limited oral health literacy making it difficult to locate services or understand information provided; and cognitive changes that may reduce seniors' desire to acquire care. Other areas of concern that must be addressed are transportation (can't get to the dentist office) and personal issues (some seniors will not tell anyone they are experiencing oral pain because they accept it as part of growing old). These issues and many, many more must be addressed if we hope to improve the quality of life of seniors.

I must admit the information on senior oral health scares me. I have to ask, why am I just finding out about this situation now? Although I accept the fact there is not enough research on the issue of senior oral health, the information that is known has not been received by many of the people who could do something about it. All research related to senior oral health must have a knowledge-transfer component. The information must be given to all concerned, especially the seniors themselves! The information must be in language that all can understand; researchers must ensure that the information is not only given, but also understood, and then find out what further information is needed. It is imperative that seniors take ownership of this issue. This will require "grey power" to the nth degree. I believe this is the only way that effective change will be possible.

I recently attended a 2-day conference on Oral Health Assessment for Seniors — Building an Atlantic Canadian Strategy. It was a terrific conference, attended by people who know there is a problem and who want to do something about it. One person suggested that we have to go to insurance companies to get coverage for seniors because we know the government won't do it. I could not disagree more. Insurance companies are like banks. The bank will lend you money if you can prove you don't need it. An insurance company exists to make money. They will provide a plan, but only if it is beneficial to them.

When we talk about an oral health plan, whether it is for seniors or one that fits into our national health plan, there is only one body that can handle such a large undertaking: the government. We need to show government that a plan to include oral health in the overall health plan will save money in the long run. We need to show government it is the right thing to do. We need to insist that good health, including oral health, is a basic right for all people, young or old, rich or poor. We need to work together to achieve this end.

I know I am idealistic, but I can't help but believe there are things that should be done, not because of money or the number of votes they will get, but because they are the right thing to do. ♦

THE AUTHOR

Mr. Hughes is a retired teacher. He is a past president of the Retired Teachers Organization of the Nova Scotia Teachers Union and current chair of the Group of IX Nova Scotia Seniors' Organizations.

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The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

Reference

1. The oral health of seniors in Nova Scotia, policy scan and analysis: synthesis report. 2006. Prepared by the Seniors Oral Health Collaboration for the Nova Scotia Department of Health. Available from: URL: www.ahprc.dal.ca/oralhealth/Reports/FINAL.pdf.