The State of Oral Health in Personal Care Homes: A Public Health Issue?

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With the aging of the baby-boomer generation, it has been predicted that, by 2020, 20% of the population will be 65 years or older and, by 2041, that proportion will triple.[1] Worldwide concerns have been expressed that existing health care systems will not be sustainable with these increasing numbers of people entering the over-65 age group. Along with the exponential rise in the number of older adults is a documented rise in chronic diseases as well as an increased demand for personal care homes.

Numerous studies have reported that oral health services for the institutionalized elderly are grossly inadequate.[2] Few personal care homes have dental clinics; those that do tend to service only a small portion of the facility's residents. Only residents who have some form of dental insurance or whose families are willing to pay fee-for-service charges receive care. Much greater emphasis needs to be placed on the provision of individual daily oral hygiene care to keep bacterial plaque loads at controllable levels.

There are numerous reasons why residents of personal care homes should have better dental coverage. The obvious ones include the high incidence of caries that leads to pain and infection, affecting not only ability to eat but, ultimately, overall quality of life. The focus of this paper is on periodontal disease, which affects a large portion of the adult population worldwide and has been reported to have higher prevalence in older adults.[1]

The Burden of Periodontal Disease

Periodontal disease is considered to be a chronic inflammatory disease, of which most forms are preventable or treatable. Damage from severe periodontal disease has been compared to that from an ulcerated, infected wound as large as 50 square centimetres.[3] Despite this alarming fact, periodontal disease and daily oral hygiene care for the institutionalized elderly are, for the most part, ignored.

Within the last decade, research findings have suggested that periodontal disease may be linked to the development of a number of systemic conditions, including respiratory diseases such as chronic obstructive pulmonary diseases, a variety of cardiovascular diseases, ischemic stroke and poor glycemic control in people with diabetes.[4,5] This connection is significant for the aging population, particularly for those in personal care homes, as there is also substantial evidence of higher rates of heart disease, stroke and aspiration pneumonia in people over 65. Furthermore, aspiration pneumonia has been reported to be the primary reason for admission to hospital of nursing home residents.[6]

As evidence of potential causal relationships between periodontal disease and these chronic diseases mounts, the issue of prevention and state responsibility arises for this vulnerable population group. The cost of treatment of respiratory disease, cardiovascular

disease, stroke and diabetes places a huge burden on Canada's health care system. If treatment and prevention of periodontal disease results in lowered incidence of some of these costly and life-threatening health problems, the burden of illness as well as the costs associated with those illnesses could potentially be reduced. The question then arises: should preventive oral health services for older adults, particularly those in personal care homes, be publicly funded?

An Argument for Publicly Funded Oral Health Care

With mounting evidence of a link between periodontal disease and a number of serious systemic conditions, and with the higher rates of heart disease, stroke and aspiration pneumonia reported for institutionalized elderly, the argument for the inclusion of oral health services within medicare has substance. It would seem not only prudent but just to address the inequities and inequalities that exist in the delivery of oral health services for older adults, and more specifically, those confined to personal care homes.

Admittedly, there are several barriers to the inclusion of oral health services for the elderly within Canada's publicly funded health care system. The first is the lack of support by policymakers, who do not perceive oral health care as "sick care," despite strong public support for medicare coverage of oral health services for the elderly.[7] Unfortunately, policymakers are overlooking the fact that dental diseases rank third in Canada in terms of cost, behind cardiovascular diseases and mental health, and surpassing all cancers.[8] Another barrier is the lack of a strong lobby group within dentistry advocating publicly funded dental services for the elderly.[5,8] The bottom line for politicians seems to be that there has been no documented evidence of a return on investment in oral health care for the elderly.

One of the basic tenets of the Canada Health Act is that health care is a fundamental right of all Canadians. The principles of the Canada Health Act — to provide universal, accessible and publicly funded health care for all citizens — should be applied to the seniors of Canada, given their vulnerability to disease. In the past, various health care commissions, such as the 1964 Royal Commission on Health Services, have recommended the inclusion of oral health services under Canada's medicare system.

However, according to the Federal, Provincial and Territorial Dental Working Group, despite ongoing lobbying efforts, numerous submissions to the Commission on the Future of Health Care in Canada (the Romanow Commission, 2002) and appearances at commission hearings, oral health and oral health care were not even mentioned in its final report. This seems to indicate that oral health is still not considered a part of overall health. In their 2004 oral health strategy,[9] the federal, provincial and territorial dental directors reported that "nearly 7% of all health expenditures are for oral health, ranking second in diagnostic categories behind only cardiovascular care expenditures." With the evidence linking periodontal disease with a number of serious systemic illnesses, I believe that the elderly, particularly those confined to personal care homes, are being denied a fundamental right.

Call to Action

Solutions must be developed to address this inequity, if not for all seniors, then at least for those confined to long-term care. The following call to action is suggested as a potential solution to this urgent problem:

- Lobby for publicly funded oral health care services for the institutionalized elderly.
- Include within medicare health promotion, prevention and treatment for all vulnerable populations (including the institutionalized elderly) as proposed in the first ministers' 10-year plan to strengthen health care[10] and the Canadian oral health strategy.[9]
- Fund more research to establish causality in the important links between oral health and overall health.
- Remove legislative barriers to enable manpower substitution by qualified dental hygienists as suggested in the First Ministers' Accord on Health Care Renewal.[11]
- Explore the establishment of pilot programs that provide coverage for the institutionalized elderly to enable evaluation and documentation of the success of preventive oral care programs.
- Educate medical and dental health professionals about the oral–systemic health link and encourage an interdisciplinary approach.
- Encourage oral health researchers to collaborate with the Canadian Health Services Research Foundation and the Knowledge Translation Group.

Oral health has been overlooked as an essential component of overall health and quality of life. Aggressive interdisciplinary collaboration and widespread education about the link between oral health and overall health must take place. The oral health professions must take a strong stand and follow a systematic strategy in order for health policy changes to occur. Now is the time to connect the mouth back to the body and include preventive and oral health care services for the institutionalized elderly within the publicly funded medicare system.

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