

FEBRUARY 6-7, 2018

MOVING TOWARDS 2029:

The Future of Tooth Wisdom® for Older Adults

“Aging in Place for a Lifetime” Oral Health America’s Older Adult Symposium

Independence is the thing people want most as they age, and fear most of losing, according to Kathy Greenlea, former U.S. Assistant Secretary for Aging. Much has been written about the fact that 250,000 people have been turning 65 each month since February 2011. There has been less focus on the year 2029, when the oldest “baby boomers” turn 83 and the youngest turn 65, and when the conditions for remaining independent will pose a different set of questions for 20% of the U.S. population.

Oral Health America is looking ahead and asking how aging and oral health will intertwine in the ensuing years. Oral health — an often overlooked but important factor in a person’s overall well-being — impacts seniors ability to remain independent. Oral health may be something we take for granted — until it impacts our overall health or quality of life.

“Moving Towards 2029: The Future of Tooth Wisdom in Older Adults” explored this scenario in searching for ways oral health can be improved through better nutrition and housing over the next decade. Marking the 10-year anniversary of the 2008 launch of Oral Health America’s Wisdom Tooth Project®, the Older Adult Symposium was held in Chicago on February 6-7 and attended by some 40 supporters of healthy aging and the role that oral health plays in achieving that goal.

“The focus must remain on holistic, patient-centered care that can improve the outcomes and drive a reduction in health care costs,” said keynote speaker Tara A. Cortes, PhD, RN, FAAN, Executive Director, Hartford Institute for Geriatric Nursing, and Professor, NYU Rory

Meyers College of Nursing, New York City. While the profession has changed greatly since her father was a “drill-and-fill” dentist, Cortes reminded the group that the current focus on beauty-enhancing products and procedures can fail to meet the needs of the many older adults who have no dental insurance and little disposable income.

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Nutrition can suffer when older adults can't afford food, and also when food is not available or they can't eat and digest foods, added Ucheoma (Uche) Akobundu, PhD, RD, Senior Director of Nutrition Strategy for Meals on Wheels America. "If malnutrition were so easy to see, it would be easy to diagnose," Akobundu said. It's not though, and that means that all health professionals should be looking for the six signs of malnutrition — feeling weak, losing weight, becoming sick more often, digestive issues, slow wound healing, long recovery from illness — so that referrals to dietitians can be made and actions identified.

Turning attendees' attention to the future housing needs of older adults, a perfect storm could be brewing, said Linda Couch, MPA, Vice President Housing Policy at LeadingAge. Add in financial challenges associated with increased longevity and a fraying social net, and finding suitable homes for a burgeoning older population could be a crisis situation by 2029.

Not having housing creates "a real lack of choice and independence," Couch said. People with mobility problems and those on medications that need to be refrigerated have trouble staying healthy without permanent housing, and that increases the likelihood of being institutionalized in a nursing home, which is often paid for by Medicaid programs. "Providing

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shelter in and of itself should be reason enough to have affordable housing programs," Couch added, expressing frustration about continued pressure on low-income programs to show progress on measures such as employment of residents and improving healthcare.

Food insecurity "ultimately results in a spiral of activities that speeds individuals toward riskier health and economic situations," Akobundu said. Coping strategies such as eating less food or eating less nutritious foods lead to chronic disease. This increases health expenditures while reducing a person's employability. Household income drops, spending tradeoffs ensue (including having to decide whether to buy food or medicines for chronic diseases), and food insecurity is

worsened, starting the cycle over. Older adults experiencing food insecurity are 50% more likely to have diabetes, 60% more likely to have congestive heart failure or a heart attack, and 30% more likely to have impairment of at least one activity of daily living.

Similar statistics come from the housing arena. "Severely cost-burdened households and low-income senior households who pay more than half of their incomes for housing spend 59% less on healthcare and 40% less on food than their non-cost-burdened peers," Couch said. Health declines, and soon people are less employable, have worsened finances, and ultimately are more likely to need institutional care. "The availability of affordable housing would help people in these other categories of their lives," Couch said, at lower costs and with less morbidity and mortality.

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Such situations are common. “More than one-third of the households in which the head is 65 or older have no money left at the end of the month after meeting their essential expenses,” Cortes said. “What everyone considers ‘essential’ varies. Some people will give up their medications in order to buy food. Some people will give up something else. That’s a very critical issue in this country.”

While noting the great strides made by the Wisdom Tooth Project® in its first 10 years, supporters and advocates at the Chicago meeting looked for programs and collaborations with the potential to define dramatic progress in the next decade by addressing the fundamental inequalities that produce declines in oral health. High on the agenda will be these innovative ideas put forth by attendees:

- **Reach out to partner with organizations in caring** for older people in low-income housing developments
- **Partner with organizations to advocate** for better housing and nutrition for older adults
- **Develop educational materials and toolkits for use in educating** older people about the importance of age-friendly housing and a healthy diet in maintaining oral health
- **Actively support involvement of a wide variety of health professionals** in the oral care of older people

Other core ideas from the meeting are shown in the table on the next page.

Oral Health America’s staff and consultants updated symposium participants on progress with their long-term strategies for the Wisdom Tooth Project. These include use of the toothwisdom.org portal to educate consumers and advocates for older adults; demonstration projects designed to test, scale, and disseminate new models to increase oral health literacy and access to care, along with advocacy for Medicare coverage of oral health; professional symposia that advance the knowledge of dental and other health professionals; and health education and communications targeting motivated advocates and consumers.

“While we work at the bookends of life — children and older adults — we can do nothing alone,” Beth Truett, MDiv, President and Chief Executive Officer of Oral Health America, told attendees in emphasizing the collaborative nature of the organization’s activities. “It is really because of our sponsors, partners, board members, and our staff that we can do the work we do on behalf of people who are the most vulnerable in our society.”

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TABLE: Ideas Generated During Small-Group Discussions at the 2018 Older Adult Symposium**WHAT IS MISSING FROM THE DISCUSSIONS?**

CAREGIVING — The new RAISE (Recognize, Assist, Include, Support, and Engage) Family Caregivers Act requires development of a national strategy for unpaid caregivers; this will create much opportunity to collaborate and influence policymaking and offer opportunity to include oral health, which is not currently defined with an ADL (Activity of Daily Living) standard.

HEALTHCARE INTEGRATION AND INTERPROFESSIONAL COLLABORATION — Oral care needs to be integrated into the care provided in nondental settings, including Medicare Annual Wellness Visits, mental and behavioral health services, and federally qualified health centers. Limitations on practice should be addressed on a state-by-state basis. People should be advised to “seek oral care” (setting neutral), not “go to the dentist.”

SOCIAL INJUSTICE — Reach out and help people in underserved communities who cannot access care because of financial or transportation barriers, or do not have access to care because of factors such as a maldistribution of the dental workforce.

EMPOWERING LAY PROFESSIONALS — To increase the oral care workforce, engage community health workers, social workers, “promotoras,” and other professions that are already out in the community to ask older adults about their oral health. Provide resources to these advocates, talk with them about toothwisdom.org, and figure out how to tap this resource.

AFFORDABLE HOUSING

OPENING DOORS TO THE HOUSING WORLD — Use partners and relationships already established by Oral Health America to provide information on the relationship between health/oral health and housing. Leverage relationships forged through advocacy efforts to communicate the advantages of integrating health into housing projects.

CREATING NETWORKS AND PROVIDING A TOOLKIT — Using the Tooth Wisdom®: *Get Smart About Your Mouth* program as a model, Oral Health America could work with Area Agencies on Aging to create networks of oral health advocates willing to go into various types of housing environments, prepare a toolkit with background information and materials to be used in outreach programs, and provide training or train-the-trainer programs to jumpstart this effort.

WORKING WITH NATIONAL ORGANIZATIONS — The Association of Service Coordinators, LeadingAge, the for-profit nursing home and assisted living associations, and other similar organizations can help spread the message about Oral Health America and its educational materials.

EXPANDING THE TEAM AND SUSTAINING THE EFFORT — More dental professionals will be needed to provide education and services at senior housing and long-term care sites. Prevention is still important as people are in older adulthood. Oral Health America could put together a one-pager on how advocates can interface with the housing community and work to adopt a senior center or low-income housing site.

HUNGER & NUTRITION — NETWORKING CONNECTIONS

CONNECT THE DOTS: ORAL HEALTH & NUTRITION — Oral screenings at church fairs and health fairs; “golden diners,” a program where seniors eat together at meal sites three times a week; congregate meal sites; senior centers. Adding a nutrition module to the Tooth Wisdom: *Get Smart About Your Mouth* curriculum; more education of nondental health professionals.

OPPORTUNITIES FOR NUTRITIONAL INTERVENTIONS — Federally qualified health centers; community health workers; Medicare Annual Wellness Visit; state units on aging; settings where health is promoted, enhanced, or emphasized, such as YMCAs, gyms, health clubs, or through apps that help people track their fitness or nutrition.

POTENTIAL PARTNERS — Local YMCAs; grocery stores, especially those with pharmacies (some also have dietitians); places of worship; food banks; libraries; adult learning centers; flagship retail outlets that attract a lot of people (e.g. Apple stores and Starbucks); people who are homebound and the agencies that serve or work with them (e.g. social workers, mobile dentistry providers, senior care advocates); health professionals active in diabetes or dietetics; Weight Watchers.

DELIVERABLES FOR DIETETICS — Distribute leave-behinds through services that deliver and serve to seniors (pantries, church groups, farmers markets); donate and distribute toothbrushes with messages to legislators; educate volunteers or paid staff who distribute meals about the importance of oral health; encourage dentists and hygienists to partner with grocery stores; establish connections through monthly health observances.

MOVING TOWARD 2029

NO BOUNDARIES — As programs are developed, recognize that today’s 65-year-olds “don’t feel old, and they don’t want to be treated as old. They still see themselves as young. They have no boundaries.” Ten years from now, they will still be living on their own or in some type of community group.

INTEGRATED CARE — Baby Boomers are active and value integrated care that enhances wellness and health-related quality of life. They are self-reliant, and many have sufficient savings to be able to enjoy retirement regardless of the future of Social Security. Many are working past age 65 and have double health coverage with Medicare and an employer-sponsored plan. Boomers expect to be able to manage their chronic conditions and hope to avoid serious disabling complications.

GO DRONES — In 2029, today’s 65-year-old will likely live in an age-friendly community; will be health conscious, active, and financially prudent; will have several chronic conditions; might be a former smoker; will not necessarily be ready to retire; and will likely be a tech user. Disparities will be common; some will retire really well off, but others will have little. Driverless cars will get people around, artificial intelligence will drive robotic caregivers, and drones will deliver food and meds.

CARING FOR OTHERS THROUGHOUT ADULTHOOD — Because many Baby Boomers had children later in life and have parents who are living longer, this generation may be caregivers for a significant portion of their adult lives. In addition, many of today’s older adults help with caregiving for friends and relatives who had no children or do not have relatives living close enough to help them as their functional status declines.

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