



Hamilton

**SENIORS ORAL HEALTH**

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Public Health Services  
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**7.2**



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# Outline

- Background
- Clinical
- Outreach
- Context and evidence
- Recommendations



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# Background

- Seniors Oral Health Program proposed and endorsed by BOH in February 2015
- Proposal included: increasing dental clinic capacity + explore outreach
- Outreach program proposed and endorsed by BOH in January 2016:
  - a) PSW train the trainer
  - b) Community
  - c) Macassa Pilot



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# Dental Clinic

- Since implementation, an increased number of seniors attending dental clinic:
  - 2015: 10% of clinic patients, 13% on bus
  - 2016: increased to 22% of clinic patients, remains 13% on bus



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# Outreach

- 1) PSW train the trainer
  - Partnership with 5 PSW programs
  - 8 educational sessions
  - Evaluation: increased knowledge and confidence



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# Outreach

- 2) Community outreach re: existing services, as well as, general health promotion
  - Partnership with agencies that support low-income, higher-needs seniors
  - Educational workshops, fairs and assistance with applications and navigation of city-run dental programs



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## Oral Cancer ▶

Look for early signs of oral cancer

- see a dentist immediately if you notice any of the following signs on your lips or in your mouth: red or white patches, sores that don't heal, swelling or unusual hard spots
- your dental professional does regular screening for oral cancer at every check up
- check your own mouth between visits

## Existing health conditions ▶

Diabetes, heart disease, and cancer can increase the risk of developing gum disease

- gum disease can complicate these medical conditions



## Visit your dentist ▶

Get a check-up every year, even if you wear dentures

- let your dentist know about any new or existing health conditions
- inform your dentist about any changes or trouble signs in your mouth
- bring a complete list of medications, including over the counter medicine
- tell your dentist if you need help brushing or flossing



For more information, please visit [www.hamilton.ca/dental](http://www.hamilton.ca/dental)  
or call: 905-546-2424 ext. 3566  
or email: [dentalclinic@hamilton.ca](mailto:dentalclinic@hamilton.ca)



## SENIORS Oral Health

Good Oral Health is **Ageless**



A healthy mouth is necessary for a healthy body. You are never too old to have healthy teeth and gums.



## Watch for trouble signs

To help protect your teeth and gums against disease and maintain good overall health:

- ✓ Brush and floss twice daily
- ✓ Use toothpaste with fluoride
- ✓ Limit sweets
- ✓ Visit your dental professional regularly

## Tooth Decay ▶

Seniors are at risk for two types of decay

- new decay: this can start around the edges of fillings
- root decay: this can progress quickly because roots are not protected by enamel

## Gum Disease ▶

An infection caused by bacteria in the mouth

- factors that increase gum disease include poor oral hygiene, stress, smoking, medications, and poor diet
- watch for: red swollen gums, bleeding when you brush, loose teeth, bad breath, or gum recession

## Dry mouth ▶

- some causes include medications, radiation therapy, diabetes, dehydration
- dry mouth can cause cavities and other infections, and can make it hard to eat, swallow, taste and speak
- to prevent dry mouth, drink lots of water, sugarless drinks, or suck on sugarless lozenges
- avoid sugary drinks and candies, alcohol, caffeine and tobacco
- talk to a dental professional about products that can help



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# Outreach

## 3) Macassa Pilot

- Oral health care training sessions to staff, assessments, on-site treatment (e.g. fluoride varnish, temporary restorations), recommendations
- Strengths: staff dedication, better understanding of needs
- Challenges: competing priorities, inconsistent availability of resident; resource intensive





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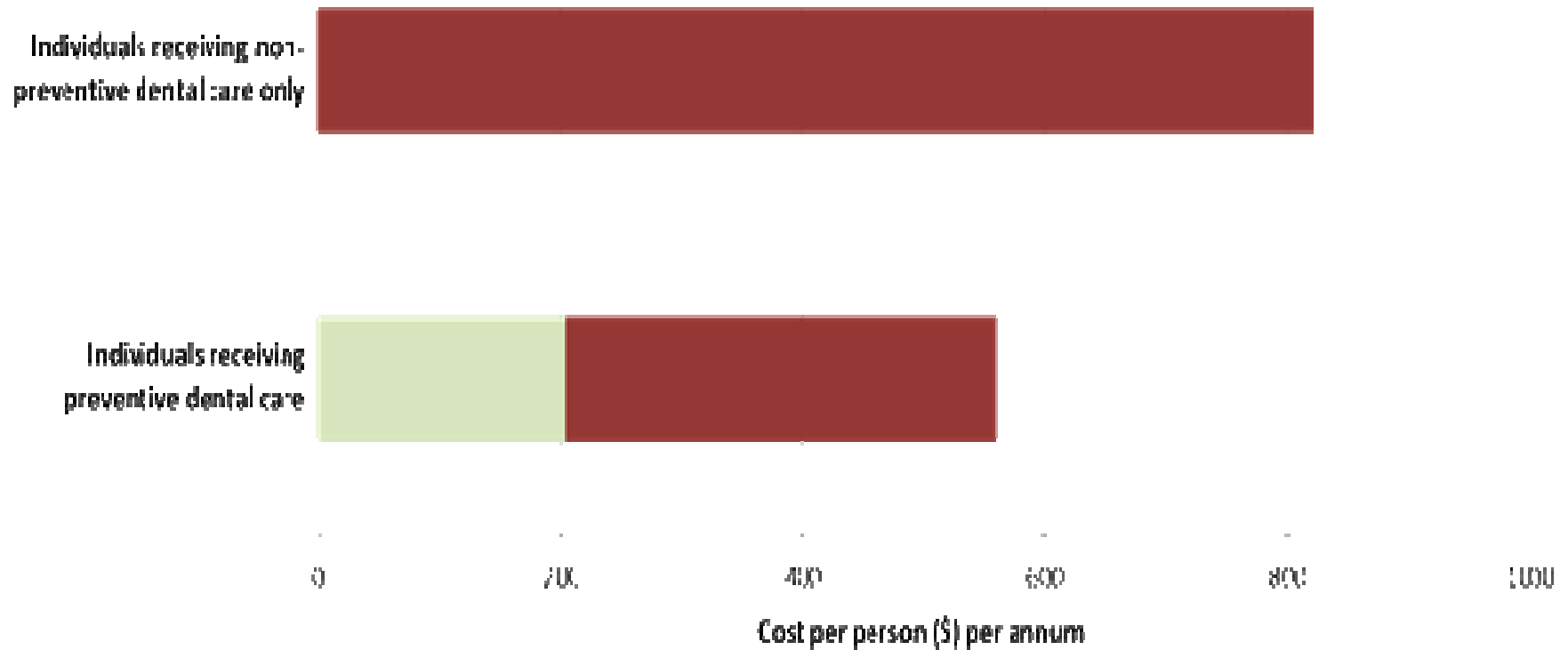
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# Evidence and Context

- 1) Seniors generally have additional medical conditions that make dental treatment more complex – needs best served at dental clinic
- 2) Literature review re: balance of promotion, prevention and treatment - Figure 1



■ Preventive dental care ■ Non-preventive dental care



**Figure 1 - Cost of preventive and non-preventive dental care for participants from the U.S. Medicare Current Beneficiary Survey (Moeller et al. 2010)**



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# Evidence and Context

- 3) RNAO best practice guidelines and opportunity
  - Guidelines, toolkits, expertise support re: oral care in long-term care facilities
  - Tailored: facilities identify needs, priorities in context of capacity to identify actions
  - Sustainable, scalable, adaptable
  - Macassa willing to partner; goal to offer and partner with other LTC



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# Recommendations

- 1) Seniors Dental Treatment Model
  - Focus services at Dental Clinic
  - Shift staffing mix to include preventive services: 0.4 dentist, 0.5 RDH
  
- 2) Dental outreach
  - Increase overall support to 1.0 RDH
  - Continue with PSW, community outreach
  - LTC: shift to RNAO best practices, to offer to other LTCF's

NB: all within budget and FTE