



Delta Dental of Minnesota Foundation

Access to Dental Health Care for Older Adults

Promising Practices
and Opportunities
to Expand Care



Older adults represent a rapidly growing demographic in Minnesota. This population faces challenges to good oral health care due to lack of dental coverage, high cost, and limited access to providers. Vulnerable older adults can become at risk of rapid oral health deterioration (ROHD). Poor oral health affects quality of life and is linked to other health problems such as diabetes and heart disease.

Delta Dental of Minnesota Foundation works to expand access to dental care for Minnesota's underserved populations. The Foundation invests in programs and organizations to advance these goals:

- Optimize the capacity of the oral health safety net system
- Expand the oral health care workforce and health care team
- Provide oral health care prevention and education

The Foundation worked with Wilder Research to evaluate its impacts, understand current oral health care needs, and identify future improvement opportunities related to their three strategic areas. The results highlighted below were identified through a review of research literature and interviews with select oral health experts, Delta Dental of Minnesota Foundation grantees, and loan repayment for service program recipients.



This brief is intended to inform oral health care practitioners and stakeholders of the current oral health care needs and barriers to care for older adults (age 65+) throughout Minnesota and highlight promising practices and approaches to improve outcomes in older adults.

Oral health care needs among older adults in Minnesota

Older adults in Minnesota face a variety of oral health needs, and these needs can only be expected to grow as the population ages.

According to the most recent data,



In the United States more broadly, 1 in 5 older adults have **untreated tooth decay**, 2 in 3 have **gum disease**, and nearly 1 in 5 have **lost all of their teeth**.²



Additionally, older adults are more likely to be diagnosed with **oral cancer**, and many prescription and over-the-counter **medications** that older adults take cause dry mouth, which increases the risk of cavities.³



While the need for regular oral health care is great, **a majority of adults age 65+ do not have dental insurance to cover the cost of oral health care**.

¹Data from the 2016 Behavioral Risk Factor Surveillance System (BRFSS), as reported in Oral Health America. (2018). *A State of decay: Are older Americans coming of age without oral health care?* Vol. IV. Chicago, IL: Author.

²Centers for Disease Control and Prevention. (2018). *Facts about older adult oral health*. Retrieved from: https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm

³Ibid.

⁴Minnesota Department of Health. (n.d.). *Older adult oral health in Minnesota*. Retrieved from: <http://www.health.state.mn.us/divs/healthimprovement/data/quick-facts/olderadult-oralhealth.html>



Regular dental visits are important for prevention, maintenance of oral health, and identification of any treatment needs.

76% of older adults in Minnesota had dental visits in the past year.⁵ While this is higher than the national average (64%), it is still critical for Minnesota to address this gap in service.⁶

“We see this growing older adult population needing health care services, oral health care services, long term care services. {But} there is no Medicare coverage for dental treatment for older adults. And so for older adults with low or modest income, dental treatment becomes something that they have to make choices about.”

– Oral health expert



Access to regular oral health care is far more restricted for those on public insurance in Minnesota.

31% of Minnesota adults over age 55 who were enrolled in a Minnesota Health Care Program (Medicaid and MNCare) saw a dentist within the year in 2016.⁷

“Low-income seniors that are having trouble seeking care are coming to us and needing a bridge, and we’re not having many options about where to send them. There are a lot more options for children; children and families have been more the focus for safety net options, and I think there’s a gap there.”

– Oral health expert

5 Minnesota Department of Health. (n.d.). *Older adult oral health in Minnesota*. Retrieved from: <http://www.health.state.mn.us/divs/healthimprovement/data/quick-facts/olderadult-oralhealth.html>

6 Centers for Disease Control and Prevention. (2017). *Oral and dental health*. Retrieved from: <https://www.cdc.gov/nchs/fastats/dental.htm>

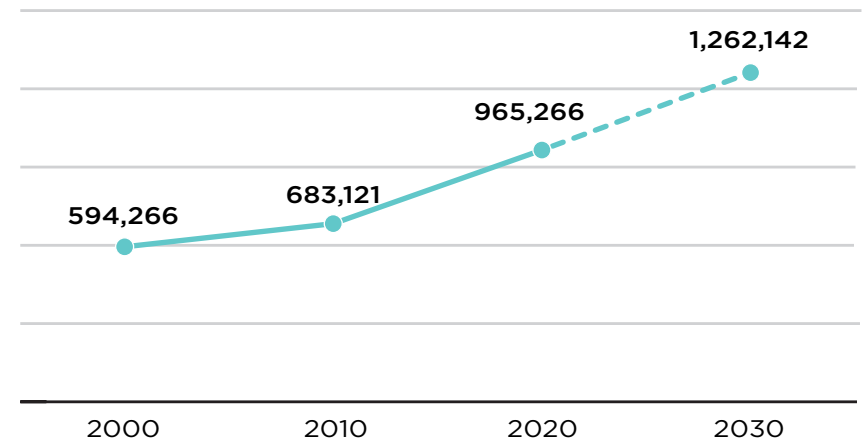
7 Minnesota Department of Health. (n.d.). *Older adult oral health in Minnesota*. Retrieved from: <http://www.health.state.mn.us/divs/healthimprovement/data/quick-facts/olderadult-oralhealth.html>

Minnesota has an aging population, and current needs can only be expected to grow accordingly unless oral health care providers and other stakeholders are able to intervene.

Between 2010 and 2030, the number of adults age 65+ is expected to nearly double and by 2030, more than 1 in 5 residents in all Minnesota counties will be age 65+. Minnesota's rural counties are aging at a faster rate. **By 2020, most counties in Greater Minnesota will have more than 1 in 5 residents age 65+.**^{8,9}

In addition, there is **a shortage of providers in rural areas**, which will increase as more dentists retire. Over the next decade, it is estimated that two dentists will retire for every new dental graduate.¹⁰ Existing dentists tend to cluster in suburban areas, leaving many rural counties to be designated as "Dental Deserts."

Population age 65 and older, Minnesota



"When I look at the age of dentists in the rural part of the state, it concerns me because I believe the average age is over 55... It seems like more and more of our young providers are settling in the suburbs or in the metro area... How we get access into the rural parts of the state is going to be a continuing issue for rural residents."

- Grantee

⁸ Minnesota Compass. (2018). *Aging overview*. Retrieved from <https://www.mncompass.org/aging/overview>

⁹ Helmstetter, C. (2014). *Minnesota's aging population: Prepare for lift off*. Retrieved from Minnesota Compass website: <https://www.mncompass.org/trends/insights/2014-07-01-minnesota-aging-population-prepare-for-lift-off>

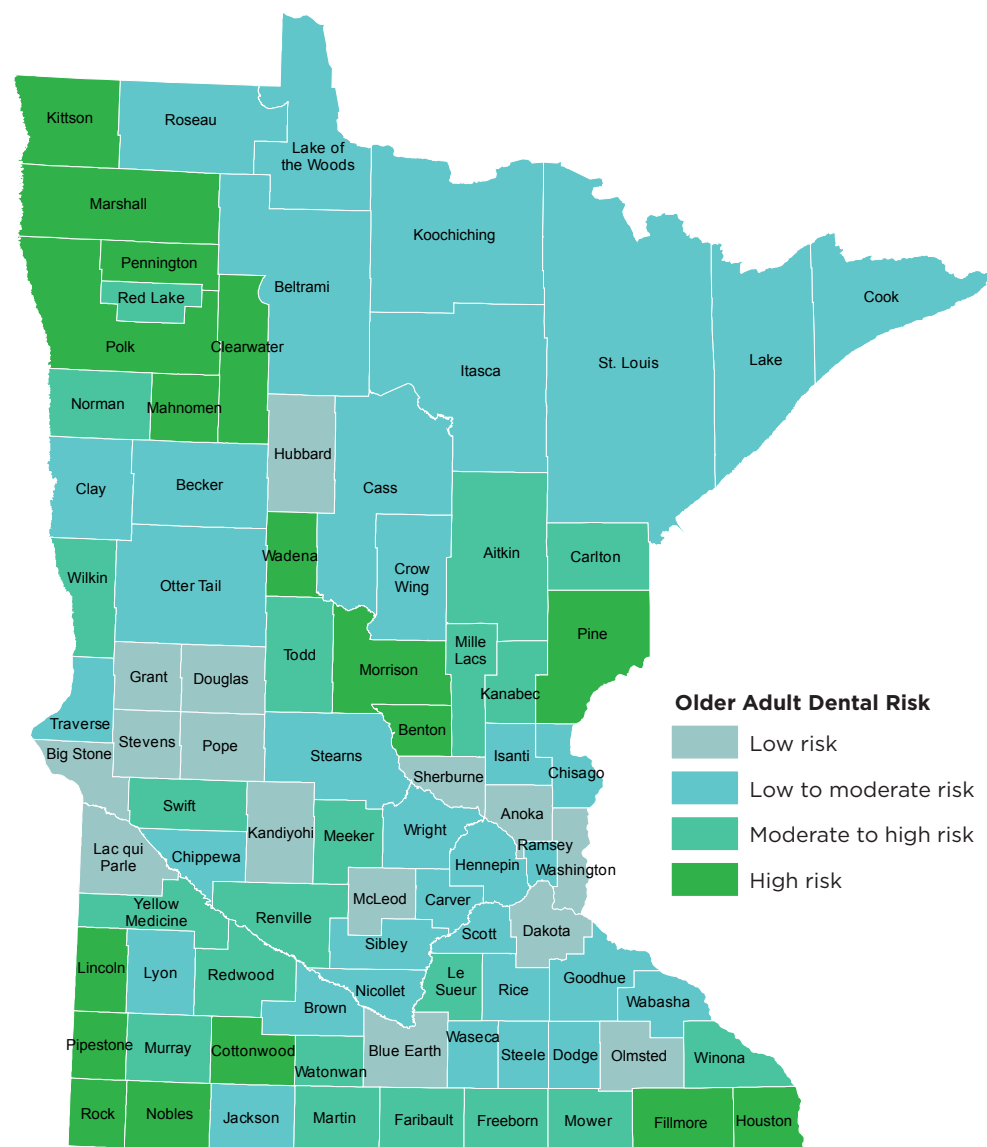
¹⁰ Dollins, H., Bray, K., & Gadbury-Amyot, C. (2013). A qualitative case study of the legislative process of the hygienist-therapist bill in a large Midwestern state. *The Journal of Dental Hygiene*, 87(5), 275-88.

Older Adult Dental Risk 2018, Minnesota Counties

The map shows the geographic areas in Minnesota that are particularly at risk for poor oral health outcomes among older adults, as measured by poverty and lack of dental care visits. Each county is assigned one of four risk categories, based on their average score across both indicators relative to other counties.

The risk category is meant to focus attention and start conversations about where counties fall along the continuum of risks, the availability and accessibility of resources in high-risk counties, and what we can learn from counties that provide the lowest-risk environments for older adults.

Several Minnesota counties with high oral health risks are projected to have higher older adult population growth than other counties, including Benton, Clearwater, Houston, Marshall, Morrison, Pennington, Pine, and Polk. These counties, except Houston, also met the federal rules for Dental Health Professional Shortage Area (HPSA) status.¹¹ This population growth, coupled with an already high level of oral health risk, may result in even more older adults being left behind if services cannot meet needs.



¹¹ Minnesota Department of Health (2018). Dental Health Professional Shortage Area (HPSA) designations, 2018 map. Retrieved from: <https://data.web.health.state.mn.us/web/mndata/hpsa-access>

Increasing access: Promising practices and approaches

Delta Dental of Minnesota Foundation and others can help increase access to dental care for older adults by supporting promising treatments and approaches.

The Foundation has been investing in programs that use promising practices to improve access to oral health care for older adults. Program examples are noted.



Approaches

Deliver dental care to where the older adults live

Programs that provide oral health care to older adults in their own homes, nursing homes, and Veterans homes promote accessibility and reduce transportation barriers. These programs assess oral health risks, and provide daily oral hygiene care, education, and preventive services.

Promote oral health education

These programs teach about healthy behaviors, including brushing teeth daily, drinking fluoridated water, and consuming healthy diets.

“I hope they continue to support that demand for oral health education.”

– Oral health expert

Expand dental workforce in rural Minnesota

The National Rural Health Association and Families USA reported that older adults in rural areas fare worse than those living in non-rural areas. Nationwide, 20 percent of rural seniors have not seen a dentist or visited a dental clinic for more than 5 years, as compared to 14 percent of non-rural seniors.¹²

¹² FamiliesUSA. (n.d.). *For rural seniors, improving oral health care could mean better health*. Retrieved from https://familiesusa.org/sites/default/files/product_documents/RuralSeniorOralHealth_120718_Fact-Sheet.pdf

Funding examples

The Minneapolis Veterans Home provides onsite comprehensive medical and dental services to residents of the facility. This integration of services improves residents' clinical care by keeping them in a familiar environment (particularly important in dementia care) and coordinating their care by using an interdisciplinary health care team.

Oral Health America delivered oral health education workshops for community dwelling older adults for three years. These workshops empowered older adults with a knowledge and sense of self-efficacy to care for their oral health. Delivered where older adults naturally congregate, the workshops covered the basics of daily care, with benefits going beyond a single day of health education, impacting the quality of life for older adults.

Delta Dental of Minnesota Foundation works with the **Minnesota Dental Foundation** to bring much-needed dental professionals to underserved communities, including older adults, in rural Minnesota through the Dedicated to Minnesota Dentists Loan Repayment for Service Program. The program supports graduating dentists by reducing their student loan debt in exchange for their service in an underserved community. Ten dentists are currently working in International Falls, Ely, Montevideo, Warroad, Mora, Deerwood, Walker, Cook, Bigfork, and Tyler. They each received \$200,000 in loan repayment in return for five years of service improving access to care.

Oral health experts: Future opportunities to improve access to care

Experts mentioned additional ideas to explore, including supporting healthy aging efforts.

Educate providers on how to better serve the aging population

Loan repayment for service program recipients (all newly licensed dentists) would like resources to serve underserved populations better, including providing alternative treatments, a list of providers who they can refer their patients to for specialized treatments, and more education for all staff about working with people from underserved populations and with older patients.

“Honestly, having a bag of tricks to know how to do certain things in certain situations that may be off-label uses or things that maybe are not quite conventional, but that would work well in certain situations to save a patient an out-of-pocket expense when they can’t afford it You kind of have to have that up here because otherwise, again, patients don’t do ideal treatments and are losing a tooth or you’re kind of losing an opportunity to help somebody.”

– Loan repayment for service program recipient

“The biggest {additional support needed} would be a list of providers who take certain types of medical assistance so that we can pass that {information} on to our patients. It’s hard to refer patients to anywhere..., so often we refer them to the back of their insurance card and they will give a list. But, I wish we had more options for patients.”

– Loan repayment for service program recipient

Funding examples

Delta Dental of Minnesota Foundation provided funds to **Ecumen** to develop training and resources for professional nurses as well as informal caregivers (often family members) on tooth brushing techniques and basic oral health care specific to elders with dementia. The training was taught by a geriatric specialist, professionally videotaped, and made available to nurses and caregivers.

Educate community leaders and decision makers about oral health care needs and policies that impact underserved adult populations

“Helping policymakers understand the long-term impacts of this public funding or the long-term impact of oral health care.”

– Oral health expert

“There’s room for making sure that dental benefits [for older] adults are available in publicly funded health care.”

– Oral health expert

Work with other organizations to implement new approaches and promote healthy aging

“And I just would encourage the Foundation to try to network outside the Foundation’s wall and even outside the Foundation community to, particularly in the aging services sector, perhaps become more engaged in older adult issues and to have ready partners, to have organizations that are interested and willing and could bring some creative approaches or approaches that are outside of the practitioner community but might come from other sources. And I think that that really raises the visibility of the Foundation, and it can bring in new natural partners outside of the usual suspects and it leads to innovation.”

– Oral health expert

Greater use of innovative and noninvasive treatments, such as silver diamine fluoride

Silver diamine fluoride (SDF) has been identified as a promising service for older adults. This population is less able to seek care due to limitations in mobility or residence in nursing homes and assisted care facilities and might have difficulty cooperating with oral health practitioners or managing their own oral health due to Alzheimer’s disease or other kinds of dementia. Annual application of SDF has been found to prevent more root caries in older adults than fluoride varnish, and increasing the frequency of SDF application has been shown to increase efficacy.¹³

“One of the things I think oral health care providers should be promoting more is the use of silver diamine fluoride in treating young kids and older adults. It’s less invasive and it works.”

– Oral health expert

Funding examples

To improve daily oral hygiene and overall health for older adults in senior care, dental hygienists join the senior care team to support daily oral care, education, and preventive services at three **Walker Methodist housing communities** in Minneapolis, Anoka, and West St. Paul. Dental hygienists provide oral screenings and assessments, develop individualized oral care plans for residents, provide oral hygiene training and supervision for nursing staff, and provide preventive services within their scope of practice. Practical approaches to measure improvement in general oral health, medical health, and satisfaction of residents and staff are evaluated by Walker Methodist Foundation.

¹³ Horst, J. (2016). *Silver diamine fluoride use in older adults*. Retrieved from Decisions in Dentistry website: <http://decisionsindentistry.com/article/silver-diamine-fluoride-use-older-adults/>

Support innovative care delivery approaches, like leveraging mobile and teledentistry with expanded dental teams that include dental therapists, dental hygienist, and community health workers

“Tele-dentistry that follows the state practice act and allows for appropriate level of supervision in remote areas.”

– Oral health expert

“Tele-medicine is a fact of life in many places. I think this is a strong area. The use of navigators is really important and can be a cost-effective strategy, as can any strategy that allows a person to practice at the appropriate level of their license.”

– Oral health expert

“Let’s just add a model where you have a dental hygienist or an advanced dental therapist and a dental assistant and they go out beyond the borders and go beyond the office - that team is providing care, the dentist is still the head and is using telehealth/teledentistry and providing care. You are going to the underserved populations who have all those social determinants preventing them from making it in the door. So [creating] the hub of the dental office but then you can have the other teams out there [providing care]. The Department of Health talks about it with rural dentistry committees, but no one really invests in that. That’s a big one to me.”

– Oral health expert

There are a wide variety of barriers that prevent older adults from accessing the oral health care they need. A shortage of dentists – across the United States and within Minnesota – is one reason why not enough older adults are receiving consistent oral health care.

Dental therapists are a promising practice in improving care in areas of high need for older adults. This new dental professional role was enabled through Minnesota state legislation in 2009. Dental therapists are currently required to practice in underserved areas, including safety net clinics that provide care for those on public assistance. Safety net clinics and dental therapists were designed to improve care in rural Minnesota, which is aging at a faster pace than the Twin Cities metro. Other facilities in which advanced dental therapists can serve that are particularly relevant for older adults include medical facilities, nursing homes, and assisted living facilities.¹⁴

Funding examples

Delta Dental of Minnesota Foundation supported the **University of Minnesota** in expanding their geriatric and interprofessional educational opportunities for their dental trainees via direct participation in clinical geriatric and preventive dental care, as well as in collaborative care and education with other health disciplines in the long-term care environment (e.g., medical, nursing, pharmacy, rehabilitation, social work). This enhances the capacity for dentists, dental hygienists, and dental therapists to work in long-term care environments by incorporating additional curriculum content focused on integration of these disciplines within long-term care via collaborative practice models with community dentists and dental practices.

¹⁴ Minnesota Department of Health. (2017). *Dental therapy toolkit: A resource for potential employers*. Retrieved from <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/2017dttool.pdf>

Looking ahead

In delivering all of these methods of care, providers should:

- Focus on areas of most need, including rural areas
- Encourage resourceful workforce practices, like collaborative dental hygiene and dental therapist agreements, to increase access and reach more people
- Work to remove and reduce barriers, like bringing services into communities by collaborating with nursing homes, Veterans homes, and assisted living communities, and providing services at homes through the Minnesota Department of Human Services Home and Community-Based Services (HCBS)
- Support innovative service delivery and approaches, such as teledentistry or the use of silver diamine fluoride
- Support patient-centered care that integrates (or combines) dental and general medical health care
- Continue supporting efforts to reduce costs for oral healthcare for older adults

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Created by Wilder Research.

For more information

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