Better Oral Health
for Massachusetts
Coalition

Community Meeting Notes
August 31 to September 23, 2009

From August 31 to September 23, the Better Oral Health for Massachusetts Coalition held 7 listening sessions in various locations in the state. These meetings were to obtain first-hand information regarding issues of oral health to priority populations and consumers across the state, and elicit feedback from community individuals and stakeholders on the goals and objectives in development for our action oral health plan.

These meetings were only possible because of the volunteer hosts that arranged them at minimal or no cost to the Coalition, and the other Coalition members that planned, attended and took notes at the sessions. The hosts set up meetings in their communities or arranged for the Coalition to join meetings hosted by special groups.

Total community attendance was about 120 people. For full details and the notes taken at these meetings, please see the rest of this document. Immediately below is a summary of common themes from most or all the community meetings.

Common Issues

- No dental insurance coverage by Medicare, causing access issues for elders with minimal income.
- Severe knowledge gap in all communities about oral health practices, dental insurance and available oral health programs.
- The effectiveness of MassHealth dental coverage is impaired by limited access to dental providers.
- High cost of dental care for all age groups: children, adults and elders, even with dental insurance.
- Severe access issues for persons with disabilities.
- Access issues worse in isolated communities like Martha's Vineyard and low-income neighborhoods in the city and rural areas.
- The need to include oral health in the national healthcare reform debate, and push for the integration of dental and medical care.
- Cultural barriers to accessing care for non-English speaking residents.

What is Working?

- Safety net providers in several locations (community health centers, schools and mobile services) even though they were over-booked and supposedly had a stigma amongst certain populations.
- School oral health programs, but with limited coverage.
- Volunteer dental services and screening programs in several locations.

Common Solutions Suggested

- Integration of dental care with all health services: 'First year, first tooth' programs through pediatricians' offices, educational sessions for pregnant women in gynecologists' offices, oral screening in pediatric well child visits, oral health outreach by community health workers
- Address the problems of maldistribution of dental providers with incentives such as tax breaks, relocation and start-up cost assistance, loan forgiveness programs, pipeline programs for minority populations etc
- Educate the public on oral health practices, programs and insurance through schools and in the community using social networking, targeted news media, latching on to other health programs or events, utilizing prominent spokespersons
- Encourage case management for seniors and other priority populations with access issues.
- Dentists should develop ways to ensure that patients should be told up front what the treatment options and associated costs are.

Location: **Hahnemann Family Health Center, Worcester**
Time and Date: **5:30-7:00 pm, Monday August 31, 2009**
Coalition Members Present: **Hugh Silk (lead); Mary Leary; Anthony Boschetti; Christine Keeves**
Community Attendees: **Parents of special needs child and school-age children, elderly representatives, employed workers without dental insurance, hospital workers**

Issues Discussed

- Why is the school system not responsive to providing oral hygiene in schools, with as much push as occurs for hand washing?
- Why is there no coverage of dental procedures for Medicare patients?
- Lack of access to dental providers for patients on government-run insurance with dental coverage (MassHealth, Commonwealth Care)
- Severe access issues for special needs patients, with regional resources virtually unavailable. Patients are referred to Boston, as very few dentists have the expertise to provide routine oral health services on these children.
- Financing dental treatment is problematic for most patients
- Lack of a clear understanding of dental insurance
- Communication between medical and dental providers lacking, sometimes causing difficulties for patients
- The administrative burden of seeing MassHealth patients is prohibitive for many providers
- Worcester is bearing a higher burden of oral health disease because there is no community water fluoridation.

What is Working?

- Worcester has an active dental society and local oral health champions trying to work on access to care issues
- Several schools have effective oral screening and sealant programs
- Safety net access to care at 2 Community Health Centers, Quinsigamond Community College and the UMass Memorial Ronald McDonald Care Mobile.

Suggested Solutions

- A public health campaign with clear messaging to increase awareness on oral health, high risk behavior and good nutritional practice, also utilizing prominent spokespersons.
- Fluoridation
- Expanding school dental programs to more schools, regardless of type.
- Integration of oral hygiene instruction and practices into the schools. Children should be encouraged to brush their teeth after lunch, and the earlier oral health instruction starts for children, the better.
- Improving access for special needs patients by providing regional/transportation/case management
- Integration and communication between medical and dental providers and establishment of a complete cycle of oral care.
- Universal access to dental care for children, utilizing their constant access to pediatricians.
- Improving access to dental care using mobile dentistry.

Location:	**PATCH Office, Athol**
Time and Date:	**12 noon to 1:30pm, September 9, 2009**
Coalition Members Present:	**Mary Leary (lead); Kathy Myers; Pamela Smith; Marlene Barnett; Tracy Chase**
Community Attendees:	**Members of the North Quabbin Community Coalition, non-professional community representatives ('consumers'), workers from local community health centers, WIC and Head Start programs, and community action organizations.**

Issues Discussed

- Dental care is expensive; insurance barely covers it; private insurance out-of-pocket is too high; individual stories of high cost of receiving delayed treatment needs. Many individuals, with or without dental insurance, complained about the cost and wonder how dental care is still expensive regardless of being insured.
- Dental care is not a part of the current health care reform package.
- Elders cannot find a health insurance plan with dental coverage
- Medically complex patients sometimes have dental treatment put on hold until dental needs are addressed.
- Lack of/insufficient education about importance of oral health is a gap experienced by many parents and families in Athol.
- Poor/no communication from MassHealth about changes to benefits. Many community members do not know that MassHealth dental for adults has been reinstated.
- Patients on government-run dental insurance have poor access to care: social responsibility values among health care providers when participating in plans like MassHealth is low. Some providers also complain about reimbursement issues with MassHealth, even though many changes in recent years have significantly improved the administrative process and reimbursement rates for children. Concern also expressed about possible incidents of "cherry-picking" patients based on the dental office's self-interest.
- Since there is a limited number of dentists and dental specialists, many community members have to travel to the major cities (Springfield, Boston and Amherst) to receive care, especially for patients with special challenges. Transportation for these appointments is also a problem.
- Number of dentists retiring vs. number of new ones establishing practices in the area is a concern.
- Insufficient faculty in nearby dental hygiene programs to increase the number of graduates from the area.
- The limitations to limited license dentistry in Community Health Centers prevent retention of these dentists in full-licensed roles in the communities that they served.

What is Working?

- Access in North Quabbin has been alleviated by recent CHC activity and expansion and the MDS mobile dentistry van's stops in the area.
- Disabled veterans needs' have been addressed by CHC but services are not completely covered by third party payers.
- Recent campaign to retain community water fluoridation in Athol was successful, but it highlighted the need to educate community members and leaders on its importance in oral health prevention. Caveat is that only about 50% of the area is dependent on public water sources.

Suggested Solutions

- Inclusion of dental insurance coverage in health coverage and work on reversing the mouth/body disconnect.
- Address transportation, language/cultural barriers for high-risk populations needing access to dental care.
- Need for additional reimbursement for chair time spent treating disabled children.
- Integration of dental care with all health services: 'First year, first tooth' programs through pediatricians' offices, educational sessions for pregnant women in gynecologists' offices, oral screening in pediatric well child visits etc
- Address the problems of maldistribution of dental providers with incentives such as tax breaks, relocation and start-up cost assistance, and loan forgiveness programs.
- Create education programs in schools to educate the pupils and their parents, including courses on proper oral hygiene and interaction through volunteer-based programs conducted by other parents with oral health knowledge and experience.
- Establish collaborations between CHCs and private offices to meet the needs of the communities, and maximize their combined reach.
- "Happy Parent" visit for apprehensive parents and other adults who have not received care in awhile to tour dental clinical facilities, aimed at reducing apprehension and misunderstanding about high-quality state of the art care available today, and increase their support and utilization of services, also.
- Emergency care department of hospital may need more dental professional staffing.
- Community outreach workers can increase their efforts to encourage parents to utilize health services, and assist in case management for dental services.
- Provide business development models and technical assistance to increase the efficiency of clinical operations of health centers.
- Expand successful dental programs that place an emphasis on providing dental care in hospital settings and in school-based clinics.
- Simplification of administrative parts of insurance to make it easier to understand available insurance benefits.
- Encourage legislative changes to allow limited-license dentists to practice outside CHCs after a set number of years, to encourage increased provider retention in the areas around the CHCs.

Location:	**City Hall, Boston**
Time and Date:	**10am to 11:30am, Friday, September 11, 2009**
Coalition Members Present:	**Gerry Thomas (lead), Raul Garcia; Michelle Henshaw; Jane Willen; Kathleen Atkinson; Courtney Chelo**
Community Attendees:	**Members of the Boston Mayor's Senior Advisory Committee (50 to 60 in total), all seniors residing in or around Boston: <10 with employee/group dental insurance, 2 or 3 with MassHealth; the rest (a large majority) were self-pay.**

Issues Discussed

- Accessing dental care for seniors
  - Why is there no dental coverage from Medicare?
  - Paying for dental services is costly: many of the participants were self-pay patients and did not know where or how to check for eligibility and how to enroll for government-run dental coverage or affordable private individual/family plans.
  - Dental visits typically dredge up new oral health issues, leading to a bill that is often higher than anticipated.
  - Seeking and receiving care in dental schools is slow and requires many visits.
  - Transportation to and from dental appointments can be a real problem – cost, convenience, and safety issues.
  - Most reported not using the community health center dental services because the wait list is often months long.
- Questions on MassHealth eligibility and what it covers.
- Most important oral health issue: many reported problems with ill-fitting dentures leading to inability to speak and eat normally.

What is Working?

- Oral health screening programs in the City of Boston.

Suggested Solutions

- Medicare should cover dental services.
- Dental schools and private dentists should offer low-cost, discounted care to seniors, in lieu of local property taxes for dental schools and as donated time for private dentists.
- There should be special clinics for seniors with denture problems.
- Patients should be told up front what the treatment options and associated costs are.
- Dentists should be donating more time to providing discounted services to seniors (more private sector support for dental care).
- Seniors need to know more about how to register for federal or private dental insurance.

Location: **Community Action Committee Offices, Hyannis**
Time and Date: **12pm to 2pm and 3pm to 5pm, September 16, 2009**
Coalition Members Present: **BL Hathaway (lead); Giusy Romano Clarke; Michelle Henshaw; Michael Monopoli; Kathy Eklund; Pamela Smith; Harris Contos**
Community Attendees: **Members of the Tri-county Collaborative for Oral Health Excellence: representatives of oral health programs, child care programs and community organizations active in the Tri-County Area; non-professional community representatives ('consumers').**

Issues Discussed

- Lack of oral health services in general; elders, island residents and children being extremely affected.
  - It is very stressful (and nearly impossible on Martha's Vineyard or Nantucket) to get a dental appointment if you cannot afford to pay for private practice. Community members report spending up to 8 months looking for a dentist, and having to travel many hours to the cities to receive care.
  - Transportation costs and time off work to get to Boston for care is a real challenge, often leading to deferral of care.
  - There is a lack of capacity for young children who have untreated decay, often seen in WIC and Head start programs with low-income and/or immigrant parents. Services for children 1 year and below are impossible.
  - The elderly often cannot afford dental services and dentists do not accept payment plans. Support through case management is an important component of oral health access, but it is not reimbursed.
  - Nursing homes do not seem to follow guidelines of having a staff dentist. They just have a name on record.
  - With the elders, there is a huge problem with dentures. They get lost by residents of nursing homes, often don't fit properly and cause mouth ulcers and eating difficulties.
  - Cultural barriers to accessing care also exist, especially for the Portuguese-speaking community. Sometimes, patients have to find an interpreter to accompany them to their dental visit to be able to communicate.
  - The underinsured also face challenges with the cost of copays, especially for children in need of orthodontic treatment.
  - Concerns were raised regarding 9C cuts and the potential to lose adult Mass Health coverage.

- An inadequate workforce to meet the demand for care
  - There are 40,000+ MassHealth insured people and only 25 full time dentists in the Tri-county area. Only 9 FTEs are safety net providers. The Cape alone needs 25 FTE dentists to meet the needs of just its MassHealth population.
  - Community health center capacity is growing, but still booking 4-5 months out.
  - With the capacity issues, CHCs see 8-10 dental emergencies each day.
  - It is also thought that the quality of services may not be optimal, with a differing standard of care for MassHealth patients compared to those who are privately insured.
  - With the 5year limit on licensing for foreign trained dentists who are working in CHCs, limited license dentists in the region usually leave after a few years.
  - The single dentist on Martha's Vineyard that sees MassHealth patients has a 1 year waiting list.
  - Mashpee Community Health Center will only see individuals for dental care if they receive their primary medical care at the health center.
  - For private dentists, the cap allowed for MassHealth patients is said to be used 'capriciously'.

  – Specialists are also lacking for MassHealth patients or those in the Cape Cod Dentists Care program: people have to travel to Boston to get implants and some other procedures.

- Issues with accessing preventive services
  – Lack of fluoride in the water in the Tri-County Area is a big problem.
  – Geographic isolation for people living on the islands makes access to dental care very hard.
  – Many pediatricians still do not carry out fluoride varnishes: according to them, it is too much work and it is too difficult to figure out eligibility. Need professional development. Trainings are available online, or the OOH will train in office.
  – Cape Cod Child Development (Head Start) program feels isolated from dental providers and programs and have a difficult time getting cleanings done
  – Very few parents in WIC programs are given fluoride prescriptions for their children. For those few who do get the prescriptions most don't get them filled for financial and prioritization reasons: there doesn't seem to be a fear about giving their children fluoride tablets, it just isn't seen as important. The attitude seems to be that daily tooth brushing is enough.
  – Medical providers are better about giving fluoride prescriptions on initial appointment, but then forget the refills.

What is Working?

- Forsyth program in school has been helpful in delivering services to kids, but it is still hard to secure a permanent dental home.
- People with dental insurance do not seem to have problems with access to dental care in the Cape.
- Cape Cod Dentists Care has linked many people to care, serving a lot of elders and young families and has a growing roster of specialists who have agreed to see patients from the community health centers. But it also has many limitations. It is not open to individuals living in Martha's Vineyard, where up to 80% of individuals don't have dental insurance. The program also has a long wait list and needs more dentists.
- Community health center capacity is growing, but they are still booking 4-5 months out.
- The number of providers signing up to take MassHealth is increasing.
- School based programs in elementary schools help provide care to children, but since some schools provide dental programs and others don't, there is confusion and uneven access.

Suggested Solutions

- Recommendations to extend the limited license limit of foreign trained dentists to help with the workforce issues.
- Expand on the Cape Cod Dentists Care model to provide care for more groups of people without any dental insurance.
- Reaching out to children to deliver preventive services in schools, Head Start and Early Head Start programs.
- Families with multiple, complex issues need assistance to access oral health services (transportation, translation, etc.).
- Need to educate people on
  – how to use their dental insurance;
  – prolonged baby bottle use and other poor oral habits for parents and kids; and
  – the importance of prioritizing dental care.

  Possible avenues for outreach include programs at the mall to inform people about their oral health and dentists available in their community. Multiple languages are important.

- Outreach to senior centers may be a good strategy to deliver preventive services, or to inform elderly residents about dental providers in the community willing to offer services. Public health hygienists going to nursing homes may also provide preventive care and could educate the nursing home staff on the proper way to provide oral hygiene care for elders.
- Increase reimbursement fees for complicated patients to cover case management.
- MassHealth resources need to be in additional languages such as Portuguese.
- A referral system guide would be beneficial, especially to find services for children 0-3 and children with severe needs.
- Consider developing a toolkit regarding understanding of insurance coverage and how to use it.
- Toolkit regarding dental services and other resources

Specific Feedback on the Oral Health Plan

Assessment and Surveillance

- Simplify terms
- Need strong leadership at DPH

Policy, Advocacy and Public Awareness

- Pay attention to cost control and look at other models of delivery of oral health services when considering policies to increase access to oral health care.
- Need to look at dental insurance. Current insurance is a "joke". People end up paying a large part of their care out of pocket.

Prevention and Access

- For goal 2, change "basic oral health services" to 'comprehensive oral health services and care coordination'.

Workforce

- Capacity goal: think about new providers' model similar to the concept of partners in care promoted by Paul Farmer.

Location:	**Springfield Technical Community College, Springfield**
Time and Date:	**12:30pm to 2pm, September 16, 2009**
Coalition Members Present:	**Frank Robinson, Joan Lowbridge (leads); Marlene Barnett; Tracy Chase; Kathleen Atkinson; Barry Major; Nancy Johnson and other Coalition members active in Springfield.**
Community Attendees:	**Members of the Springfield Oral Health Initiative: participants in the BEST program, representatives from local Head start programs, UMASS nursing, STCC dental hygiene program, Tufts dental, schools, dental centers and community organizations active in Hamden County.**

Issues Discussed

- Prevention (early care, fluoride varnishes and community water fluoridation)
  - Many pediatricians still do not carry out fluoride varnishes: according to them, it is too much work and it is too difficult to figure out eligibility. Need professional development. Trainings are available online, or the OOH will train in office.
  - Children should be seen by age 1, not 3 as on posters from the MDA. Need to get the information out there.
  - For community fluoridation, the widespread use of bottled water is a major concern.
- Access to dental care. Major barriers:
  - Shortage of dentists in the area, especially for the immigrant population and low income patients.
  - Gaps in care also exist for people with disabilities, rural, homeless, elderly, teenagers & young adults, and the underemployed, with little or no insurance.
  - Waiting periods are very long in some cases. In the Berkshires, the wait for an appointment is about 4 months. Many dentists don't accept some insurance plans. Limited choice and availability
  - Dentists complain that MassHealth and other government insurance programs are extra work and reimburse poorly.
  - For MassHealth patients, more patient accountability would encourage providers to enroll. No-shows affect business. Increased accountability would both help enrollment as well as enhance patient results
- The usefulness of oral health data in improving oral health in Massachusetts
  - Data collected should be purposeful.
  - The data collected can be used to secure funds and inform providers as to where to plug gaps in need.
  - Use data to send to insurance companies, connect to problem areas.
  - The date collected should be through standardized data collection methods. Tracking and translating, so that legislators and insurance companies have the information.
  - Know what you want prior to collecting data, so you ask the right questions, and the information collected should be oriented towards producing an outcome.
  - Interesting to connect types of insurance, lack of insurance, and their impact on oral health.
- National health care debate has not included oral health. Why is it that not all publicly funded insurance options include oral health?
- Dental emergencies significant: average 15 emergencies per day in a stated location, 80% related to sports injuries.
- How do we get more providers interested in the public health model, taking care of populations as well as individuals?
- A severe need to educate the public, dental providers, non-dental providers, parents, schools on the issues surrounding dental care exists.
- The need to streamline medical and dental care.

What is Working?

- The BEST oral health program in centers to educate, screen and treat children. Staff have benefited from training and are more conscientious to note children nursing dental pain and tell administrators or parents. Parents pay more attention when told by educators. The program could improve by educating parents.
- "Neighbor" day care with an 'oral health day', where they provide education to parents, no questions asked.
- Communication and training for MassHealth providers is working. Working to increase access by enrolling dental providers. Talking to dentists and office staff, training them on how to make MassHealth work and make it efficient.
- Sealant programs in the schools, Head Start programs with a good dental conscience, and pediatricians are receiving training on how to apply fluoride varnishes.
- DEEC regulations in 2010 will include licensed family day care in tooth brushing regulations.

Suggested Solutions

- Education (Very Important!!)
  - Targeted communication on the importance of safety during sports to coaches.
  - Use of social media: Facebook, Twitter etc, to disseminate information, invite to meetings, educate, with intent to appealing to younger people.
  - Increase education for parents through media, children's programs etc
  - Improve and expand programs that already work.
  - Educate pediatric health providers about sending kids to the dentist by age 1
  - Education for prenatal mothers around taking care of their own teeth.
- Push to include other non-dental professionals in the oral health workforce, in general.
  - Medical history forms should include dental history
  - The use of the big pharmacies (CVS/Walgreens) and their pharmacists to spread oral health education, provide possible ancillary services.
  - Public health dental hygienist model in some states.
  - Get representation for nurses in the Coalition. SPS nurses are actively working on a plan to implement screenings in schools. BEST has provided professional development.
  - Both nursing schools and physician training should be training students in oral health.
  - Update practicing physicians and other health providers on oral health issues and current changes.
  - Get WIC offices and their personnel involved in oral health.
  - Explore other ways of providing services. What can physicians, nurses, etc. do to monitor oral health?
- Policy and advocacy
  - Push for legislation to enforce the use of mouth guards for sports.
  - Possibility of requiring a dental exam to start school, statewide.
  - Is it possible to advocate for policies in regards to dental insurance in Massachusetts: can all the different insurances be streamlined to make it easier for providers?

Location: **Boston Public Health Commission, Boston, MA.**
Time and Date: **12pm to 2pm and 3pm to 5pm, September 16, 2009**
Coalition Members Present: **Michael Monopoli; Myron Allukian Jr.; John Morgan; Gerry Thomas; Sandra Vasquez. David Cole (BPHC) was lead.**
Community Attendees: **Young men of color working at the Boston Public Health Commission, Boston EMS and other organizations in Boston.**

Issues Discussed

- Accessing dental care
  - Lack of knowledge of where to go to for care and how to select a dental provider
  - Lack of knowledge about dental insurance, with no clear explanation of extent of coverage and the different tiers of insurance
  - It is hard for unemployed young men to get dental coverage because:
    - They are not offered private dental insurance
    - MassHealth requires too many qualification criteria
  - Even when you have insurance, most procedures are not covered and you still have to pay out-of-pocket
  - Dental treatment is generally perceived to be very costly, no matter what; a situation worsened by the fact that you often cannot predict the bill you will receive at the end of dental treatment.
  - For MassHealth coverage, it is difficult get a dentist in Boston.
  - More affordable/accessible insurance
  - Community health centers are generally not attended because:
    - They carry a stigma and are perceived to provide lower quality care, in comparison to private practice: by virtue of their locations in minority neighborhoods mainly, word of mouth circulation of bad clinical and front-desk/reception experiences and long wait-times.
    - Many people do not know that CHCs provide specialist services and have dental clinics

- Information about preventive and support services
  - Many are not aware that free dental services, oral health screening programs, preventive dental services targeted at school-children, adults and other populations, and support services like the Mayor's Health Line exist.
  - Information about these services does not get to the right people
  - Many members of the community also have very little knowledge of what to do to have good oral health beyond brushing your teeth.
  - People in general do not place a high priority on taking care of their teeth.

Suggested Solutions

- Utilize specific access points to spread information about dental care and insurance, preventive dental services and affordable support services in Boston and the entire state.
  - Radio: 94.5FM, 88.9FM
  - Newspaper: everybody reads the Metro.
  - Community programs and sponsorships
  - Word of mouth
- Spread the word specifically about community health centers, the Mayor's Health Line, available dental preventive services and the connection between oral health and overall health.
- Push to have dental care covered under medical care and to have other health providers aligned with dental providers.

- Make more oral health services available to ensure proper coverage
- Dental practices should have the following characteristics, regardless of location:
  - Cleanliness
  - Very important to be up front with cost
  - Provide timely service
- Private practices should accept more insurances, and clearly communicate the extent of coverage

Location: **Norwood Council for Aging, Norwood**
Time and Date: **5pm to 6:30pm, September 23, 2009**
Coalition Members Present: **Elizabeth Perry (lead); Kathy Myers; Judith Foley; Janice Healey;**
Community Attendees: **Representatives of the Elder Dental Program committee in Norwood, Council of Aging personnel, senior representatives in the community.**

Issues Discussed

- Elders receiving dental care
  - Elders who don't have dental coverage often cannot attend to their dental health until a problem arises.
  - Most times, financial hardship leads to a lack of preventative care and delayed treatment. Providers often treat patients in crisis situations and at that point extractions may be the only option. Because of the continued difficulties with accessing care, most can't afford to receive replacement for the extracted teeth and may go around with disease and missing teeth.
  - Providers for seniors typically end up seeing emergencies, usually insist on payment up front for care or dentures and often don't take payment plans
  - People don't know who to contact with oral health issues, and usually don't know to go visit a dentist for preventive services because it is not a priority as they age.

- Elders paying for dental care
  - Many elders have only Medicare coverage, which doesn't cover dental treatment. If Medicare covered dental then seniors would most certainly access care earlier.
  - Because most seniors are on fixed, inflexible incomes, they usually are just able to keep up with medical care, appointments, and medication. Many are not fully aware of how their oral health impacts their nutrition and overall health.
  - Dental visits are expensive and usually compounded for elders who often have other dental issues apart from their primary complaint.
  - Sometimes people that are used to being under private insurance are suddenly not able to receive dental care after retirement, leading to a sudden decline in oral health.
  - Insurance is great for kids but not for adults due to coverage and needs i.e. crowns, root canals and dentures, often requiring a large proportion to be paid out of pocket.

- Oral health and general health
  - Healthy aging is important and clearly impaired by poor oral health, especially now that most elders are keeping their teeth.
  - Elders that are completely or partially edentulous, nursing pain from an oral problem or with ill-fitting dentures usually have problems with their nutrition, and need guidance on what to eat.
  - Often poor oral health is just a symptom of many other issues that seniors are dealing with, and sometimes receiving attention and assistance for – can't afford heating, housing, isolated etc.

What is Working?

- Oral health clinics run with volunteers. The clinics usually needs a lot of media coverage and an appropriate setting (e.g. as part of other programs in the community) for them to be successful.
- The Elder Dental Program, which connects elders seeking care to dentists in the community.

Suggested Solutions

- Educational resources
  - Information to baby boomers and their caregivers on how to age healthy and on oral health prevention specifically, should be shared through various avenues.
  - Training courses for primary care providers and outreach workers, senior centers, public/senior housing personnel, and nursing home staff are required to encourage discussion and assistance on oral health for elders.
  - Educating the community is also important: start with web-based resources aimed at younger people
  - Focus also on people becoming better consumers of available dental preventive resources
  - Advertisements on TV are a good avenue for reaching seniors, especially with adverts that are adequately repetitive.

- Expanding access to care
  - The Massachusetts Dental Society needs to be more involved and encourage more dentists' volunteers
  - Emergency dental care services should also be provided with easy access.
  - Case managers are needed to help seniors with all appointments
  - The entire system needs to change:
    - to have Medicare cover oral health services, and
    - to ensure that hospitals have dentists that are easily accessible during health visits
  - Data needs to inform improvements could include
    - types of disease and their rates in the population, including information on oral cancer
    - insurance information and rates
    - statistics on dental care e.g. who visited the dentist in the last 6 months.