

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 need 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.