Project FLOS:
Facilitating Long-term care Oral health Services

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OVERVIEW

Project FLOS

Seeking to understand the oral health landscape in our long-term care (LTC) community, the Alexandria Health Department (AHD) started project FLOS (Facilitating Long-term care Oral Health Services) in January 2019. The goals of FLOS include

- Collecting data on the importance of oral health in LTC facilities
- Identifying factors that Alexandria's LTC facilities and local dentists perceive as important determinants of oral health for LTC residents
- Compiling relevant resources
- Identifying local stakeholders
- Creating recommendations to facilitate improvement of oral health for residents of Alexandria's LTC facilities
- Disseminating findings to other localities

The importance of oral health in the LTC population

The proportion of older adults in the U.S. is growing, making it particularly relevant to be aware of their needs. Within that population, long-term care residents are some of the most vulnerable individuals. Studies show that their oral health is not as good as the rest of the adult community. Addressing this deficit is critical since oral health is intimately linked with a person's physical and psychological well-being.

- Magnitude:
    - By 2060 adults over 65 years old will represent 24% of the United States population.[1]
    - A higher proportion of long-term care residents are maintaining their natural teeth.[2]
- Health Equity: Indicators of dental health are worse in the long-term care community when compared to other older adults [1,2]
- Vulnerability: Long-term care residents face a number of obstacles associated with aging, including that they may not be capable of independently managing their own dental care.

    - Limited mobility, decreased dexterity, and declining vision can hinder the ability to brush and floss.
    - For similar reasons, cleaning and taking appropriate care of dental appliances is difficult.
    - Dry mouth (a reduction in saliva production) is a side effect of many common medications that increases the risk of cavities.
    - Memory impairment can lead to forgetting a daily oral routine or not being able to express discomfort or a problem in the mouth. An increasing proportion of long-term care residents have dementia.[2]
    - Diabetes can cause a predisposition to dental disease[3]
- Health Impact: Poor oral health in LTC residents is associated with poor physical, nutritional, social, and psychological health. These health effects may result from tooth loss, dental disease, dental infection, or poorly fitting or damaged dentures.
    - Mouth pain
    - Difficulty chewing or swallowing
    - Decreased oral intake
    - Necessity for a liquid diet
    - Weight loss
    - Pneumonia[4,5]
    - Psychological distress: Residents may feel embarrassed by their oral conditions. One facility we spoke with reported a resident who would not talk unless he had a hand in front of his mouth to hide his missing teeth.
    - Social isolation: Another story we heard was of a woman who secluded herself in her room because she was embarrassed to go out without her dentures. The dentures were damaged and unusable.
    - Diabetes, heart attack, stroke, and COPD are all associated with poor dental health although a causal relationship has not been established[3]

Local facilities

Alexandria has nine long-term care facilities that are diverse in size, scope of services, and levels of care.

- Capacity: Each facility ranges from 28 to 408 beds. The total capacity of all the facilities combined is over 1,300 people.
- Level of care: Some facilities offer independent living, assisted living, and skilled nursing services while others focus on one level of care.
- Long-term care services:

    - Memory care: Many facilities have some space dedicated to patients needing memory care. One facility houses only memory care patients.
    - Ventilator dependent care: Offered at one facility for up to 35 patients.
    - Hospice and palliative care services: Offered at some facilities.
- Short-term rehabilitation services: Offered at many of the skilled nursing facilities in addition to long-term care. Medicare defines short-term care as up to 100 days. Facilities vary in the proportion of beds dedicated to short-term care.
- Age of residents: Most residents are in their late sixties and older. A few residents are younger, with the youngest residents being in their twenties. The oldest residents have lived more than a century.
- Mobility: Individuals maybe independently mobile, need a wheelchair, or need a stretcher.
- Payer Mix: Residents may have Medicaid, Medicare, private insurance, self-pay, or some combination of these payment types. Some facilities are comprised predominately of patients who qualify for Medicaid. Some have a mix of payer types. Other facilities do not accept insurance and require self-payment.

DETERMINANTS OF ORAL HEALTH IN ALEXANDRIA

Given all of their risk factors, long-term care residents have a need for daily oral care, preventive dental services, and corrective dental services. However, the coordination and provision of this care is complex. A variety of personal, institutional, and policy factors may affect a person's choice and ability to follow recommended daily oral health practices and access dental health services. Talking with local facilities and dentists elucidates the challenges that staff, providers, and patients experience.

Without exception, the facilities we spoke with recognize the need for, and barriers to, dental services. Facilities whose staff act as the primary care coordinators for the residents (at some facilities residents or their families are the primary care coordinators) feel that arranging dental care for their residents is extremely resource intensive. Additionally, even if care is arranged, a resident cannot necessarily afford the services. One facility feels all their residents need dental care, either because of an acute issue, or because the last preventive care was years ago. Yet, they estimate only 10 percent of patients are receiving dental services.

Inadequate insurance coverage and the logistics of finding a provider for the patient are the two most common barriers to care identified by facilities. As a result of these barriers, efforts are primarily focused on addressing acute care needs and preventive care may be neglected.

One facility points out the stark contrast between obtaining dental services and obtaining other health services. The facility has no problem obtaining office-based or mobile podiatry, audiology, and ophthalmology services. In general, there seem to be two main reasons that make it easier to secure the subspecialty care. First, providers who are experienced with the special needs of older adults are easily identified. Second, insurance covers the cost of care, meaning the patient can afford the service, the care coordinator does not struggle to find a provider who takes the patient's plan, and providers are compensated for their time.

Insurance and access to providers may be the most daunting barriers to care, but they are only two in a long list of challenges.

Transportation

Lack of access to adequate transportation is a well-recognized barrier to obtaining any type of health care. Long-term care facilities in Alexandria identified specific transportation challenges. First, the facility needs to dedicate a staff person to go off site with most residents in assisted living or nursing care. Additionally, staff need to complete the facility's required documentation for any resident leaving the premises. Another obstacle is that care coordination may be set up such that one staff member identifies the need for an appointment, another may actually make the appointment, while a third coordinates transportation and a fourth person arranges a staff escort for the resident.

Alexandria has a variety of transportation choices. Options that require eligibility and have specific scheduling and pick-up windows have logistical challenges. Options that have fewer restrictions are more costly.

- Medicaid reimbursed rides
    - Eligibility: Available to older adults with Medicaid insurance
    - Scheduling: Ride must be scheduled at least three days in advance along with submission of proof of medical appointment.
    - Reliability: Facilities express frustration with delayed or no-show rides which can result in residents missing appointments, or being stranded with a staff member at a medical office because a scheduled ride did not pick them up.
    - Cost: No cost to beneficiary
- DOT Paratransit Program through the City of Alexandria
    - Eligibility: Twenty-one rides per year are available to individuals who are unable to take standard public transportation because of

physical or mental impairment. Proof of eligibility must be re-submitted annually.
    - Scheduling: DOT rides must be scheduled at least a day in advance, but no more than 14 days prior to the ride.
    - Cost: DOT rides cost $3 if traveling anywhere up to 5 miles outside of Alexandria, and $5 if traveling further. A caregiver may travel with the resident free of charge.
- Senior Taxi services through Yellow Cab offer discounted rides to low-income adults over 60 years old. To participate in the program individuals must apply for a Senior Taxi Yellow Card through the Alexandria City Division of Aging and Adult Services. If approved, a senior may purchase $130 of fares for $30 or $100 of fares for $18.
- Uber Senior is an arm of Uber transportation services. Facilities may create an account with Uber Central, a platform through which they can order rides for residents, generate reports, and manage billing. If residents or their family or friends have a smart phone they can use Uber Senior through the app, independently from the facility. Fares are based on a trip's time and mileage.
- Facilities may provide their own transportation services. Each facility has their own logistics for providing transportation. In general, the main obstacle to this form of transport is that the facility incurs all the associated costs and it is not cost-effective when compared to the other options.
- Unique Hands is a local business serving DC, Northern Virginia, and Maryland that provides fee-for-service non-emergency medical transportation to any senior, including those requiring wheelchair or stretcher.

Mobile Dental Services

In the face of the challenges associated with a resident traveling to a dental office, many facilities expressed interest in mobile services that would bring dental care to the resident. One facility had a positive experience with a "tricked-out van" that would come to the parking lot and treat walking or wheelchair patients on the van. The facility staff report that the residents not only liked the experience, but it decreased their dental anxiety for multiple reasons. It was a distraction that broke the monotony of the day. It was a warm and welcoming environment. The van itself felt shiny and new in a way that made the experience novel and a bit luxurious. Unfortunately, the van went out of business. To the facility's knowledge, this stemmed from inability to stay financially viable on Medicaid reimbursement.

Facilities we spoke with described a few relevant resources and thoughts on mobile services.

- The Fenwick Foundation runs Project ADAPT, which seeks to bring dental care to low income and older adults in Northern Virginia. We spoke with a representative from the foundation
    - Goal: to give their patients a dental home: provide routine preventive and corrective dental services on a regular basis, refer the patients to specialty care services when needed, and involve the patients, the patients' families, and the patients' facility staff in care coordination.
    - Logistics: Transports their equipment to a facility and sets up in a room with water and electric capability.
    - Finances: Financially viable through Medicaid reimbursement and through regional and community grants.
    - Challenges: Working with a facility typically requires an adjustment period. On average, a facility takes 6-9 months to adapt to The Fenwick Foundation's system, adopt a routine of scheduling residents' care a few months in advance, and incorporate emphasis on a resident's daily oral care in their day-to-day operations.
- Private practice. At least one individual dentist provides mobile services to the Maryland, DC, and Northern Virginia area. The practice, Senior Smile, brings a wide range of services to private residences and senior living facilities. One facility was looking into the feasibility of engaging the services of this practice.
- Neighborhood Health. This FQHC operates a mobile van, but it does not currently service long-term care facilities in the Alexandria area.
- Challenges
    - Some mobile services want a facility to enter a contract to treat the whole population of the facility. This does not allow residents a choice of care.
    - Mobile services are not plentiful. Therefore if one provider discontinues care, the facility is left without other options.
- Of note, one facility currently does not have a need for mobile services since it has an in-house dental clinic. A couple other facilities had not considered mobile services since they feel their residents (or residents' families) fulfil their dental needs by seeking their own care in the community.

Family awareness and involvement

Facilities report that residents have a better chance of accessing dental care if family members are aware of the importance of maintaining good oral health, are knowledgeable about their loved one's particular dental needs, and are actively involved in the patient's life. A family member can act as a resource to overcome barriers to care:

- Providing transportation
- Navigating the care coordination process: identifying dental providers, figuring out insurance coverage, and scheduling appointments
- Providing daily oral care

Personal prioritization of care

A variety of factors may affect a resident's personal desire or ability to practice daily oral care or seek dental services. Most facilities report that their residents want access to services for their dental problems. Most facilities were unsure of the proportion of residents that want preventive care.

- Health literacy: An individual's awareness of the scope and importance of dental care influences the degree to which they pursue that care
- Dental anxiety: Phobia of dentists is a common reason to avoid dental care. However, one facility notes that with the proper environment and dental staff, residents feel comfortable rather than anxious about their care.
- Pain: Patients may avoid daily care if it hurts. Similarly, going to the dentist is less desirable when sitting in a dental chair is painful or creates a sensation of difficulty breathing.
- Physical and memory limitations: Residents may be physically unable to complete daily oral care. They may feel uncomfortable going to a dental office if they feel their mobility needs are not well accommodated. They may also be forgetful of their daily routine or recommended dental care plan.

Staff role in oral assessment and care

Facility staff has a division of duties related to oral care. Nurses complete oral health assessments. Certified Nursing Assistants (CNAs) are responsible for daily mouth care. Facilities felt that their staff could benefit from continuing education on oral health care.

- *Daily Care*
    - Staff reports daily oral care can be challenging for patients who are memory challenged, combative, or have particularly poor oral health.

- *Oral Health Assessments*
    - Done on admission and periodically thereafter (usually quarterly)
    - Required for Medicaid/Medicare reimbursement
- *Existing staff training resources*
    - Virginia Department of Health (VDH) developed a DVD and script that were used by hygienists to train CNAs in long-term care facilities. This training was discontinued primarily because high CNA turnover meant that facilities were not able to retain staff that had the training
        - Some hygienists who participated in the training are still active and could be contacted for practical advice on implementing this training.
        - The physical materials are being sent to the Alexandria Health Department
    - The Brushing Up on Mouth Care project. This project is part of an initiative called Oral Care in Continuous Settings: Collaborating to Improve Policies and Practices which was funded from 2008-2012 in Nova Scotia. Brushing Up on Mouth Care developed a set of resources for people implementing daily oral care in LTC facilities. The project is described in a easy to read scholarly journal article which contains salient points about implementation of a daily oral care program.[2] Please see the end of this document for links to the Brushing Up on Mouth Care materials.
        - The journal article contains guiding principles and commitments expected of facilities and staff at the organizational and personal care level.
        - The journal article contains a flow diagram for implementation of assessment and daily care plan.
        - Brushing Up on Mouth Care: An oral health resource for those who provide care to older adults[7] is a manual which containing the resources and descriptions on how to use them
            - Daily mouth care toolkit (items which should be all together in the place that the resident practices daily oral care)
            - Daily care card (card which specifies daily regimen for residents based on whether or not they have natural teeth, whether or not they have dentures or partial dentures, and whether or not they can swallow)
            - Daily assessment sheet to be completed by CNA and turned into RN if any oral abnormalities are noted in a resident.

        - Annual oral health assessment tool for use by nurse annually, or more frequently. The assessment determines what the daily care regimen should be and if any referrals need to be made.
        - Educational handouts on a wide variety of oral health topics
        - Educational posters to put in facilities to remind residents and caregivers of suggested practices
    - Brushing Up on Mouth Care: Facilitator Guide is a manual for people who want to train staff on daily oral care and implement daily care routines in a LTC facility
    - Set of 5 training videos is on YouTube
        - Oral Health Basics
        - Brushing Techniques & Oral Health Products Considerations for Dementia
        - Considerations for Palliative Care
        - Oral Health Assessment
    - Materials state that they are for educational purposes and that for permission for reproduction to contact the Principal Investigator, Dr. Mary McNally

Staff role in care coordination

Facilities taking on the role of dental care coordinator feel that the magnitude of resources required for care coordination impedes their ability to help their residents achieve good oral health. Logistical challenges result in facilities addressing urgent dental needs, but feeling they lack the capacity to pursue less acute issues and preventive care. Facilities that did not express this opinion were facilities in which residents or their family members handle the majority of the care coordination.

Insurance

- Medicare currently does not cover dental services except under very specific circumstances. A March 2019 issue brief by the Kaiser Family Foundation details the impact of this limited coverage.[6]
    - Low utilization of preventive services
    - High out of pocket cost to patients
    - 2/3 of Medicare beneficiaries do not have any additional dental insurance coverage, and even if they do, that coverage is still often very limited
- Virginia Medicaid offers dental coverage through CCC+ and Medallion. However, each Medicaid MCO has different benefits under these plans and each dentist accepts different MCOs.

- Knowing which dentists accept which insurance plans, and which insurance plans cover what services creates a complexity that requires a care coordinator rather than a nurse to be able to make an appointment.
- Limited insurance coverage of the older adult population coupled with low reimbursement rates hinders dentists' ability to be paid, and therefore impairs their ability to serve this population.

Accessible Community Dentists

Many of Alexandria's long-term care facilities express concern about the degree to which community dentist offices can accommodate their residents. They also feel many dentists may not be very experienced or comfortable in taking care of elderly patients with special needs. Although dentists' offices may technically be ADA compliant, they may not necessarily be wheelchair friendly. Staff may not have extensive experience or training on caring for individuals with memory impairment or certain physical limitations. None of the facilities we spoke to identify a community dental office as showing a particular interest in or special capacity for treating older adults.

Dentists we spoke with offer insights as to why some people in the profession may be reluctant to care for older adults

- Physical limitations of patient may make treatment in a dental chair uncomfortable for patient and dentists do not want to hurt their patients. Additionally, dentists may have to position themselves awkwardly to accommodate the patient, which can become very uncomfortable for the dentist over time.
- Memory limitations can cause a dentist to feel uneasy giving care and follow-up instructions. It can be unclear how much a patient understands, and to what degree he or she is able to consent to care.
- Combative or disgruntled patients can create an unpleasant experience for staff
- Older adults often take more time to see, yet dentists are not reimbursed for that extra time
- Dentists may be frustrated by spending time improving the oral health of a patient at a visit only to find that by next visit the mouth is in poor condition again

Medical Clearance

Prior to a procedure, a dentist may require a resident to be evaluated by a physician to ensure that the individual is safe to undergo that procedure and the anesthesia necessary for the procedure.

- Obtaining medical clearance in a timely manner can be logistically difficult for facilities that do not have an in-house doctor and in-house testing
- A physician may receive a request for medical clearance, but not be familiar with the criteria a dentist would use to clear an individual
- Currently there are no standard forms or avenues of communication between physicians and dentists for the purpose of medical clearance

Specialty Services

Facilities report that obtaining subspecialty services can be difficult. They report that denture services are the most common specific need that patients have.

- Geographically, the closest office offering affordable dentures is in Woodbridge
- Subspecialty services may not be very experienced with the older adult population
- Subspecialty services tend to be more costly than care offered at a general dentistry office.

RECOMMENDATIONS

Speaking with Alexandria's LTC facilities as well as local dentists contributed to the formation of recommendations to benefit the oral health of local LTC residents. Facilities were not asked to support or commit to any interventions. If these recommendations are further developed, the facilities will need to be involved in the design process. Additional input should be gathered to assess whether the facilities endorse the importance and feasibility of a specific intervention. Additionally, the interventions will need to be tailored to the particular resident population and organizational processes of each facility. The goal is to create better access to dental services for acute needs as well as greater awareness of and capacity for preventive care.

1. *Creating a conceptual framework*
   Before selecting and implementing interventions, designing a conceptual framework is a prudent first step. Having a concise, visual aid to summarize how the determinants of dental health interact with each other enables a richer understanding of the factors at play. This enables the wisest use of resources because it facilitates the selection of interventions that have the greatest impact, are the most feasible, and the most sustainable. A framework would be best designed by a small group of people who collectively have expertise with older adult dentistry, long-term care facilities, Alexandria's stakeholders, and social determinants of health.

2. *Having a champion for dental health*
   A person who has the dedication to advance oral health interventions will ensure these efforts continue to move forward. Particularly during the beginning stages of program creation and implementation, this person should have a significant amount of time available for this purpose.
   - Regionally in Alexandria a champion could coordinate across organizations
     - Examples of people with the available bandwidth and interest in this area might include a retired dentist, a CDC fellow, a student committed to a long-term project, or someone in a city or state agency with a significant amount of time funded for this purpose
     - If this person's involvement is expected to have a defined timeframe, one of his or her goals should be to identify a successor.
   - Within each facility a champion would be an identified staff member
     - Brushing Up on Mouth Care project noted that having a staff member as a dental champion, in combination with support from management, was key to the success of implementing interventions.

3. *Educating facility staff on mouth care*
   Facilities indicated interest in increasing the knowledge and skill set of staff, primarily CNAs, who do the bulk of residents' daily care. Nursing and supervisory staff would also benefit from ongoing education.
   - Training may be easiest to implement if it is integrated into the facilities' existing CME and in-service training processes.
   - If training is done by live instructor, facilities would appreciate someone who is not only knowledgeable about dental hygiene, but also has experience with the particular challenges of the long-term care population, such as memory impaired patients, combative patients, and mouths showing the effect of years of neglect of daily care.
   - High turnover rate of staff, particularly CNAs, can mean that training may not have a long lasting effect. A prior VDH training program was discontinued primarily because of high LTC staff turnover. One solution to this challenge may include having a train the trainer model so that individuals within the facility can train new staff.
   - Training CNAs will help elevate the standard of daily mouth care.
   - Training nursing staff will educate them on best practices for annual and periodic oral assessments that will inform the daily care regimen.

They will also be more aware of common oral conditions, and when to make a dental referral.
- Training supervisory or administrative staff may prompt them to implement practices which reinforce the importance of dental care within a facility
- Online training may be easier to implement than in-person instruction, but might not be as effective
- Training should keep in mind what is feasible for a facility to undertake. For instance, one facility stated that flossing daily is just not realistic. Likewise addition of check-lists and forms may be seen as an unrealistic burden.
- The Brushing Up on Mouth Care project notes that the greatest impact of implementing training and new daily care regimens was seen in facilities where some daily practice structures or support was already in place.

4. *Educating family members and residents on daily mouth care*
Depending on the individual, family members or the residents themselves may be the primary caretaker of daily oral health. Therefore, they would also benefit from daily oral care education.
    - As mentioned above, Brushing Up on Mouth Care has a variety of educational handouts and posters.
    - Educational Handouts for older adults from the NIH
        - Brushing
        - Flossing
        - Dry Mouth

5. *Creating physical aids to assist with daily oral care*
    - A facility and a dentist suggested the use of electric toothbrushes. This idea is also presented in the Brushing Up on Mouth Care materials. An electric toothbrush can be more effective and require less effort on the part of the user.
    - Multiple resources also suggest modifying the size and shape of a handle of a toothbrush so its owner may more easily grip it. In most cases, this entails increasing the girth of the handle
    - As mentioned above, Brushing Up on Mouth Care designed a daily mouth care toolkit and individualized laminated care card to be physically placed where an older adult practices daily care. This eliminates lack of care from lack of supplies, helps a person remember to complete the care, and facilitate proper use of supplies such as storing a toothbrush upright.

6. *Increasing the capacity of the dental community to give high quality visits to older adults*

   Creating a better patient care experience benefits both the patient and the dentist.

   - Identifying dentists who want to improve their ability to care for the senior population and giving support or training to them and their staff. The goal would be to increase knowledge of conditions in older adults which are relevant to dental care as well as encourage modification of the office environment to be more comfortable to these patients.
   - Increasing communication between dentists and physicians. If a patient is medically cleared prior to an office visit, a dentist feels more comfortable taking care of patient safely. A physician might be more likely to provide clearance if he or she had a guide for what a dentist considered to be relevant medical information, contraindications, parameters for various levels of anesthesia clearance.
   - One possibility would be to complete a patient's first visit by telemedicine. A hygienist would be on site and a dentist is remotely available. The goal of the visit would be to establish treatment plan so that dental provider, LTC facility, and patient all know what needs to be done in office. This would also inform what needs to occur prior to an office visits such as medical clearance and insurance coverage verification. The first office visit would therefore be more efficient and the dentist would be more comfortable with the care being provided. VDH is involved in trialing this model in western VA.
   - Ensuring that dentists have the knowledge required to maximize billing for this population, particularly in light of the fact that Virginia Medicaid has recently expanded its coverage

7. *Creating a resource guide*

   Compiling information relevant to care coordination would decrease the burden of scheduling felt by LTC staff. The guide would be a user-friendly document with information pertinent to dental care coordination for LTC residents.

   - Local dental offices
   - Local dental specialty care offices
   - Mobile dental services
   - Insurance types accepted by each provider, including which Medicaid MCOs are accepted.
   - Ideally would note which providers have self-identified as senior friendly: enjoy seeing LTC patients, experienced with older adults' physical and mental health needs, wheelchair friendly

8. *Evaluating the intervention plan*
   It is important to know if the LTC facilities feel an intervention is feasible, sustainable, and beneficial.
   - Brushing Up on Mouth Care lists the questions they asked to evaluate what was working and what was not working. These are open ended questions which could be adapted to any evaluation plan.

9. *Developing a communication plan*
   Disseminating the plan for, and results of, any intervention among LTC facilities and with larger circle of stakeholders.
   - Presenting findings from this project
   - Establishing lines of communication to convey future initiatives
   - Stakeholders might include
     - Local LTC facilities.
     - Alexandria Public Health Advisory Commission
     - Local AARP
     - Virginia Oral Health Coalition
       - Northern Virginia Adults Oral Health Workgroup
     - Alexandria Agency on Aging
     - Alexandria Commission on Aging
     - Dental providers
       - Northern Virginia Community College Dental Hygiene and Dental Assisting
       - Neighborhood Health Dental Services
       - Northern Virginia Dental Clinic
       - Fenwick Foundation
       - Mobile services providing dental care in Alexandria
       - Local private practices
     - Virginia Healthcare Association (VHCA)
       - Membership includes LTC and assisted living facilities
       - Quarterly meetings of the NoVA chapter
       - Website has submission form for speakers who would like to present to the organization
     - Virginia Department of Health Division of Dental Health
     - Virginia Dental Association long-term care workgroup

10. *Keeping list of potential thought partners/resources*
    In addition to the above stakeholders this might include
    - Local
      - Community of Hope Dental Services for Seniors

    - Schools of public health
- National
    - American Association of Public Health Dentistry
    - American Dental Association Dental Public Health Specialty
    - CDC Dental Public Health Residency
    - US Public Health Service Dentistry

11. Maintaining awareness of emerging oral health resources

- Surgeon general commissioned a report on oral health, due out in 2020
- Bill to have Medicare cover dental services has been introduced to U.S. senate and referred to the committee on finance. Virginia senator Mark Warner is on the healthcare subcommittee of the committee on finance. https://www.congress.gov/bill/116th-congress/senate-bill/22?q=%7B%22search%22%3A%5B%22dental%22%5D%7D&r=3&s=1 .
- Results of the Elder Health Survey on dental health by VDH

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Brushing up on Mouth Care Resources

A. Resource guide https://cdn.dal.ca/content/dam/dalhousie/pdf/dept/ahprc/BrushingUp-OCManual.pdf
B. Toolkits, forms, and information sheets as individual documents https://www.dal.ca/dept/hpi/community-reports/BrushingUpResources.html
C. Facilitator guide https://cdn.dal.ca/content/dam/dalhousie/pdf/dept/ahprc/facilitator-guide.pdf
D. Set of 5 training videos https://www.youtube.com/playlist?list=PLFD335FEDF8AE4BE4