Meeting the Oral Health Needs of a Rural Older Adult Population through the Older Americans Act of 2006

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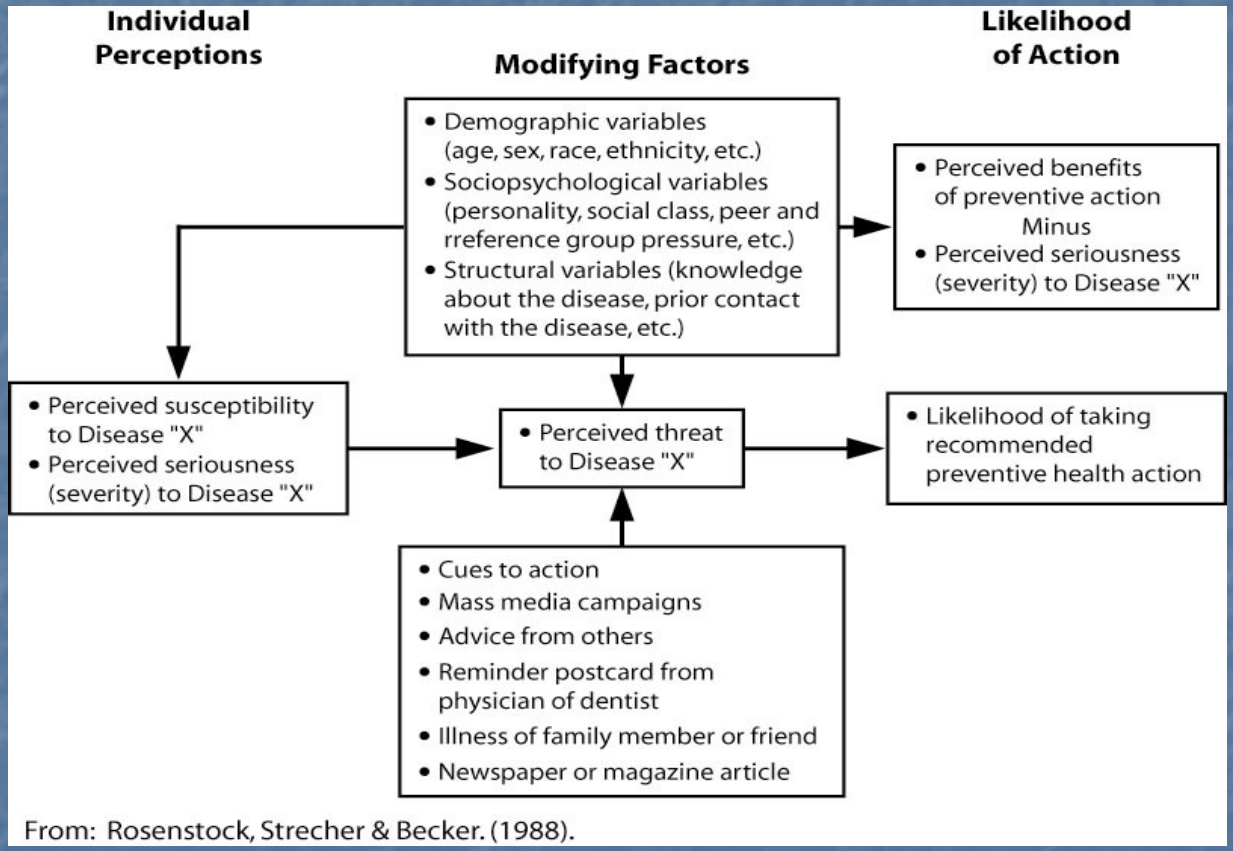
OBJECTIVES

- To inform participants of policy changes in the Older Americans Act and the role of oral health.
- To discuss perceptions of consumers in carrying out programs to meet the needs of oral health screenings.
- To enlighten participants on the importance of developing oral health screening and oral health promotion programs through Older Americans Act vendors (social service agencies).

Background and Theoretical Framework

- Surgeon General's Report on Oral Health (2000).
- Metlife Foundation's "The Maturing of America".
- Healthy People 2010 Health Objectives
- Health Belief Model (Examines the role of health beliefs and predisposing factors such as demographics).

The Health Belief Model



From: Rosenstock, Strecher & Becker. (1988).

Older Americans Act Amendments of 2006

Older Americans Act Amendments of 2006 calls for Health Promotion Centers. It changes the previous definition to include:

- "evidence-based", expands
- examples of chronic diseases
- and adds to examples of health promotion activities:
  - falls prevention,
  - physical activity, and
  - improved nutrition.

Previous Studies

- Kiyak & Reichmuth (2005) found that the baby boom cohort were more demanding of dental care as part of their overall health.
- Green et al (2005, 2006) examined the perceptions of baby boomers and their perceived health care needs through focus groups and found that boomers were concerned about screening and health promotion issues.
- Lautar & Jurkowski (2007, 2006) suggest that there is a limited exchange of information across professions in service-related areas such as oral health and social work.
- Chen, Cohen & Kasen (2007) found that the baby boomer cohort were going to be more demanding of medical care than other cohorts.

PURPOSE OF THE STUDY

- To examine the perceptions of various stakeholders (consumer and providers) regarding health screenings in the geriatric population residing in rural communities.
- To identify the similarities and differences in terms of health screenings within the geriatric population.

METHODS

- A pen and pencil survey was administered to various subjects through face to face meetings.
- In total 29 Likert-scale items were included (however this study utilizes four of the items).
- Subjects: Total n=256, (comprised of older adults from senior nutrition sites, homebound elderly receiving home delivered meals, members from a faith-based community and social service providers).

METHODS (cont.)

- Locations were all defined as rural based upon the U.S. census definition of communities less than 25,000 and Frontier communities (less than 5,000 people).
- Data collection occurred through a convenience sample within a three month period, and through a collaborative relationship between a local university and a regional Area Agency on Aging.
- Data analysis occurred with SPSS -14 utilizing descriptive statistics, t-tests and ANOVA.

DEMOGRAPHICS

- Age
- Race
- Marital Status
- Gender
- Education

RESULTS
Entire (n=256)

Item	Mean	sd	% NB
Diabetes/Cholesterol	3.4	.79	77.7
Blood Pressure	3.3	.81	84.8
Falls Prevention	3.0	.97	74.8
Oral Health	3.0	.95	74.3

NB=very important and important

RESULTS
Homebound (n=49)

Item	Mean	sd	%NB
Diabetes/Cholesterol	3.3	.87	80.8
Blood Pressure	3.1.	84	75.5
Oral Health	2.9	.87	71.1
Falls Prevention	2.9	.99	64.5

- NB=very important and important

RESULTS
Church/Faith based (n=34)

Item	Mean	sd	%NB
Oral Health	3.7	.46	100
Diabetes/Cholesterol	3.7	.41	100
Blood Pressure	3.7	.52	97
Falls Prevention	3.6	.64	91

- NB=very important and important

RESULTS
Social Service Providers (n=53)

Item	Mean	sd	%NB
Diabetes/Cholesterol	3.3	.89	83.0
Blood Pressure	3.3	.79	83.1
Oral Health	2.6	1.01	56.8
Falls Prevention	2.6	.77	56.6

- NB=very important and important

RESULTS
Rural Elders (n=35)

Item	Mean	sd	%NB
Diabetes/Cholesterol	3.4	.74	87.1
Blood Pressure	3.3	.89	84.7
Falls prevention	3.2	.85	86.2
Oral Health	3.1	.88	73.7

- NB=very important and important

RESULTS
Oral Health

Group	Mean	sd	%NB
Churches (Faith based)	3.7	.46	100
Frontier elders (meal sites)	3.1	.88	80.6
Older Adults (meal sites)	2.9	1.0	73.7
Home delivered meals	2.9	.87	71.1
Social service providers	2.6	1.01	56.8

ANOVA: F=7.5, df=4, p=.000

RESULTS
Blood Pressure Screening

Group	Mean	sd	%NB
Churches (faith based)	3.7	.52	97.0
Frontier elders (meal sites)	3.3	.89	88.9
Older adults (meal sites)	3.3	.84	84.7
Social service providers	3.3	.79	83.1
Home delivered meals	3.1	.84	75.5

ANOVA: F=3.1, df=4, p=.015

RESULTS
Diabetes and Cholesterol Testing

Group	Mean	sd	%NB
Churches (faith based)	3.7	.41	100
Older adults (meal sites)	3.4	.79	87.1
Rural elders	3.4	.74	88.5
Social services providers	3.3	.89	83.0
Home delivered meals	3.2	.87	80.8

ANOVA: F=2.6, df=4, p=.03

CONCLUSIONS

- Church members and faith-based entities place the highest value on oral health screening, while social service providers see it as limited in importance.
- Within the literature “falls prevention” is often perceived as an important aspect for consideration due to the high cost of rehabilitation. Ironically, falls prevention is perceived as poorly as oral health screening by social service providers.

Implications for Policy Development and Program Planning

- A concerted effort is necessary to address the importance of oral health screening within a geriatric population. This could include continuing education workshops or educational sessions, with a specific emphasis on targeting social service providers.
- Health promotion educational programs should target older adults within meal site programs to address the importance of oral health screening.

Implications for Policy Development and Program Planning (cont.)

- Within the realm of the Older Americans Act Amendments of 2006, Centers for Health Promotion should also address the importance of oral health screening, intervention and education for geriatric consumers.
- Develop interventions within the framework of the Health Belief Model.

RECOMMENDATIONS

- Integrate oral health and value screenings into curriculum of health care providers, health educators and public health/government policy.
- Establish oral health screenings along with routine physical exams and home health screenings.
- Revise policies for Medicaid, Medicare and other insurance agencies (private and government) to reimburse oral health screenings and dental treatment.

RECOMMENDATIONS

- Market the importance of oral health screenings similarly to parallel what is done for other health concerns.
- Target audience groups to understand the importance of oral health as a component of one's general health and its impending threats to one's health.

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