



# **Oral Health and Seniors - Future Challenges and Opportunities**

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2<sup>nd</sup> Annual Forum on Aging in Rural Oregon  
Pendleton, May 2018

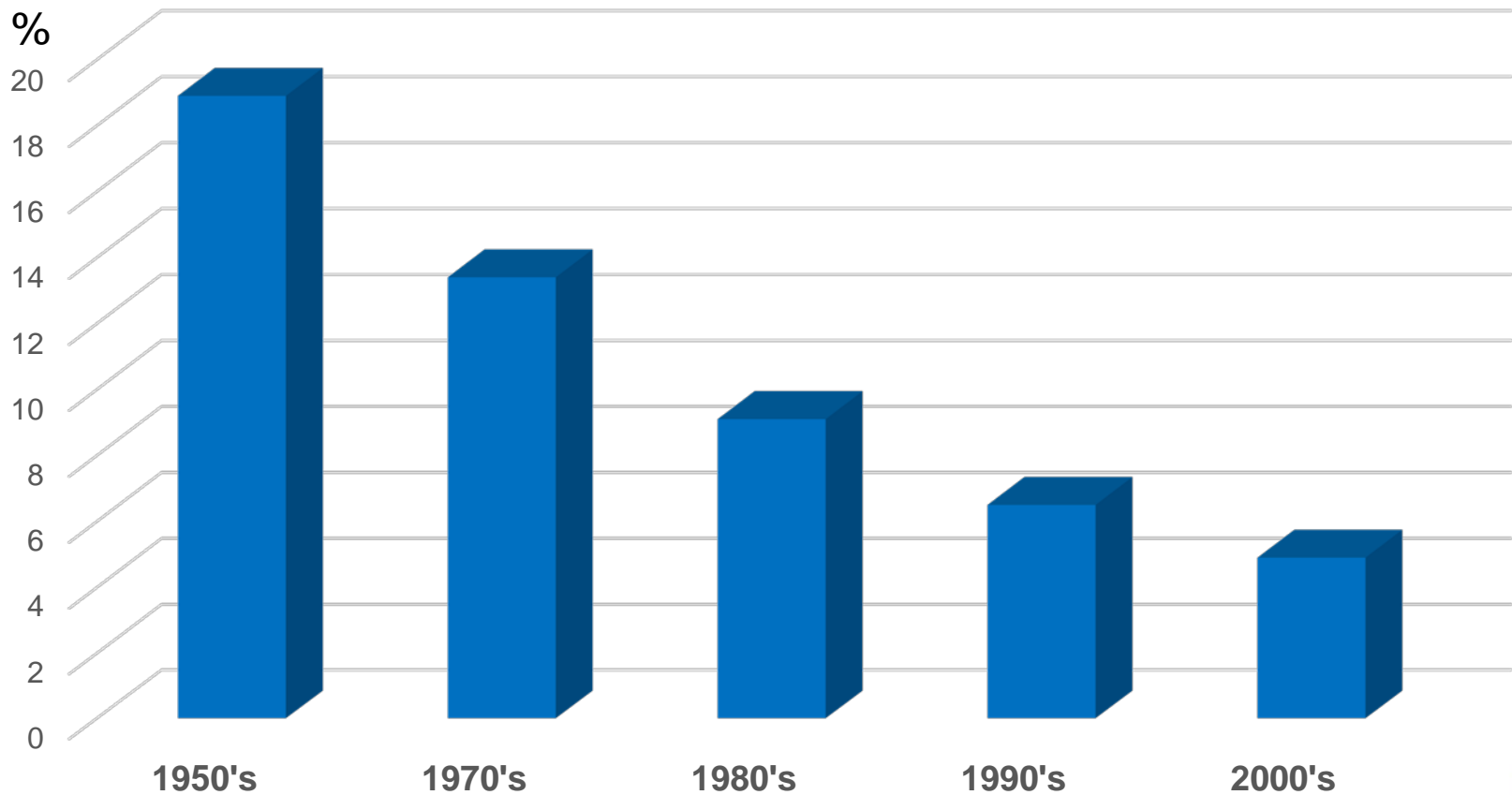
# Summarizing today's topics

- *Demographic and epidemiologic transition are given;*
- *Oral Diseases and other chronic diseases share common risk factors;*
- *Oregon's health care transformation and expanded integration of physical, behavioral, and oral health has positive impact on older adults' oral health;*
- *Inclusion of a quality incentive metric to support integration approach may have a dramatic value for older adults.*

# Change in Total Population and Population 65 and Older. United States 2000-2060 (Oregon 2050)

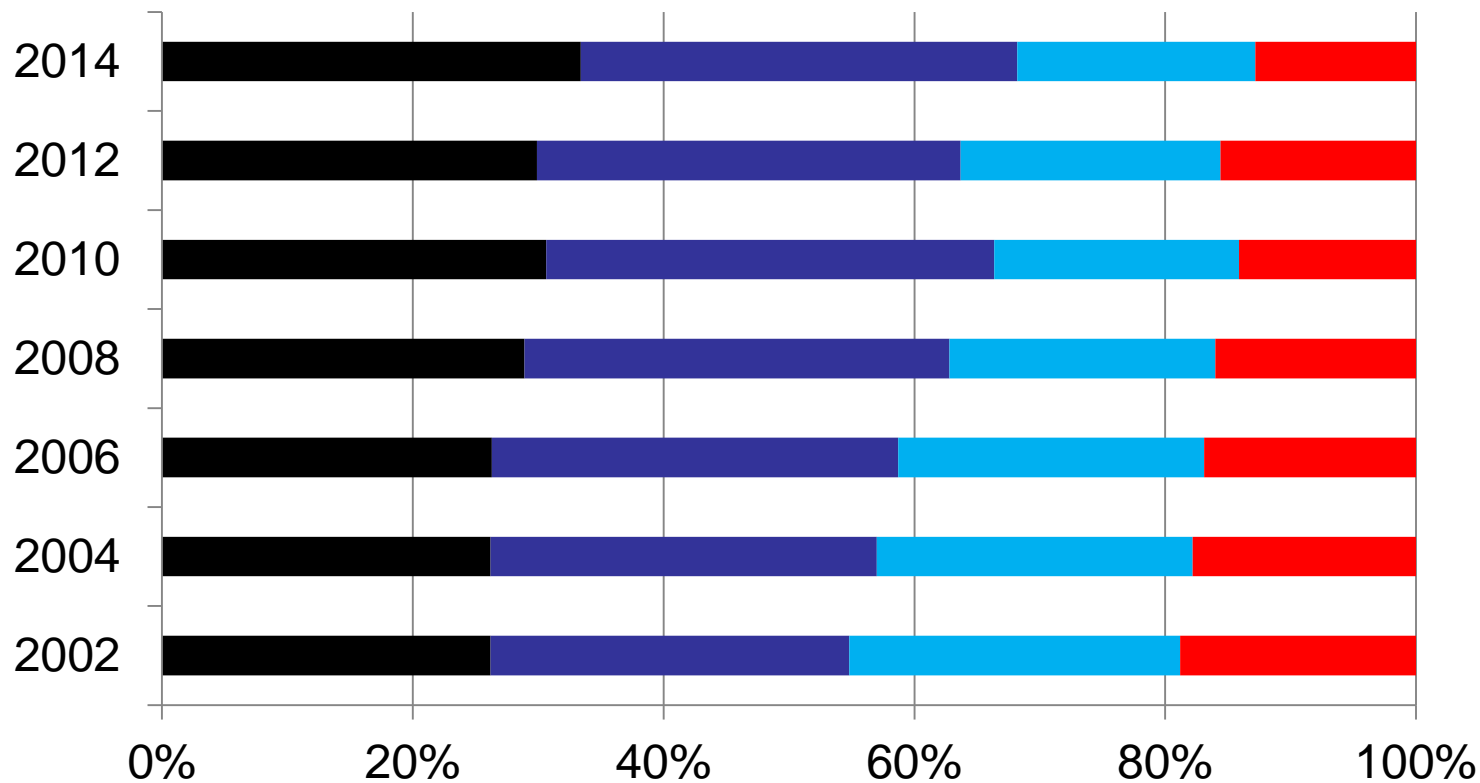
	Growth in Total Population	% Growth		Growth in Population 65 and older	% Growth
<b>United States</b>	122.3 M	43%		79.3 M	226%
<b>Oregon</b>	2.2 M	63%		735K	139%

# Decline of Severe Tooth Loss among US Adults



# How many of your permanent teeth have been removed because of tooth decay or gum disease?

## Oregon 65-74 year olds



*No. of teeth*



**None**



**1-5**



**6 +**

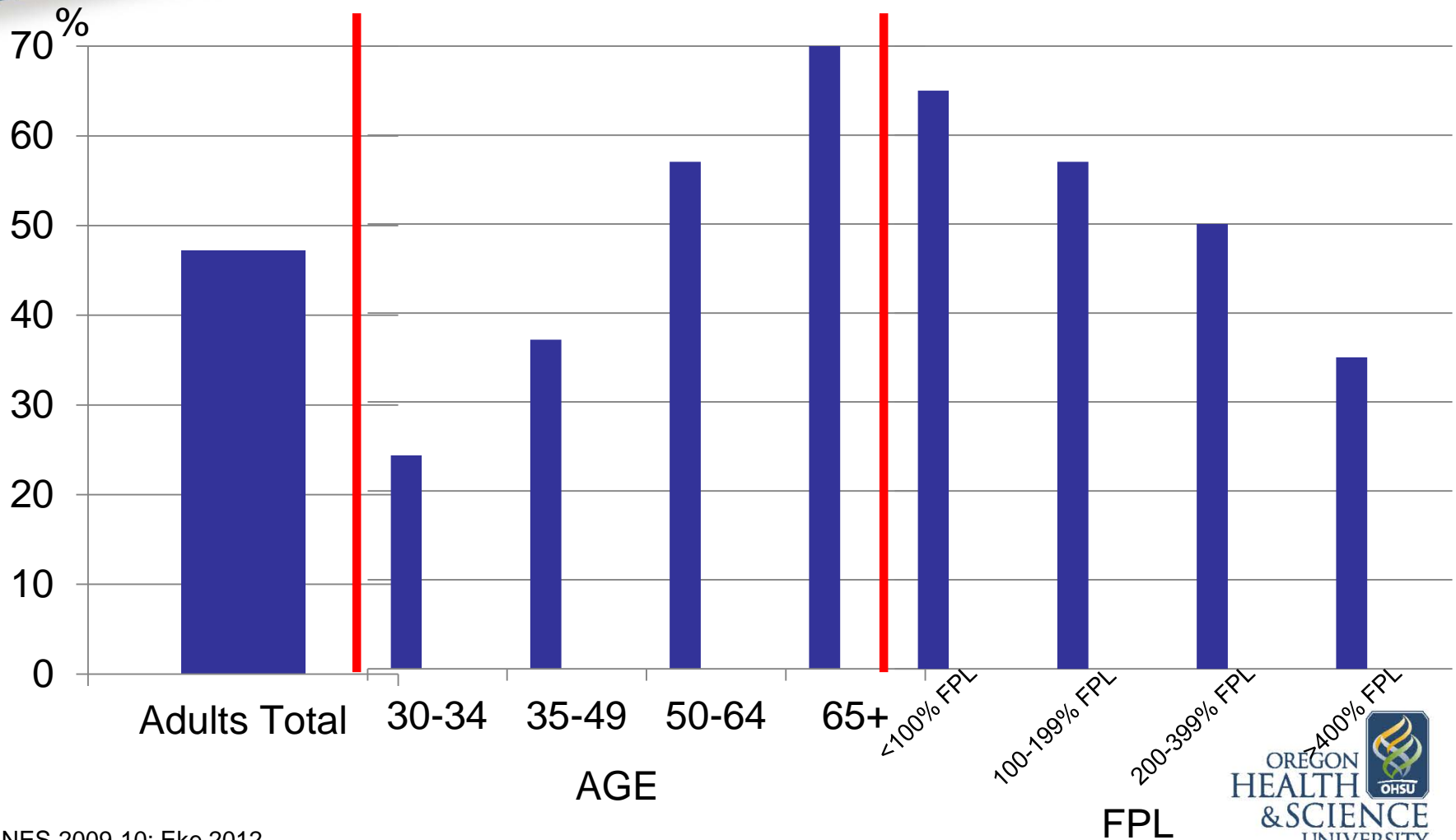


**All**

# BRFSS data on nutrition and health

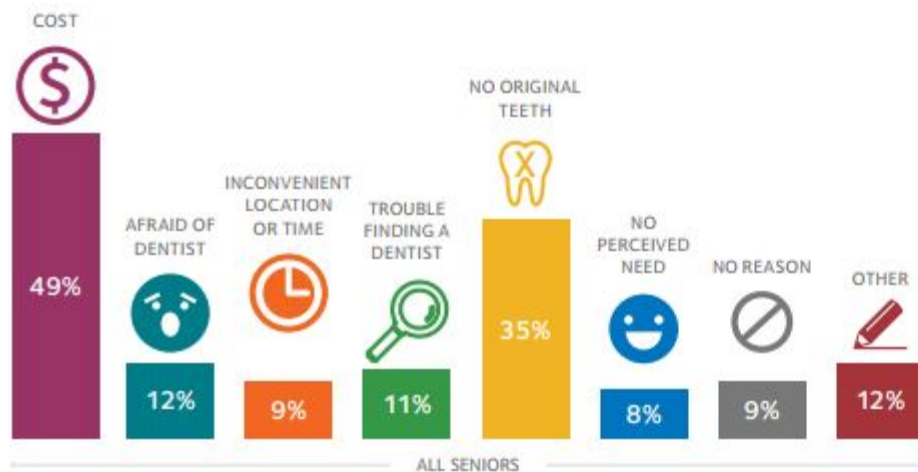
- Behavioral Risk Factor Surveillance System (BRFSS) data also reveal that almost 75 percent of Oregonians 60-74 years old do not eat the recommended five servings of fruits and vegetables per day and only 30 percent have a healthy body mass index.

# Prevalence of Periodontal diseases - selected variables



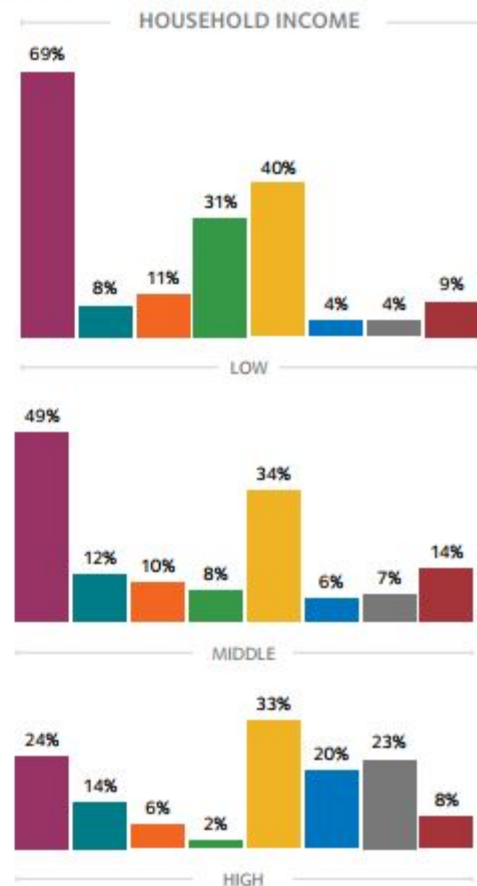
# Seniors' Reasons for not Visiting Dentist United States

## REASONS FOR NOT VISITING THE DENTIST MORE FREQUENTLY AMONG SENIORS WITHOUT A VISIT IN THE LAST 12 MONTHS



**COST** IS THE TOP REASON AMONG SENIORS REGARDLESS OF INCOME LEVEL.

**NO ORIGINAL TEETH** IS THE TOP REASON AMONG HIGH-INCOME SENIORS.



For more information, contact the Health Policy Institute at [hpi@ada.org](mailto:hpi@ada.org).



# THE ROAD AHEAD



# OHA: Oral health integration in Oregon



## Oral Health Integration in Oregon

Environmental Scan & Recommendations

Prepared by Health Management Associates  
November 2016



## Oral Health Toolkit:

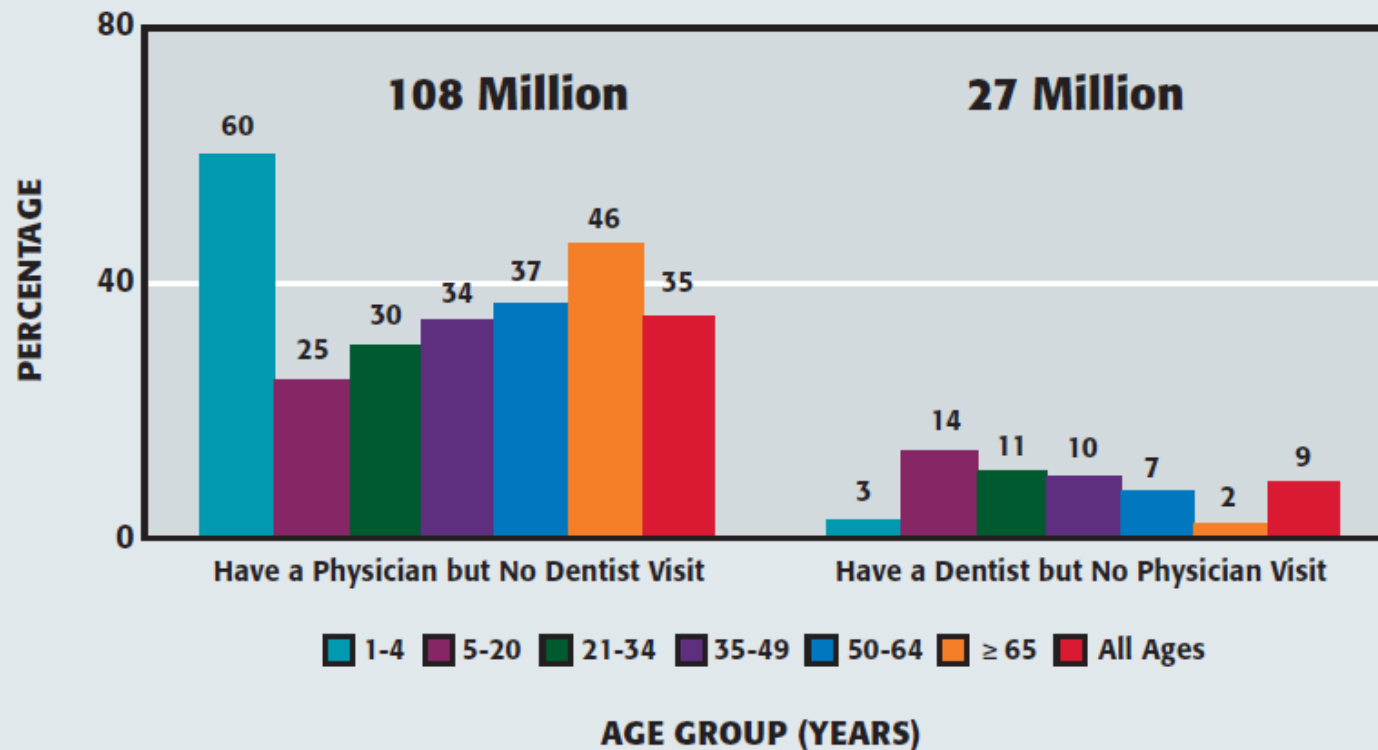
Resources for supporting oral health integration in Oregon

Prepared by Health Management Associates  
November 2016

# The case for integration

- **Emerging best practices and evidence-based guidelines conclude that integration of oral health into primary care practice is essential to promoting and maintaining the health and well-being of patients.**

# Integration - referral opportunities

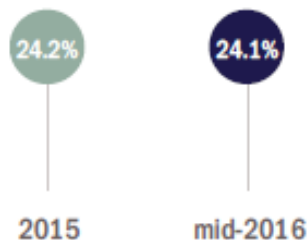


**Figure.** Visits to dentists and physicians in the course of one year among U.S. patients. Analysis by the American Dental Association Health Policy Resources Center, based on data from 2011 (the most recent year for which data are available) from the Medical Expenditure Panel Survey of the Agency for Healthcare Research and Quality.

# Dental care for adults with diabetes

Percentage of adult CCO members identified as having diabetes who received at least one dental service within the reporting year

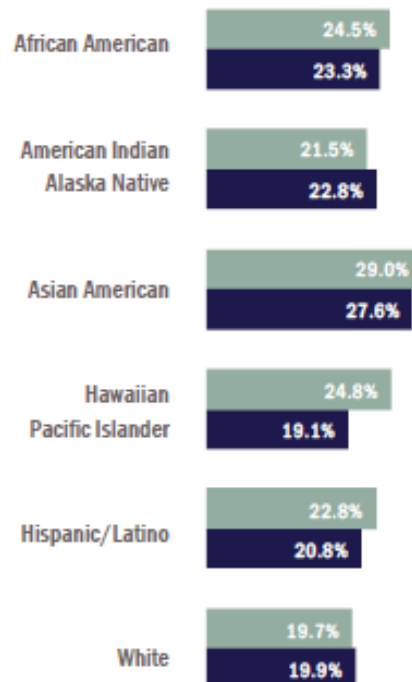
## Statewide. 2015 and mid-2016



## By race and ethnicity.

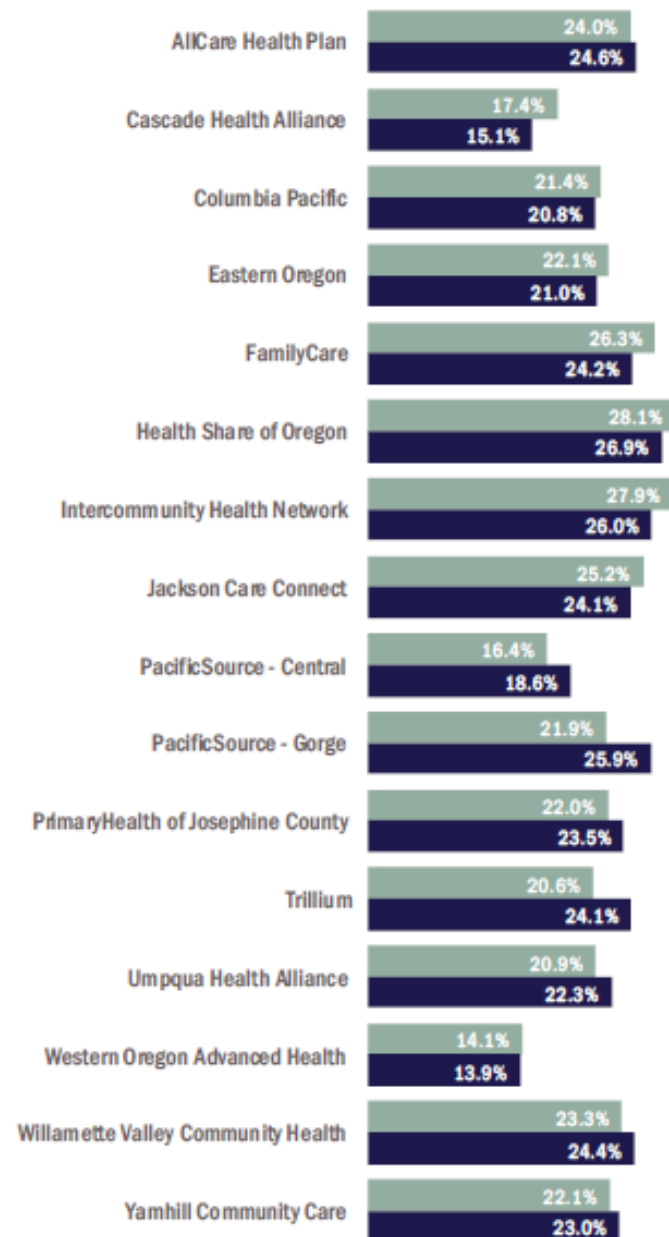
2015 and mid-2016

These data include Fee-for-Service



## By CCO.

2015 and mid-2016



Domain: Oral health integration

Service type: ✓ Dental

Data source: Administrative (billing) claims

Endorsed by: MAC Oral Health Workgroup, CCO Oregon

2015 n = 36,285 / mid-2016 n = 37,734 (mid-2016)

Oral Health in Oregon's CCOs

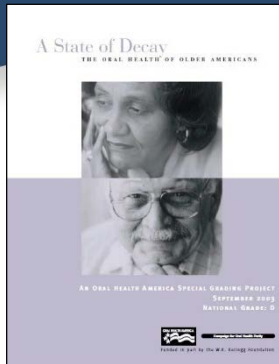


A metrics report

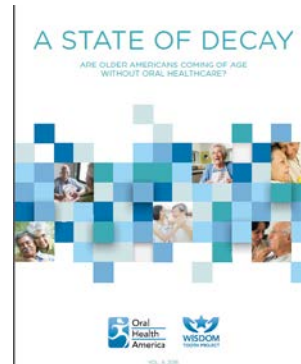
March 2017



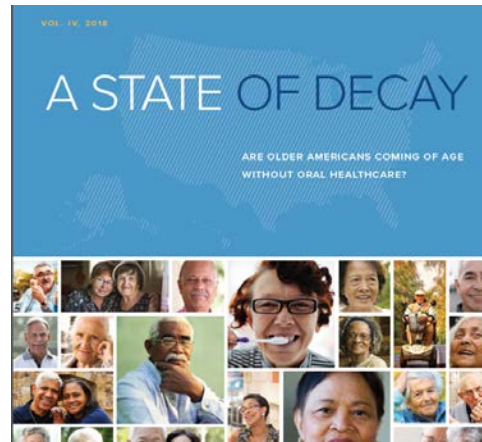
# Oral Health America Scorecard of States' Efforts for Oral Health for Seniors



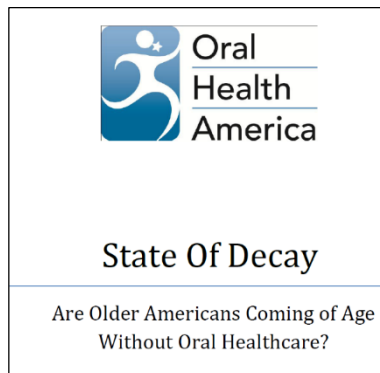
**2003 Score card:**  
**Oregon got a D grade**



**2016 Score card:**  
**Oregon ranked 29 (poor)**

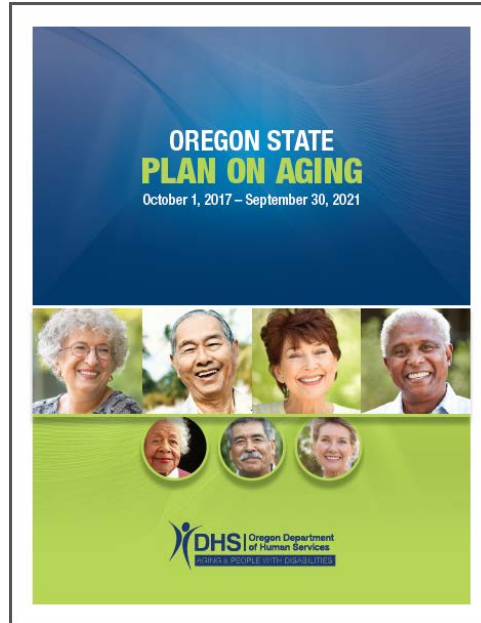


**2018 Score card:**  
**Oregon ranked 13 (good)**

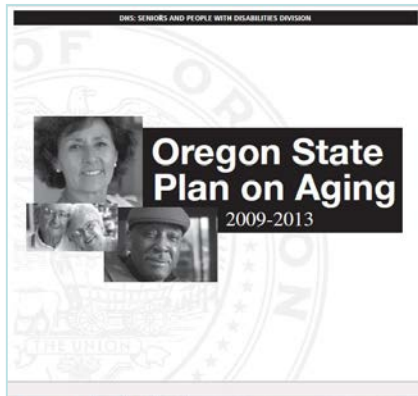


**2013 Score card:**  
**Oregon ranked 39 (poor)**

# State Plan on Aging recognizes Oral Health



***[ Oral health mentioned twice  
(p.8 and p.24)]***



***[ No oral health mentioned]***

# Future National Prospects

## COMMENTARIES

Editorials represent the opinions of the authors and not necessarily those of the American Dental Association.



### GUEST EDITORIAL

## A national imperative

### Oral health services in Medicare

Harold C. Slavkin, DDS; for The Santa Fe Group

Dental benefits are not included in Medicare despite the reality that more Americans are living well beyond their 65th birthdays. In the United States, 10,000 people turn 65 every day, which drives the increasing cohort of seniors.<sup>1</sup> Today, the number of seniors—47 million—essentially will double by 2050 according to demographers, and there is no doubt that oral health and general well-being are inextricably bound together.<sup>1</sup> Many conditions that plague the body are manifested in the mouth, a readily accessible vantage point from which to view the onset, progression, and management of numerous systemic diseases. Periodontal diseases are generated by microorganisms that readily can enter the general circulation and cause bacteremia, resulting in adverse systemic effects that can promote conditions such as atherosclerosis.<sup>2</sup> Study investigators assert that adverse cardiovascular effects from periodontal diseases are due to a few high-risk oral microorganisms associated with the pathogenesis of atherosclerosis via increased lipoprotein concentrations, endothelial permeability, and binding of lipoproteins in the arterial intima.<sup>2</sup> In this guest editorial we assert







**Thanks for your attention**

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