

Title of Intervention: A Community-based Oral Health Outreach Program for Older Adults

Intervention Strategies: Supportive Relationships, Environments and Policies

Purpose of the Intervention: To improve oral health care for older adults

Population: Older adult residents

Setting: Publicly and/or privately owned living centers in the community; community/home-based

Partners: Community Dental Center (the Center), University of Michigan School of Dentistry, the City of Ann Arbor, Visiting Nurses Association

Intervention Description:

- Supportive Relationships: A dental hygienist provided individualized counseling based on oral screening and oral hygiene assessment with specific treatment oral hygiene and diet recommendations. The Center assisted with appointment making and payments.
- Environments and Policies: The Center provided oral hygiene devices and access to screening for dental diseases/oral hygiene.

Theory: Not mentioned

Resources Required:

- Staff/Volunteers: Dental hygienist
- Training: Not mentioned
- Technology: Not mentioned
- Space: Space for dental treatments
- Budget: Not mentioned
- Intervention: Dental equipment, oral hygiene devices, health education literature, screening supplies
- Evaluation: Patient records, indices

Evaluation:

- Design: Pilot study
- Methods and Measures:
 - Participant contact and treatment phase records to measure the effect the hygienist's activities on had on stimulating the participant to seek treatment
 - Oral Hygiene Index-Simplified (OHI-S) to assess the presence of debris and calculus
 - Gingival Index (GI) to measure gingivitis
 - Prosthodontic Tissue Index (PTI) to quantify inflammation of supporting structures beneath complete dentures

Outcomes:

- Short Term Impact: Persons who sought treatment appeared to have contact with the hygienist almost twice as frequently as those who did not seek treatment. More encounters with the outreach program seemed to increase the likelihood that a person would seek care.
- Long Term Impact: Persons with lower incomes increased their use of services at the center.

Maintenance: Repeated home visits and follow-up were conducted by dental hygienist for abnormal conditions. The dental hygienist also conducted phone call follow-ups.

Lessons Learned: Interest in the program developed slowly. Many competing programs exist in living centers. The population's lack of interest in oral health is one of the causes for the underutilization of the program. If possible, the outreach program should be integrated with existing activities for older adults that occur in their residency. The program should be publicized vigorously and continuously through other programs, in residences and newsletters, and particularly, by personal communication among peers. Offer fee subsidies and discounts as incentives for older adults to visit the treatment facility.

Citation(s):

Lang WP, Kerschbaum WE, Kerns KM. A community-based dental program for older adults. J Public Health Dent. Fall 1984;44(4):141-146.