



# From Long-Term Care to At-Home Caregiving: How to Support Older Adults' Oral Health Needs

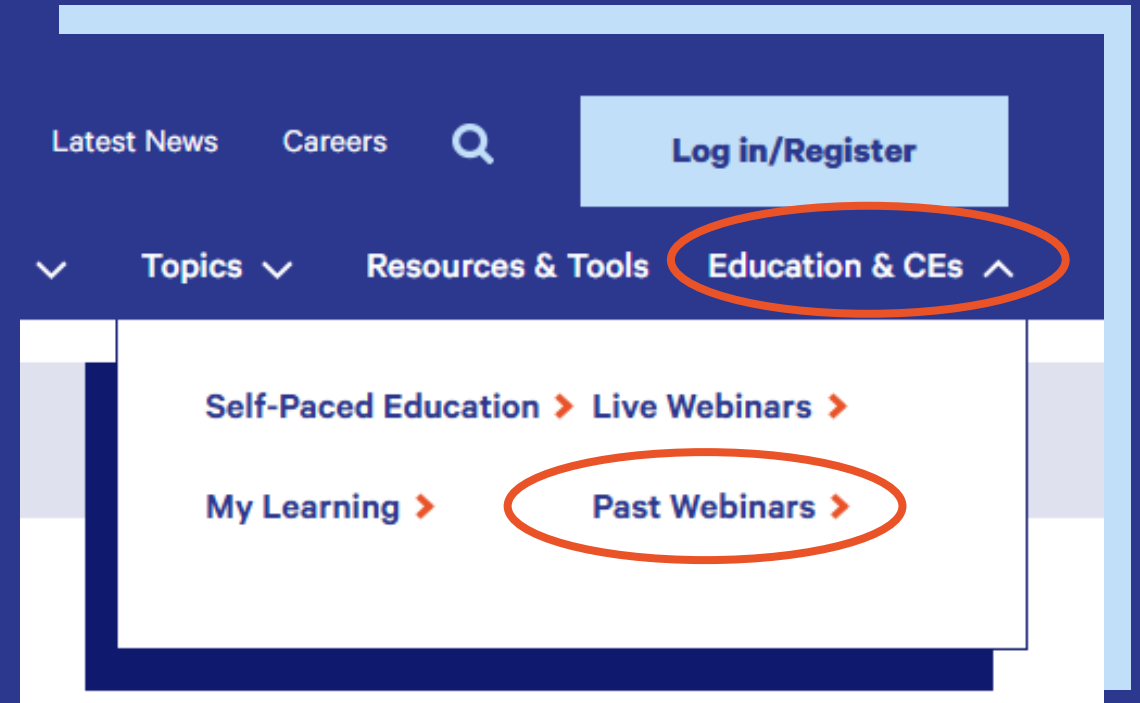
July 10, 2025

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Health Education Alliance of Maine

In collaboration with Massachusetts General Hospital

## Webinar

### From Long-Term Care to At-Home Caregiving: How to Support Older Adults' Oral Health Needs



Thursday  
July 10, 2025



7-8 p.m. ET

**1 CE Credit**



#### **Moderator**

**Labrini Nelligan, MS**

Lunder-Dineen Health Education  
Alliance of Maine  
Massachusetts General Hospital



#### **Presenter**

**Denise O'Connell, MSW, LCSW, CCM**

Lunder-Dineen Health Education  
Alliance of Maine  
Massachusetts General Hospital



#### **Presenter**

**Leonard J. Brennan, DMD**

National Center for Equity Care for Elders  
Harvard School of Dental Medicine

# Learning Objectives

- **Describe** the relationship between oral health and overall health, including the elevated risk of oral disease in older adults.
- **Identify** the role care partners/givers and other members of the interprofessional team across care settings have in promoting oral health for older adults.
- **Describe** programs devoted to teaching care partners and health care professionals about older adult's oral health.
- **Develop** an action plan to improve care for older adults.

# Poll Questions

**How comfortable do you feel supporting the oral health needs of patients transitioning in or out of supportive care settings (e.g., nursing homes, home based care, hospice or palliative care settings)?**

- a) Very comfortable – I currently provide care in these settings
- b) Somewhat comfortable – I've had occasional experience
- c) Not very comfortable – I've had limited exposure
- d) Uncomfortable – I've had limited or no exposure

**Is your dental practice/work setting equipped to meet the oral health needs of aging or medically complex patients?**

- a) Yes, we have dedicated protocols and resources
- b) Somewhat, we adapt as need with limited resources
- c) Not currently, we face challenges in providing support for these patients
- d) Not sure, we do not work this population



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# From Long-Term Care to At-Home Caregiving:

## How to Support Older Adults' Oral Health Needs

July 10, 2025



# Building Bridges Through Education

**HEALTH EDUCATION IS POWERFUL  
MEDICINE**



  
**MAINE NURSING PRECEPTOR  
EDUCATION PROGRAM**  
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**MOTIVATE at Home**  
Maine's Oral Team-Based Initiative:  
Vital Access to Education  
*Nurturing Oral Wellness Every Step of the Way*

  
**TIME TO ASK**  
*Education that transforms  
conversations about alcohol use*

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# Health Education Is Powerful Medicine





# Partnership Model: CareQuest Institute



## Beyond a Nice Smile

### Links Between Oral Health and Overall Health for Older Adults

Oral health is about more than just having a nice smile.

Oral health includes the health of the teeth and gums, and the ability to speak and chew comfortably. Common diseases that can affect our oral health include cavities, gum disease, and oral cancer. Oral health is linked to overall health, self-esteem, and quality of life in many ways you may not have realized.

#### Medications

- More than four out of five older adults have at least one chronic health condition like heart disease or diabetes, and even two or three or more chronic conditions. Many oral health conditions cause dry mouth, which often gets worse the more medicine people take.<sup>1</sup>
- Dry mouth, when not managed, can cause and worsen tooth decay, leading to the need for more dental treatments like fillings, root canals, and extractions.<sup>2</sup> Dry mouth can also lead to oral infections and lesions as well as difficulty chewing and swallowing, which in turn can result in poor nutrition.<sup>3</sup>

#### Diabetes

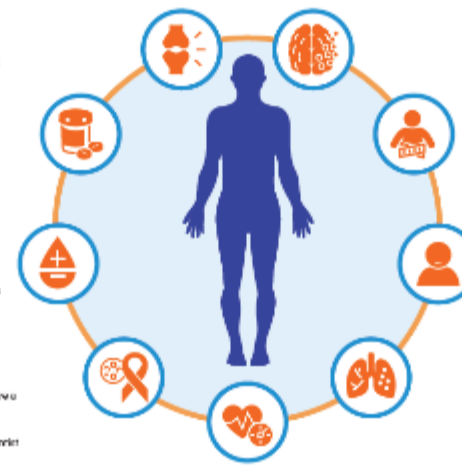
- Having diabetes can also increase the risk of developing gum disease by 2-3x, and people with diabetes often have worse gum disease than people without diabetes.<sup>4</sup>
- Untreated gum disease makes it harder for people with diabetes to manage their blood sugar (glucose) levels.<sup>5</sup>
- People who have diabetes and also wear dentures are likely to develop some oral health problems because they do not feel as securely.<sup>6</sup>
- Large-scale studies suggest that when people with diabetes are treated for gum disease, they have lower costs related to managing their diabetes.<sup>7</sup>

#### Cancer

- Women with gum disease and those using dentures to replace missing teeth have a greater risk of being diagnosed with breast cancer.<sup>8</sup>
- Men with gum disease have a higher risk of developing prostate cancer.<sup>9</sup>
- People with poor oral hygiene (not brushing their teeth or flossing a dentist regularly) have a greater risk of developing oral cancer.<sup>10</sup>

#### Recommendations

- Talk with your doctor about your oral health, including any problems you may be having with your teeth, mouth, or gums. If you do not have a dentist whom you visit regularly, ask your doctor for recommendations on where to find one and options for affordable care.
- Ask your dentist about any oral health problems you may have. Use gum disease, that may affect your overall health. Talk with your dentist about the best ways to take care of your oral health, such as brushing, flossing, or having dental cleanings more often.



#### Arthritis

- Having gum disease, including being toothless due to gum disease, is linked with having rheumatoid arthritis.<sup>11</sup> Some studies suggest that the risk of rheumatoid arthritis increases with each tooth lost to gum disease.<sup>12</sup>

#### Dementia

- Having gum disease makes a person more likely to develop Alzheimer's disease and memory loss.<sup>13</sup>
- Individuals who have lost teeth or have difficulty eating and swallowing have an increased risk of developing problems with their memory and thinking.<sup>14</sup>

#### Obesity

- Some studies have found that individuals who brush their teeth once a day or less are more likely to become overweight or obese than people who brush their teeth more often.<sup>15</sup> There is also a link between being obese and having gum disease.<sup>16</sup>
- Eating sugary foods and drinking sugary drinks is linked to both being obese and developing tooth decay in children and adults.<sup>17</sup>

#### Mental Health

- About one in six adults aged 60 and older have some kind of mental health condition, like depression or anxiety.<sup>18</sup> Adults with depression are less likely to brush their teeth every day, more likely to have oral health problems, and less likely to see a dentist compared to adults without depression.<sup>19</sup>
- People with depression often experience less energy and motivation to take care of their oral health, like brushing and flossing their teeth, not smoking and flossing can lead to tooth decay and gum disease.<sup>20</sup>
- Medicine used to treat conditions like depression and anxiety often causes dry mouth. If dry mouth is not treated and gets worse, it can cause tooth decay, oral lesions and infections, and difficulty eating.<sup>21</sup>

#### Healthy Breathing

- Having preventive dental care, such as teeth cleanings, before a stay in the hospital can help prevent developing pneumonia while in the hospital.<sup>22</sup>
- In elderly people, the risk of dying from pneumonia is decreased by improving the person's oral health through tooth brushing.<sup>23</sup>

#### High Blood Pressure and Heart Disease

- Adults are more likely to develop high blood pressure if they have gum disease<sup>24</sup> or have lost teeth due to gum disease.<sup>25</sup>
- Some evidence suggests that there is a link between gum disease and an increased risk of heart disease.<sup>26</sup>

# Motivate at Home Program

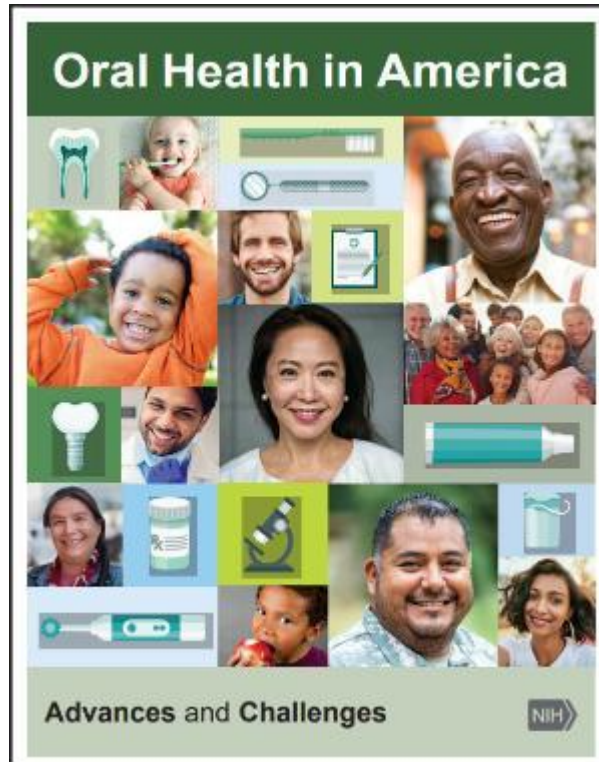


  
**MOTIVATE at Home**  
Maine's Oral Team-Based Initiative:  
Vital Access to Education  
*Nurturing Oral Wellness Every Step of the Way*

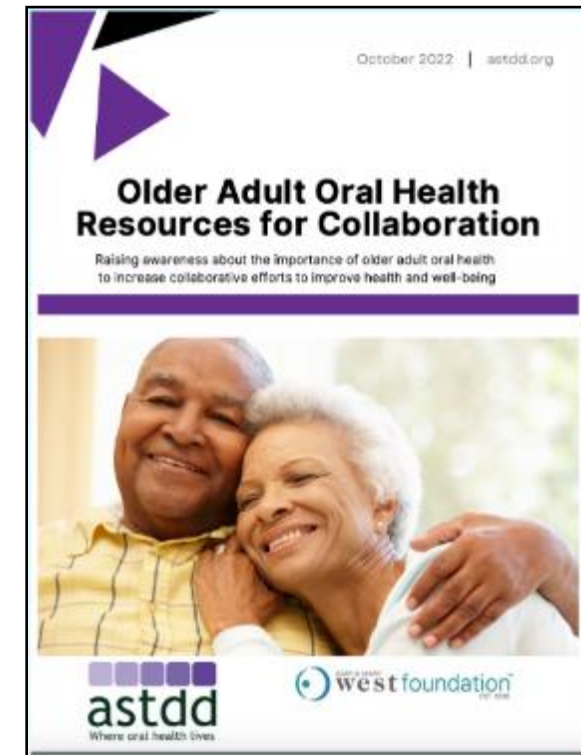


# Motivate as a Best Practice

## Surgeon General Report Oral Health Across the Lifespan: Older Adults – Section 3B-55



## Association of State and Territorial and Territorial Directors (ASTDD) Brief on Older Adults – Page 10



# Contributions

## JOURNAL OF Public Health Dentistry



Care  
Institut

WILEY

Official Journal of the American  
Association of Public Health Dentistry  
[wileyonlinelibrary.com/journal/jphd](http://wileyonlinelibrary.com/journal/jphd)



Journal of Public Health Dentistry  
Educating Long-Term Care Staff on Older Adult Oral Health: Maine's Oral Team-Based Initiative Vital Access to Education (MOTIVATE) Program  
DOI: 10.1111/jphd.12630  
Status: In Production





# Older Adults: Basic Facts and Care Landscape

How many are there now and in the future?

- About **54 million** adults aged **65+** in the U.S. (**16%** of the population)
- By 2060, this number is expected to **nearly double to 95 million** (about **23%** of the population) — *U.S. Census Bureau*
- **Healthcare implications:** aging population = increased demand for care

# Older Adults: Living Options and Levels of Care

- Where do they reside?
  - A preference to remain at home
  - **75%** at home, **24%** in other care settings
- Levels of independence
  - Independent and semi-independent at home
    - Adult Day Care
    - Home Health care
  - Senior apartment complexes
  - Senior congregate living centers



# Older Adults: Living Options and Levels of Care

- **Assisted living and boarding homes**
  - Not all are alike and varies from state-to-state
  - Providing personal care
  - Medication management
  - May offer social opportunities
  - Usually oversight by a nurse monthly

# Older Adults: Living Situation and Levels of Care



- Skilled care and nursing home care
  - Nursing home: skilled **27/7** nursing led care and requires skills at least 5d/week
  - Nursing home: **27/7** care and need extensive assistance with Activities of Daily Living (ADLs)
  - Subacute: intensive post hospital care/rehab or intensive nursing
- Hospital: acute needs

# Medicare (MCR) Basics

- **Part A:** Hospital
- **Part B:** Outpatient care
- **Part D:** Prescriptions but not routine dental care unless needed for a surgery or they purchased a MCR product for dental.
- **MCR** covers short term skilled nursing home with a qualifying prior acute stay and not at **100%** after **day 20**

# Medicaid (MCD) Basics

- State-based
- Most cover nursing home costs
- Most provide waivers for at home care and/or assisted living
- Many cover routine adult dental
  - Access barriers to those who accept it



# Other Options

- Veterans' resources
  - Administration
  - State supported veterans nursing homes
  - VA waiver support to reside in non-VA nursing homes
- Family support

# The Interprofessional Team

- **It takes a team: interprofessional teams across the care continuum**
  - Family and HCP along with care coordination
- **Home and community-based services and what is covered by insurance**
  - Personal care
  - Homemaker
  - Home health: MCR
  - Family care giver waiver
- **Community Health Centers: one stop shop/all professions represented on one place and sliding fee scale as well as MCR/MCD**
- **Private services**
- **Other supports**
  - Family caregivers: AARP 53 million to adults ages 50+ 2023; mostly women; ¼ report high stress in doing this with a financial burden as well
  - AAA and Senior Centers: nutrition



# The Interprofessional Team

- **Private agencies**
  - **A myriad of options**
    - Case coordination
    - Locating care
    - Transportation
    - Assistance with finances
    - Checking in support
    - Technology supports
- **Other supports**
  - Family caregivers
    - AARP 53 million to adults age 50+ 2023; mostly women
    - 25% report high stress in doing this with a financial burden as well
  - Area agencies on aging
  - Senior centers



# Rose

- Please help us
- No dentist available to help
- 12 months in long-term care
- Combative and aggressive



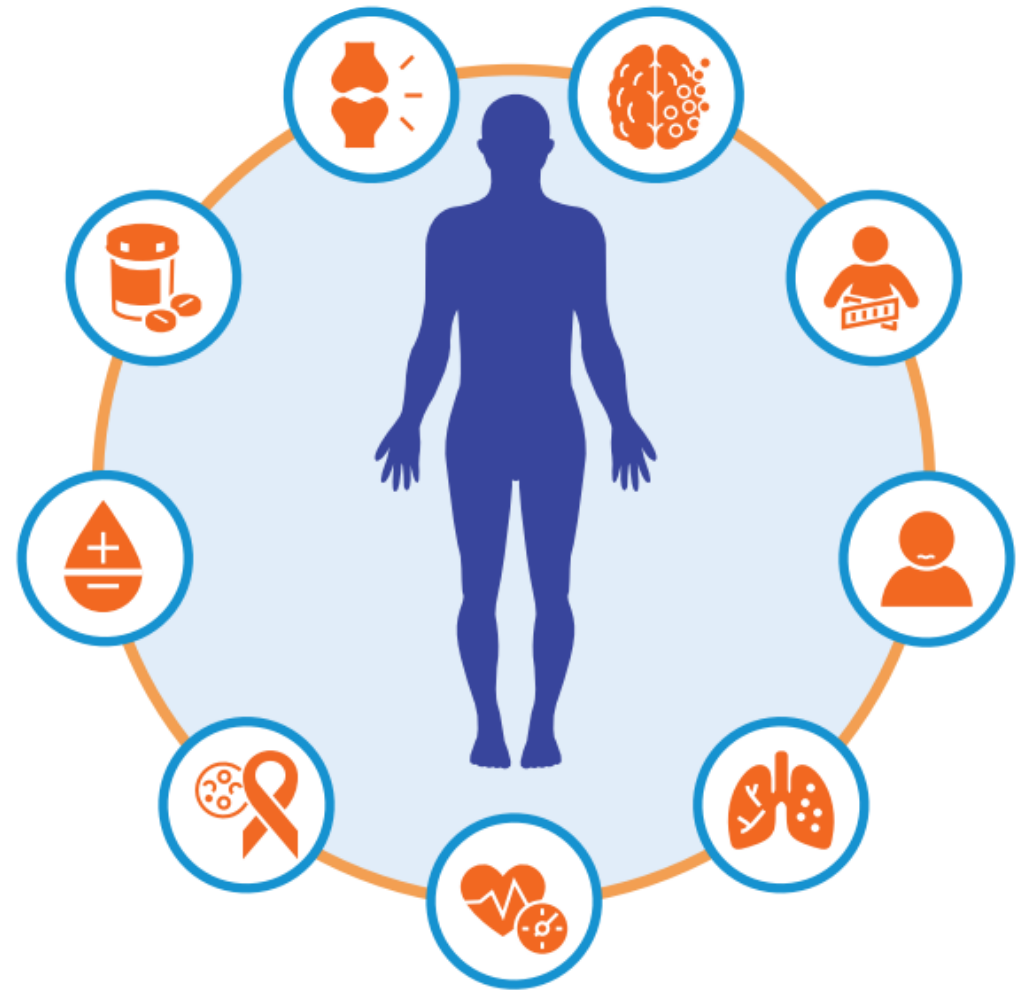
# Rose's Story



# Mouth Body Connection

Research is showing that oral infections can be predictors of a systemic or outside of the mouth problem

There has been a conceptual shift from viewing gum disease as strictly an oral problem to having an impact on systemic health.



# Examples of Older Adult Health Literacy

| Discipline     | Proficiency           | Obstacles   |
|----------------|-----------------------|---|
| Physicians     | Minimal               | <b>40%</b> report receiving no medical school or residency training in oral health. Their hygienist is their source of oral health information.     |
| Dentists       | Hesitancy in Treating | <b>30%</b> of dentists find their knowledge and experience to be insufficient in treating older adults with complex medical problems. Time intense. |
| Nurses and CNA | Minimal               | <b>Suboptimal knowledge</b> of oral healthcare.   |
| Policy makers  | Very Low              | <b>Suboptimal knowledge</b> of oral healthcare.<br>Institute of Medicine Report.  |
| Older Adults   | Very Low              | <b>88% have very low proficiency in oral health literacy.</b>   |



# Older Adults: Most at Risk

- **80%** experience one or more chronic diseases
- **75%** experience three or more chronic diseases
- Most all Chronic Disease are managed by medications that affect the mouth causing dryness and taste problems
- In nursing homes, patients often receive **12 to 15** drugs
- Most don't have dental insurance and cannot afford to pay for care
- **Over 25%** have not seen a dentist in at least 5 years
- **70 – 90%** cannot brush their own teeth or dentures

Tab 1Tab 2Tab 3Tab 4Tab 5

## Why are older people at risk for oral health issues?

There are many reasons that older adults are at risk for oral health issues.

**Click on each tab above to learn more.**



Sources: Smiles for Life Curriculum

---

COURSE PROGRESS22%

Tab 6Tab 7Tab 8Tab 9

## Why are older people at risk for oral health issues?

Here are some additional reasons that older adults are at risk for oral health issues.

**Click on each tab above to learn more.**



Oral Health in Long-Term and Palliative Care Settings: Oral Health Nursing Education and Practice Geriatric Oral Health Webinar Series

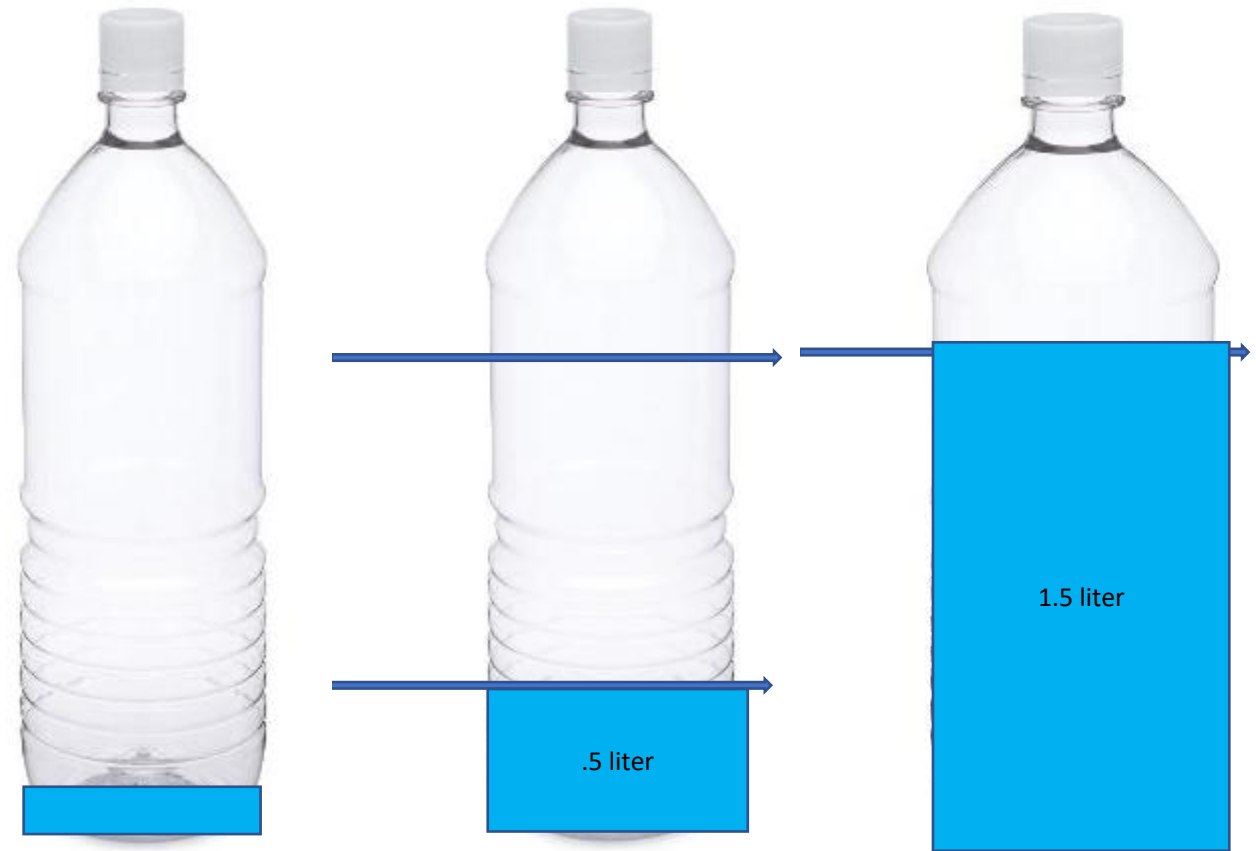
  
MOTIVATING ORAL HEALTH EDUCATION AND PRACTICE

COURSE PROGRESS22%

# Magic of Saliva

## Functions:

- Neutralize acids
- Aids swallowing
- Aids chewing
- Aids in speaking
- Reduce bacteria in the mouth
- Holds denture in place



- Full – normal saliva
- 1/3 – full medication
- Circadian rhythm: Nighttime production
- Radiation

# Oral Health in Older Adults and Pneumonia

VA studies 2019; CareQuest 2018-2019 Medicaid Database 2016-2018

## Hospital Acquired Pneumonia (HAP)

- 1/100 develop cases of HAP per admission
- MGH: 50,000 admission
- Brigham's: 44,000 admissions
- Cost: \$40,000 – \$50,000
- Death Rate: 35% of patients with hospital acquired pneumonia died either in hospital or within one year after discharge

## Within 48 Hours

- Gum pathogens
- Throat pathogens 60% plus
- 63% have pathogens colonizing the pulmonary tract
- 76% periodontal bacteria in lungs

## Intervention

### Project Happen 2016

Shannon Munro, PhD

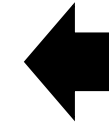
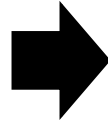
Nurses at Salem VA Medical Center Community Center brushed patients 2xs/day:

- Nonventilated pneumonia cases decreased by 70-92%
- Having a dental visit within 3 years: Pneumonia decreased by 22 %
- Each additional routine dental visit over the previous three years decreased the probability of a VAP diagnosis by 5%
- \$5 on patients for supplies and two minutes of face-to-face time to a nurse's day.



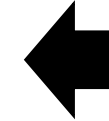
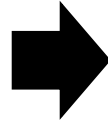
# Action Strategy: Understanding the Extent of Common Mouth Problems in Older Adults

Periodontal  
disease 90%



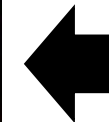
Cancer  
2% – 4%

Assessed  
teeth



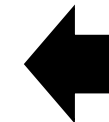
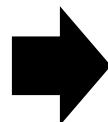
Denture  
sores  
17%

Candidacies  
44%



Chewing  
problems  
75%

Decay  
75%



Infection  
xerostomia  
23%

# Bacteria Can Double Nearly Every Five Hours: The Risk to Older Adults



**Bacterial levels can reach more than 100,000,000 trillion pathogens in 1 mg of plaque**

Nield-Gehrig, Willmann 2008





# Katherine's Story Dentistry Over a Lifespan

## Adult:

- Health literacy and utilization of dental benefits

## Obstacles to care after 65:

- Most older adults are dentally unstable
- **Dental Care options:**
  - Finances are a significant obstacle for 70% of older adults
  - Emergency room care
  - Private insurance
  - Medicare?
  - Medicaid?



# Care Providers for Older Adults: Family and Friends

*By Debra [Bakerjian](#), PhD, APRN, University of California Davis  
Reviewed/Revised Sept 2024  
Merck Manual*

Nearly **100%**  
of mouth care is  
supported by  
caregivers in Long  
Term Care

The greatest obstacle  
to oral health care is  
oral health literacy

# Care Providers for Older Adults: Family and Friends

By Debra [Bakerjian](#), PhD, APRN, University of California Davis  
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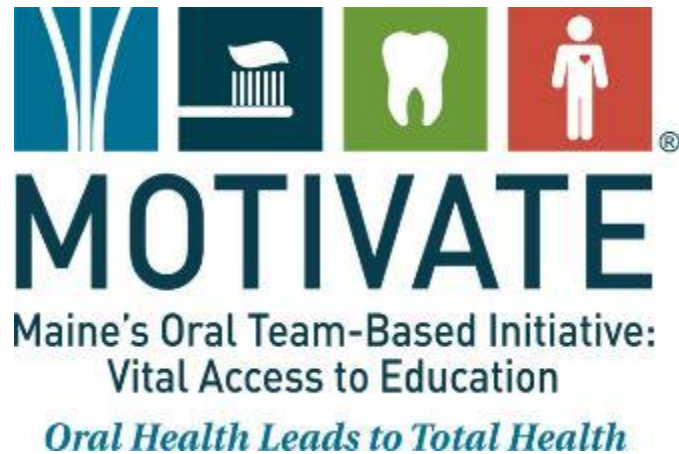
Family caregivers provide 90% of help in the home: physical, emotional, social, and economic.

An orange rectangular box with a thin black border, containing the text "90%" in white, bold, sans-serif font.

## Breakdown

- **17%** of Americans provide care to a family member aged 50 years or older
- **38%** of adults aged 80 or older require routine help with personal care and household tasks
- **76%** of adults aged 90 or older require routine help with personal care and household tasks

# What Can Be Done?



# Action Strategies for Effective Communication and Engagement

## Non-verbal ACTION Strategies

- Remember that the mouth is a very intimate space; ask permission to enter the mouth
- Patients may have a history of dental phobia
- Be calm, not hurried, and use gentle touch
- Your mood will be mirrored
- Approach from the front
- Evaluate in a safe environment
- Establish eye contact
- Speak at eye level
- Point or demonstrate

## Verbal ACTION Strategies

- Use calm, gentle voice, speak slowly, avoid elderspeak
- Slow movements
- Lower pitch tone
- Ask a TRUSTED caregiver to remain in operatory
- Establish who you are and what you hope to do..... and that you will not hurt her/him
- Use short, simple sentences
- Touch is tricky
- Eliminate distracting noises, lights, and clutter
- Use familiar words and give simple choices
- Give one instruction at a time
- Allow time for the person to respond



# Establish Your Goals



**Develop a treatment plan that outlines what steps you need to take and when.**



**Plan ahead**



**Engage the healthcare team**



**Development of a rationale treatment plan that considers the ability to maintain treatment**



**Feedback on effectiveness**



# Consider Sodium Diamine Fluoride

## Effectiveness

- ~**90%** of cavities arrested with two applications per year
- **40 – 80%** of cavities arrested with one application per year

## Patient Pluses

- No drills
- Reduces patients' fear
- Effective triage lesions
- Cost is very inexpensive
- High caries rate
- Radiated patients
- Overdentures
- Use around large fillings and crowns



# Prepare a Caregiver's Dental Tool Kit

- Toothbrush
- Floss aids
- Toothpaste
- Gloves
- Glasses
- Cup
- Mouth Props
- Gauze
- Light
- Disposable swabs
- Lip balm



# Application to Practice

1. Proactively Screen for Polypharmacy and Its Oral Effects
2. Customize Oral Hygiene Instructions Based on Dexterity and Cognition
3. Focus on Prevention of Root Caries and Periodontal Disease and What Can Be Done
4. Communicate with Empathy and Respect for Aging-Related Changes
5. Educate the Patient and the Caregiver by Sharing Resources like MOTIVATE at Home
6. Provide Links to Important Resources

# Feedback

1. What is one idea shared during today's presentation that you would be interested in exploring further?
2. What are some opportunities that you see in your work to support and educate care partners?
3. As we continue to spread the word about MOTIVATE at Home, how do you think we can best reach and engage care partners who are often busy and strapped for time?





# Questions and Answers





# Thank You to Our Speakers



**Labrini Nelligan, MS**

**Lunder-Dineen Health Education Alliance of Maine**

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Human Papillomavirus (HPV) and Dentistry: What Every Provider Should Know on **Thursday, July 24 at 7–8 p.m. ET**



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Register for **our next webinar on Thursday, July 24 at 7–8 p.m. ET**

Human Papillomavirus (HPV) and Dentistry: What Every Provider Should Know

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