

ASSESSING AND TAKING ACTION ON ORAL HEALTH FOR OLDER ADULTS IN CANADA



Symposium Proceedings

November 29-30, 2012

Edmonton, Alberta

Canadian Institutes of Health Research Planning Grant Proposal Team

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Acknowledgements

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Assessing and Taking Action on Oral Health for Older Adults in Canada

SYMPOSIUM PROCEEDINGS

BACKGROUND

A national interprofessional symposium titled, *Assessing and Taking Action on Oral Health for Older Adults in Canada* was held in Edmonton, Alberta November 29-30, 2012. With funding support from Canadian Institutes of Health Research (CIHR), the symposium was hosted by Dr. Sharon Compton (PI) and Dr. Minn Yoon (Co-PI) from the Dental Hygiene Program, University of Alberta and Dr. Joanne Clovis (Co-PI) from the School of Dental Hygiene, Dalhousie University.

The Symposium provided an opportunity for a diverse group of participants with different roles in the care and well-being of older adults to engage on the issue specific to oral health of older adults. A group of researchers and educators, health professionals, administrators and program policy leads from across Canada attended (See Appendix 1: Participant List). The symposium was designed to share knowledge, to meet and start the process of building linkages across research programs, and to engage in shared exploration of focused topics to make progress on the objectives of the symposium.

Symposium Objectives

- Establish a national, interprofessional network of researchers, practitioners, and educators focused on oral health for older adults.
- Explore opportunities for knowledge creation and translation by bringing researchers together with policy makers and knowledge users to create an interprofessional network.
- Establish the foundation for an evidence-informed system of older adult oral health care.
- Identify major knowledge gaps in our research programs.
- Identify other disciplines' research areas that might benefit from including an oral health element.
- Publish the symposium discussion, summary, and recommendations for action areas including future research and practice modification.

SCOPING REVIEWS

In preparation for the symposium, the planning team conducted two reviews to search for relevant research conducted in the past 10 years and for other information pertaining to oral health and older adults in Canada. The search for Canadian research studies was conducted using databases PubMed, Medline, Scopus, CINAHL, and the Cochrane Library. The search through the grey literature was conducted by individually searching the websites of specific relevant dental and dental hygiene organizations such as the Canadian Dental Association, Canadian Dental Hygienists Association and the Canadian Association for Public Health Dentistry to name a few and by using Google for follow-up with potential additions.

The results of the database search for Canadian research studies specific to oral health and older adults are being updated and will be submitted for publication. The grey literature search revealed various reports from Task Force groups and these included numerous recommendations for addressing issues pertaining to the state of oral health of older adults in Canada.¹⁻¹⁷ The recommendations from the reports showed consistent patterns; six areas for future development and action were identified and formed the focus for the symposium small group discussions. The six common, national overarching *Areas for Action* provided the basis for collective input from participants. A common understanding of the critical aims and areas of action facilitated the development of a network in which symposium participants could operate reasonably autonomously yet create synergies to achieve the desired outcomes.

Six Areas for Action

1. Enhance the didactic and clinical geriatric components in existing curricula (undergraduate, graduate, residencies, continuing education) to increase the comfort level of all professionals and staff working with older adults.
2. Raise awareness of the importance of oral health for older adults by educating the younger and older senior population, families, caregivers, dental professionals, other health and social professionals, government and the public.
3. Develop and promote standards and evidence-based best practice guidelines.
4. Develop innovative care delivery models for older adult oral health.
5. Engage regulatory bodies of pertinent health professionals to address issues of older adult oral health to implement and promote policy change.
6. Increase government funding for oral adult oral health services to reduce financial barriers and increase access to care.

These six areas could have the potential to:

- Establish a common focus and direction for various groups across Canada;
- Act as attractors for others who wish to join the network;
- Provide important foci for collaborative research endeavors among oral health researchers and with interprofessional teams of researchers, practitioners and health system leaders;

- Support educators in understanding directions for required competencies, curricula and learning designs; and
- Support decision makers in identifying key areas for resourcing research and innovation initiatives and / or policy and program development aimed at improving the systems of support for older adults in Canada.

Because the Symposium engaged participants from a wide range of roles, the event fostered the development of relationships necessary to form a sustainable, national, interprofessional network of researchers, practitioners, and educators who could contribute to the wellbeing of older adults.

ORAL PRESENTATIONS AND INQUIRY SESSIONS

Day 1 focused primarily on understanding the various research programs from across Canada related to oral health and older adults. Presentations from British Columbia, Nova Scotia, Ontario, Manitoba and Alberta demonstrated a breadth of research and experience on which to further build and develop programs and research. Each presentation was followed by an Inquiry session in which participants engaged the presenters and generated inquiries or implications of their research.

In addition, there were brief presentations by four students across various fields - dental hygiene, nursing, and interdisciplinary studies - that highlighted their current research, interests and future possibilities for knowledge generation in the field.

The following is a short synopsis of the presentations from the various provinces.

- **British Columbia:** Dr. Michael MacEntee presented an overview of the UBC ELDERS program (Elders Link with Dental Education Research and Service) and the UBC Geriatric Dentistry Program, with research, education and action spanning from 1977 to the present. Highlighted the need to engage broad cross-disciplinary group (e.g., third-party insurers, policy makers, residents, families and many others) to address older adult oral health as well as the complexity of oral health in long term care.
- **Nova Scotia:** Dr. Joanne Clovis and Dr. Mary McNally presented an overview of Dalhousie University's celebration of 10 years of Oral Health research in Nova Scotia focusing on oral health of older adults, close collaboration among researchers, educators, practitioners, administrators, and policy makers. Strengths in knowledge translation and exchange were also highlighted.
- **Ontario:** Lynda McKeown and Mary Lou van der Horst presented two perspectives on oral health initiatives in Ontario that illustrated the number of networks and initiatives engaged in collaboration and dissemination of oral health knowledge and practices in Ontario, and the ongoing need to engage researchers in many fields to issues of oral health.
- **Manitoba:** Mickey Wener and Mary Bertone presented an overview of the Manitoba experience. The University of Manitoba's history in this area began in 1985, evolved through initiatives for the Developmentally Delayed, for Dependent Older Adults and the Centre for

Community Oral Health (CCOH) Health Promotion Unit and Caregiver Education to the present day.

- **Alberta:** Dr. Sharon Compton presented the developing research program of older adult oral health at the University of Alberta's School of Dentistry/Dental Hygiene Program, lead by Drs. Compton and Yoon. Some program activities specific to oral health and older adults in Alberta include the following: 1) An external practicum was implemented in January 2011 in long term care facilities for senior dental hygiene students; 2) Glenrose Rehabilitation Dental Clinic involves dentistry and dental hygiene students as well as staff dentists in patient care for older adults; 3) Independent dental hygiene practitioners offer mobile services to some long term care facilities; and 4) Provincial Oral Health Office of Alberta Health Services is developing an oral health plan for older adults.

The five presentations provided a description of the range of related research and activities occurring in different provinces. The presentations were not intended to provide an exhaustive review of all programs and research being conducted across Canada but did provide numerous examples of the work being done and helped to inform the symposium discussions. While much activity is particular to the province and the structure of provincial health care and long term care for older adults, there are a number of commonalities:

- Awareness of oral health in general is lacking, and the importance of oral health and oral disease to the overall health of older adults is not recognized in health practice, policy or by families. Its classification as personal hygiene may affect this perception.
- "Older Adults" encompasses a range of life stages, functional capabilities, living arrangements and connections with family and friends.
- There are active pockets of action and a history of quality research on which we can build the next generation of practice, policy and education. There are synergies to be gained from adopting and adapting research methods and knowledge translation activities in one province with evidence-informed tools and processes developed in other provinces.
- There is a high commitment to, and experience with interprofessional and cross-sectoral collaboration across the provinces - in research, knowledge translation, education, practice and policy development.
- Research methodologies used to study the range of social, biological and environmental influencers on oral health (and overall wellness) of older adults in Canada, are complex. Both practical and basic research are important to advancing the knowledge base for taking action on oral health in older adult sand improving practice and policy. Cross-disciplinary research using mixed methods and including sociologists, adult educators, and other fields of knowledge with a wide range of health and rehabilitation fields, is necessary.
- There are a variety of networks connected to oral health initiatives for older adults within each province (e.g., gerontology, health promotion, dental, etc.) Some existing relationships provide a strong foundation to further connect multiple networks. Additionally, the connections and relationships developed in this Symposium may be one way to create connections among and between these diverse networks.

STRATEGIES FOR THE SIX AREAS OF ACTION

With information from the oral presentation and inquiry sessions, participants engaged in discussions of more specific strategies for the six Areas for Action. These specific strategies could provide guidance for researchers, educators, professionals, administrators and policy makers.

Area for Action 1

Enhance the didactic and clinical geriatric components in existing curricula (undergraduate, graduate, residencies, continuing education) to increase the comfort level of all professionals and staff working with older adults.

- Helping students develop an understanding of the whole person is of key importance. Understanding and appreciating the roles of professionals and paraprofessionals ‘on the ground’ (e.g. the reality of the health care aide’s role and work patterns) is also important. Developing a shared understanding of the context of long-term care is also important to working collaboratively and effectively within such a care setting. Different strategies for bringing this into a student’s awareness and understanding are needed.

Area for Action 2

Raise awareness of the importance of oral health for older adults by educating the younger and older senior population, families, caregivers, dental professionals, other professionals, government and the public.

- The group developed actions necessary to develop a ‘Network of Noise’ to raise awareness across this broad range of groups, acknowledging the importance of all sectors and stakeholders.
- This group committed to continually meet virtually, and welcomed anyone with an interest in the activities to join them.
- Possible actions the group would pursue were to create briefing notes for various audiences discussing older adult oral health issues, and to explore possibilities of collaboration with different professional groups.

Area for Action 3

Develop and promote standards and evidence-based best practice guidelines.

- The group identified a critical element: the necessity for a common template for legislation across the provincial jurisdictions that hold the responsibility for health care jurisdictions.
- Template should include a high level statement regarding oral care for older adults that addresses assessment, daily care and access to care; is shaped by stakeholders; and, is substantiated by evidence.
- The group recognized that people in various associations and provinces are working on similar initiatives (some of whom participated in the Symposium). There was an expressed interest in ongoing efforts in this area for action and making connections with the Canadian Oral Health Advisor.

Area for Action 4

Develop innovative care delivery models for older adult oral health.

- The group identified a number of possible strategies and possible immediate actions.
 - Review and learn from existing programs in BC, Alberta (Calgary zone), Manitoba, Ontario, and Nova Scotia;
 - Commitments from individual group members to undertake one small action that would advance this area of action;
 - Develop comprehensive and integrated models, in which all professionals and paraprofessionals as well as the family/close friends recognized and understood the various roles and responsibilities of each other;
 - Build on the potential for dental hygienists becoming more involved in home care and long- term care;
 - Recognize the importance of family involvement and suggested this role may be advanced under Area for Action (Network of Noise).

Area for Action 5

Engage regulatory bodies of pertinent health professionals to address issues of older adult oral health to implement and promote policy change.

- Changing legislation is difficult and takes time so the group believed a reasonable way to effect change is to work within the existing structure of legislation.
- Proposed oral health initiatives need to be strategically sound before they are presented to and supported by other health professions and their respective professional associations.
- One example of a proposed initiative could be the need for an oral care specialist at long-term care sites. Such an initiative could be supported by:
 - Cost analyses for hospitalization caused by oral disease.
 - Research demonstrating the benefits of preventive oral care for long-term care populations.
 - Stories from families of those affected by oral neglect in long-term care; and their requests for action.

Area for Action 6

Increase government funding for older adult oral health services to reduce financial barriers and increase access to care.

- The group identified specific actions steps in five interrelated strategies within this area.
 - Use government approved data such as data recorded with the Resident Assessment Instrument (RAI) to begin building the case for Canadian older adult oral health strategy. Action steps suggested were to review the RAI data related to oral health and compare these findings to an oral assessment by a dental professional and assess if the comparison validates the findings from the RAI. Based on these results, a recommendation could be made or a report developed for submitting to government. Lastly, concurrent with the above work, the suggestion was made to establish a working group to develop an improved oral health assessment tool and/or to revise the oral health related items on RAI.
 - Make a recommendation of a best practice model for oral health within facilities (may be concurrent with above work from Area for Action # 4). Suggestions were made to conduct a workload study to examine what is needed to maintain a model of oral health within a facility and secondly, to identify where good oral health program models are present in facilities, which could be used as positive examples to assist in creating a sustainable oral health program model.
 - Link front-line provider certificates for education/competency in oral health care with continuing care standards. Suggestions were made to compile a list of provincial continuing

care standards and secondly to create standard provider certificate programs based on the continuing care standards.

- Consider returning to the provinces' Health Accord. Need to investigate what is included in the Canada Health Act that addresses oral health to understand various provincial interpretations.
- Highlight older adult population and resulting healthcare workforce issues and consider the role of the family and informal caregivers. The group suggested identifying caregiver and advocacy support groups and to determine the educational needs in relation to oral health care resulting in developing relevant education resources for distribution.

POST-SYMPOSIUM EVALUATION

Feedback was gathered from Symposium participants five weeks after the event using a survey, delivered through SurveyMonkey®, consisting of the following questions:

1. Looking back, what would you keep, remove, change or add in the future to further symposiums?
2. What is the biggest 'take away' resulting from the Symposium that impacted you or your organization?
3. To what extent did we achieve the objectives of the Symposium? (This question had four sub-sections.)
4. Are any of the six identified Areas of Action of particular interest to you? If so, which one(s)?

Twenty responses were received from the total of 41 Symposium participants (except for Question 4, which received 19 responses). Responses were collated by an administrative support person. All identifiers, if any, were removed prior to being reviewed by the planning team.

Question 1

The majority of survey respondents would keep the format of the Symposium, particularly the small-group discussions. The national and interprofessional nature of the participants was also highly recommended as an essential element for future symposiums. Many respondents commented on the awareness for a need for follow-up and continued networking, which they believe was encouraged by the format of the Symposium. An increase in goal-focused discussion and strategy development was recommended for future symposiums. Most respondents found the Symposium to be a very positive experience, suggesting that it was well-organized and very successful in its aims.

Question 2

In response to the second open-ended question, participants consistently reported that the 'take away' messages resulting from the symposium were 1) the creation of networking opportunities, 2) the

shared awareness that senior’s oral health is a concern for many, 3) a shared value that interprofessionalism is essential to making progress on senior’s oral health and 4) renewed motivation to keep working toward making a difference for senior’s oral health.

Question 3

The third question used a four-point Likert scale to gather feedback on how completely the following four objectives of the symposium were met:

1. Establish a national, interprofessional network of researchers, practitioners, and educators focused on oral health and older adults.
2. Consider how to increase the opportunities for knowledge translation by bringing the researchers together with policy makes and knowledge users to create an interprofessional network.
3. Identify knowledge gaps in Canadian research programs.
4. Identify other disciplines’ research areas that might benefit from including an oral health element.

Feedback from 20 respondents was as follows:

Objective	Completely	Partially	Not At All	Unsure
1	80% (16)	20% (4)	0	0
2	49% (9)	55% (11)	0	0
3	5% (1)	75% (15)	10% (2)	10% (2)
4	20% (4)	70% (14)	0	10% (2)

Question 4

The fourth question of the Post-Symposium Evaluation asked if any of the six identified Areas for Action were of particular interest to the participant and if so, which one(s). Of the survey respondents, 19 answered this question, and some chose more than one area that was of interest to them. In brief, the Area for Action chosen by most was the second area, to raise awareness of the importance of oral health for older adults. The second Action participants were most interested in for future involvement was to develop innovative care delivery models for older adult oral health.

Summary of how respondents reported their interest in future involvement in each of the six Areas for Action.

Areas for Action	Number who chose this area. (Total of 19 respondents. Some chose more than 1)
Raise awareness of the importance of oral health for older adults by educating the younger and older senior population; families; caregivers; dental professionals; other professionals; government and the public.	10
Develop innovative care delivery models for older adult oral health.	9
Develop and promote standards and evidence-based best practice guidelines.	8
Enhance the didactic and clinical geriatric components in existing dental/dental hygiene curricula (undergraduate, graduate, residencies, continuing education) to increase the comfort level of dental professionals in working with older adults.	7
Increase government funding for oral adult oral health services to reduce financial barriers and increase access to care.	6
Engage regulatory bodies of pertinent health professionals to address issues or older adult oral health to implement and promote policy change.	4

POST-SYMPOSIUM ACTIVITY

Network of Noise

The participants from the small group discussion focusing on Action Area #2 that was to raise awareness of the importance of oral health for older adults formed a sub-committee known as the “Network of Noise”. This group had a teleconference on 10 January 2013, to follow up on their discussion from the Symposium. The following is a summary of the conference call.

One of the participants had started to spread the word about the Symposium and its objectives, through several meetings. She met with Dr. Peter Cooney, Canadian Oral Health Advisor, Public Health Agency of Canada, who expressed interest in the Symposium activities. She met the Honourable Fred Horne, Minister of Health for Alberta, at a Canadian Health Leaders meeting, who was also interested in the work done at the Symposium. She reported that the Health Care Innovation Working Group of the Council of the Federation (which includes representatives from all provinces and territories) were looking for current health pilot projects with a focus on seniors which have the potential to be distributed across the country.

There was a lot of discussion as to how the “Network of Noise” group could develop oral health messages – briefing sheets – to present to different groups. After general discussion, the group developed two short-term goals

1. Drafting and sending an email seeking input from symposium participants to ask them to provide one key fact about oral health and older adults, and to ask about who they can contact (or have contacted since the symposium), in order to spread the word. Upon receipt of input from symposium participants, briefing sheets will be developed based on the information they provide on their specific area of expertise.
2. Developing terms of reference for the group including the vision, mission, and responsibilities of each participant.

Submission to National Centre for Oral Health Research

A proposal developed by Drs. Compton, Clovis and Yoon was submitted for funding to the National Centre for Oral Health Research in response to the call for research workshop grants. The proposal outlined the intent to fund participants to attend a small, research specific workshop to be held in conjunction with the Canadian Association of Gerontology Annual Conference in Halifax, Nova Scotia in October 2013. The proposal was not funded.

NEXT STEPS

The debriefing discussion at the conclusion of the Symposium highlighted the benefit of the cross-disciplinary and cross-sector participants in the Symposium. If possible, the group would like to meet again next year.

In addition to the production and distribution of the Symposium Proceedings, the following steps are ongoing from the Symposium.

- Papers for publication are being developed including one scoping review of the research in Canada specific to older adult oral health.
- The Symposium established a foundation for advancing action nationally by connecting individuals in different provinces. The Symposium process created a common agenda by engaging a broad cross-section of researchers, educators, health professionals, administrators and program policy leads to work with six Areas for Action that were common to multiple Task Forces across Canada. Combined with the relationships that were initiated or strengthened - and through them the connections to broader diverse networks – will help to build the base of a knowledge and learning network for the next generation of effort in taking action on oral health in older adults across Canada.
- Groups who worked on the strategies for each of the six Areas of Action continue to work independently, inviting others who may be interested in particular areas and spreading the word to their networks. Not all areas of action will maintain effort, but since all are interconnected, action in one can create opportunities for others to engage in all.
- Continue efforts to secure funding to support collaborative research, education and practice initiatives for the oral health of older adults.

APPENDIX 1 SYMPOSIUM PARTICIPANTS

Name	Position	Institute	Expertise
Paul Allison, BDS, MSc, PhD	Dean, Faculty of Dentistry	McGill University	Access to oral health care for under-privileged Canadians
Mary Bertone, RDH, BSc	Dental Hygienist, Centre for Community Oral Health	U of Manitoba	Development mouthcare policy; educational resource materials; caregiver training sessions in LTC
Amiee Bourgoin, BA, MN, GNC(C), RN	Grad Nurse Practitioner	Edmonton General Continuing Care Centre; Covenant Health	Geriatric nursing care
Suzette Bremault-Phillips, BSc, BMR, MA, PhD	Assistant Professor, Department of Occupation Therapy	University of Alberta	Mental health; geriatrics; community health; spirituality
Arlynn Brodie, RDH, BPhysEd, MHS	Assistant Clinical Professor, Dental Hygiene Program	University of Alberta	Mobile dental hygiene practice; long-term care contracts
Sienna Casper, PhD(Candidate)	Interdisciplinary Studies Graduate Program	University of British Columbia	Institutional Ethnography; recreation therapy geriatrics
Alix Clarke, BSc	Undergraduate dental hygiene student	University of Alberta	Scoping review oral health and older adult programs in Canada
Joanne Clovis, PhD	Associate Professor, School of Dental Hygiene	Dalhousie University	Health policy, health promotion, geriatrics, access to care
Sharon Compton, RDH, MA(Ed), PhD	Professor & Director, Dental Hygiene Program	University of Alberta	Oral care for residents in long-term care
Cindi DeGraaff, RDH, RDA	Team Lead: Chronic disease prevention & Oral health, Population and Public health	Alberta Health Services	Developing standardized provincial approach to seniors' oral health in CC facilities
Leeann Donnelly, RDH, BDS(DH), MSc, PhD	Assistant Professor, Oral Biology & Medical Sciences	U of British Columbia	Biopsychosocial effects oral malodor; oral health special care populations
Darlene Fraser, RDH	Member Services Coordinator	College of Registered Dental Hygienists of Alberta	Dental hygiene practice; independent practice
Barbara Gitzel, RDH, BEd, MFA	Clinical Professor, Dental Hygiene Program	University of Alberta	Behaviour change; education theory; dental hygiene practice
Nicole Hannigan, RDH, BSc	MSc Graduate Student, School of Dentistry	U of Alberta	Examining RAI data related to oral health along with dental assessments completed by dentistry

Marianne Howell, DDS, MPH	Associate Clinical Professor, School of Dentistry	University of Alberta	Community health; geriatric dental assessments
Sandra-Jean Jensen, RDH	Community Oral Health Education	Alberta Health Services	Public health, oral health in-service provider LTC facilities
Shona Jurak, RN	MN NP Graduate student	University of Alberta	Acute care nursing; oral health; vulnerable and dependent populations
Donna Kawahara, RDH, MHS	Clinical dental hygienist; clinical instructor, Dental Hygiene Program	University of Alberta	Dental hygiene for geriatrics; Glenrose Rehabilitation hospital
Heather Keller, RD, PhD	Professor, nutritional epidemiologist and dietitian	U of Waterloo	Department of Kinesiology
JoAnne Link, RN	Care Manager	St. Joseph's Auxiliary Hospital, Covenant Health	Geriatric nursing; facilities unit management
Ondina Love	Executive Director	Canadian Dental Hygienists' Association	Policy
Michael MacEntee, LDS(I); Dip. Prosth. (MUSC); FRCD(C); PhD	Professor, Prosthodontics & Dental Geriatrics	U of British Columbia	Faculty of Dentistry, Oral health needs of elders.
Grace Maier, RN, MHSA, CHE	Director, Specialized Geriatrics	Glenrose Rehabilitation Hospital, Alberta Health Services	Seniors' health services; continuing care; ambulatory geriatric assessment & rehabilitation
Lynda McKeown, RDH, BA, MA	Community dental hygiene	Northern Ontario	Oral health for elders in residential care
Vicki McKinnon, RDH	Manager, Oral Health, Chronic Disease Prevention and Oral Health, Health Promotion, Disease and Injury Prevention, Population and Public Health	Alberta Health Services	Dental public health; Co-led development Oral Health Action Plan
Mary McNally, MSc, DDS, MA	Associate Professor, Faculty of Dentistry & Medicine	Dalhousie U	Oral health promotion; geriatric care; health care ethics; access to care vulnerable populations
Arlaine Monaghan, Senior's Advocate	Volunteer, Member, Consumer Geriatric Advisory	Glenrose Rehabilitation Hospital, Edmonton, AB	Public member, Council of College of Registered Dental Hygienists of Alberta
Heather Nelson, RN	Director of Care	Miller Crossing Continuing Care by Revera	Long-Term Care management & policy

William (Bill) Preshing, DDS	Clinical Director, University of Alberta Hospital Dental Clinic	U of Alberta	Dental care for health compromised and special needs patients
Luke Schwart, DMD, MBA	Dental Public Health Officer	Population and Public Health, Alberta Health Services	Oral health policy and programs
Jed Shimizu, MD	Medical Resident, Division of Care of the Elderly	U of Alberta Glenrose Rehabilitation Hospital	Geriatric medical care
Susan Slaughter, RN, BSc, MSc, PhD GNC(C)	Assistant Professor	U of Alberta	Faculty of Nursing, Gerontological nursing practice
Barbara Stoesz, MA, SLP-C	Director, Adult Rehabilitation	Glenrose Rehabilitation Hospital	Administration adult rehabilitation; speech language pathology;
Jean Triscott, BSc, MD, CCFP, FAAFP, FCFP-Geriatrics	Professor; Physician, FCFP – Geriatrics, Director, Division of Care of the Elderly	U of Alberta Glenrose Rehabilitation Hospital	Family Medicine, Faculty of Medicine and Dentistry
Mary-Lou van der Horst, RN, BScN, MScN, MBA	Assistant Clinical Professor	McMaster U	Advanced practice nurse & nurse practitioner Knowledge Translation Consultant
Mickey Wener, BS(DH), MEd, CTESL, RDH	Clinical and community health dental hygienist; educator (retired)	U of Manitoba	Promoting oral health for dependent older adults
Chris Wyatt, BSc, DMD, Dip Pros, MSc, FRCD(C)	Professor & Chair, Division Prosthodontics & Dental Geriatrics, Faculty of Dentistry	University of British Columbia	Geriatric dental care and education
Carol Yakiwchuk, RDH, BSc, Masters of Health Studies & Leadership	Clinical Dental Hygienist; Educator	Non-affiliated	Clinical dental hygiene care for dependent children, adults, and seniors. Developed oral health education programs implemented in LTC
Minn Yoon, PhD	Assistant Professor, Dental Hygiene Program	University of Alberta	Oral health vulnerable populations; aspiration pneumonia; interprofessional perceptions and oral care

INVITED BUT UNABLE TO ATTEND

Name	Position	Institute	Area
Heather Christenson, RN, GNC (C)	Executive Director	Jasper Place Continuing Care by Revera	Long-Term Care management & policy
Sandi Clarke, RN, GNC (C)	Director of Care	St Joseph's Auxiliary Hospital. Covenant Health	Long-Term Care management & policy
Stuart Cleary, BA, MS, PhD, CCC-SLP, R-SLP	Associate Professor, Speech Pathology & Audiology, Rehabilitation Medicine	University of Alberta	Swallowing disorders
Dr. Peter Cooney	Canadian Oral Health Advisor, Public Health Agency of Canada	Health Canada	Policy
Tammy Hopper, BA, MS, PhD	Associate Professor Associate Dean, Graduate Studies & Research; Speech Pathology & Audiology	University of Alberta	Communication disorders and dementia
Jean Innes, RN, BN, MSc	Member of the Board, Co-Chair	Edmonton Seniors' Coordinating Council, Specialized Geriatrics Glenrose Hospital	Advocacy for seniors
Debora Matthews, BSc, DDS, Dip Perio, MSc	Professor, Chair, Dept. of Clinical Sciences, Faculty of Dentistry	Dalhousie U	Knowledge translation; addressing deficits in oral health of vulnerable populations
Carlos Quiñonez, DMD, MSc, PhD, FRCDC	Assistant Professor, Director, Special Training Program	University of Toronto	Dental Public Health, Biological & Diagnostic Sciences, Community Dentistry; access to care

APPENDIX 2
SYMPOSIUM AGENDA AND WORKSHEETS

**Assessing and Taking Action on Oral Health
For Older Adults in Canada**

November 29-30, 2012

Garneau Room, Campus Towers

Edmonton, AB

Day 1 Thursday, November 29, 2012	
Time	Focus
0800 – 0830	Arrival, Breakfast served
0830 – 0850	Welcome and Opening Remarks from Dr. Sharon Compton Director, Dental Hygiene Program, and from Dr. Paul Major, Chair, School of Dentistry, University of Alberta
0850 – 0920	Round table brief introductions by participants
0920 – 0930	Overview of Symposium process, Dr. Minn Yoon
0930 – 1200	Presentation and Inquiry Session: British Columbia
	Presentation and Inquiry Session: Nova Scotia
	Break and Networking
	Presentation and Inquiry Session: Ontario
1200 – 1300	Lunch, Student Presentations
1300 – 1330	Presentation and Inquiry Session: Manitoba
	Presentation and Inquiry Session: Alberta
	Break and Networking
1330 – 1430	Introduce the 6 Areas for Action, participants self-select the Area of their choice Small Group session #1, Report Back and large group discussion Round table closing comments
1430 – 1830	Dinner and Networking – U of A Faculty Club

Day 2 Friday November 30, 2012

Time	Focus
0800 – 0830	Arrival, Breakfast served
0830 – 0900	Overview Summary from Day 1
0900 – 1045	Small Group Session #2
	Large Group Session Feedback
1045 – 1145	Where to from here?
1145 – 1230	Closing Round Table
	Closing remarks – Dr. Sharon Compton
1230	Lunch

Assessing and Taking Action on Oral Health For Older Adults in Canada

November 29-30, 2012

Group Activity – Day 1

1. Introduce yourselves - name, location and a bit of why you're interested in this issue
2. Select someone to take notes, and someone to give a 5 minute summary of your group's discussion in the large group report back session.
3. Discuss the following, as they relate to the Area for Action that your group is discussing:
 - a. What are the most important aspects of this Area for Action?
 - i. from a clinician's perspective;
 - ii. from a researcher's perspective;
 - iii. from an educator's perspective,
 - b. What are current strengths related to this Area for Action - in your province, or elsewhere in Canada:
 - i. in the dental or dental hygiene field;
 - ii. in other disciplines.
4. Identify the key points your group made during the discussion (Go around the table with each person having an opportunity to identify the point they thought was a highlight)
5. Give your notes to Sharon Matthias at the end of the session.

Assessing and Taking Action on Oral Health For Older Adults in Canada

November 29-30, 2012

Group Activity – Day 2

1. Introduce yourselves - name, location and a bit of why you're interested in this issue.
2. Select someone to take notes, and someone to give a 5 minute summary of your group's discussion in the large group report back session.
3. Report the group discussion from Day 1. Add any points this groups thinks are important, related to:
 - a. What are the most important aspects of this Area for Action:
 - i. from different perspectives – clinician, researcher, educator, LTC administrator, policy maker, other discipline (nutrition, nursing, OT, etc)
 - b. What are the current strengths related to this Area for Action – in your province, or elsewhere in Canada:
 - i. in the dental or dental hygiene field;
 - ii. in other disciplines.
4. What would your group agree is an important first step in taking action on this Area for Action - in a particular province/territory or nationally?
 - a. Start by discussing various actions that could be taken in support of this area, and then settle on what would be the most important first step.
 - b. Be specific - a local, specific activity that someone can start to take action on in one province - preferably next week, and that someone here agrees to do.
5. Who should be part of the conversation on Taking Action on Oral Health in Older Adults that isn't here today? (type of person or particular name)
6. Identify the key points your group made during the discussion (Go around the table with each person having an opportunity to identify the point they thought was a highlight).
7. Give your notes to Sharon Matthias at the end of the session.

APPENDIX 3 PRESENTATION AND INQUIRY SESSIONS

Guidelines for Presenters

Presentations: We have identified areas in Canada where we understand the most significant work is being done in regards to oral health research and programs for older adults. There will be a total of 5 presentations. The presentation can be up to 20 minutes. Immediately following each presentation, the facilitator for the symposium will lead the participants in an inquiry session for 30 minutes. There will be a computer and screen available for a power point presentation.

Audience: The symposium audience includes 43 participants. The participants include a mix of researchers, clinicians, educators, Facilities' Directors of Care, senior's advocates, and graduate students. Twenty-four participants are either dentists or dental hygienists and the other 19 people represent other health disciplines such as nursing, geriatric medicine, speech pathology, occupational therapy, or nutrition.

Overview Suggestions:

Provide a high level overview of your research program. Some possibilities to consider including are as follows:

- Historical timeline or perspective
- Current state and anticipated direction in the next 3 years.
- What are the general areas of focus related to Oral Health and Older Adults?
- What would you say we know and/or don't know in relation to those areas of focus?
- If applicable, what other disciplines outside of dentistry and dental hygiene are involved in your work?
- Are there opportunities in your province that could further connect emerging network of researchers, practitioners, educators and other stakeholders across Canadian provinces/territories?
- Funding opportunities that may be province specific?

APPENDIX 4

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