Clinical Opinion

Are you ready for the silver tsunami?

‘Crest Kids’ demand for healthy, white teeth won’t diminish as they age

By Janice H. Siegel, RDH

T
en thousand baby boomers retire every day in the U.S. And the silver tsunami is only getting bigger. As these individuals age, they are doing so with the greatest number of healthy mouths and teeth ever seen in the elder-care industry. Today’s older client/patient/resident is different than those of previous generations. The number delineating chronological age no longer represents features seen in retirees of times past. Rare is the removable denture, night-stand denture cup or pureed food. Today is the age of the retiree with implants, porcelain restorations and a history of whitening.

This group of people born between 1946 and 1964 have led and won many revolutions that have changed our society; and the chance of seeing them slow because of the aging process is highly unlikely. The demand for oral health care is expected to surge from this group of “Crest Kids.”

Where do we find the caregivers?

Now that many of us are aware of this growing population of need, where will we find our population of caregivers? My answer: The dental hygienist, a prevention specialist prepared to treat and prevent oral disease, is the person most prepared and capable to guide an oral health-care maintenance program with elder-care facilities.

One example already in place. A successful group of hygienists in Wisconsin have opened an avenue of care among elder-care facilities with its “Adopt a Nursing Home Project.” This is a “front-door” access program, with dental hygienists volunteering time to assist caregivers, families and certified nursing assistants with critical oral health-care needs among residents. The hygienist regularly visits a facility and guides biofilm (plaque) removal techniques and offers additional methods of reducing bacteria — with the goal of creating healthier residents. With improved health, residents display an increase in communication skills and become more interactive, said Shirley Gutkowski, lead of the Adopt a Nursing Home Project. But these efforts are not yet the norm. The stumbling blocks or barriers to care are two-fold. Not surprisingly the management or decision-makers of elder-care facilities, keeping an ever-vigilant eye on the bottom line, often fail to see the value of oral-health maintenance. Understandably, financial issues are crucial to manage in today’s world. At the top of the list are diabetes, cardiovasculardisease and pneumonia. Studies have found a relationship between periodontal disease, diabetes and pneumonia and have concluded that the health costs of an elder are decreased when oral health is maintained daily [Ide, Hoshuyama and Takahashi, 2000; Shay, K., 2005, Terpenning, M., 2005].

A limited thought process seen within some decision-makers reflects an often-seen denial that oral health care matters. The ageist adage that oral health care does not matter — and pureed food is the primary form of nutrition — no longer applies. That’s because in today’s world, people are aging with a majority of their teeth still functional.

State regulations in the way?

A second barrier to more enlightened oral health care in older populations is that many states have regulations that contraindicate decision makers to constrain opportunity for dental hygienists to deliver services. The bulk of responsibility for changing such regulations will rest on the silver tsunami’s ability to motivate decision makers to understand that the status quo no longer applies to issues of oral health. The Wisdom Tooth Project, as part of Oral Health America, is creating multiple methods of disseminating information and offering opportunities to advocate for the increasing numbers of aging Americans. The “Crest Kids” have the most part taken care of themselves and expect their hard work of brushing, flossing and visits to the dental office to not be in vain in their later years. Many from this generation are partnering with Oral Health America and the American Association of Retired Persons — both of which organizations providing information about oral health and the challenges looming on the horizon. Another relatively recent effort was sponsored by the American Dental Association and its “National Coalition Consensus Conference: Oral Health of Vulnerable Older Adult and Persons with Disabilities” (NCDC), held in November 2010 in Washington, D.C. Members of the ADA met with geriatric specialists to attempt to piece together an action plan related to the special needs of the older population. One of the agreements reached by the 1,500 attendees was that there is a need for a dental director position at organized facilities where elders reside or spend a majority of their day. This is a powerful idea, but the reality is that there is a shortage of dentists available to serve in this role for such special-needs communities.

Conclusions reached at the NCCC event were released with much fanfare within the dental community, but since then, the initial enthusiasm appears to have faded, with the various proposals never reaching a hoped-for level of implementation. If a second coalition meets, a more-purposeful inclusion of the dental hygienist’s perspective could help provide higher-value outcomes — because the dental hygienist is fully prepared to step up as an oral health director within care facilities. A large number of hygienists are seeking employment in areas where their expertise is needed to care for individuals with special needs — but many applicants are finding doors closed or only pro-bono invitations to work.

Hygienists take up rallying call

A rallying call has already begun among the dental hygienist population to seek out areas of need and provide care for the underserved. The challenge is that many people remain unaware that the need even exists. Oral health-care needs are not at the top of the list when bedsores and soiled clothing need attention from caregivers. Cost of care is not considered when the bottom line is already considered uncontrollable. But, as stated previously, costs can be reduced when the quality of life improves. This includes

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New power brush head showcased in Chicago

Oral-B brush head combines gentleness and superior cleaning of an electric with familiar shape and brushing motion of a manual

Oral-B® is showcasing its new Deep Sweep™ power brush head at this year’s Chicago Dental Society’s 147th annual Midwinter Meeting. Launched in dental professionals in October of last year, the newest brush head for the Oral-B® Professional Series line of power toothbrushes provides the gentleness and superior cleaning of an electric brush without changing the familiar shape and brushing motion of a manual brush. It is now available for patients to buy in retail stores nationwide.

The Oral-B Deep Sweep has a unique combination of sweeping and stationary bristles with a dynamic, angled power tip, creating triple-zone cleaning action that thoroughly cleans deep between teeth and gets to places that regular manual toothbrushes normally miss. The Deep Sweep provides superior cleaning — with no change in technique — versus a regular manual brush, as well as superior plaque removal and gum health versus sonic technology.

“We strive to continuously provide dental professionals and their patients with the best oral care solutions for their needs,” said Dr. Veronica Sanchez, global scientific communications director, Procter & Gamble. “The new Deep Sweep was designed for patients who enjoy the familiar shape and brushing motion of a manual brush but want the efficiency of a power brush. Now available in stores, our partners in the professional community can introduce their patients to this breakthrough innovation.”

To learn more about the Deep Sweep, visit www.dentalcare.com, or visit the Crest Oral-B® booth (No. 605) in the exhibit hall at the Chicago Dental Society Midwinter Meeting.

(Source: Crest Oral-B)

See the new Oral-B Deep Sweep brush head at the Chicago Dental Society Midwinter Meeting.

Oral care health being monitored and provided on a daily basis under the guidance of a trained professional.

Oral health is an emerging issue and is of serious concern. Are all baby boomers thinking about the future of their oral health? A pattern seen in clinical practice suggests that some boomers won’t take action on impending oral health-care issues until they are faced with an unexpected event, such as fracturing a crown on a front tooth while holding tickets to tonight’s hot show. Even people in their 40s will often clutch their hearts and spout the adage, “Not at my old age, I am not paying for a new crown,” when approached with a treatment plan.

With the expected life span of our population swiftly approaching an 80-year average, it’s surprising how many people who are only half way through the journey will refuse procedures and maintenance that will serve them for their remaining 40 to 60 years. Fortunately, these slowresponding baby boomers are a small percentage of the silver tsunami. My experience suggests that boomers on average have a tremendous interest in all matters of health and well-being. Questions I typically encounter from people in this group range from curiosity about alternative care to interest in surgical intervention. This group is enjoying life, and that likely will continue, with many taking action to live long and live well, with a goal of becoming centenarians.

The ultimate question is: Who will be the banner carrier for this surging silver tsunami? Who or what group will deliver the wake-up call for the action necessary to prepare for the tremendous changes swelling in front of us? Pockets of effort and well-meaning meetings are occurring nationwide. But the substructure of rules and regulations needed before we are truly prepared are not yet in place. Nor is the mindset of the general public open to the understanding of the critical nature of the challenges facing us.

Educated, practiced and knowledgeable dental hygienists are ready to meet the booming oral health-care demands of special-needs and elder populations. Dental hygienists can lead this movement of change. Education is the first battle cry. Then comes the change needed to clear pathways. Then, finally, comes action — action that channels the care that matches or exceeds the needs of the approaching silver tsunami.

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