

Self- Help: Senior Citizens

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**Introduction**

 Xerostomia plays a critical role in oral health care. Xerostomia, also known as dry mouth, and its prevalence amongst our senior citizens has tremendously increased. Our targeted topic and audience in health planning was centered on senior citizens. Studies have continuously shown that medications are a contributing side effect for xerostomia. According to the Center for Disease Control (1), over eighty-five percent of sixty year-olds take an average of one or more prescription medications.

 In addition, an article pertaining to xerostomia in the Dimensions of Dental Hygiene, describes the importance of salivary glands, medications and xerostomia. According to experimental studies, an average salivary flow below 50% will give you a diagnosis of xerostomia. Our project targets the many senior citizens living across America in institutionalized homes.

**Assessment**

**The problem:** The prevalence of xerostomia among seniors.

**Severity of the problem:** The seniors that reported they experience dry mouth mentioned that it’s extreme and very uncomfortable. Most of them are on some kind of medication.

**Extent of the problem:** More than 40% of the seniors interviewed reported that they experience dry mouth.

**Community profile:** This project was done at a senior center with members age 65 and above. Most of them have some physical stability and are able to walk by themselves or with the assistance of a cane or walker. They engage in different activities; one observation was table tennis. Upon interviewing it was found out that some of the seniors reside in private apartments and a proportionate number reside at home with their children but are usually by themselves when at home.

**Demographic data:** The participants were composed of seniors age 65 and above, of Asian descent. They speak Mandarin, Cantonese and some are bilingual speaking English also. All of them are retired and survive on a fixed income.

**Existing programs:** There is currently no other oral health program at the center.

**Barriers to accessing oral care:**

1. Financial constraints; many of the seniors are on a fixed income and some don’t qualify for Medicaid. Also those who have Medicaid have problems finding a Dentist that they are comfortable with and that takes their plan. Some of them need treatment that does not get approved by Medicaid and have to resort to alternatives such as getting extractions and full dentures.
2. Belief: Some people do not believe in going to the dentist and prefer to continue with the same oral habits.
3. Lack of transportation: some of them are unable to drive or travel by themselves and find it difficult to get access to transportation to get to appointments. This is due to family members being too busy working and cannot get the time to take them around.
4. Another problem is that they don’t have someone to manage their appointments and often forget to schedule a recall appointment or forget that they have an appointment scheduled.

**Data collection Method:**

A questionnaire with the following questions was utilized to get information on their oral health status and the prevalence of xerostomia:

1. How often do you visit the Dentist?
2. How do you feel about your oral health?
3. Is there any oral problem that is bothering you?
4. How do you feel about going to the dentist?
5. Is there anything that stops you from visiting the dentist? If yes, state what.
6. Do you experience dry mouth? If yes, how does this make you feel?
7. Do you take medications? If yes, for what condition?

 A brief verbal interview was also done to get information on their lifestyle and socioeconomic status.

**Planning**

50 elderly individuals were interviewed at the Self Help Innovation Senior Center located in Flushing NY, 22 of the seniors,(44%), reported experiencing dry mouth, (xerostomia), and all 22 were taking at least one type of prescription medication. Our plan is to give this group of seniors at least some relief from xerostomia at minimum cost and easy instructions to follow.

1. Assemble a team of volunteer dental hygiene students who can determine if xerostomia is present in the individuals. Let this group examine each of the 22 seniors to confirm the oral condition. This can be done by visual examination of saliva flow on the buccal mucosa of the lower lip and also under the tongue. If the dental hygiene students identify possible dental caries lesions, recommend to them to visit the dentist for further complete dental exam.

2. Organize an activity when the dental hygienist will apply 5% Fluoride varnish to those individuals with xerostomia.

3. Educate the group of seniors with different aspects such as nutrition and hygiene instructions by the dental hygienist students. Also give to the patients recommendations to improve their lives with xerostomia.

4. Call companies that produce fluoride tooth paste, xylitol products and mouth wash for free samples.

**Implementation:**

Action phase:

Post a large font poster of our xerostomia education presentation information in the dinner room, activities room and restroom with Chinese and English dialogs in the Self-Help Innovation Senior center.

Provide xerostomia products flyers and coupons in the senior center office for people who need it.

On the day of the presentation, we grouped 50 elderlies in the activities room and asked them to fill out the survey that we prepared. Then we gave a brief and knowledgeable lecture of how medication affects salivary flows. After those senior had some basic idea of xerostomia, 10 volunteer dental hygiene students came in and provided Type IV examinations with a tongue depressor and hand light. When they screened a xerostomic patient, we use the mirror and tongue depressor to show them how sticky their tongue is. If carious lesions are present with xerostomia, we recommend them to visit the dentist for further evaluations.

We also offered free samples and coupons of anti-xerostomia products to those seniors who were screened for xerostomia.

**Evaluation**

* Evaluation mechanism

Summative evaluation is used to assess the quality and success of the program. Evaluation was conducted after completion of the program. A survey was created for evaluation of the program as a purpose. The surveys were filled out by the participants themselves.

The survey questions were the following:

1. How was the overall presentation?

A. Excellent and informative B. Good C. I was well informed about the information prior to the presentation

2. Did you learn something important pertaining to dry mouth (xerostomia)?

A. Yes B. No C. Some of them

3. Do you know what causes dry mouth?

A. Malfunctioning of salivary gland B. Medication C. All the above

D. Don’t know

4. Do you know dry mouth can cause which of the following problems or conditions?

A. Dental caries B. Difficulty in chewing, swallowing, and speaking

C. Cracked lip and tongue D. All of the above E. Don’t know

5. Do you know which of the following can improve your symptoms of dry mouth?

A. Drink water between meals B. Use artificial saliva products C. Eating healthy

D. All of the above

6. After presentation, will you be confident enough to follow proper oral hygiene instruction?

A. Yes B. No C. Maybe

7. After presentation, will you consider visiting the dentist in near future?

A. Yes B. No C. Maybe

Other comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Result of evaluation

A total of fifty surveys were collected. Survey responses indicated that 95% of the participants were able to answer “All of the above” to Question 3 indicating they could figure out the causes that result in dry mouth. 93% of the participants answered “All of the above” to Question 4 showing they were able to understand dryness in their mouth can cause the mentioned problems or conditions. 90% of the participants were able to answer “All of the above” to Question 5 indicating they were capable of choosing the right methods to improve the symptoms of dryness in mouth. 92% of the participants answered “Yes” to Question 6 showing they would be confident to follow proper oral hygiene instruction. 95% of the participants answered “Yes” to Question 7 indicating they would consider visiting the dentist in near future. In addition, all the participants (100%) thought the presentation was very informative and 98% of the participants were able to learn something important pertaining to dry mouth. Additional comments from ten participants were “great job and fantastic presentation,” and they also indicated more dental education like this could be presented in the future.

Overall, most of the participants were able to learn something from the program. A high percentage of the participants answered the questions correctly based on the presentation. More importantly, most of the participants would consider visiting the dentists in near future. Based on these factors, the program was a success.