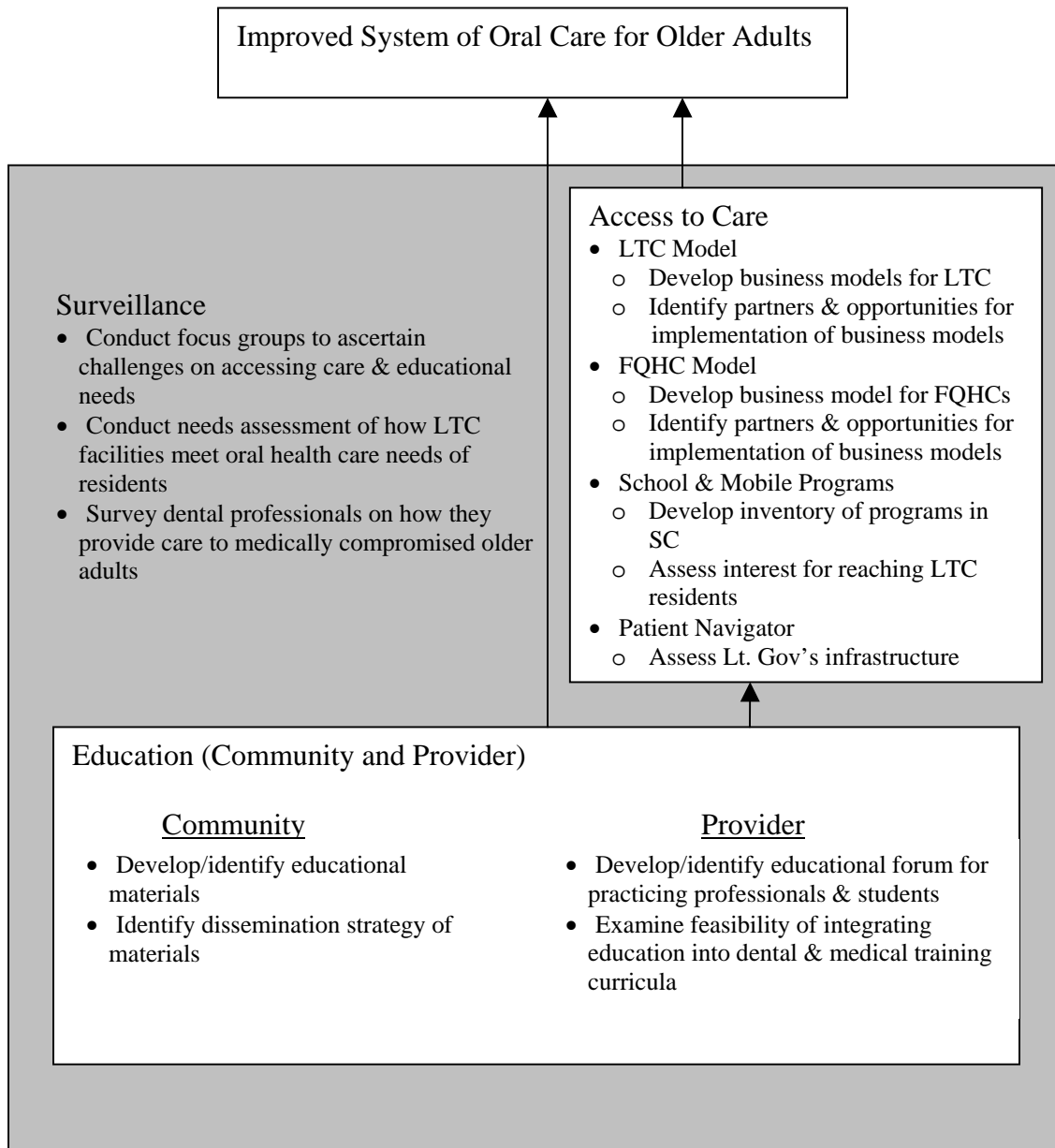


Logic Model: Older Adults



I. ACCESS TO ORAL HEALTH CARE

Area 1 – Model development for improving access within LTC facilities.

Clare Van Sant's organization is the only known entity currently serving LTC facilities' oral health care needs in South Carolina. It is achieved by bringing portable clinic resources to LTC facilities. The group would like to examine this model, as well as a program in Illinois, for potential replication, as well as explore the feasibility and interest of promoting full-scale, on-site clinics within LTC facilities.

7(IV).1 The Division of Oral Health's Surveillance Coordinator, with consultation from the Evaluation Consultant, will conduct a needs assessment of LTC facilities on their oral health care needs and how they provide oral health care services by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection using a survey tool that is to be developed.

7(IV).2 The SC Dental and Hygienist Associations, with technical assistance from the Division of Oral Health's Surveillance Coordinator and Evaluation Consultant, will conduct a survey of their membership to ascertain how they are providing care to the medically compromised older adult by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection using a survey tool that is to be developed.

7(IV).3 The Division of Oral Health's Surveillance Coordinator, with consultation from the Evaluation Consultant, will conduct a qualitative assessment that documents a business model for improving access to care for LTC residents by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection using a qualitative approach that is to be developed.

7(IV).4 The Older Adult Coalition Workgroup will identify organizations and opportunities that can be targeted for replication of documented models of care (by insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).5 The Older Adult Coalition Workgroup will identify a strategy that encourages LTC organizations to replicate/implement the documented business models (by insert).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

Area 2 – Development of a business model for FQHCs (Federally Qualified Health Centers) should be explored. Background: CareSouth is currently attempting to replicate the Appletree program out of North Carolina where a mobile unit is wheeled into a room with full dental clinic capacity. They are considering replicating this service in nursing homes and schools.

7(IV).6 The Division of Oral Health’s Surveillance Coordinator, with consultation from the Evaluation Consultant, will conduct a qualitative assessment that documents a business model for improving access to oral healthcare within FQHCs by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).7 The Older Adult Coalition Workgroup will identify FQHCs interested in replication of the documented model by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).8 The Older Adult Coalition Workgroup will identify a strategy for disseminating and educating interested FQHCs on the documented business model by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

Area 3 – Organize the various school and mobile dental programs. There are many entities in the state using mobile dental clinics (van vs. ‘pack-and-go’), as well as school-based dental programs. The workgroup discussed how they might be organized, either through the DHEC volunteer license option or some advocacy structure. There was interest by the group in engaging the school programs to see if they have interest in serving LTC facilities during the summer months, or other off-time intervals.

7(IV).9 The Older Adult Coalition Workgroup will document an inventory of established mobile dental programs and assess their handicap accessibility by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).10 The Older Adult Coalition Workgroup will assess the interest of mobile and school programs for providing care to LTC residents during off cycles by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Primary data collection through structured interviews by the Surveillance Coordinator

Area 4 – Replication of the patient navigator program for older adults. Patient navigation was previously demonstrated to improve access to dental care for kids through a Robert Wood Johnson Grant awarded to SC DHEC. The suggestion was made to replicate this model in partnership with the Lieutenant Governor’s Office on Aging and the Disability and Aging Information Network. The suggestion was made that Parish Nurses may also serve as useful patient navigators and should be engaged in the feasibility assessment. The Equity Project out of Boston could be a useful example in implementing patient navigation in this way, as they targeted public housing residents with compromised transportation and financial access to oral health services.

7(IV).11 The Older Adult Coalition Workgroup will conduct an assessment of the existing infrastructure for the Lieutenant Governor’s Office on Aging and the Disability and Aging Information Network by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).12 The Division of Oral Health will conduct a feasibility assessment of replicating the patient navigator program by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 5; Strategy 5.1 (See Appendix G)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

II. COMMUNITY & PROVIDER EDUCATION

Area 5 – Increase dentists’ awareness of workable models of care for medically compromised older adults (e.g., dementia). The group identified existing educational curricula for dental professionals in practice or training, which includes dentists, dental hygienists, and other primary care residency programs. Examples of curricula include ElderCare and Council on Access to Prevention (CAP) by the American Dental Association. The Division of Oral Health’s Dental Consultant also offered examples from his private practice of models that have been successful for this population. The group acknowledged that this content area is also shared with the CSHCN chapter of the State Oral Health Plan.

7(IV).13 The Older Adult Coalition Workgroup will engage the SCDA and the SCDHA in developing an educational forum for their members that aims at

increasing their awareness of workable models of care for medically compromised older adults (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 4; Strategy 4.1 (See Appendix J)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).14 A designee (to be named...should probably be a dentist or geriatrician) of the Older Adult Coalition Workgroup will conduct a feasibility assessment on integrating an oral health education component for older adults into dental, medical, and hygiene training programs by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 4; Strategy 4.1 (See Appendix J)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

Area 6 – Explore opportunities for community education that specifically addresses the special oral health needs of older adults. Such content could include (1) the impact of medications and chronic disease processes on oral health; and (2) maintenance of good lifetime oral health habits. The workgroup suggested key educational venues could be the Red Dress Campaign and AARP, to name a few.

7(IV).15 The Older Adult Coalition Workgroup will identify existing, or develop as needed, educational materials focused on the oral health needs of older adults, specifically addressing the impact of medications and chronic disease processes on oral health by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 2; Strategy 2.1 (See Appendix D)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).16 The Older Adult Coalition Workgroup will identify older adult advocates that could serve as education disseminators of the materials by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 2; Strategy 2.1 (See Appendix D)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).17 DHEC’s Division of Chronic Disease Prevention will conduct focus groups at Council of Aging Nutrition Sites and other senior centers on their challenges in getting oral health care by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Not Applicable

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

Area 7 – Explore the feasibility of conducting continuing education for general and specialty dentists (e.g. periodontists) and dental hygienists by re-engaging the Geriatric Education Center at MUSC. As a matter of background, modules were previously developed by the GEC and includes content specifically for dental professionals and the care of older adults, as well as modules for primary care providers. The new GEC Director is a dentist, so perhaps a new partnership focused on oral health in older adults is likely. Jim Bouknight was a name mentioned as a potential partner.

7(IV).18 The Older Adult Coalition Workgroup will identify the oral health modules previously developed through a collaboration at the GEC at MUSC by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 2; Strategy 2.1 (See Appendix D)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).19 The Older Adult Coalition Workgroup will review and update the oral health modules, as needed by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 2; Strategy 2.1 (See Appendix D)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

7(IV).20 The Older Adult Coalition Workgroup will re-engage the GEC to identify the feasibility of designing a formal continuing education mechanism using the oral health modules by (insert date).

South Carolina Baseline Not applicable

Healthy People Reference Not applicable

Original State Oral Health Plan Reference – Priority 2; Strategy 2.1 (See Appendix D)

Measurement Type - Process

Data Collection Method – Qualitatively monitored by the Surveillance Coordinator

Other comments: Several existing programs were mentioned as potential members of the workgroup. These include Cheryl Dye at Clemson University, the SCDA and dentists, and Kay Long at Still Hopes to name a few.