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BUILDING MULTI-LEVEL INFRASTRUCTURE FOR RESEARCH ON ORAL HEALTH IN OLDER ADULTS

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“Building” Approaches and Metaphors

- Building instrumental relationships – **social capital**
 - Building organizational networks in a larger system – **network theory**
 - Introducing interventions into ongoing systems - **psychology**
 - Engaging with communities: organizations and individuals for long range development – **anthropology**
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Living Alliances

- Alliances formed to solve specific problems
- Business refers to strategic alliances; Health research refers to collaboration: Community development refers to coalitions.
- The formation of these “intermediary structures” responds to accomplish a specific goal at one time point.
- **“Living alliances”** are community based, long term, and build social capital for community development
- Through “living alliances” researchers and activists can draw from these “network nodes” to create sub-alliances that work for community development through specific health or other efforts.

Building Community Health Research Infrastructure through Alliances Requires...

- Ongoing presence in community
- Renewing or generating relationships with :
 - Community residents
 - Service providers
 - Health advocates
 - Topical experts
 - Policy makers
- Building specific working groups to develop research level specific questions
- Ensuring resident centrality



“The Builder Role”

- Boundary spanners
- Facilitators
- Cultural brokers
- “Weak links” (connecting disconnected parts of a social network)
- Animateurs




There is an interdisciplinary literature on all of these terms




Oral Health and Older Adults

- Disparities exist in oral health across age, class and social, race and ethnic groups
- Structural factors contributing to these disparities include
 - Inadequate access to dental care
 - Limitations of insurance coverage/cost of care
 - Gaps in medical/dental education
 - Gaps in oral health literacy at all levels
 - Cultural and technical incompetence in delivery of services




Addressing this problem requires a multilevel research and change strategy

- Policy changes (dental care under Medicare and Medicaid and expanding dental practice)
- Changes in service delivery
- Changes in professional training protocols
- Changes in social and cultural norms
- Changes in individual care seeking, beliefs and personal and social practices (improving oral health literacy/advocacy/oral health promotion behavior)




It requires the collaboration of partners who have influence in these spheres:

- Policy: State Dept. Public Health and DSS
 - Clinical: Representatives of CHC networks
 - Education: Faculty training providers in medical/dental schools
 - Advocacy organizations: NCAAA, COHA, AHEC
 - Community service providers
 - Informed community resident advocates
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Project GOH – Good Oral Health

- To build geriatric oral health research infrastructure and CBR opportunities that support innovative research of practical benefit to improve the oral health of low income diverse older adults
 - To promote the removal of structural inequities and policies that cause or contribute to disparities in oral health and oral health care.
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Specific Project Activities

- Build and institutionalize the Oral Health Research Strategic Alliance (OHRSA)
- Develop, test, and disseminate curricula to support community and clinical partnership research on geriatric oral health
- Develop a ten-year strategic research agenda and short term research development plan with community participation
- Support ongoing state/local efforts to improve geriatric oral health
- Create sustainable transformative infrastructure to ensure implementation of this research agenda at university, in CHCs and in community.

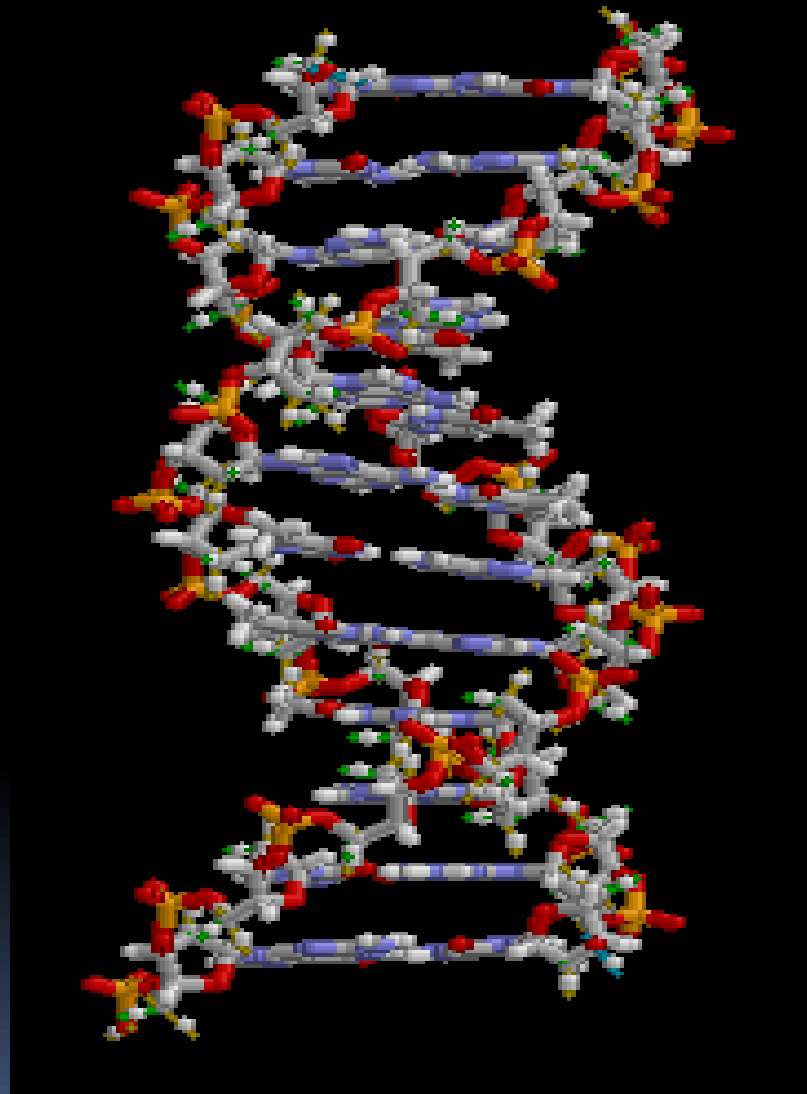
Constituencies: Institutions

Constituencies	Research	Training/ Education	Practice/ Service	Policy
State Agencies	X		X	X
UCHC dental and medical faculty	X	X	X	
UCHC students	X	X	X	
UCHC residents	X	X		
UConn /Storrs Faculty	X	X	X	

Constituencies: Community


Constituencies	Research	Training/ Education	Practice/ Service	Policy
Community Service Agencies	X	X	X	X
Advocacy Organizations for Older Adults	X	X	X	X
Senior Housing Residents	X	X		X
Community Senior Health Advocates	X	X	X	X
Senior Centers	X	X	X	X
Faith-Based Institutions and Cultural Centers	X	X	X	


In Dynamic Interaction





Activities at Each Level

- Policy: work with State advocates to promote oral health and support oral health research
 - Clinical: Build clinical pilot research projects via training
 - Med/Dental training: review, revise and extend curriculum
 - Advocacy organizations: provide data/obtain support and resources
 - Community service providers: intervention research
 - Community/senior housing residents: build engagement in research through pilot activities
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Evolving Research and Research-related Activities: Integrating Levels

- Service providers, researchers and older adults
- Medical/dental educators, and state oral health providers/promoters
- Researchers, senior building managers and residents (e.g. R34)

Summary: Year 1

- Building partners – OHRSA meetings
- Resident advocates – 19 Buildings Contacted
- Curriculum development/advances – plans to build GOH curriculum with residents for peer education
- Presentations/promotions
 - In senior buildings
 - In Dental School
 - In Center on Aging
 - National meetings



Strengths and Constraints

- Building infrastructure for collaborative research on oral health takes time
- Each sector requires “ethnographic” analysis, entry and revisions
- Development of specific projects requires combination of sites, partners, grant opportunities and “successes”
- Alliances or sub-alliances have to function with limited resources for a long period of time
- This makes local residence and long term personal commitment essential