Jean J. Schensul, ICR
Susan Reisine, UCHCSDM
Kim Radda, ICR
Colleen Foster-Bey, ICR
Ruth Goldblatt, UCHCSDM
Clara Acosta-Glynn, NCAAA

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

“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
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**
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.
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

<table>
<thead>
<tr>
<th>Constituencies</th>
<th>Research</th>
<th>Training/Education</th>
<th>Practice/Service</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agencies</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>UCHC dental and medical faculty</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>UCHC students</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>UCHC residents</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCONN /Storrs Faculty</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
## Constituencies: Community

<table>
<thead>
<tr>
<th>Constituencies</th>
<th>Research</th>
<th>Training/Education</th>
<th>Practice/Service</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Agencies</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Advocacy Organizations for Older Adults</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Senior Housing Residents</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Community Senior Health Advocates</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Senior Centers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Faith-Based Institutions and Cultural Centers</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
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
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.