

# **Community-Based Research to Address and Decrease Health Disparities Among Older Adults**

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# Community-Based Research

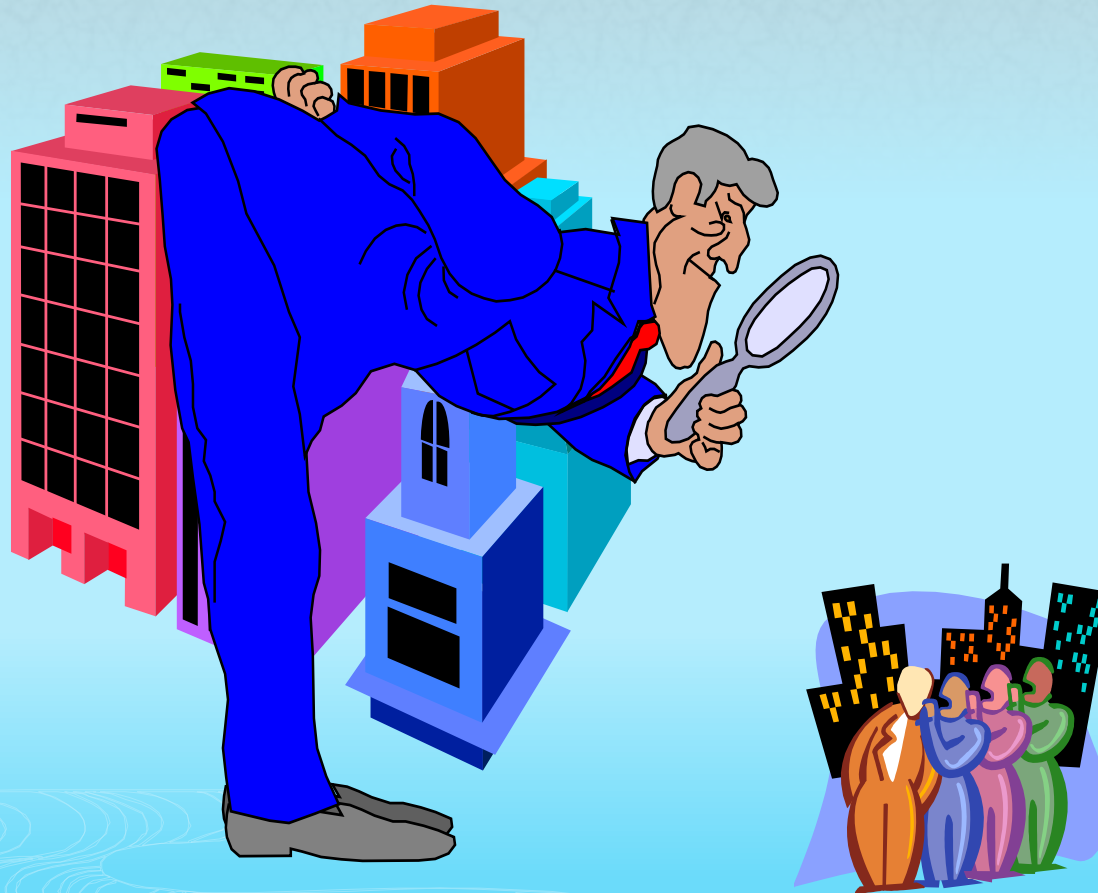
A process that brings together researchers and community members to collaboratively conduct research on a problem of concern. The work resulting from these successful local partnerships contributes to science as well as the improvement of community health and well-being through the application of theory-based interventions and applications of research findings in services or community action.

# Equity, Power and Partners

- Inequitable distribution of resources has implications for:
  - Choice of target communities
  - Choice of partners/partners' choice
  - Freedom to choose participation
  - Which interventions are introduced
- Researchers have perceived power
- Empowerment must include:
  - Access to information
  - Inclusion and participation
  - Accountability
  - Local capacity for mobilization<sup>1</sup>

<sup>(1)</sup>World Bank. 2002. Empowerment and Poverty Reduction: A Sourcebook)

# Research/Community Relationship to be Avoided





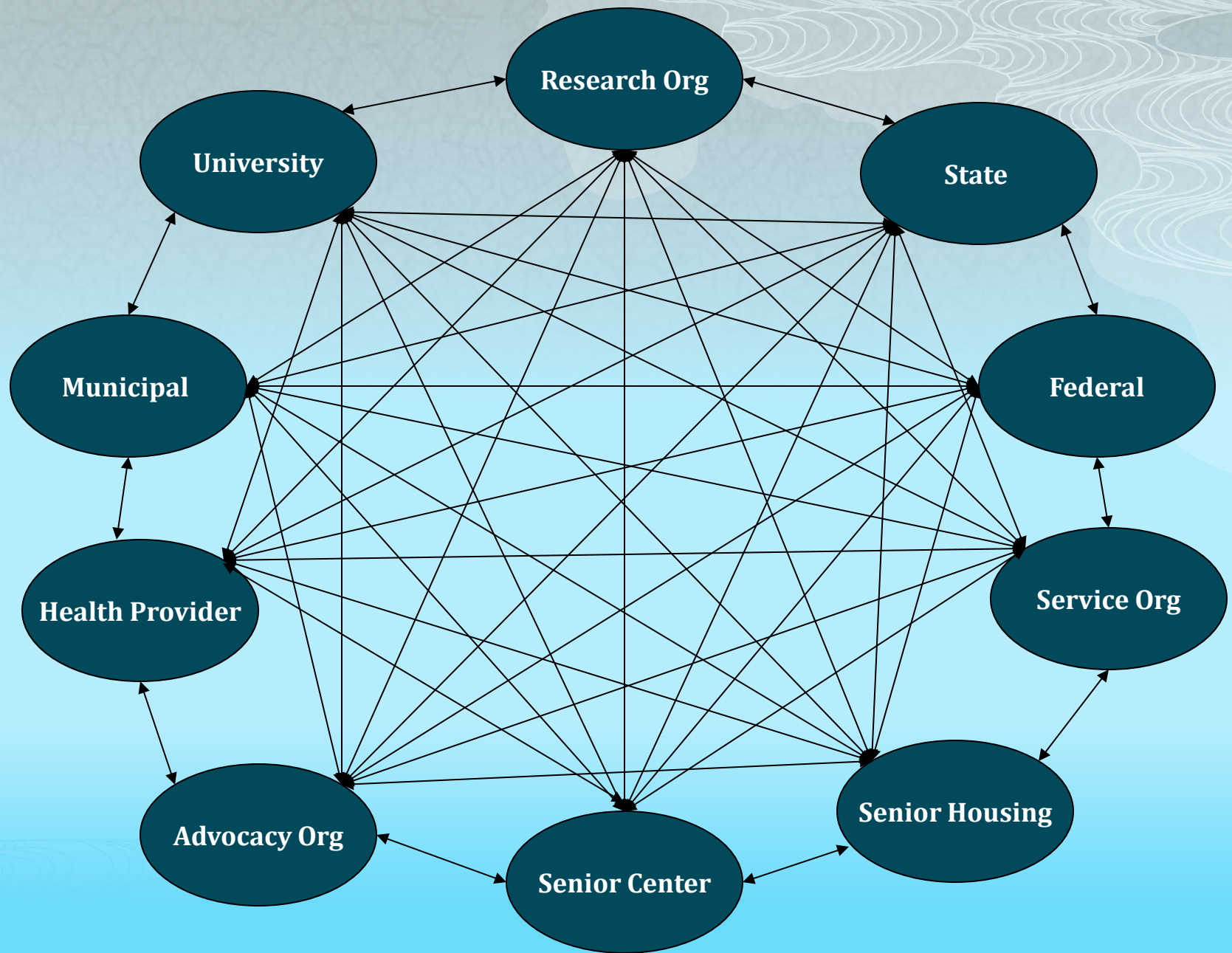
# Successful research in and with communities depends on...

- Identifying and understanding the people and communities with whom you work and the contexts that shape their lives
- Developing and maintaining the trust and support of community partners
- Equitable access to information about research taking place and opportunities for participation
- Identifying and sharing resources
- Developing and implementing sound and appropriate research methods
- Identifying, training and supporting project staff
- Dissemination of outcomes to all sectors and constituents

# ICR's Collaborative Work with Older Adults

From its founding in 1987, ICR has established a commitment to working with older adults and has developed long-standing partnerships to make a number of research, intervention, education and advocacy efforts possible over the years.

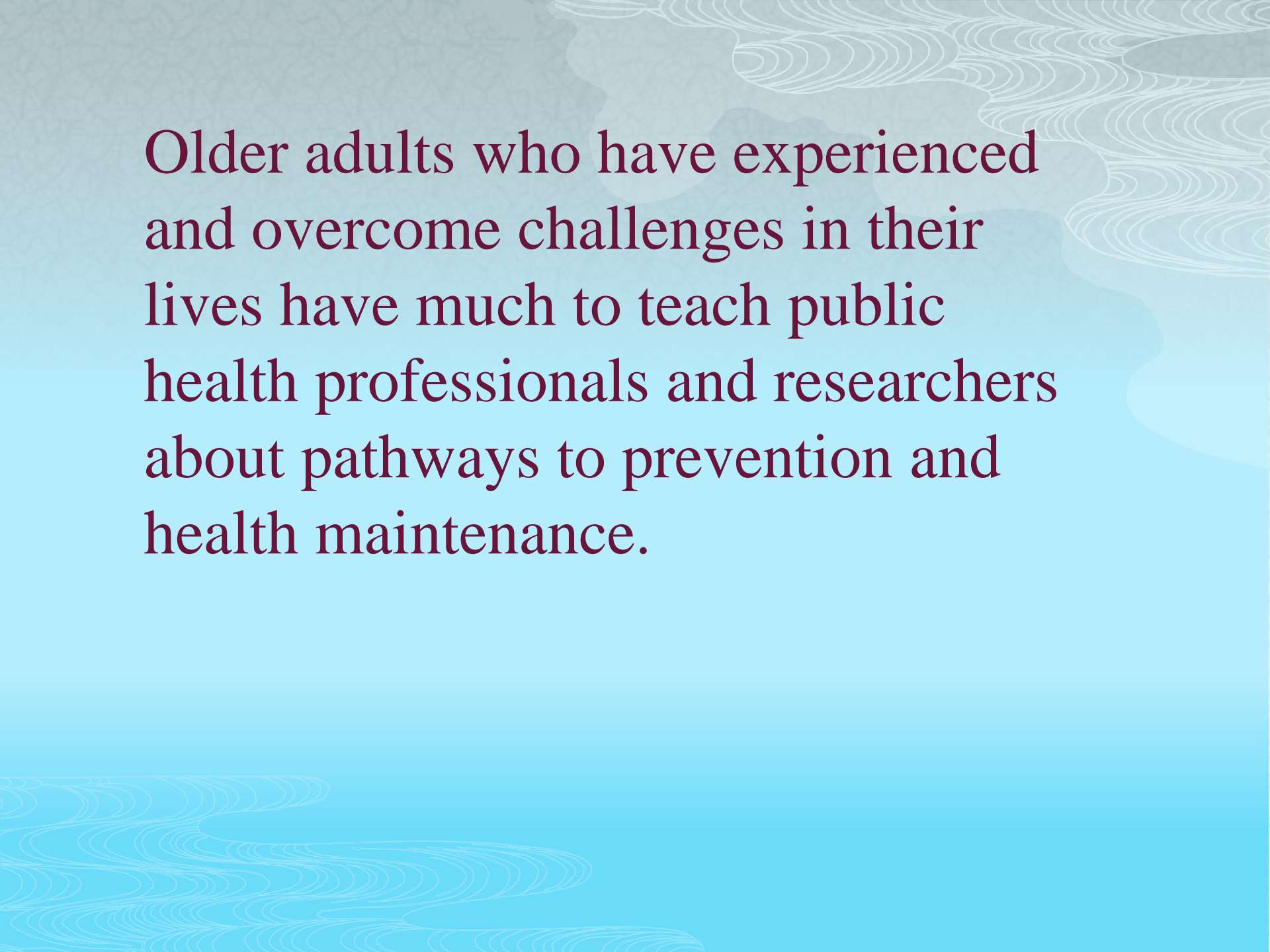
These community-based research collaborations are grounded in principles of individual and group empowerment.




# Why work in senior housing?

- Vulnerable adults
  - Significant numbers of low income older adults
  - Increasing numbers of younger disabled
- Needs not often well understood
- Limited access to resources
- Often excluded from research intervention and prevention efforts
- Great capacity for engaging in studies and interest in developing and participating in public health interventions





Older adults who have experienced and overcome challenges in their lives have much to teach public health professionals and researchers about pathways to prevention and health maintenance.



Building community capacity  
among older adults should be a  
public health priority as the U.S.  
population ages with increasingly  
constrained incomes

# How Projects Have Developed

Residents have raised questions about HIV risk, depression, and disease prevention. These questions have led to joint studies where residents played a central role in research and intervention. Studies topics have included:

- Alzheimer's Education
- HIV/AIDS Risk
- Improving Mental Health Services
- Successful Aging
- Influenza Prevention
- Reducing Barriers to Oral Health Care

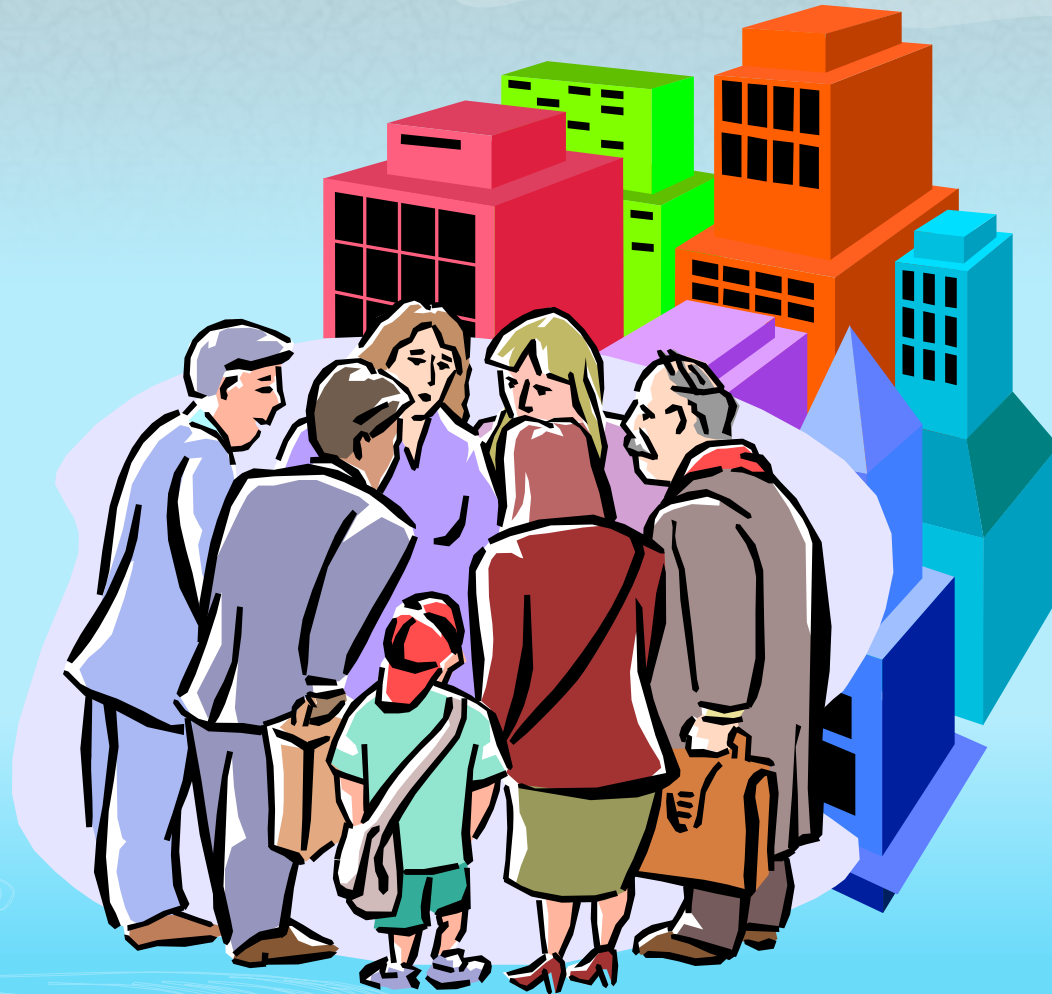
Often one project lays the foundation, or plants the seed for subsequent research and intervention studies

Important to understand the context in which people live, and where research being conducted

This takes time - to understand the environment in which people live and the cultures of individual buildings, and to develop trusting and long-term community relationships



# Researcher In Community

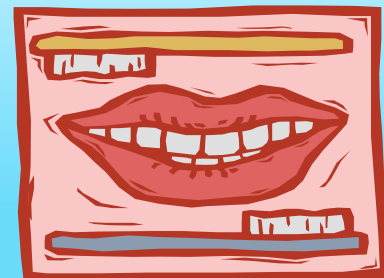


# Project GOH!: Good Oral Health

“Changing Oral Health Norms and Hygiene Practices among Vulnerable Older Adults”<sup>2</sup>

- 2-year pilot study (2011 – 2013)
- Collaboration of the UCONN School of Dental Medicine, ICR, Meriden Housing Authority and building residents

<sup>2</sup>Funded by NIDCR



# 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

“Building Collaborative Research Infrastructure to Reduce Oral Health Disparities among Low Income Older Adults”<sup>3</sup> formed the foundation for Project GOH

3-year study (2010 – 2013)

Includes:

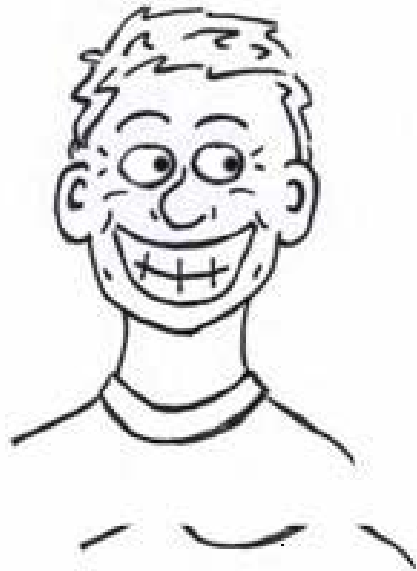
- Oral health presentations in 13 sr. housing sites in 3 communities
- Residents identified oral health concerns
- Materials Development Committees – FAQs
- Health presentations on problems impacted by poor oral health
- Organization of the Oral Health Research Strategic Alliance
- Identification of buildings and residents who participated in focus groups for Project GOH

<sup>3</sup>NIDCR-1 RC4 DE021324



# Through this first oral health grant, collaborations were renewed or new one developed

- 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



## **1. ¿Qué es salud bucal?**

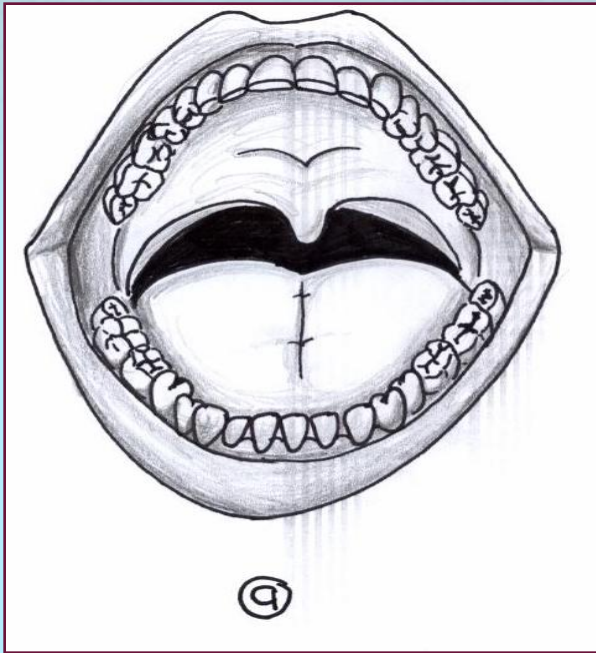
Salud bucal es mantener limpios los dientes, las encías y adentro de la boca, incluyendo la lengua y el paladar.

## **1. What is oral health?**

Oral health is keeping your teeth, gums and the inside of your mouth clean, including your tongue and palate.

## 9. ¿Cuántos dientes y muelas tiene un adulto?

Una persona adulta tiene 32 dientes y muelas: 8 dientes incisivos para morder, 4 dientes caninos que mantienen la forma de la boca, 8 muelas delanteras que ayudan a los incisivos y sirven para masticar y 12 muelas traseras incluyendo los 4 cordales, que sirven para moler. Las cajas de dientes tienen solamente 28 dientes y muelas.



## 9. How many teeth does an adult have?

An adult has 32 teeth: 8 incisors for biting; 4 canine teeth that maintain the shape of the mouth; 8 front molars for chewing, and that help the incisors; and 12 back molars, including 4 wisdom teeth, that grind the food. A full set of dentures has only 28 teeth.



## 2. ¿Cómo se mantiene la salud bucal?

La salud bucal se mantiene cepillando los dientes al menos dos veces al día, especialmente en la noche, limpiando entre los dientes usando hilo dental, palillos o cepillos especiales, cepillando la lengua y el paladar y usando enjuague. La visita al dentista cada seis meses es importante, no importa si la persona tiene sus dientes naturales, dentadura o parciales. Esto protege su dientes y puede diagnosticar enfermedades bucales como el cáncer.



## 2. How can you maintain oral health?

You can maintain oral health by brushing your teeth at least twice a day, especially at night; cleaning between your teeth with dental floss, toothpicks or special brushes; brushing your tongue and palate; and using mouthwash. A visit to the dentist every 6 months is important, regardless of whether you have your own natural teeth, dentures or partials. This protects your teeth and can diagnose diseases of the mouth such as oral cancer.



# Project GOH Goals

To understand what senior housing residents know about their own oral health and how they take care of their teeth and mouth

To help residents identify ways that they can improve their own oral health

Participation is voluntary



# Study Components

- Identification of study site
- IRB approval
- Building/renewing relationships with staff and residents; establishing their support for study
- Intro presentations (formal, informal)
- Ongoing presence in buildings – allocation of office space
- All presentations, materials in English, Spanish
- Surveys, screenings, AMI, Campaign Committee, campaign development and implementation
- Ongoing presence of project staff, including participation in building activities
- Data management and analysis
- Dissemination of findings/outcomes

# Challenges

- Language differences – bilingual staff, materials
- Varying levels of literacy
- Differing abilities of residents (vision, mobility) and health issues
- Building size – 2 towers, 200 apartments
- Developing trust, rapport
- Scheduling to accommodate resident schedules and building activities
- Privacy for surveys, screenings, AMIs
- Referrals to care
- Need for flexibility from project staff
- Complex study with several “moving parts”
- Social and health advocacy often incorporated into researcher role



# Benefits

- **Building Residents** – residents receive information on how to improve and maintain good oral health; opportunity to share their experiences and opinions regarding the care of their teeth, gums and mouths; oral health self-management skills; empowered to become oral health advocates in their building
- **Research Partners** – understanding and appreciation of residents' knowledge and experiences; increased understanding of oral health needs, disparities, access to resources; foundation for larger study that will benefit more communities of vulnerable adults
- **Community** – dissemination of findings; resource sharing; empowered and knowledgeable residents who can advocate for change



# **Through our work, find that elimination of oral health disparities requires a multilevel research and intervention strategies and policy change**

- Policy changes (dental care under Medicare)
- 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)

