
CONFERENCE ABSTRACT

Reducing oral health inequalities for frail older people by improving access to oral care and integrated oral care.

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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Background: Oral health among frail home-dwelling older persons in Flanders (Belgium) is often insufficient, partly due to limited access to oral care and insufficient interprofessional collaboration in primary care.

Objective: Frail home-dwelling people aged 65 and above have limited access to oral health care due to e.g. problems with transport and mobility, financial constraints, and the lack of knowledge about the importance and added value of oral health care. Furthermore, insufficient interprofessional collaboration between healthcare and welfare professionals (due to e.g. unclear roles and insufficient knowledge and skills) contributes to a fragmented care delivery. However, poor oral health has a negative impact on their overall health and quality of life. The Gerodent Plus project aims to improve oral health care for frail home-dwelling older people by (1) improving the accessibility and continuity of care and (2) better integrating oral healthcare into primary care.

Methods: This project is conducted in three phases, starting with a needs assessment by using a combination of qualitative (interviews and focus groups) and quantitative (online surveys) methods. In phase two, a complex intervention is being developed using an intervention mapping approach and the updated Medical Research Council framework. Phase three comprises the implementation and evaluation of this intervention. Throughout these three phases, a stakeholder group (frail home-dwelling older people, informal caregivers, healthcare and welfare professionals, organisations, and research groups) provides participant recruitment support and feedback. Recommendations will be provided using Valentijn's rainbow model.

Results: For the needs assessment, experiences in health care delivery, accessibility, and interprofessional collaboration are explored among both, frail home-dwelling older people, their informal caregivers, as well as their healthcare and welfare professionals. Results of the broad qualitative exploration and quantitative data will identify the various barriers in oral health care delivery, accessibility, and interprofessional collaboration. These results combined with evidence from the literature, will be used to develop a complex intervention. This intervention will act at the level of frail home-dwelling older people, their (informal) caregivers, as well as their healthcare and welfare professionals. Based on the evaluation, the interventions can be further optimised and implemented on a larger scale.

Conclusion: Results will provide insights into the current practices concerning oral health care delivery, accessibility, and interprofessional collaboration. Moreover, it will provide recommendations on how to optimise oral care at all levels of Valentijn's rainbow model. At micro

level, recommendations will relate to how continuity of oral health care can be improved for frail home-dwelling older people. At meso level, these will relate to how collaboration between healthcare and welfare professionals can be improved. Moreover, different organisations act as collaborative partners to exchange essential information. At macro level, recommendations will relate to a health policy that makes it easier for organisations and professionals from different primary care and social care disciplines to work together on oral health improvements. Overarching, a distinction will be made between normative and functional integration.