Older adults visit their dentists at the lowest rate of any age group. Regular dental visits appear to peak in mid-life and then decline dramatically by age 65. This qualitative study sought to understand the barriers, facilitators, and misconceptions that affect the utilization of dental health services among older adults. The results of this study, which involved 12 senior center participants, found distinct misconceptions, barriers, and facilitators to accessing dental health care. Misconceptions were especially prevalent among participants with total tooth loss, but also included participants whose outlook toward dental care use was misguided. Barriers to dental care included costs of dental care, as well as ineffective office procedures to manage appointments. On the other hand, some dental office procedures were found to be helpful and would be considered facilitators to dental care. Other facilitators were “lay consultants” who assist participants in accessing dental services, as well as dental providers whose educational efforts are consistent with the needs of the patients. Implications highlight potential interventions to create better access to dental care for older adults.
PERCEPTIONS OF DENTAL CARE USE AND NONUSE AMONG OLDER ADULTS

A Thesis

Submitted to the
Faculty of Miami University
In partial fulfillment of
The requirements for the degree of
Master of Gerontological Studies
by
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Miami University
Oxford, Ohio
2016

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by

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INTRODUCTION

Research indicates that only 53.5% of older adults age 65+ reported seeing a dentist in the past year, with this group having the lowest utilization of dental care across all age groups. Trends reveal that regular dental visits seemed to peak in middle age and then decline dramatically by age 65 (Wall, 2003). Furthermore, the National Health Interview Survey has indicated that the utilization rate for adults has steadily decreased in the last decade, although the utilization rate for children has increased (Wall, 2012). A study by Kiyak (2005) identified the misconception that after losing all their teeth, many older adults believed that seeing a dentist was no longer needed. Also, there was a common misconception that dental decline is a natural part of aging during which older adults must accept pain, tooth loss, and uncomfortable dentures. Macek’s study (2004) used data from 1999 which supports these same findings: of adults aged 55 and older who had a dental visit in the last year, 71% were adults who still had some teeth, versus 20% of those without any teeth. On a similar note, Mcquistan (2015) found that adults age 65 and older lacked knowledge pertaining to periodontal disease and oral cancer. For example, 69% of participants in Mcquistan’s study were unaware that men over age 40 have the highest risk of developing oral cancer, and 42% did not know that a sore inside the mouth lasting more than 2 weeks is the most common sign of oral cancer. Although the prevalence of diabetes is much higher among adults age 65 or over, 60% of participants did not know that periodontal disease is much more likely to occur in people with diabetes. Research has identified older adults’ dental utilization rates and found that being married, being female, having a higher socio-economic status, and living in denser regions increases the likelihood of seeking out dental care (Lee, 2014). Additionally, it has been found that individuals with private dental coverage are “more likely to visit the dentist, have a greater number of visits, and have higher expenditures than those without coverage” (Mansi, 2002, p. 1552). Barriers found by Lee (2014) include a lack of finances, transportation, and assistance in navigating the dental services.

To our knowledge, limited research has been conducted to determine why regular dental visits peak at middle age and then dramatically decline by age 65. From literature extracted from previous studies, we know that poor dental health is associated with an increased risk of strokes, heart disease, and type 2 diabetes that may restrict older adults’ independence and financial stability (Carter, 2010; Lee, 2014). Additionally, according to Rosenblum (2010) good dental hygiene practices are associated with a reduction in the rate and progression of respiratory diseases. In fact, this study cited evidence from four randomized control trials (RCTs), supported by nine with non-RCT designs, finding that one in ten nursing home residents’ deaths caused by pneumonia-related illnesses could have been prevented by good dental hygiene practices. Poor dental health was also cited to lead to a change in food choices that results in nutritional declines, which is a risk factor contributing to cognitive decline (Public Health England, 2014). Lastly, results of previous studies have shown that “older adults with poor dental health have a lower level of psychosocial well-being and life satisfaction” (Lee, 2014, p. 150). Based on these literature sources, a link can be seen between good dental health and reduced risk of disease and illness (promoting longevity), better nutrition, increased independence, greater financial stability, and overall sense of wellbeing.

As described by the American Dental Association report to Congress (2014), identifying which factors have the most impact on the utilization of dental services would help dental providers and health promoters know where to focus their efforts to make dental care more accessible. As an attempt to start this discussion, this study works to understand the barriers (e.g. no transportation,
no dental insurance, too expensive, office not open when they can go, etc.) identified by participants when considering the utilization of dental services. Through sharing results with local dentists, it is hoped that this study can focus their efforts on planning interventions with a deeper understanding behind these barriers, misconceptions, and facilitators of appropriate dental care.

1. Statement of Purpose

The purpose of this research is to explore older adults’ perceptions concerning dental care utilization that function as barriers to needed dental care. Understanding the current perceptions that older adults hold concerning their dental health care, finding facilitators to the use of dental services, and identifying misconceptions or barriers preventing access to dental care is important. Significance in this area arises as older adults without adequate dental care suffer from increased risks of severe chronic diseases that may restrict their health, longevity, life satisfaction, independence and financial stability (Carter, 2010; Lee, 2014). This study sought to understand the misconceptions and barriers to obtaining dental health care in later life, thus putting older adults at an increased risk of morbidity and mortality.

Research questions:

1. What are the specific reasons older adults use or do not use dental services?

2. What are the facilitators/barriers, including any misperceptions to using dental services?

2. Methods

a) Design

This study was approved by the Miami University Institutional Review Board (IRB). The study used descriptive qualitative interviews to understand the current perceptions of older adults concerning their dental health. A qualitative research approach was selected by use of semi-structured interviews to examine the older adults’ viewpoints regarding their dental health, including any facilitators, misconceptions or barriers preventing older adults age seventy-two and older from seeking appropriate dental health care services. The use of qualitative methods was necessary in order to be able to delve into and understand the perceptions of older adults in their use/nonuse of dental health services.

b) Recruitment Strategy

The participants that were recruited for this study included a total of 12 older adults age 72 and older. This targeted number of participants to be included in this study was determined based on the time frame, resources, and type of data collection. The study sought to find a balance in the number of participants being recruited, since the quality of the data yielded by the participants and the number of interviews per participant would determine the amount of useable data
obtained (Morse 2000). This targeted sample size was considered sufficient to provide data saturation in order to explore the research question. In pursuit of achieving the aims of this study, purposive sampling was used within the senior center where staff was able to help recommend individuals age 72+ without cognitive impairments.

c) Location Site

The location site for the conduction of this study was held a senior center, located in a small city the greater Dayton Ohio area. The director of the senior center was very supportive in assisting with recruiting participants for this study through the use of posters and making various individual inquiries within the center. This location was chosen as the recruiting site since a range of community-dwelling participants from different socio-economic statuses attend the senior center. In this way, we had the opportunity to talk to individuals with different life situations concerning their barriers, misconceptions, and facilitators to dental care. Individual interviews were conducted over the course of two different days in the month of January 2016. The director of the senior center sought participants who met the age criteria, and asked if they would like to participate in this survey. The participants were then directed to a semi-private location where the principal investigator conducted interviews.

d) Interviews

One-on-one semi-structured interviews were chosen for this study in order to collect data to support an in-depth understanding of the perspectives of participants. This interview method was deemed preferential over focus groups due to the potentially sensitive nature of the topic. For example, it was felt that some participants may find it embarrassing to share their dental or financial history in front of a group. Interviews were initiated by first seeking written informed consent from the participant to agree to be in the study and be audio-recorded. Before beginning, the principal investigator took time to bracket all her feelings and viewpoints before starting the interviews. During and after the interview, the principal investigator made field notes describing the observations and experience. The average interview length was 23 minutes. The audio recordings from these interviews were transcribed verbatim by the principal investigator, and reviewed for accuracy. The names of the participants have been changed for this study in order to protect their privacy. Table 1 outlines the list of interview questions that were asked of each participant.
<table>
<thead>
<tr>
<th>Table 1</th>
<th>Interview Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tell me about the first time you ever saw a dentist.</td>
</tr>
<tr>
<td>2.</td>
<td>Tell me about your experiences with dentists over the course of your life.</td>
</tr>
<tr>
<td>3.</td>
<td>If you were to start to feel some moderate tooth/gum/or mouth pain, what would you do? Why?</td>
</tr>
<tr>
<td>4.</td>
<td>Do you think that dental health care becomes any more or less important as you age? [Probe]</td>
</tr>
<tr>
<td>5.</td>
<td>What do you like to do to care for your mouth?</td>
</tr>
<tr>
<td>6.</td>
<td>Do you have any dental insurance or any type of insurance that pays for any dental health care? Does having/not having dental insurance play any factor into your choice to receive or not receive dental care?</td>
</tr>
<tr>
<td>7.</td>
<td>Are all of your dental care needs being met? Tell me about that. What is going well? What would you change?</td>
</tr>
<tr>
<td>8.</td>
<td>Is there any special reason that you use or do not use dental services?</td>
</tr>
<tr>
<td>9.</td>
<td>What barriers to accessing dental services (if any) do you see in your own life?</td>
</tr>
<tr>
<td>10.</td>
<td>Is there anyone or anything that has helped you with access to your dental care needs?</td>
</tr>
<tr>
<td>11.</td>
<td>What should I have asked you about that I haven’t?</td>
</tr>
<tr>
<td>12.</td>
<td>Ending demographic questions will include:</td>
</tr>
<tr>
<td></td>
<td>1. Age</td>
</tr>
<tr>
<td></td>
<td>2. Gender</td>
</tr>
<tr>
<td></td>
<td>3. Ethnicity</td>
</tr>
<tr>
<td></td>
<td>4. Highest degree or level of school completed</td>
</tr>
<tr>
<td></td>
<td>5. Marital Status</td>
</tr>
</tbody>
</table>
DATA ANALYSIS & INTERPRETATION

In the analysis of the data that was collected (including field notes and verbatim transcripts), the principal investigator read through the transcripts multiple times in order to first immerse herself in the data and then extract relevant findings and assign appropriate coding to be used for data analysis. The various barriers, misconceptions, and facilitators found within the transcript of each interview were identified through content analysis of the transcripts involving highlighting similar statements and arranging them to find themes. Each barrier/misconception/facilitator that was encountered within the transcripts was plotted out onto a table using Microsoft Excel. In utilizing Excel, we were able to organize the data, which helped us to visualize the relationships between statements from different individuals, which allowed us to explore commonly occurring reasons/misconceptions to use or not to use dental services. The benchmark for success in this study was to be able to collect and then utilize meaningful data in order to answer the research question concerning the current perceptions of older adults regarding their dental health, including any barriers, facilitators, or misconceptions preventing older adults age seventy-two and older from seeking appropriate dental health care services.

RESULTS

Participants were on average 78.75 years of age (range 72 – 86), and the majority were female. All participants were white with no Hispanic or Latino origins. Only one participant did not have at least a 12th grade education. Most participants did not have dental insurance. The table below shows the demographic characteristics of the study participants:

Table 2
Demographic Data of Participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Individuals</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72-79</td>
<td>6</td>
<td>50.0%</td>
</tr>
<tr>
<td>80+</td>
<td>6</td>
<td>50.0%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>12</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>25.0%</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>75.0%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;12th grade</td>
<td>1</td>
<td>8.3%</td>
</tr>
<tr>
<td>12th grade</td>
<td>8</td>
<td>66.6%</td>
</tr>
<tr>
<td>12th grade +</td>
<td>3</td>
<td>25.0%</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>25.0%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>75.0%</td>
</tr>
</tbody>
</table>
Reasons (including facilitators, barriers, misconceptions) older adults use/do not use dental services:

All participants in this study stated that all of their dental care needs were being met. However, we found that there were particular areas where the answers provided by the participants did not line up exactly with their current situations. Some participants were experiencing current dental pain even though they asserted that all of their dental care needs are being met. The notion that dental decline is a natural part of aging may be pervasive enough among the participants to negate dental complaints where they actually may be warranted. Therefore, we find it necessary to look at the specific answer provided to each question and compare it to their other responses in order to come up with a more accurate assessment of the factors that encourage or hinder access to dental health care.

The responses by the participants were categorized into general classifications of barriers, misconceptions and facilitators that have an impact on the participants to either use or not use dental services. They are as follows:

1) Barriers to Dental Care

There were several areas of concern that may hamper a participant’s access to dental care. These issues include the cost of dental care, transportation issues to access the dental office, as well as office procedures in managing appointments.

Cost of Dental Care: The participants in our study all stated that the cost of dental health care was not a barrier to accessing dental care; nevertheless, there appeared to be cause for concern among a few of the participants. Four of the twelve participants did have some form of dental insurance that helps to pay for dental health care. However, all the participants stated that having or not having dental insurance does not factor into their choice to receive dental health care. Although every participant stated that all dental care needs are being met, answers to other questions in our survey indicate that some participants are tolerating troublesome dental conditions, and part of the reason may be due to a concern about the costs.

The principal investigator (PI) has asked Elizabeth, “do you think that dental health care becomes any more or less important as you age” and she answers:

E: No. I don’t. I think a lot of people don’t go when they get older. . .to get their teeth cleaned. And I know. . .I just go once a year. . .
P: Ok.
E: to have them cleaned. That’s when they check them.
P: Why do you think that other people don’t go to the dentist?
E: I think it’s the cost. A lot of it is the cost. Very expensive. My dentist is anyways. And I’m sure that they’re all about the same.
P: Are all of your dental care needs being met?
E: Yes.
P: And, so can you tell me more about that? Like, what’s going well?
E: I . . .I don’t know. I just, I have a couple of teeth that I’m. . . Is this what you mean? You want me to tell about my teeth now or what?
P: Yeah.
E: I have 2 teeth that are crowns. . .
P: Ok.
E: that I’m going to have to have something done. I think they’re cracked.
P: Ok.
E: So when I go, it’ll probably have to be done. I don’t know what they can do for that.
P: Yeah.
E: I don’t know what they do. . .I’ve never had one crack like that. But this one over here, when I chew on it, it hurts. There’s something going on.

The PI probes further about this tooth, so Elizabeth goes on:

P: Ok. And, so you’re. . .you’re waiting until you see the dentist again?
E: Yes. I’m not going to call him.
P: Yeah. And, uh, when will you see him again?
E: Um, it’s coming up. I think it’s February or March.

Elizabeth will only go to the dentist once a year, refuses to have X-rays taken every time and will only allow it every other year. So although Elizabeth states that all of her dental care needs are being met, she currently has a tooth that is causing her pain, yet she refuses to see her dentist until her next annually-scheduled appointment. Although Elizabeth states that costs are not a barrier for her to access dental care, the inconsistency of her answers indicate that there is some cause for concern.

Mary had stopped going to her dentist in a nearby city, and stated that the primary reason that she stopped going was because she does not like to drive that far anymore, but she also expressed some concern about costs:

P: Um, and what barriers to accessing dental services, if any, do you see in your own life?
M: Uh, the expense for one thing.
P: Uh-huh.
M: It’s pretty expensive any more.
P: Uh-hum.
M: Like everything else.
P: Yeah.
M: So, that was one reason I kind of quit going to [a nearby city], because it got so expensive.

Upon further questioning, Mary also said:

P: Ok. So like right now, like, if you had to get some more expensive things done, would you do it?
M: I’d have to think about it.
P: You’d have to think about it?
M: Yeah. Yeah, because it’s kind of hard when you’re on an income and you’ve got other bills to pay and everything. It’s kind of hard. But if I had to have it done, I’d find a way.
Mary had actually seen a dentist a week before this interview at the insistence of her granddaughter, but there had been a significant break from seeing a dentist prior to that appointment.

Phyllis also expresses some concern about costs:

P: But, uh, when I was going to the lady dentist, it was more expensive.
P: Uh huh.
P: But I didn’t have a dentist at the time. And then [a provider] moved in. I found out that they were cheaper, and still have good service. So...I went there. So...that’s it.

And another comment from Phyllis:

P: So...yep. But, um, I don’t think that they need to charge all the fees that they do.

It should be noted that only Elizabeth, Mary and Phyllis mentioned the costs associated with dental care. The other nine participants did not mention cost or money as a factor. Also, these three participants were among the ones without dental insurance. It is apparent that some of the participants are “managing” their dental costs using various methods.

Transportation: For the participants involved in this study, transportation did not seem to be a barrier to accessing dental health services. Four participants do rely on others for transportation to the dentist’s office to access dental services, but all of them say that it is not a problem getting a ride from others. Mary was experiencing barriers to care related to transportation until her granddaughter recently took over the responsibilities of scheduling her appointments and getting her to the office:

PI: So what has, like, dental appointments looked like over your whole life? Like, did you go at a specific time, or did you just go when you felt...
M: Yeah. Yeah, I use to go every 6 months.
PI: Was there ever a time period that you took a break from that?
M: Yeah. There for a while I did. It was after I quit going to [a nearby city]. It had been awhile since I had my teeth cleaned. And so...she made me do it, so...
PI: And was that because of the drive, or, um...
M: Yeah, I just don’t...I don’t like to drive very far anymore.
PI: Ok.
M: And, uh, she didn’t have the time to do that, to go clear up there... So she got me a dentist here in town.
PI: Ok. So is that the main reason why you stopped going...or is there any...any other reason that you...
M: No, just the drive up there. And I don’t know, I don’t like to drive that far anymore.

Although transportation has often been cited as a barrier to accessing dental services in other studies, it was not an impediment to care for the participants in our study. Four participants now rely on others for transportation to the dentist, while the remaining eight participants are able to access the dental office independently.

Life Events: Turmoil due to deaths of close friends/family which caused disruption in managing dental appointments was identified as a barrier within this study. For a few of the widowed men, a barrier arose because their wives who normally made the appointments were now deceased,
leaving them to the task that they had not done much before. Bob is also in a vulnerable position of relying on his wife to schedule appointments and to take care of any related paperwork. However, the disruption to managing dental care appointments is not a problem area for men only. In this study, the disrupting life event was the death of a spouse, but we note that a serious illness for either the dental patient or their spouse would likely cause a similar barrier.

Charles has dental insurance and normally sees his dentist once a year, but has not seen a dentist since before his wife died and is unsure of the date that he last saw his dentist:

PI: Um, is there anyone or anything that has helped you with access to your dental care needs?
C: Well, I’ve had two excellent wives. Both of them passed away. But they watched out for me greatly. And I did what they said and no problem at all. So, I’m a very happy man. Yep.
PI: So did they . . . were they the ones that kind of managed, like, scheduling appointments and stuff like that?
C: Yeah, they took care of appointments and paperwork pretty well. And I miss that. Because my wife passed away just a little over a year ago.
PI: Ok.
C: And, uh, they knew what time I was supposed to do this, and, uh, I always did it too. They said something and I’d probably go ahead and do it. Yep.
PI: So do you think that, well, now that your wife has passed, um, is that going to be harder to schedule appointments or to figure that out?
C: Oh yeah. It’s a lot harder. Oh yeah.

Ruth is also responsible for making her own appointments and says that she normally sees her dentist once a year, but does not know when she last saw him:

R: No. I try to go regularly.
PI: Ok. And what does that look like?
R: Right now I fell down on the job. Because I . . . I lost my aunt, I lost my mother. And 6 weeks later, my husband died.
PI: Oh, no.
R: So things just kind . . . just kind of got all jumbled. I need to get back into a regular program. Like I said, I think . . . I know I’ve got a cavity that I need to go see and have it checked out . . . fixed.
PI: Uh-huh. And when did you fall out of that routine? Or, like, for how long? 
R: Like I said, just this last year and a half, or so. Lost my mother, my husband, and so much turmoil that I don’t even know when I went last. I know I missed . . .

Finally, Harold appears to share similar difficulties as the previous two participants:

H: Well, I haven’t gone for a couple of years since my wife died.
PI: Ah. Um, and so . . . so why haven’t you gone . . . er, would you say that you haven’t gone because . . . why would you say you haven’t . . . er, because of grief, or . . . ?
H: Well, my wife . . . she pretty much ran everything, and when she died, I just, um, I just didn’t go. I haven’t had any problems, so I just, uh, I just don’t get out so much.
Most of the participants said that they did not have any issues with handling their own appointment scheduling or paperwork. The difficulties being reported in this study appear to be related to the disruptions of having a death in the family, with grief also as a potential factor.

Forgot Appointment: A separate issue that came up during the interviews is related to short term memory issues. Some of the participants, even after they have been reminded of their appointment a few days ahead, reported that they subsequently forgot their appointment.

Ann mentioned the following:

PI: And what barriers to accessing dental services, if any, do you see in your own life? A: Uh, I don’t really see any. I still drive, so I don’t have a problem getting there. Um, you know, they call me about, uh, 3 days ahead of time, you know, to remind me of my appointments, which is good. Um, you know, the only thing is, in the last 2 years, they’ve called me 3 days ahead and then I forgot anyways. So, you know, if I was going to make any kind of suggestion, I would say that, um, dental offices should have, like, some sort of automated calling that would call you the night before. Especially for the older patients, because they do have more of a problem with their short-term memory. But, yes, you know, I was embarrassed in the last 2 years I’ve missed 2 of my appointments, even though they called me 3 days ahead. And I know that they try to call a few days ahead just so that they can fill in any spots, but, you know, then there’s always the problem of forgetting anyways. So, so that would be the only barrier or suggestion I would have to a dental office.

And Virginia had a similar comment:

V: And they usually call about 2 days before to remind you.
PI: Ok.
V: . . .of the appointment.
PI: Yeah. Does that help you?
V: Yeah. When I remember. When I remember. So . . .

Both Virginia and Ann said that they see their dentists every 6 months, but they appear to have occasional difficulties in remembering to arrive at the appointed time. This was not a formal question asked of all participants, so we do not know how many of them would have agreed with Ann and Virginia if we had asked a targeted question about this issue.

Our study does highlight barriers created due to dental care costs, transportation, and office appointment scheduling. Disruptions due to deaths in the family were particularly noted. We mention that widowed men are especially vulnerable because of the three men in our study, the two widowed men have not seen a dentist since before the death of their spouses, and Bob, who is married, currently relies on his wife to schedule and take him to his appointments.

2) Misconceptions in Dental Care

Misconceptions by patients also create obstacles to effective dental health care. Responses by participants highlight several areas of concern that represent some common themes. We are taking a critical look at lack of awareness of dental care standards, particularly among those participants who have total loss of teeth, participants’ unsure expectations of their dentist, as
well as general attitudes toward dental care, which include not only fear/anxiety in seeing a dentist, but also the lack of priority the participants place on dental care.

Total Loss of Teeth: Congruent with previous studies, total loss of teeth also had an impact in our study in the utilization of dental health care. Five participants in our study had full dentures due to a total loss of teeth, but only Virginia currently visits her dentist every 6 months. Doris, Phyllis and Harold do not utilize dental care on a regular basis, and Bob did not answer this particular question. Doris states,

PI: Like, do you go a certain amount of times, or do you, like, what would cause you to go to the dentist?
D: If, um, my dentures were falling out? I would. And, otherwise, I don’t have a reason to go. So I don’t. I haven’t been there for a while. I probably should be, but I don’t.
PI: Um, and what barriers to accessing dental services, if any, do you see in your own life?
D: I don’t really see any barriers at all. I mean, if I need help, then I call the dentist and make an appointment with him, and go from there.

So Doris does not feel the need to go to the dentist unless she is having problems, although it is noted that she has some awareness that she “probably should be” seeing a dentist more often.

Phyllis is under the impression that she needs to visit the dentist every 4 or 5 years:

P: Uh-huh. But it’s just. . .they advance along with technology. And. . .I wouldn’t say it’s a scary experience to go now, but I don’t really have to go very often.

P: My kids don’t fear going anymore, like they did. . .used to. Some of them had extensive work done and some of them had very little done. But they seem to be satisfied with it, and of course, I only have to go once every 4 or 5 years.

Harold has not seen a dentist in a couple of years:

PI: Um, has dentures. . .how has dentures shaped the way you view dentists. . .the way you go to dentists?
H: Well, I don’t go as often anymore. Um, don’t have to. . .

Virginia does visits her dentist every 6 months now, but she reports that after her teeth were pulled, she did not utilize dental care for many years:

V: But I never went to the dentist once I had my false teeth. I didn’t do it. I didn’t know you were supposed to. You know?

Virginia was eventually properly informed about the need to see a dentist even after her total tooth loss. Her previous perception of dental health care is unfortunately common among patients who no longer have teeth, and this study mirrors previous studies that expose the misconception that patients with full tooth loss do not need to see the dentist on a regular basis.

Unsure Expectations: Next, we wanted to take a critical look at participants’ expectations since based on their responses, it appeared to involve some misconceptions that may be creating
obstacles to effective dental care. Some participants reported that they would hesitate to see a dentist even if they were experiencing dental pain.

Mary says that she would not call the dentist at all unless the pain got much worse:

M: No, knowing me, I probably wouldn’t. I’d wait awhile ‘til it gets worse. It’s what they tell me I’m doing now. I’ve been going to the doctor quite a bit, trying to get things going. And. . .I’m a “putter-offer”.
PI: I see. And, um, if you’re going to wait a little bit of time to. . .how long would you wait to. . .
M: Depends on how bad it gets.
PI: Ok.
M: If it’s not too bad to begin with, it’s all right. But then as you go along, it might get worse, you know. And I think, “well it’s about time to go, so. . .”

Regarding expectations of their dentist to be able take care of the pain, only one-half of the participants answered that they would expect the dentist to totally eliminate the pain. The remaining responses were rather unclear, and they indicate that there is some uncertainty as to what outcome they should expect:

Judy said she would wait at least a couple of weeks before calling the dentist, and then responds to the following question:

PI: Yeah, yeah, um, and would you expect your dentist to be able to totally eliminate the pain, partially eliminate the pain, or would you not have any specific expectations?:
J: Well, I’d expect him to do something.

And Doris:

PI: And what would your, like, expectations be for him?
D: Goodness. To fix my problem.
PI: Would you expect him to, like, totally eliminate the pain, or partially, or tell me more about that.
D: What. . .whatever he could do. I . .I don’t know what he could do, but if he could do it, fine. Ok?

Of course, high expectations that a dentist would be able to take care of a problem, especially one involving pain, would propel patients to seek dental services, but for these participants, there may be a lack of understanding as to the adequacy of services that are available to them.

Dental Care Not a Priority: We wanted to look at the participants’ general outlook towards dental care, and we found some shortfalls concerning the importance that they place on dental care.
Some of these attitudes may be related to misconceptions held by participants.

Elizabeth responds to the following question:

PI: Um, and OK, do you think that dental health care becomes more or less important as you age?
E: No. I don’t. I think a lot of people don’t go when they get older. . .to get their teeth cleaned. And I know. . .I just go once a year. . .
And Phyllis provides a similar answer:

PI: Um, so do you think that dental health care is more important or less important as you age?
P: Why, I think until you get your dentures, it’s very important to have it, and after you get your dentures, it’s not quite so important.
PI: Ok.
P: Because you don’t have to have the fillings checked and all that.
PI: Yeah.
P: So...and if you take care of your teeth at home, it does make it less important to have to go to the dentist. So.

In examining participants’ general outlook toward dental care, we found that several participants do not place a high priority on dental care, based on the misconception that their age makes dental health care less important.

Fear or Anxiety: Also related to participants’ general outlook toward dental care, we found that some still retain feelings of anxiety originating from their early experiences. Through these interviews, we can see that anxiety does bother some of the participants.

Elizabeth starts out by telling about her first experience with a dentist, and makes clear how she feels about going to the dentist:

PI: Um, so first off, can you tell me a little bit about the first time that you ever saw a dentist?
E: OK. It was in high school, was the first time. Um, and I didn’t like it. It was pretty bad. But, um, I was probably, what, 17 – 16 or 17... at that time.
PI: And why do you say it was bad? Can you tell me more about that?
E: Cause I had cavities. I didn’t like the drill. I hate dentists. That is one place I do not like to go...is the dentist.
PI: And, um can you tell me, like, about the interaction between you and the dentist? Did he explain things? Or, like...
E: Um, I think he did. I kind of forget, you know, it’s been so long. Um, he did a good job.
PI: Um, great. Um, so tell me more about your experiences with dentists over the course of your life.
E: Well, I have a good dentist now. I like him. But, uh, I’ve had a lot of fillings, a lot of crowns, root canals. I’m... I’m not too fond of the dentist – at all.

Mary estimates that she first saw a dentist at around age 18, and guessed the experience was a negative one although she really does not remember the experience. However, Mary said that she is still trying to overcome her anxieties:

M: Yeah. They’re not so bad now. Not like they used to... you know, when you first go, you get scared and you don’t know. But I’m getting used to it now. I’ve just had my teeth cleaned last week... the week before last. It’s when they found these little holes that need filling, I guess.
PI: What used to scare you about dentists in the past?
M: I think the drilling.
PI: Ok.
M: At least...you think it’s going to hurt, but it usually doesn’t.
PI: Yeah.
M: Like I said, I’m getting kind of used to it now.

With Mary’s last appointment, they told her that she had a couple of fillings that need to be done:

PI: What, kind of, was going through your brain when they said that?
M: I said, “Oh, no. I don’t want to do that.” But it’ll be all right. My little 5-year-old
grandson...great-grandson – they take him to the dentist all the time and he gets fillings
and stuff, and it don’t bother him. It shouldn’t bother an old person, I guess.

Ann also recounts a terrifying first experience:

PI: So, um, would you say that your experience was generally positive or negative, or
how would you describe it?
A: Oh. Oh, it was...it was a bad experience. Um, this...this was a guy who had, you
know, big hands and big arms, and he was kind of an old-style dentist. So he would, uh,
like, pin you...pin your face down to work on you, so that it didn’t matter whether you
squirmed or what you did. You know, your face was pinned down, and you know, he did
it.

However, Ann also concedes that she is overcoming these feelings of anxiety:

PI: So would you say that your first impressions now are generally positive or negative?
A: Pos...positive. Positive. You know, uh, you never like going to the dentist. Um,
you know, when they turn that drill on, it just about makes your heart jump. But, you
know, overall it’s Ok, you know. I don’t mind going to the dentist.

Phyllis also had a poor first experience

P: I had a tooth pulled. And the dentist was old and shaky, and he came at me with his
pliers, and was a-shaking, and...I left him pull it, but I didn’t go back anymore. Once...once
was enough. I think he died when I was quite young.

However, Phyllis, along with several other participants praise the new technologies in dentistry
for making the dental experience a tolerable experience:

P: Oh, with the new improvements and the new numbing and everything. And then
taking X-rays – that was fascinating to see that go around you like that for...for that X-ray.

We can understand how miserable early experiences could still have an influence on the
participants’ views of dentistry today. However, the field of dentistry has advanced to a great
degree since these older adults first saw a dentist, so misconceptions of terrible pain associated
with dental treatments should be set aside. In fact, all the participants who report present-day
anxieties have seen their dentist within the past year, so the anxieties are not severe enough to
keep the participants in our study away from their dentists.
Awareness of specific misconceptions will allow dental providers to alleviate or eliminate them. Patients with total tooth loss believe that they do not or rarely need to see a dentist. Many seem unsure that dental pain can be eliminated, and a few believe that dental health care becomes less important as you age. Anxiety created due to poor early dental experiences still lingers. It is necessary to identify these misconceptions in order to be able to change dental outcomes.

3) Facilitators to dental care

The interviews also spotlighted factors that influence participants to pursue appropriate dental care. Positive factors mentioned during interviews included a few particularly helpful dental office scheduling procedures, some interested relatives/friends providing assistance to enable access to the dental office, proper dental education provided by care providers that may persuade participants of the importance of dental care as well as improvements in dental procedures that now make visits more comfortable for the patients. These positive components that guide patients to needed care are called facilitators.

Scheduling Procedures: Several of the participants mentioned that they appreciate the fact that the dental office schedules their next appointment while they are still in the office. Ruth, who sees her dentist once a year, also sees the advantage of getting a regularly scheduled appointment while at the dental office. Ruth:

PI: So what barriers to accessing dental services, if any, do you see in your own life?
R: Just making up my mind to go do it and get it done with. That’s the truth. Really. That’s why, let them make the appointment, call me up and say, “Ok, your appointment’s on Monday at 10. Be here.” Ok. . .will be. But if I’m supposed to be making it, it might not get done. Truthfully.

Virginia sees her dentist every 6 months, and mentioned that she does not need help in remembering to schedule an appointment because the dental office does this for her before she leaves from her last appointment. Virginia:

PI: OK. Um, Is. . .so there. . .there hasn’t . . .there’s not a friend or family member that has helped you out with remembering to schedule an appointment, or. . .
V: No. They usually do it before you leave..

Other participants also stated that they found value in obtaining their next appointment while they are still in the dental office, and the participants also liked the reminder calls that occur 2 or 3 days ahead of their appointment.

Lay Consultant: An interested family member/friend, often called a “lay consultant,” was needed by several of the participants to help gain access to their dental health care. This assistance might come in the form of transportation to the dental appointment, help with scheduling an appointment, paperwork involved with billing or insurance, or just support and encouragement to pursue needed care.

Mary disclosed in her interview that she relies on her granddaughter to schedule appointments, take her to appointments, and handle the associated paperwork. She also provides the emotional support to Mary to pursue needed care because her granddaughter “makes me do this and makes
me do that.” When Mary says, “I don’t know what I’d do without her,” she is admitting that she needs her granddaughter to initiate referrals to the dentist, as well as to monitor and adhere to a regular dental schedule. Mary had not been seeing a dentist, but her granddaughter took her the week before this interview, and Mary says she is now seeing a dentist every 6 months, which was her normal routine in the past. Mary:

PI: Yeah. Um, Ok. And is there anyone or anything that has helped you with access to your dental care needs?  
M: My granddaughter. She’s the one who got me the appointment and everything. Cause I didn’t know anybody here in town. So she. . .uh, that’s where she goes and takes the kids, so she got me in.  
PI: So how has she gone about, like, handling all of your health care needs?  
M: Well, she does a pretty good job. She makes me do this and makes me do that. Oh shoot.  
PI: Um, yeah. So does she, like, call you up and ask you, like. . .  
M: Oh, she lives with. . .she lives with me.  
PI: Oh, Ok. Great.  
M: Yeah, so she keeps records. She’s got a big old thing here and she keeps all the records and everything. Yeah, she’s pretty good about it. I get mad at her sometimes. But no, she’s pretty good at that. She makes all my appointments.  
PI: And she takes you to your appointments?  
PI: Has there been any, like, hard time scheduling appointments with her and organizing things?  
M: No. Well, it just depends on how much time she has. Usually she makes them early in the morning.  
PI: Ok.  
M: And I told her, I said, let’s make them a little later. Oh shoot. No, she does a good job.  
PI: Ok.  
M: I don’t know what I’d do without her. Really.

Bob is age 85 and he relies on his wife for help in accessing his dental care. He reported that he no longer drives, and his wife handles his appointments, but we would deduce from his statements that she monitors his needed care and adheres to his dental schedule since he could not remember who his dentist is. Bob:

B: Uh, I don’t remember who it is. You’ll have to ask [wife’s name]. She knows.  
PI: Does she normally arrange the dental services and stuff?  
B: Yeah.  
PI: Yeah. Um, so is there anyone or anything that has helped you with access to your dental care needs?  
B: My wife. She’s in charge of everything. That’s about it.

Furthermore, we note that the level of help and types of assistance received from family and friends obviously varies for our participants. Four of the participants reported that they rely on relatives for transportation to their appointments. Doris states that her daughter would take her to any needed appointments, but Doris does not go to the dentist for checkups; only if she is having problems (Doris has total tooth loss).
Help from a family member appears to be available for Doris to be able to access dental care, but is not being utilized at the present time.

In addition, the nature of the help can be obtained from sources that are not close family members. Ruth discussed some situations in dental offices that occurred many years ago, and mentioned how networking with acquaintances helps everyone. Ruth:

PI: Um, yeah. So, um, it sounds like you’ve heard some horror stories. But there aren’t as many now?
R: No.
PI: Like, how’s . . . how do you view that now?
R: I think those kind of people kind of got weeded out. The other people passed the word, and you know, they were. . .moved on. Because people were wise to what they were doing. I mean, we talk, everybody here, we share experiences. And, you know, if you get enough of them, people are not going to come to your office. And you kind of like have to find something different to do or move someplace else.

Help from others is an important facilitator for many of our participants in accessing dental care needs, but we can see that the help can come from many sources and does not necessarily come just from close family and friends.

Dental Care is a Priority: This study included some targeted questions that were used in an attempt to assess the general attitudes, knowledge and expectations that participants have toward dental health care; responses to these questions were also discussed in the section on “Misconceptions in Dental Care.” However, most of our participants stated that they feel that dental health care is either more important, or just as important as when they were younger. The following replies show significant insight into their thoughts on the importance of dental health care:

Ruth:

PI: Ok. So do you think dental health care becomes any more or less important as you age?
R: It becomes more important because it’s tell-tale signs of telling you, like heart disease, um I don’t know what all. But I know that congestive heart failure is one of the things that dental. . .poor dental health will indicate that you have. Or you have a blood problem.

And Ann:

PI: Ok. And do you think that dental health care becomes any more or less important as you age?
A: I would say it’s probably about the same. . .well, probably more important. I would guess that your health. . .your dental health care would be more important. Um, first of all because you’ve got, uh, you’ve probably got. . .having more problems as you age. And also, um, you know, there’s an effect with, um, your dental health to your overall general health. So, and of course, you’ve got more problems with your general health, so you better keep your dental health up just so that you can maintain your general health.

As previously noted, questions were asked as to what the participants would do if they had moderate tooth, gum, or mouth pain, and what expectations they would have of the dentist. Most of the participants said they would either call the dentist right away or within 3 days, and one-half of the participants answered that they would expect the dentist to be able to totally eliminate the pain. Having adequate instruction on how to respond appropriately to dental problems, as well as putting a priority on resolving these issues are important facilitators to receiving appropriate dental care as noted by Charles:

PI: And if you were to start to feel some moderate tooth, gum, or mouth pain, what would you do?
C: I’d go back to him right now.
PI: And would you expect, um the dentist to totally eliminate the pain or partially eliminate? What would your expectations be?
C: Yeah, expectations. That he would take care of it immediately, no problem.

Dentistry Advances/Technology: Several of the participants communicated a realization that dental technology has advanced to the point of making dental procedures fairly comfortable. It was discussed earlier that some of the participants still feel some level of anxiety in visiting their dentists, but an understanding of the new technologies likely helps some patients to feel better about their dental checkups and treatments.

Phyllis says “they advance along with technology” and it’s no longer a scary experience:

P: I feel comfortable now.
P: Yeah. So, you’d say, like, how do you feel as far as comfort level. Has it been the same, or has it gotten better or worse, or. . .?
P: I think better. They have more comfortable chairs to begin with. And they have the spit. . .have the spittoon next to the thing, you know, where they rinse your mouth out. We didn’t have that. You had to use a bucket.
P: Oh, wow.
P: Yeah, when we were first. . .that’s what we did.
P: Uh-huh.
P: And let’s see. Of course, all the lighting helps. And, uh, their drilling is much better.
P: Ok.
P: Yeah, I remember those drills when they, you know, “urrrr…” Yeah, but anyhow. Yeah, it’s much better. Much more comfortable. And more convenient. . .everything is more convenient. And they have a dental assistant now, which helps. And with the numbing techniques and everything. I think that’s it.

Doris and Mary also had positive things to say about the advances in dentistry:
Doris: Because they didn’t have a lot of the things that they have now that will keep all that hurt away.

Mary remarked about the drilling: At least...you think it’s going to hurt, but it usually doesn’t.

Several participants made remarks about the advances made in the field of dentistry and the new technologies that they now use in the dental offices. As noted in these excerpts, the new features available in dentistry may be helping to improve the participants’ outlooks in visiting their dentists.

Positive factors that act as facilitators to dental care were mentioned in the interviews with our participants. Participants seemed appreciative of helpful dental office scheduling procedures and were grateful for the assistance that they are receiving from interested relatives. It was noted that appropriate dental education, which includes an understanding of the new technologies, specific actions to be taken in response to dental problems, as well as awareness of dental health’s influence on general health issues, likely persuades many participants to seek dental care.

Table 3
Summary of Barriers, Misconceptions, and Facilitators

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<tr>
<th>Code Name</th>
<th>Theme Description</th>
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<tr>
<td><strong>Barriers</strong></td>
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<tr>
<td>Costs</td>
<td>Participants who mentioned costs related to dental care</td>
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</tr>
<tr>
<td>Transportation</td>
<td>Participants who currently have transport issues to dental office</td>
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<tr>
<td>Life Events</td>
<td>Participants missed appt due to family death-no re-schedule appt</td>
<td>3</td>
</tr>
<tr>
<td>Forgot Appt.</td>
<td>Participants missed appt due to short-term memory issue</td>
<td>2</td>
</tr>
<tr>
<td><strong>Misconceptions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Loss of Teeth</td>
<td>Participants with TLT who do not see dentist regularly</td>
<td>3</td>
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<tr>
<td>Unsure Expectation</td>
<td>Participants unsure of what to expect re: dental problems w/ pain</td>
<td>5</td>
</tr>
<tr>
<td>Care Not a Priority</td>
<td>Participants-dental care not important as you age</td>
<td>4</td>
</tr>
<tr>
<td>Fear or Anxiety</td>
<td>Participants who mention current anxiety in seeing a dentist</td>
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<tr>
<td><strong>Facilitators</strong></td>
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<td>Lay Consultants</td>
<td>Participants mention help from lay consultants</td>
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<td>Sched. Procedures</td>
<td>Participants mention helpful scheduling procedures</td>
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<tr>
<td>Advances/Technlgy</td>
<td>Participants mention dentistry comfortable due to advances/tech</td>
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N = 12 participants
DISCUSSION

The purpose of this study was to use in-depth descriptive qualitative interviews with older adults to understand and identify barriers, misconceptions and facilitators that have an impact on the utilization of dental services. For the participants in our study, a major finding is the misconception that total tooth loss means that regular dental health care is no longer needed. On the contrary, the American Dental Association (ADA) urges regular dental care for patients with total tooth loss in order to check for bone loss, denture fit, oral cancer and cancers of the head and neck:

“You will still need regular oral exams by your dentist even after you have lost your teeth. The dental office will tell you how often you should have dental visits” (Johnson, 2013, p.4)

Congruent with previous studies that show persons with total tooth loss often do not see a dentist regularly, the results of this study included only one participant with total tooth loss who now sees a dentist every 6 months. Even she admitted that she had thought that she never had to see a dentist again after her teeth were pulled, and the other four participants with total tooth loss do not visit a dentist regularly. The ADA does not provide checkup guidelines for any patients, and leaves it to the patient’s dentist to set the guidelines. Examples given by the ADA are patients with gum diseases, diabetes, and other circulatory problems that are often recommended to visit the dentist more than twice a year (Oral Health, 2016). However, when faced with the fact that the vast majority of patients with total tooth loss do not even know that they should be seeing a dentist regularly, it becomes apparent that the ADA should provide general guidelines for preventative dental care. In the meantime, dental providers will need to impress upon their patients what kind of regular checkups are appropriate for their patients with total tooth loss. Public service announcements may need to take this on as an issue since it appears that some people will not be in a position to even discuss the issue with a dental provider.

Appropriate dental education is essential in the struggle to overcome common misconceptions that work to hinder access to dental health care. Dental providers need to educate patients about the importance of dental care as it is related to their general health status, as well as to explain what can be done for them if certain problems crop up. When patients are informed of realistic expectations of what can be done for their problems, they may contact their dental provider in a timely manner to have their dental ailments resolved. The results of this study suggest that many patients currently feel unsure about what outcome to expect from their dentist when dental problems occur. On a positive note, most of the study participants felt that dental care is as important or more important as they age, with some of participants showing significant insight into the importance of dental health care. Dental providers need to educate their patients about the connection between dental health and their overall general health. In fact, the World Health Organization (WHO) declared “oral health promotion and oral disease prevention should embrace what is termed ‘the common risk factor approach’ leading to the integration of oral health promotion into broad health promotion” (Peterson, 2004, p.319). Federal agencies are progressively starting to fund combined programs for health conditions that share common risk factors (Allen, 2014). Finally, dental providers would do well to alleviate misconceptions about discomfort levels in treatment plans by explaining some of the advances in the field of dentistry that makes dental treatments much more comfortable for patients than they may have been in the past. Assuredly, educational initiatives by dental care providers will reduce impediments to dental health care, and greater access to care can be achieved.
Improvements in the area of office appointment procedures may be warranted based on participant responses. On the one hand, three of the participants specifically commented that they appreciated the fact that the dental office makes their next appointment for them while they are at the office for their current appointment, and two participants said they like the reminder call that they receive 2 or 3 days ahead of their appointment. However, our study indicated that three participants who customarily have regular dental checkups failed in maintaining their dental appointment schedules because of turmoil created by the death of their spouses. It would appear that dental offices should consider having a call-back procedure for patients who have missed appointments due to family issues or illness to see if they would like to re-schedule their appointments. In addition, two participants reported that they have missed dental appointments because they forgot to come in, even after receiving the reminder call. One participant suggested that the dental office also have an automated calling service to remind patients the night before the appointment to ensure that patients remember to come into the office. If this is not feasible, another option would be to have the receptionist make the appointment, and then ask patients who have cell phones if they would like to set a “reminder” on their phone. Pew Research (2014) indicated that 77% of adults age 65 and older have a cell phone, but even among those older adults who currently own this technology, 29% feel comfortable using the devices on their own while 70% feel that they require assistance in learning how to use their currently-owned devices. Therefore, it may be necessary for the receptionist to show some patients how to set up a phone “reminder”, but based on the interviews in our study, it appears that this extra step may be useful to many patients. In addition, the receptionist might also ask the patient if there is a friend or relative that they should add to the list when making a reminder call for their appointment. It is apparent that office appointment procedures must take into account the personal circumstances of the patients in order to maximize access to dental care for their patients. A suggested area for a new study might entail contacting dental offices to discover what office procedures are used to remind patients of their upcoming appointments. A review of what office practices are most effective would be useful information for dental providers.

It was estimated that costs would be a factor in accessing dental care based on previous research studies (Lee, 2014), but this study indicated that costs related to dental care were not an area of concern for most participants. Costs were mentioned by three of the participants, but all three of these participants are regularly seeing their dentists, and all state that all of their dental care needs are being met. However, the results of this study would likely not be representative of a more diverse or economically-challenged sample. Costs do play a factor in access to dental care for older adults because traditional Medicare does not cover routine dental care (Centers for Medicare and Medicaid Services, 2013). Some Medicare Advantage plans and Medigap policies offer preventative dental services, but not comprehensive coverage. Among the most economically disadvantaged older adults who have Medicaid, there is no Federal mandate to cover any adult dental care. Each state has the option to offer dental care, so it varies from no coverage at all to various levels of dental coverage depending on the state in which you live (Medicaid.gov, 2015).

In order to address the findings of our study, it is necessary to discuss the specific misconceptions, barriers, and facilitators that either promote or dissuade participants to access dental care; however, we could not help but notice that various factors seem to intersect. For example, Mary states that the main reason that she had not been seeing a dentist was because she did not like to drive that far anymore, but on the other hand, she also mentions a concern about
the cost of seeing a dentist. Mary’s granddaughter recently took on the responsibility of becoming a “lay consultant” for Mary, who is a person who is not a medical consultant that assists a person with emotional support, permission to seek care, monitoring of the condition as well as adherence to treatment plans (Abbott, Stoller & Rose, 2007). It would appear that Mary may have needed someone to take on this responsibility even if she had been able to drive and had generous resources. On the other hand, Doris states that because of her total tooth loss, she does not need to see a dentist unless she has a problem. We attribute her lack of regular dental care to this particular misconception, but Doris also said that if she needed an appointment, she would have to work around her daughter’s teaching schedule. Perhaps there are additional factors that are hindering Doris from seeking dental care, such as feeling that her daughter is too busy to be able to devote much time to her needs. Although the nature of our study was to find and examine the specific misconceptions, barriers and facilitators that influence utilization of dental care, we recognize that various factors counteract with each other.

In the end, it appears that for many patients, the quality and size of the person’s health discussion network may be the greatest influence on a person’s ability to access their dental care needs. Health discussion networks are particular people within one’s social network who a person feels that she/he can discuss personal health issues (Abbott, Bettiger, Hanlon & Hirschman, 2012). These networks include formal care givers (dental providers), particular family members/friends, but can also include casual acquaintances if a common problem or health status is shared. Our discussion includes the single components of factors that either promote or hinder access to care, but barriers and facilitators offset each other. For example, Virginia used to think that once she suffered total tooth loss, she would never have to go to the dentist again. Someone in her health discussion network likely educated her so that now she sees her dentist every 6 months. It is important to discuss the various factors that limit or enhance access to dental care, but in the end, it is a combination of factors that creates the results for each individual’s choice to seek dental health care.

Limitations of the study

This study reflects the perspectives of 12 senior center participants in a small city in the state of Ohio. The senior center was chosen because the activities of this agency would likely draw a range of community-dwelling participants from different socio-economic backgrounds and various life situations. There is a public transportation system that provides free transportation to anyone at or below 150% of the Federal Poverty Level, and ½ fare to anyone age 65 or over (regular fare is $4.00 each way) (Miami County Transit, 2015). Reservations must be made a day ahead of the trip, and normal services are “curb to curb” service, but the reservation allows for a request of “door to door” services. This means that a person with mobility issues can receive assistance in getting from their front door into the van and also assistance in entering the senior center. These features would allow many older adults within the community to access services from the senior center. However, we recognize that community members who are dealing with serious illnesses or disabilities may not be inclined to leave their homes for a community or leisure activity. Also, those under acute financial or personal circumstances may feel too stressed to enjoy the type of activities offered by the senior center. Hence, we acknowledge that there are portions of the community that are not represented within the senior center. Additionally, we recognize that this is not a racially, ethnically, or geographically diverse sample. We did not collect data on the participants’ annual income for this study, so we cannot conclude that the
sample is economically diverse. A future direction would be to interview older adults from differing socio-economic statuses.

**Conclusions**

Seeking regular dental care is essential to maintaining not only good oral health, but also in preserving optimal overall health. The reasons that individuals choose to use or not use dental health care are complex, and are dependent on a number of factors. This study sought to understand the reasons behind the decision to seek or avoid dental health care, including any misconceptions, barriers, or facilitators that people may have. In identifying specific factors that have an impact on the utilization of dental services, our research may help to introduce methods by which to improve access to dental care for older adults. Our suggestions related to office appointment procedures may be helpful for both the dental office and the patients. Some type of last-minute prompting system means that the office would undergo fewer “no shows,” which is good for office workflow as well as for patient care. Also, there appears to be a critical need for some type of call-back procedure to reschedule patients who have missed appointments due to illness or family crisis. Including family members or friends who can assist older adults with office appointment procedures may be especially helpful. Raising awareness and educating patients about the significance of dental health care as it is related to their overall general health, with particular attention given toward patients with total tooth loss is especially important. Explanations of what to expect of their dentist when various dental ailments appear may improve appropriate choices made by patients. In a broader public arena, better dental education should be distributed through public service announcements since some patients do not regularly visit a dentist, particularly those who have suffered total tooth loss.
Bibliography and Resources Cited


