

What is a NACDD Oral Health Opportunity Grant?



The National Association of Chronic Disease Directors (NACDD), with funding from the Centers for Disease Control and Prevention (CDC), has provided Oral Health Opportunity Grants to more than a dozen state health departments over the past several years. The grants are competitively awarded to states that demonstrate a commitment to improving oral health surveillance and increasing access to and use of services intended to improve oral health among older adults.

One of the primary goals of the NACDD Oral Health Opportunity Grants has been to advance implementation of the Basic Screening Survey (BSS) for older adults. The BSS was developed by the Association of State and Territorial Dental Directors (ASTDD), with funding from the CDC, in response to the need for improved data on oral health status and access to dental care. The Oral Health Opportunity Grants have advanced implementation of the BSS by supporting states in their efforts to develop oral health surveillance plans, pilot the BSS for older adults, and/or conduct a state-wide BSS for older adults.

In 2012, the Connecticut Department of Community Health Office of Oral Health was awarded a NACDD Oral Health Opportunity Grant to conduct its first BSS for older adults. The BSS was a statewide oral health survey of two population groups: residents of long-term care facilities and adults attending federally subsidized congregate meal sites. The purpose of this survey was to assess the oral health status of two high risk older adult populations in Connecticut that are more vulnerable than the overall older adult population in the state.

What key activities were conducted in Connecticut?

For the long-term care facility population a probability sample of twenty long-term care facilities was selected from a list of all licensed long-term care facilities in Connecticut. The selected facilities were each contacted by the Office of Oral Health, and eight initially agreed to participate. For the congregate meal site population, adults were offered a screening at a convenience sample of fifteen senior centers/congregate meal sites and one health fair. It was determined that survey costs would be minimized by selecting sites that were located in the same communities as the long-term care facilities. A total of 419 adults were screened at the long-term care facilities and 426 were screened at the senior centers. Dental hygienists completed the screenings using gloves, headlamps, and disposable mouth mirrors. The screeners attended a full-day training session, which included a didactic review of the BSS for older adults criteria along with a visual calibration session.



What was learned as a result of this work?

- **Many Vulnerable older adults in Connecticut are not getting the dental care they need**

Forty-two percent (42%) of the long-term care facility residents screened needed dental care, including 4% that needed urgent dental care because of pain or infection. Of those adults screened in the meal

sites, 29% needed dental care including 3% that needed urgent dental care because of pain or infection. Oral diseases will not resolve if left untreated and can profoundly impact quality of life. Oral diseases and conditions in this population often go undetected with symptoms of poor nutrition, lethargy, and chronic disease exacerbation attributed to causes other than oral disease.

- **Many vulnerable older adults in Connecticut do not have any natural teeth and many do not have dentures to facilitate eating; this is especially true for residents of long-term care facilities**

Thirty-seven (37%) percent of the long-term care facility residents did not have any natural teeth. Of these individuals without any natural teeth, 30% were missing one or both of their dentures. Of the adults screened at meal sites, 19% did not have any natural teeth and 10% of these adults were missing one or both of their dentures. Complete tooth loss not only impairs the ability to chew efficiently and effectively, it also impacts speech, social interaction, food choice and can detract from one's physical appearance, leading to lower self esteem. Individuals with extensive or complete tooth loss are more likely to eat easier to chew foods such as those rich in saturated fats and cholesterol, rather than those high in nutrients and fiber.

- **Untreated tooth decay is a significant problem for vulnerable older adults in Connecticut; especially for those living in long-term care facilities**

Of those residents screened in long-term care facilities, 53% of those with teeth had untreated tooth decay. Of the adults with teeth screened at the congregate meal sites, 26% had untreated tooth decay. Dental caries is a chronic, progressive, cumulative, infectious disease that causes tooth decay (cavities). If left untreated, cavities lead to nerve destruction in the tooth, needless pain, tooth loss, abscess and systemic infection. Cavities are almost always preventable, but many older adults are more susceptible to cavities due to the dry mouth caused by medications taken for multiple illnesses and chronic conditions.



- **The most vulnerable older adults in Connecticut have substantially more untreated tooth decay than the general population of older adults in the United States**

The prevalence of untreated decay is more than 2.5 times higher among Connecticut's long-term care residents compared to the national average for adults 75 years or older. According to data collected in the National Health and Nutrition Examination Survey during 2005–2008, the prevalence of untreated decay in older adults aged 75 and over was 20%, compared to the prevalence in the residents screened in the long-term care facilities, which was 53%.

- **Almost 60 percent of the vulnerable older adult participants in the congregate meal sites do not have dental insurance**

A primary indicator of access to dental care in the U.S. is dental insurance. Studies have shown that persons with dental insurance have more dental visits than persons without dental insurance.

- **Many vulnerable older adults are not visiting a dentist on a regular basis**

Nearly 40% of the congregate meal site respondents reported they had not seen a dentist in more than a year or could not remember the last time they did.

- **Over 20% of those screened at the congregate meal site report barriers to accessing dental care**

Twenty-one percent (21%) of those responding to the written survey in the congregate meal sites reported problems getting dental care when they needed it; most (74%) said it was because they cannot afford dental care.