

# **Georgia Older Adult Basic Screening Survey**

## **Key Findings**

**December 2013**

**Oral Health Unit  
Office of Family Planning and Community Health  
Office of Epidemiology  
Maternal and Child Health Section  
Georgia Department of Public Health**

**Georgia Department of Public Health, Maternal and Child Health Section, Office of Epidemiology,  
2 Peachtree Street, NW, Atlanta, Georgia 30303, Tel: (404) 657-6639, 1-800-GEORGIA**

# Background

Older adults are a fast growing segment of the United States (U.S.) population. According to the 2010 Census, there were 40.3 million people 65 years and older.<sup>1</sup> By 2050, that number is expected to increase to 48 million.

In Georgia, the aging trend is one of the most important issues. Georgia has the 11th fastest growing population of adults 60 years of age and older and the 10<sup>th</sup> fastest growing population of elderly 85 years of age and older.<sup>2</sup> The population of elderly 60 years of age and older is expected to increase 65.8% between 2010 and 2030 while the population of elderly 85 years and older is expected to increase 97.6% during the same time period. The state is projected to total 224,926 older adults 85 years and older by 2030.<sup>2</sup>

Most of the older adult population grew up without the benefits of community water fluoridation; therefore, oral diseases and conditions are common among this population.<sup>3</sup> Furthermore, being disabled, homebound or institutionalized also increases the risk of poor oral health.<sup>3</sup>

According to the 2010 Behavioral Risk Factor Surveillance System (BRFSS), 65% of Georgians 65 years of age and older had a dental visit within 12 months of the survey, 24% had no teeth removed due to dental caries and 21% were edentulous.

Georgia does not have specific data on the oral health of older adult at increased risk such as the older population in long term care facilities, congregate meal sites and homebound sites. In the fall of 2012, the Oral Health Unit, Georgia Department of Public Health conducted a basic screening survey of older adults in nursing homes, homebound sites, congregate meal sites, assisted living sites and adult day care sites to assess the oral health status of the population in these sites.

This report presents the key findings from the survey.

## Methodology

The Oral Health Unit contracted with dental hygiene programs in the state to conduct the survey. Nine dental hygiene programs participated in the survey. Each dental hygiene program selected one nursing home, one homebound site, one congregate meal site, one assisted living site and one adult day care site conveniently located near them to conduct the survey. The nursing homes or congregate meal centers/senior centers were contacted and asked whether they would like to participate. If they were willing the dental hygiene faculty sent a mailing with information about the process, set dates, informed consent forms and ensured that those with cognitive impairment had guardians with them to sign, accepting or declining participation in the survey.

The sites' directors informed clients of the opportunity for participation in the survey. Dental hygiene faculty and/or dentists supervised senior dental hygiene students during the survey at the sites. Training and calibration for the survey were performed via video conferencing prior to

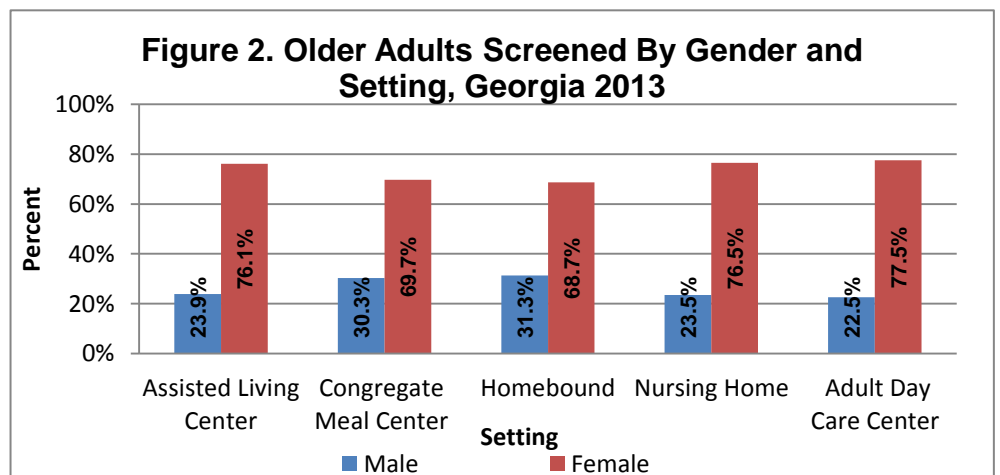
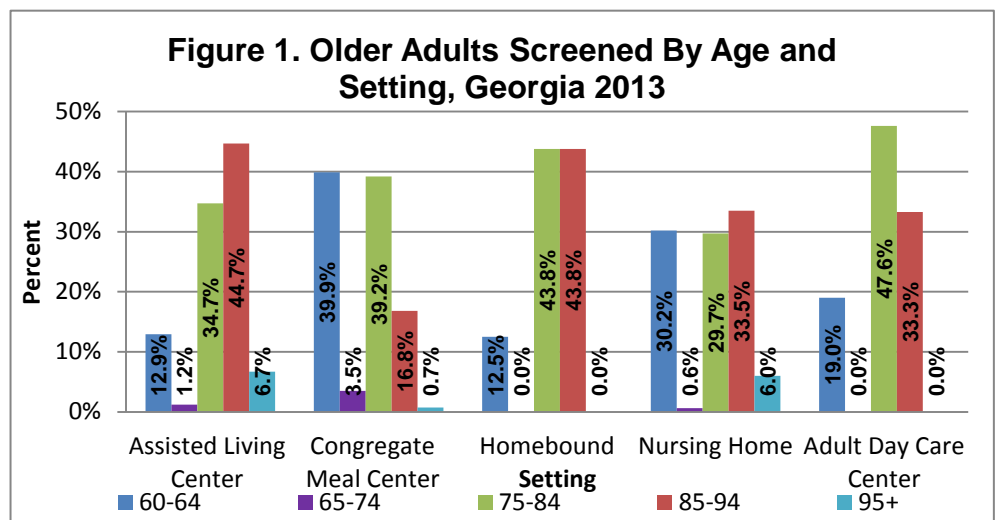
starting the survey. Dental hygiene faculty and students interviewed participants prior to doing an open mouth examination. Each survey document was numbered and no personal identifiers were recorded. The Association of State and Territorial Dental Directors Basic Screening Survey (BSS) for Older Adults Planning and Implementation Packet <sup>4</sup> was used to assess participants' oral health status. Dental hygiene students performed visual screening to assess the presence of tooth decay, untreated decay, gingivitis, root fragments, suspicious soft tissue lesions, denture use, and need for dental treatment among the participating older adults. A pilot survey was conducted before the actual survey and the lessons learned were used to modify the main survey.

Data from the survey was analyzed using SAS 9.2.

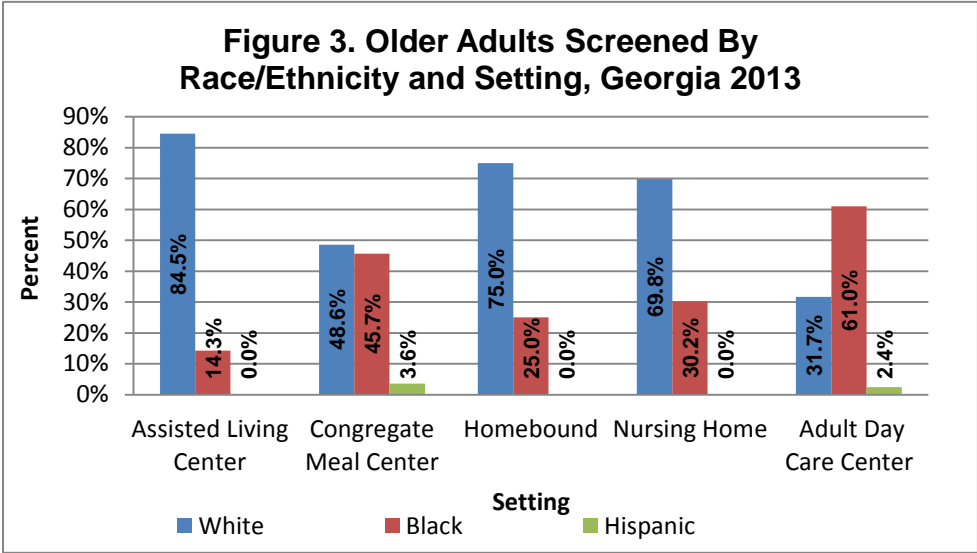
## Results

A total of 563 older adults 60 years of age and older were screened for the survey. Among those screened, 32% were in nursing homes, 32% in assisted living centers, 25% in congregate meal centers, 7 % in adult daycare centers and 3% were homebound.

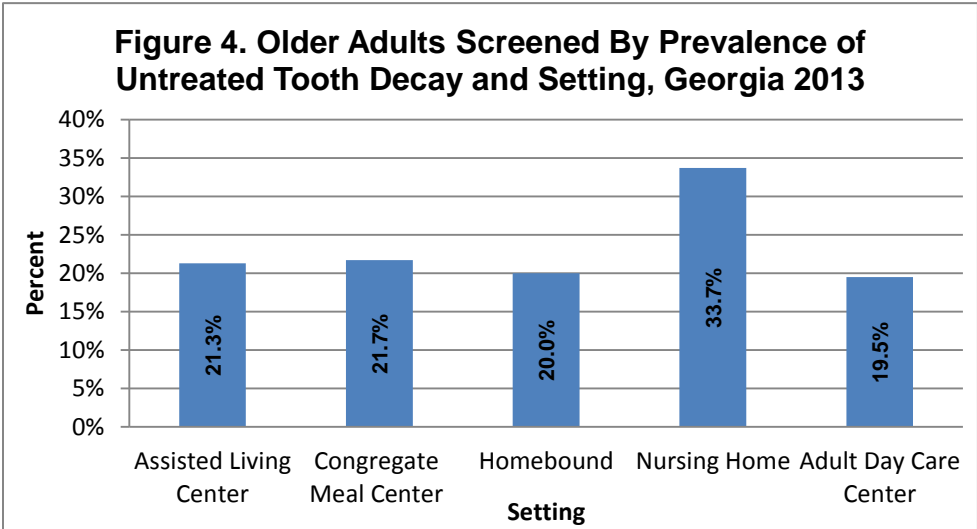
- The average age of older adults screened was 80.6 years, ranging from 61 years to 102 years.
- In assisted living centers, 44.7% of survey participants were 85-94 years of age compared to 33.5% in nursing homes (**Figure 1**).
- The majority (75%) of older adults surveyed were female. Female participants outnumbered male participants at each site (**Figure 2**).



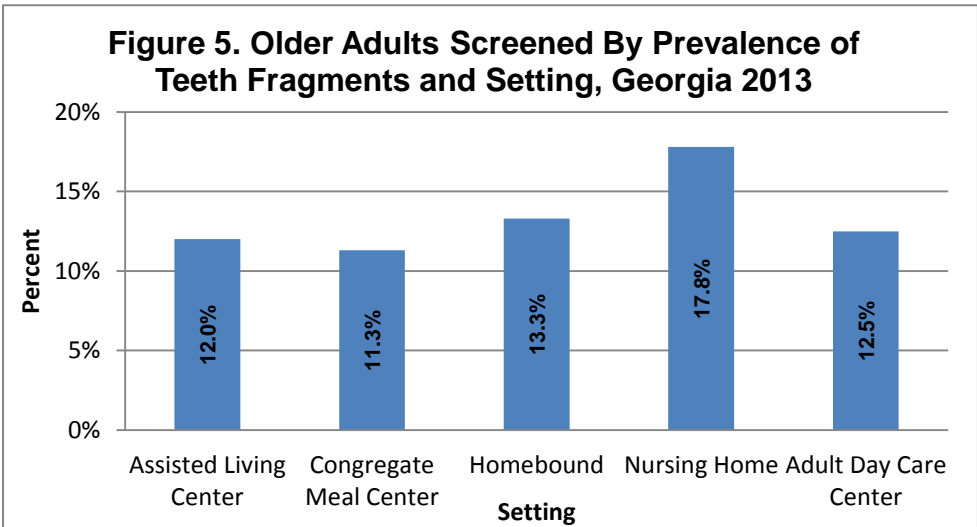
➤ Survey participants were mostly white (66.5%). The majority of survey participants in assisted living centers, homebound sites and nursing homes were white, while in adult day care centers the majority was black (Figure 3)



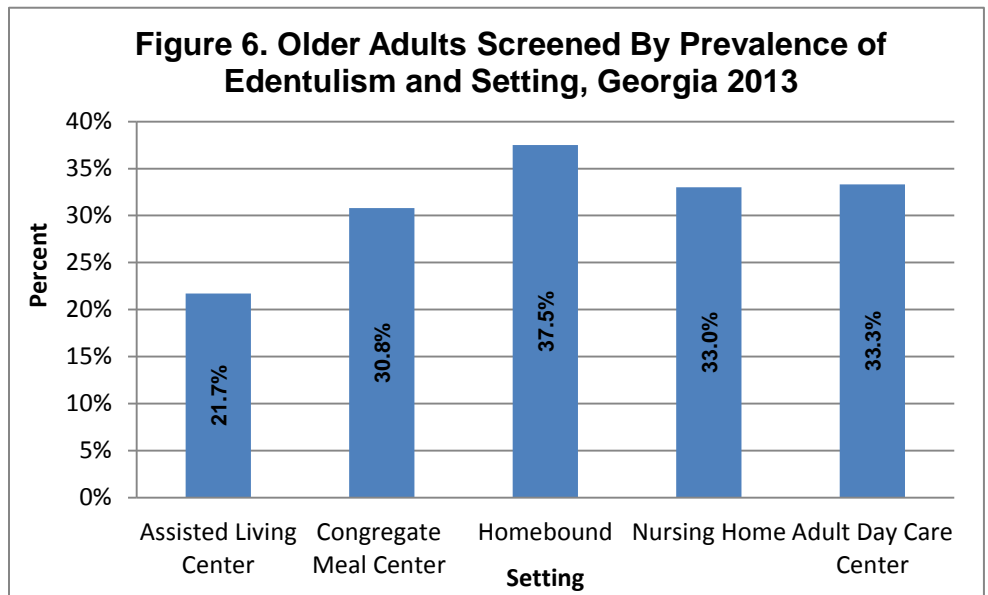
➤ Among all older adults screened, 25.3% had untreated tooth decay. Survey participants in nursing homes had the highest prevalence (33.7%) of untreated tooth decay (Figure 4).



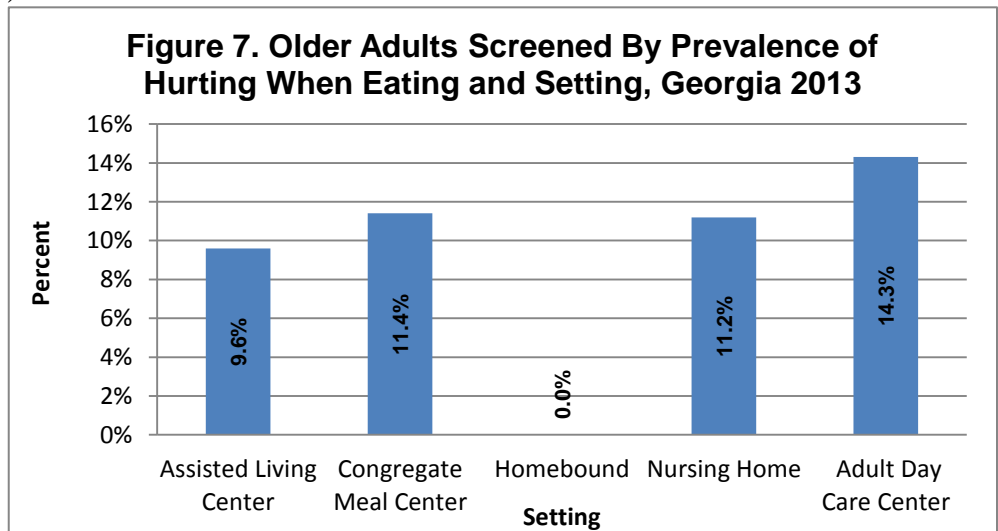
➤ The prevalence of teeth fragments among all survey participants was 13.8%. The highest prevalence of teeth fragments was found in nursing homes and homebound sites (17.8% and 13.3% respectively; Figure 5).



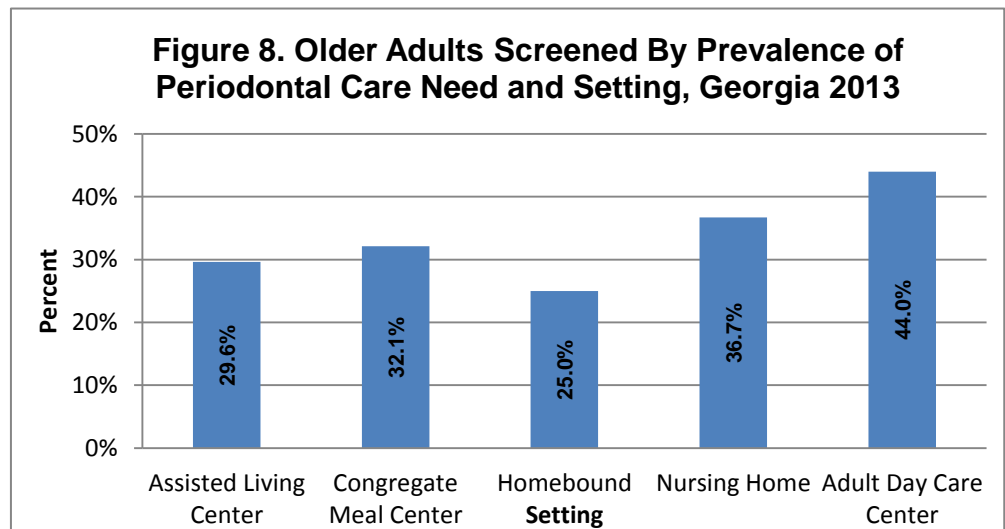
- More than a quarter of all survey participants (28.8%) had lost all their teeth (edentulous). Homebound sites had the highest prevalence of edentulous survey participants (37.5%) followed by adult day care centers and nursing homes (33.3% and 33.0% respectively; **Figure 6**).



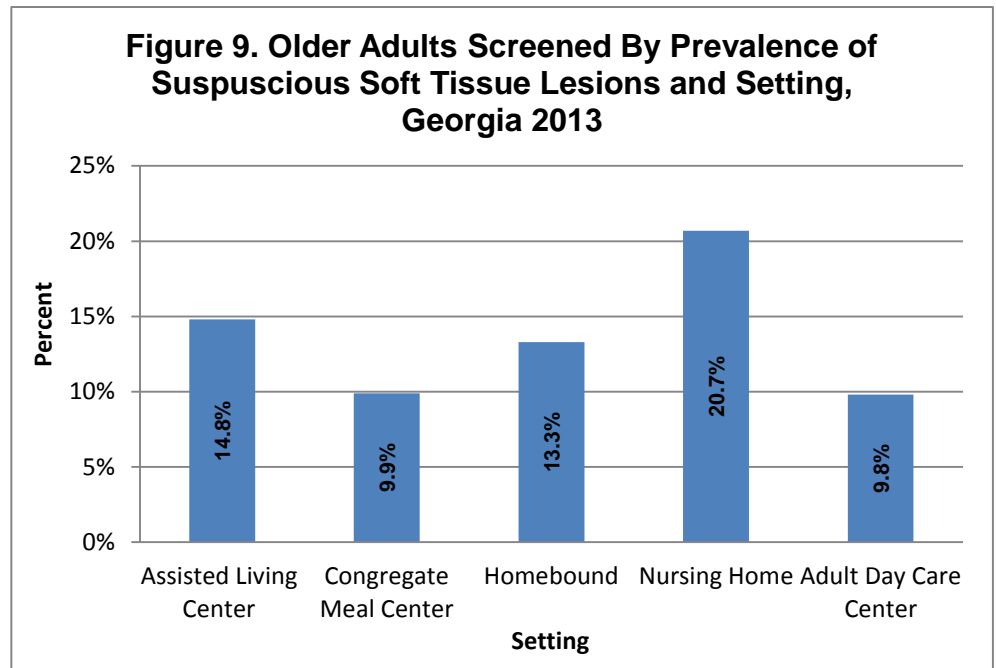
- Overall, 10.6% of older adults surveyed reported that their mouth hurt when they are eating. None of homebound survey participants reported hurting when eating (**Figure 7**).



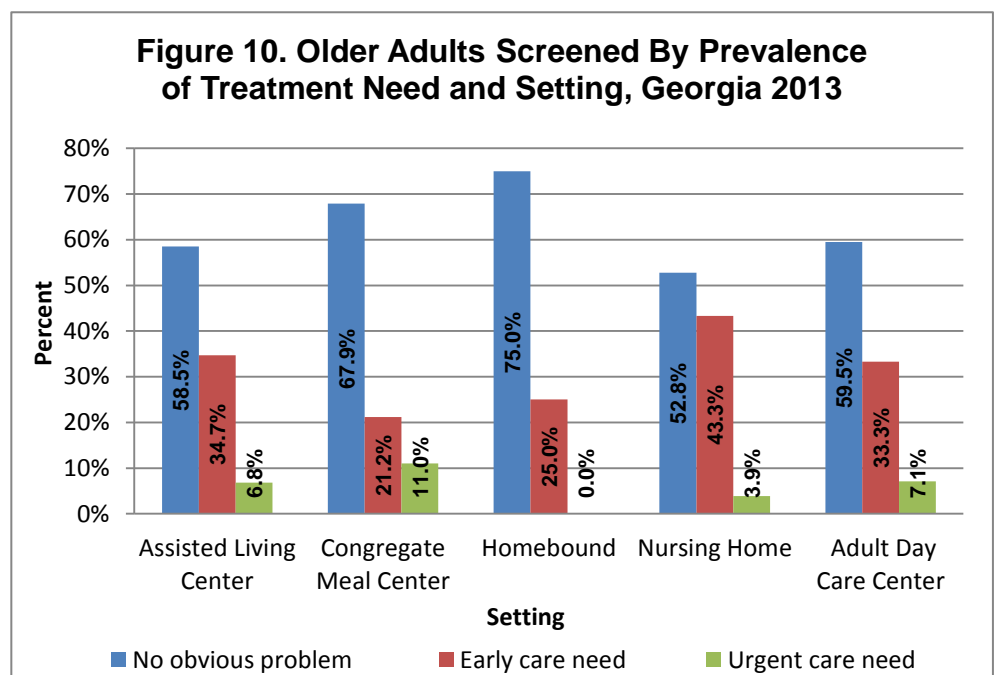
- Among older adults who participated in the survey, 33.4% needed periodontal care. Participants in adult day care centers had the highest prevalence (44%) of periodontal care need followed by nursing homes participants (36.7%; **Figure 8**).



- Suspicious lesions of oral soft tissue were found in 15% of all older adults surveyed. The prevalence of suspicious soft tissue lesions was twice as high among nursing home participants as among participants in congregate meal and adult day care centers (**Figure 9**).



- Among survey participants, 59.6% did not have an obvious problem that needed immediate care, 33.6% needed early dental care while 6.7% needed urgent dental care. The prevalence of urgent dental care need was highest among participants surveyed in congregate meal centers (11%), while the highest prevalence of early dental care need (43.3%) was among nursing home survey participants (**Figure 10**).



**Table 1. Loss of Teeth and Denture Use Among Older Adults Screened By Setting, Georgia 2013**

Characteristics	Assisted living home		Congregated meal center		Homebound		Nursing home		Adult day care center	
	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Loss of upper teeth</b>										
No teeth lost	*	0.6	*	2.1	*	6.3	*	2.2	-	-
Lost 6 or less teeth	83	46.9	45	32.1	7	43.8	55	30.6	6	14.3
Lost more than 6 teeth	28	15.8	30	21.4	-	-	36	20	12	28.6
Lost all teeth	65	36.7	62	44.3	8	50	85	47.2	24	57.1
<b>Loss of lower teeth</b>										
No teeth lost	*	1.7	*	2.1	-	-	7	3.9	-	-
Lost 6 or less teeth	88	49.4	55	39.0	*	25.0	59	32.8	9	21.4
Lost more than 6 teeth	47	26.4	36	25.5	6	37.5	47	26.1	18	42.9
Lost all teeth	40	22.5	47	33.3	6	37.5	67	37.2	15	35.7
<b>Dentures</b>										
Removable upper dentures	73	41.2	83	59.7	5	33.3	74	40.7	22	52.4
Remove upper dentures when eating	68	93.1	72	86.7	5	100.0	64	86.5	19	86.4
Removable lower dentures	53	32.1	61	44.2	5	35.7	57	32.4	13	31.7
Remove lower dentures when eating	52	98.1	52	85.2	5	100.0	50	87.7	9	69.2

\* Observations less than 5

- Forty four percent (44%) of survey participants had lost all their upper teeth while 31.5% had lost all their lower teeth. Thirty five percent (35.3%) had lost between 1 and 5 upper teeth while 38.6% had lost the same number of lower teeth (**Table 1**).
- Older adults screened in adult day care centers had the highest prevalence of complete upper teeth loss (57.1%) , while the highest prevalence of complete teeth loss on the lower jaw was among older adults screened in homebound sites and nursing homes (37.5% and 37.2% respectively; **Table 1**).
- Forty six percent (46.3%) of older adults screened had removable upper dentures while 35.4% had removable lower dentures. Among those with upper dentures, 88.7% removed their dentures when eating, and among those with lower dentures, 88.9% removed their dentures when eating (**Table 1**).
- Older adults screened in congregate meal centers had the highest prevalence of removable upper and lower dentures (59.7% and 44.2% respectively; **Table 1**).

# Conclusions

The older adult survey is the first of its kind ever implemented in Georgia. Before the survey, the only information on the older adult oral health status was provided by the BRFSS which had limited questions on the oral health status of the adult population. Although, this survey is limited by the fact that the sample was conveniently selected, it provides an overview of the oral health status of the selected older adults in Georgia.

## Glossary

### **Adult Day Care<sup>5</sup>:**

Adult day care centers provide support for elderly individuals – and their families, if present – who do not function fully independently, but do not need 24-hour nursing care.

Participants may have:

- Some degree of physical disability
- A social impairment
- Mental confusion
- Need for some assistance with activities of daily living that fall short of the need for placement in an institution
- Returned from a recent hospital or institutional stay

Adult day care services are comprehensive and are based on participants' individual needs.

They are family-focused, when families are involved. They are outcome-oriented with a goal of enhanced independence.

The programs provide safe group environments with coordinated health and social services aimed at stabilizing or improving self-care. Adult day care services may prevent, postpone or reduce the need for institutional placement.

### **Congregate Meal Centers<sup>5</sup>:**

Congregate meal centers promote better physical and mental health for older people through the provision of nutritious meals and opportunities for social contact. Congregate nutrition services promote independent living for the elderly.

Services include:

- The provision of meals and nutrition education in a group setting at a nutrition site, senior center or multipurpose senior center; and ongoing outreach to the community
- Access by participants to nutrition screening, nutrition education and counseling on an individual basis, when appropriate
- Access to the site through transportation services
- Shopping assistance
- Health, fitness and other educational programs
- Recreational activities



### **Assisted Living Centers<sup>5</sup>:**

Assisted living centers are for people with limitations in mobility and self-care who may receive personal care services for help in daily living.

These services are for people who do not have sufficient access to persons who are able and willing to assist with or perform needed basic activities of daily living.

### **Homebound<sup>5</sup>:**

Medicare defines a person as homebound if leaving the home requires a considerable and taxing effort, such as needing crutches, a walker, wheelchair, or help from another person. Whether or not you qualify as homebound is decided by a doctor's evaluation of your condition over an extended period of time, not on a daily or weekly basis.

Leaving home for medical treatment and attending a licensed or accredited adult day care or religious service is always permitted. Leaving home for short periods of time or for special non-medical events, such as a family reunion, funeral or graduation, does not exclude you from being considered homebound. An occasional trip to the barber or beauty parlor is also allowed under that definition.

### **Nursing Home<sup>6</sup>:**

A nursing home is any facility which primarily provides skilled nursing care and related services to residents who require medical or nursing care; rehabilitation services to the injured, disabled, or sick; or on a regular basis, health care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which is available to them only through these facilities, and is not primarily for the care and treatment of mental diseases.

## **References**

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