

Dental Public Health Activity Descriptive Summary

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Frail Elderly Surveillance in Assisted Living Facilities

Americans are living longer, which increases their likelihood of experiencing dental disease. The elderly population presents very unique challenges to dental disease prevention and control. However, lack of data relevant to this particular population presents a challenge for public health and health care practitioners to accurately determine oral health needs and devise effective strategies to address them.

Between August 2015 and February 2016, the North Carolina Oral Health Section (OHS) conducted its first statewide oral health assessment of adults residing in licensed assisted living facilities using the Association of State and Territorial Dental Directors' (ASTDD) Basic Screening Survey (BSS) methodology. The sample was comprised of 40 randomly selected facilities with a convenience sample of 854 residents. The study successfully established a baseline oral health status for this population and determined whether oral health varied by age, gender, race and ethnicity, date of admission, Medicaid enrollment status, and size and location of facility. This study served as a critical part of the state's new *Special Care in Dentistry* Program to develop an oral health promotion and disease prevention initiative for North Carolina's institutionalized adults. Associations between oral health and geographic location, size and quality rating of facilities may help direct efforts as we target those with the most need.

Lessons Learned:

Soliciting facilities for participation in the survey required time and persistence due to high facility staff turnover and the perception that our visits were of a regulatory nature. Due to varying cognitive function, consent forms and coordination with the facilities were critical in obtaining the residents' demographic information. Screeners and recorders were trained, but not calibrated, on the oral health indicators of the survey. Lastly, not all facility residents are "older adults"; inclusion/exclusion criteria will be necessary if seniors are truly the focus of any future surveillance activities.

- Utilize your "state authority" cautiously. Facilities are typically leery of any request from a government agency as they perceive it as being regulatory, and potentially punitive, in nature.
 - Facility staff turnover can be high. Communicating effectively and establishing rapport with key employees of the facilities was critical to scheduling screenings. Being persistent and communicating the importance of the survey to public health is part of that process. Keep thorough records of all communications with the facilities.
 - Calibrate screeners to ensure inter- and intra-examiner reliability and the quality of the data collected.
 - Test-run any survey forms prior to use to ensure the flow of items is practical and that the questions actually solicit the level of information desired from respondents.
 - List all resident demographic information to be collected on the consent form. Diminished cognitive function is an issue for many residents and facilities are unlikely to share demographic information without resident or guardian consent. Let the facilities know in advance that this information may be requested of them.
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