

# MARYLAND ORAL HEALTH SURVEY OF OLDER ADULTS

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## Overview

The Maryland Office of Oral Health (OOH) in collaboration with the Maryland Department of Aging conducted the Basic Screening Survey of Older Adults in 2013/2014. Overall, a total of 994 older adults participated in the survey. While a representative sample was selected from long-term care facilities around the state, lack of participation from several sites makes it difficult to provide statistically valid population estimates and variances. Therefore, the results presented provide information on the oral health status of the survey participants rather than a statewide estimate. The breakdown of participants based on the type of long-term facilities is highlighted below.

Type of Facility	Number of Sites Visited	Number of Participants Surveyed
Senior Centers	24	302
Nutrition Sites	15	204
Assisted Living Sites	18	183
Nursing Homes	22	305

## Methods

Four dental hygienists were hired and calibrated in September 2013 and the data collection process began in October 2013. A representative sample of older adults 55 years and older were selected from approximately 160 long-term care facilities (congregate meal sites, senior centers, nursing homes and assisted living facilities) around the state. A dental screening and health questionnaire was administered to adults in congregate meal sites and senior centers. Only the dental screening was administered to adults in nursing homes and assisted living facilities. An information packet was sent to each facility with introductory information, older adults' pamphlet, and a frequently asked questions flyer. Participants were given a summary of findings form and if necessary, information for additional treatment from public health dental clinics in the area. In addition, the participants were asked to complete a brief health questionnaire (14 questions). If the adult was unable to read the questionnaire, the dental hygienist administered it to the participant.

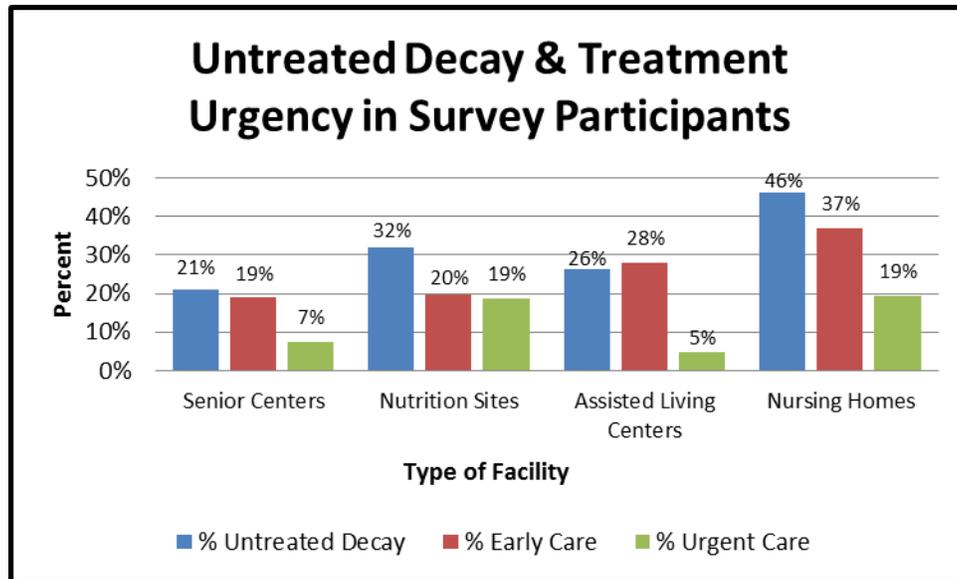
In this project, early care is defined as an individual who needs to seek treatment within the next several weeks; and urgent care is when an individual has pain or infection and needs to seek treatment within the next week.

## Results

There are four different types of long-term care facilities in the State of Maryland: senior centers, nutrition sites, assisted living sites and nursing homes. Approximately 80% of the senior centers, 50% of nursing homes and nutrition sites, and a third of assisted living sites from the sample participated in the survey. Everyone who participated in the survey received an oral health screening; however, only

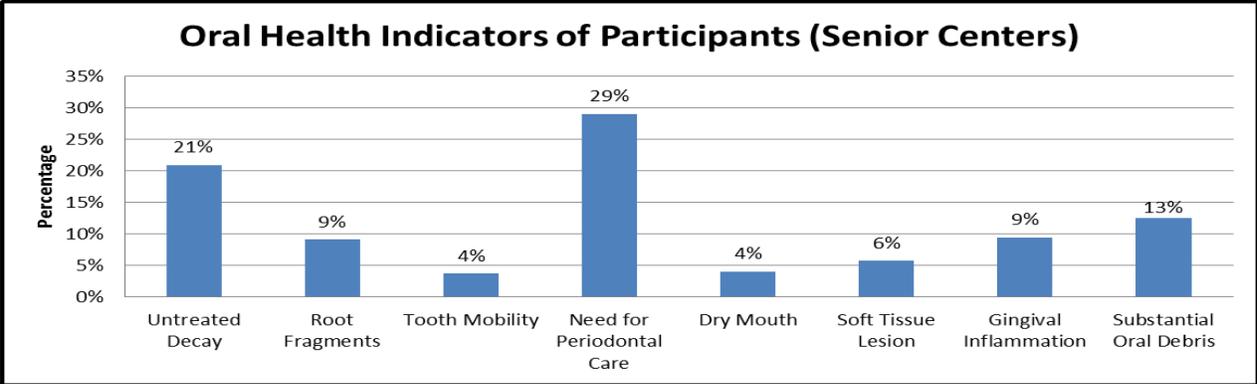
nutrition sites and senior centers completed the health questionnaires. The data from the health questionnaires will be evaluated later to determine associations with the oral health screening data.

When reviewing results from the oral health screenings, older adults in nursing homes had the highest rate of untreated decay at 46% and were most likely to require follow-up (early care and/or urgent care) than any other type of long-term care facilities. Participants at senior centers had the lowest rate of untreated decay and required less follow-up than the other long-term care facilities.



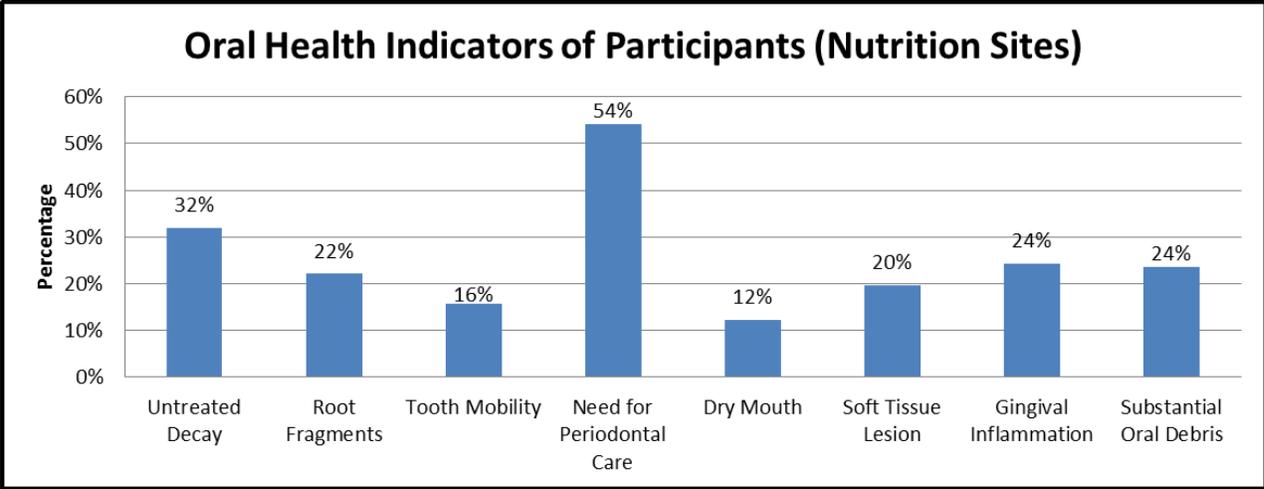
### Senior Centers

Three hundred and two (302) older adults from 24 senior centers participated in the survey. Most of the participants were from the Central DC region of Maryland. Eighty percent (80%) of the participants were females. Most of the participants reported having removable upper and lower dentures at 43% and 32% respectively. Approximately 20% were edentulous and 21% with untreated decay. For the participants that answered the health questionnaire, 14% thought their teeth were in poor condition and 18% in very poor condition. Twenty nine percent (29%) reported needing periodontal care but very little had severe dry mouth and suspicious soft tissue lesion. The clinical screening showed that 74% of older adults in senior centers as having no obvious problem and in the health questionnaire 66% self-reported visiting the dentist within the last three years.



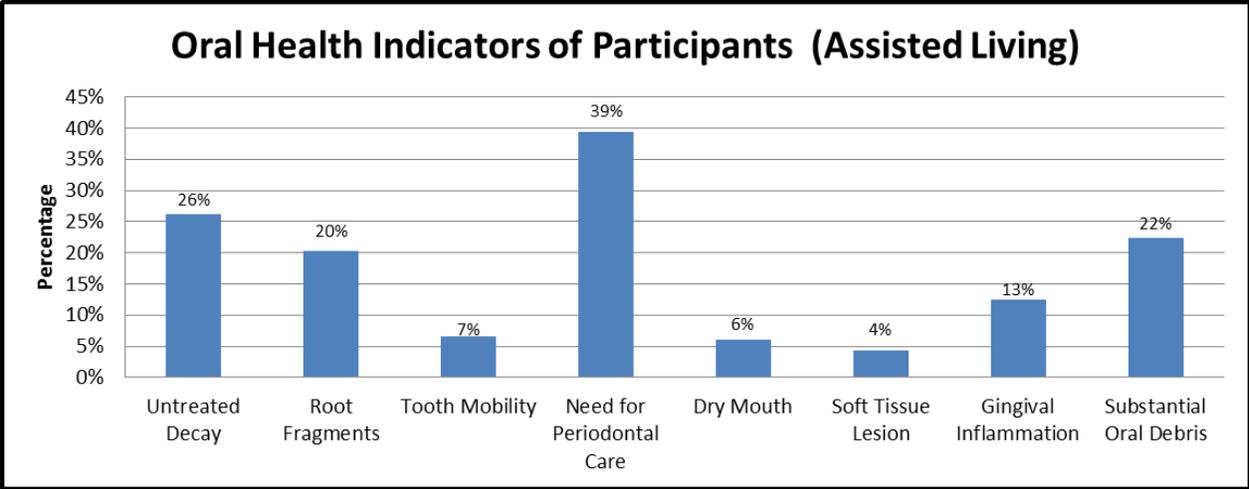
**Nutrition Sites**

Two hundred and four (204) older adults from 15 nutrition sites participated in the survey. Like the senior centers, 42% were from the Central DC region of Maryland. Seventy three (73%) of the participants were females. Only about a third of the participants from the nutrition sites had dentures and only 13% were edentulous. Twenty four (24%) percent had severe gingival inflammation and 54% said they needed periodontal care. They had the second highest percentage of untreated decay at 32% and 20% required early care while 19% needed more urgent care.



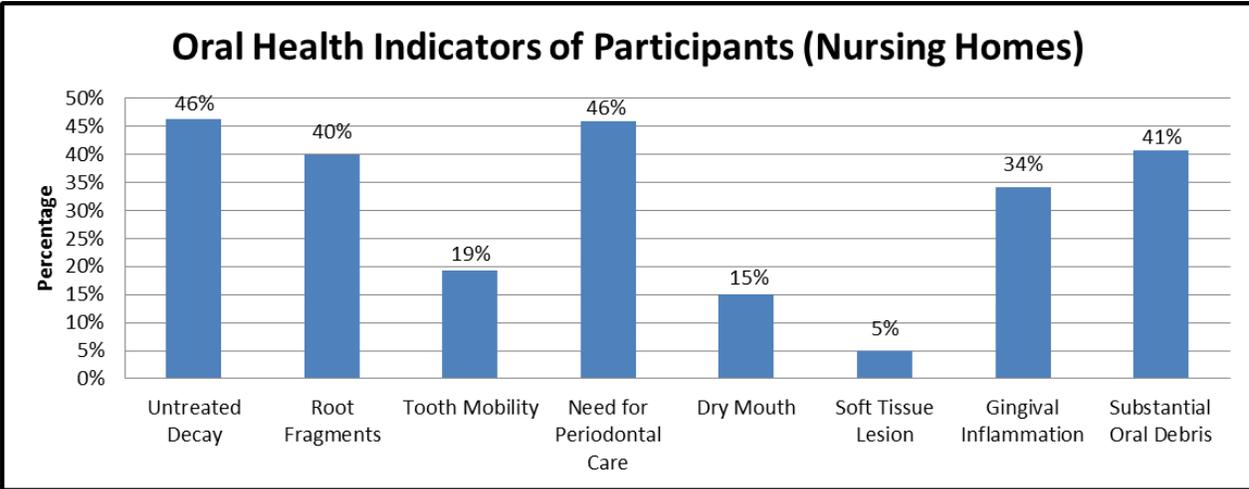
**Assisted Living**

One hundred and eighty-three (183) older adults from 18 assisted living sites participated in the survey. About a third of participants were from the Western Maryland region followed by Central DC. Compare to the other facilities, 61% of the participants were females. Thirteen (13%) percent had severe gingival inflammation and 39% needed periodontal care. Twenty six (26%) percent had untreated decay and 28% required early care. They had the lowest percentage of adults that required urgent care.



**Nursing Homes**

Three hundred and five (305) older adults from 22 nursing homes participated in the survey. Approximately one third were from the Central DC region and a quarter from Central Baltimore and Western regions. Similar to the assisted living sites, about 62% were females. Less than a quarter of the participants had removable dentures. Approximately 18% were edentulous. Thirty four percent (34%) had gingival inflammation and 46% needed periodontal care. Forty six (46%) had untreated decay with 37% needing early care and 18% urgent care.



**Conclusion**

The results of this pilot survey will be used to provide baseline data for surveillance of the older adults’ population. In addition, this pilot helped identify areas of highest needs throughout the state where dental programs and treatment policies are needed. In some cases, participants provided detail qualitative information on the factors that inhibit access to oral health care for the older population. Finally, assessing the oral health status of older adults in Maryland will better enable the OOH to address their specific oral health needs and develop related programmatic and policy priorities.