

Developing a Plan to Improve Access for Kentucky Elders: The Kentucky Elder Oral Health Survey (KEOHS)

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Data Collection: The first step in developing a plan...

- The KEOHS represented the first oral health survey ever done in Ky. to focus on ***elders***
 - Provide a benchmark for later comparison
 - Allow oral health professionals, state agencies, and other interested parties to examine the oral health status of Ky. Elders and compare with other states/national surveys



Objectives of the KEOHS:

- Determine the areas (or groups) in the state with the greatest oral health needs: well-elders vs. dependent elders (*nursing home and homebound*)
- Identify factors which affect dental access for Kentucky elders
- Develop a model program based on findings
- Pursue development of a statewide dental access program for elders based on that model

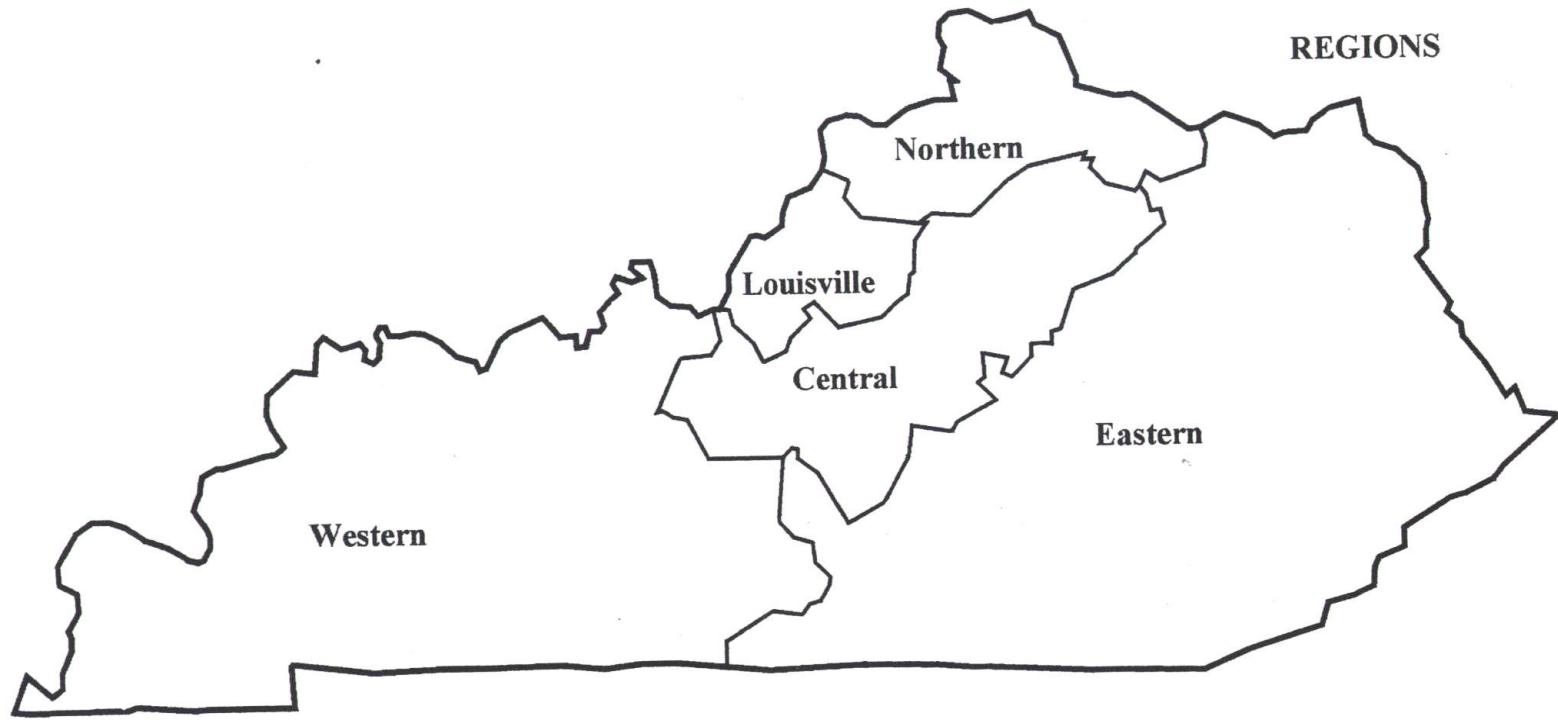


How did the Ky. Elder Oral Health Survey happen?

- **Commissioned by the Office of Oral Health) in the Ky. Dept. of Public Health in 2001**
 - **Represents the third and final oral health survey**
 - **Children's Oral Health Survey: commissioned in 1999/2001**
 - **Adult Oral Health Survey: Commissioned in 2001/2003**
- **Only previous oral health survey in Kentucky was done in 1987**
 - **Did not *specifically* include elders (less than 10% of ages 65+)**
 - ***Excluded* nursing home elders, homebound, and institutionalized populations**

Surveyed Geographical Regions:

(same as in children and adult Ky. Surveys)





Survey Instrument:

- Many questions taken from previous Ky. Adult Oral Health Survey
- Sections added specific for elders including: denture evaluation, extraoral, intraoral pathology, medical problems, and medications
- Two parts to survey: Questionnaire and clinical screening exam

3 Groups of Elders Surveyed

Oral Health Status of Elders
by Functional Status
(Living condition)

1,386 elders

Independent Elders
Senior Centers
(Subgroup-SB
Well-Elders)

Homebound Elders
(Dependent on families
and agencies for care and
transportation)

Nursing Home Elders
(Dependent on others
for care)
(Includes assisted-living)



500 elders



473 elders



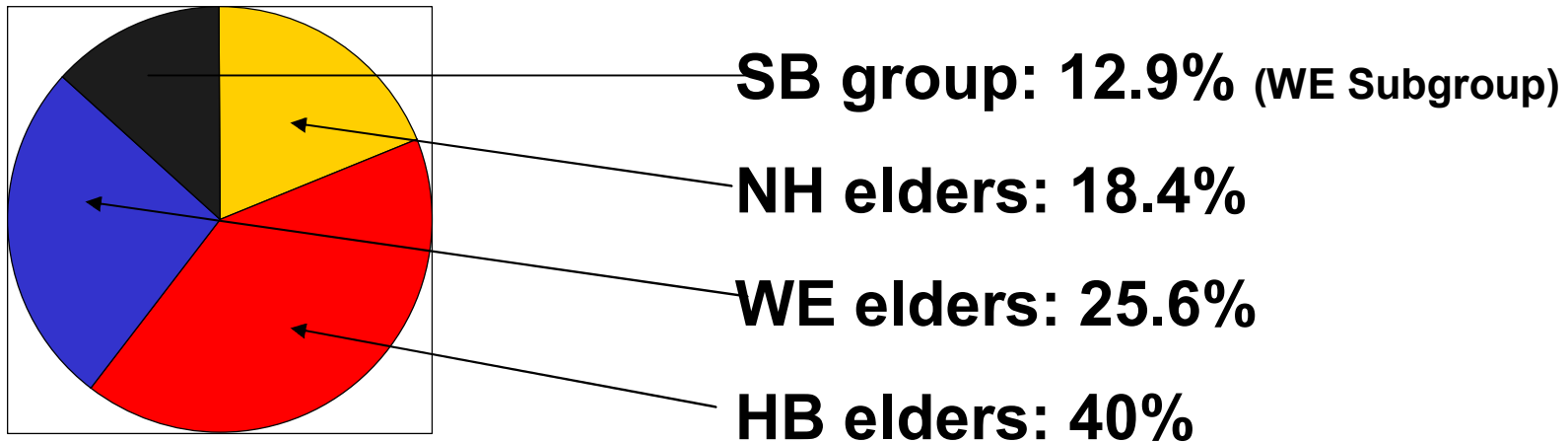
413 elders





Sample sizes and elder groups (well elders vs dependent elders) based on 2000 Census

- 3,046,951 adults (over 18 in Kentucky)
 - 504,793 adults (over 65)
- Elders represent: 13.9% of KY population but 16.6% of the ***adult population*** and this group is growing at the *fastest rate!*
- Of total elder adults, 477,580 are classified as independent (*non-institutionalized*) well-elders
- Nursing home elders = 26,198 and 1,015 classified as assisted living
- Homebound = 8,066 elders designated by state Office on Aging

Questionnaire Results:

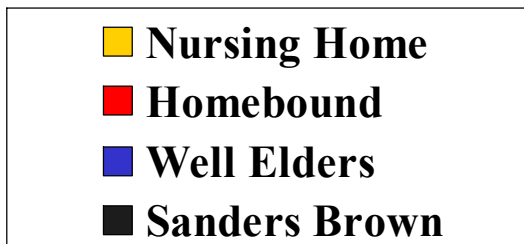
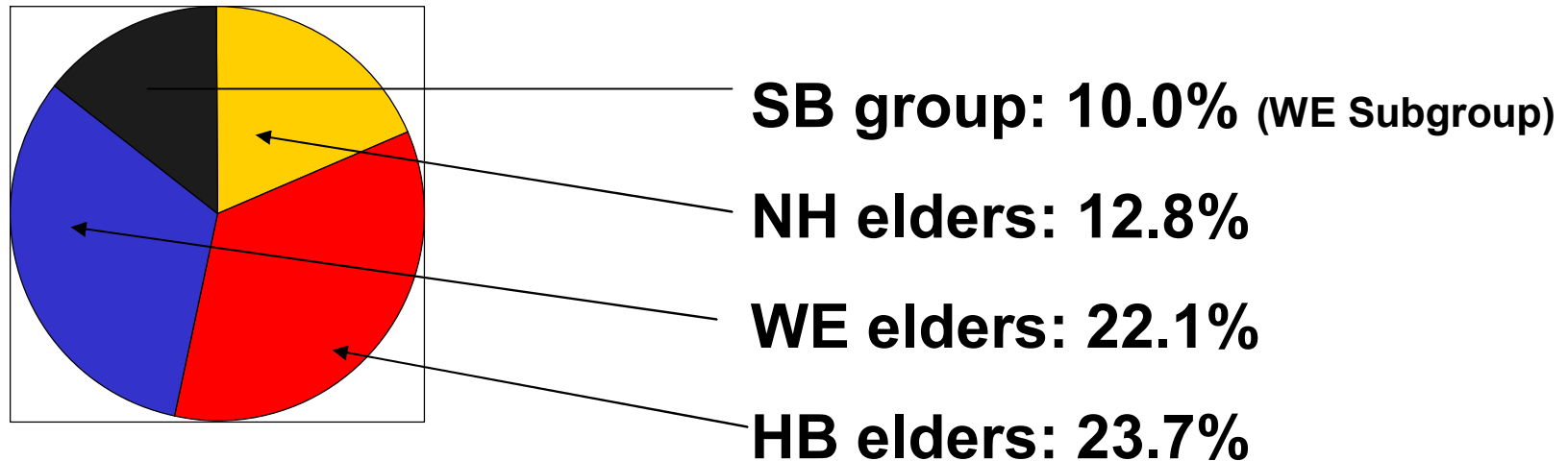
Almost 28% (27.7%) report *current* dental problems!



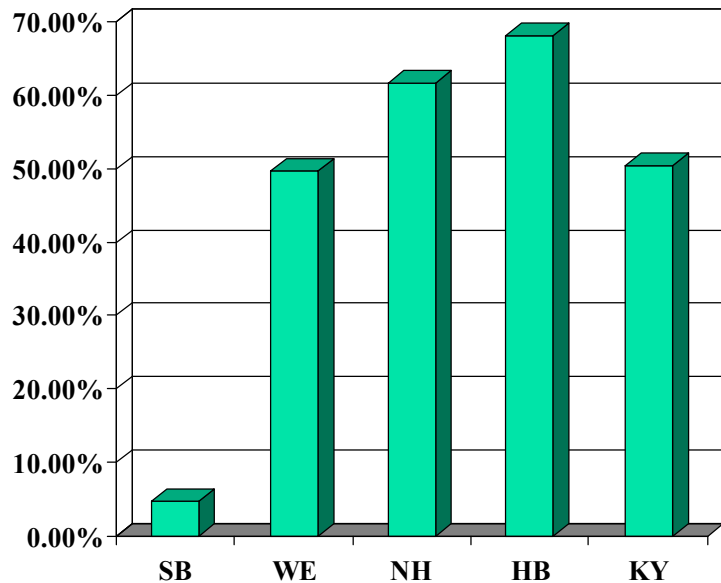
-  Nursing Home
-  Homebound
-  Well Elders
-  Sanders Brown

Questionnaire Results:

19.3% report having dental pain in their teeth, gums, or jaws!



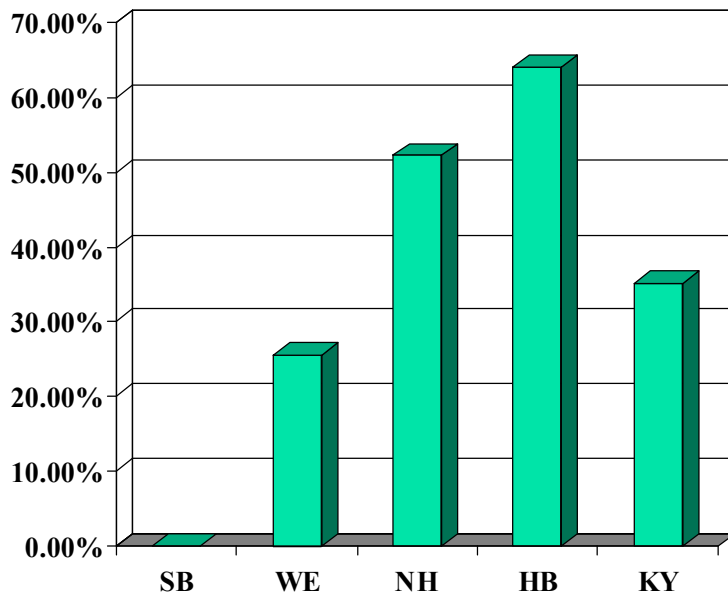
Clinical Exam Findings: Gingivitis



■ Gingivitis

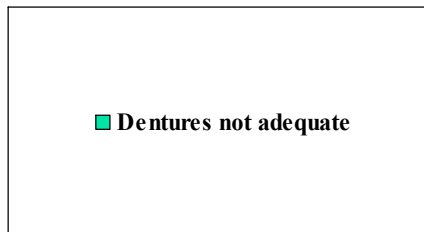
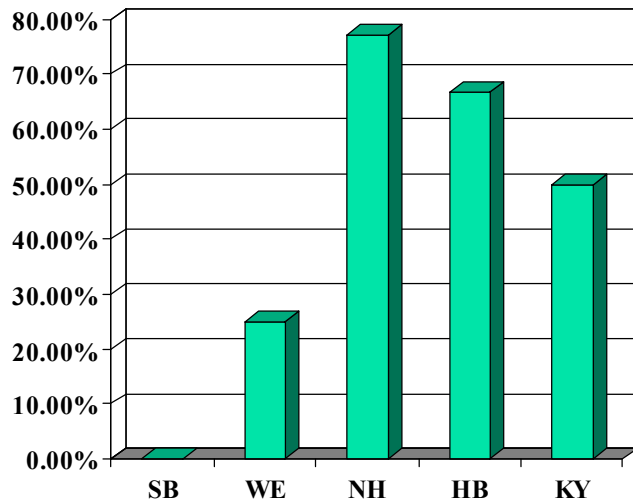
- **Statewide, 50.4% of dentate elders were found to have gingivitis**
- **The highest percentage was in the HB (68%) and NH (61.6%) groups**

Clinical Exam Findings: Caries



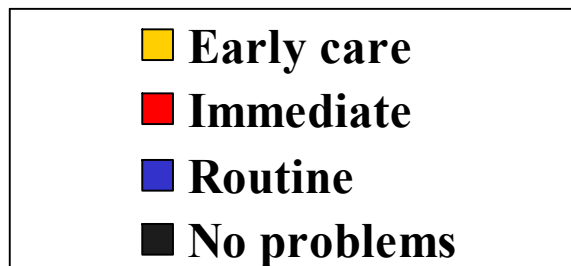
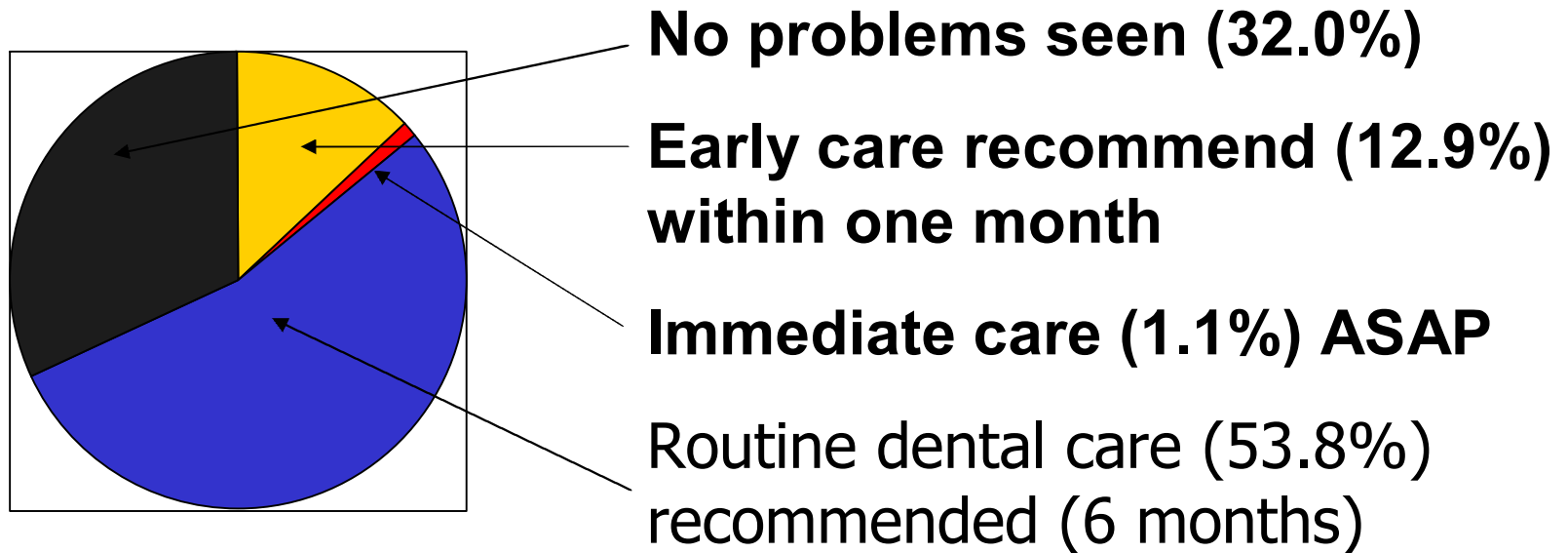
- **Statewide, 35.2% of dentate elders were found to have dental caries**
- **The highest percentage was in the HB (64%) and NH (52.2%) groups**
- **27.5% of dentate elders had 4 or less teeth with caries and 7.8% had 5 or more teeth with caries**

Clinical Exam Findings: Adequacy of Dentures (Patients perception)



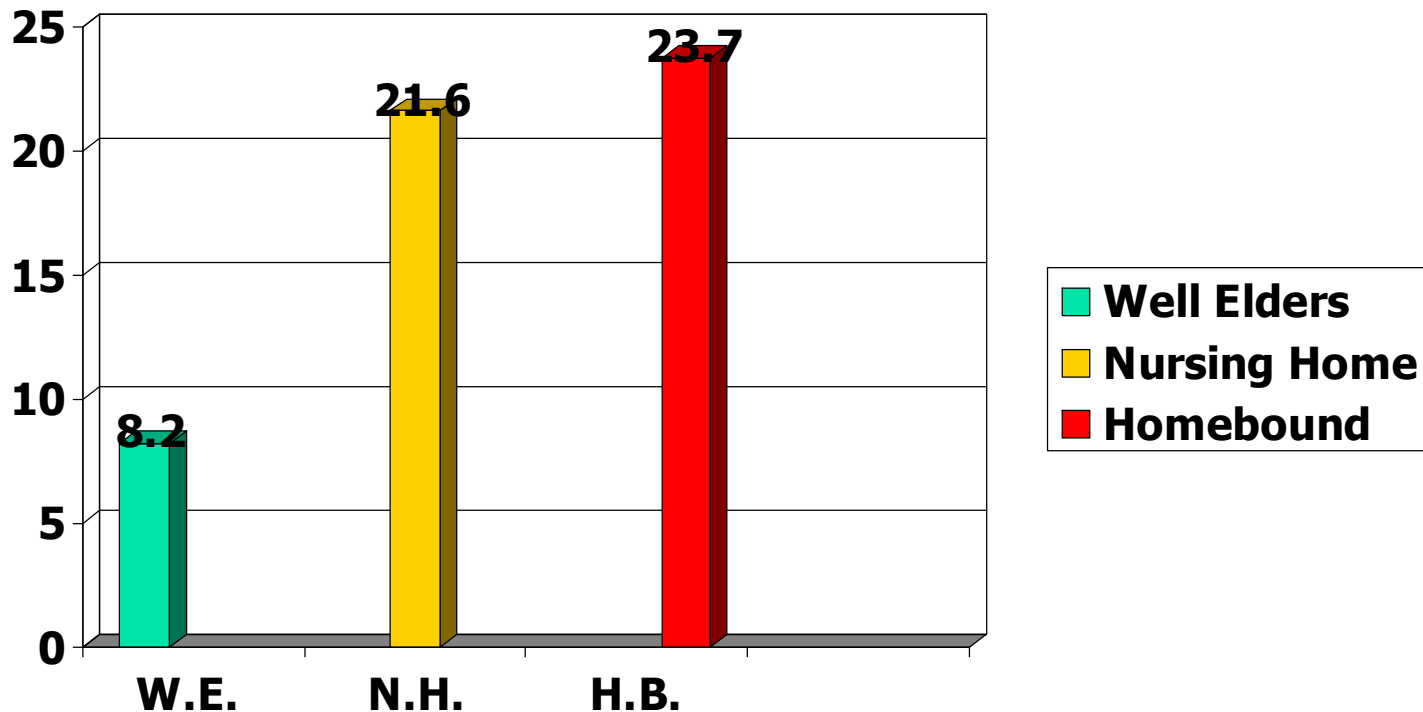
- **Statewide, half (49.9%) of edentulous elders with dentures reported their dentures were inadequate based on problems in comfort, function or esthetics**
- **NH and HB groups reported the highest percent of dentures that were inadequate (77.0% and 66.7% respectively)**

Results: Most elders (53.8%) need routine dental care (within 6 months)

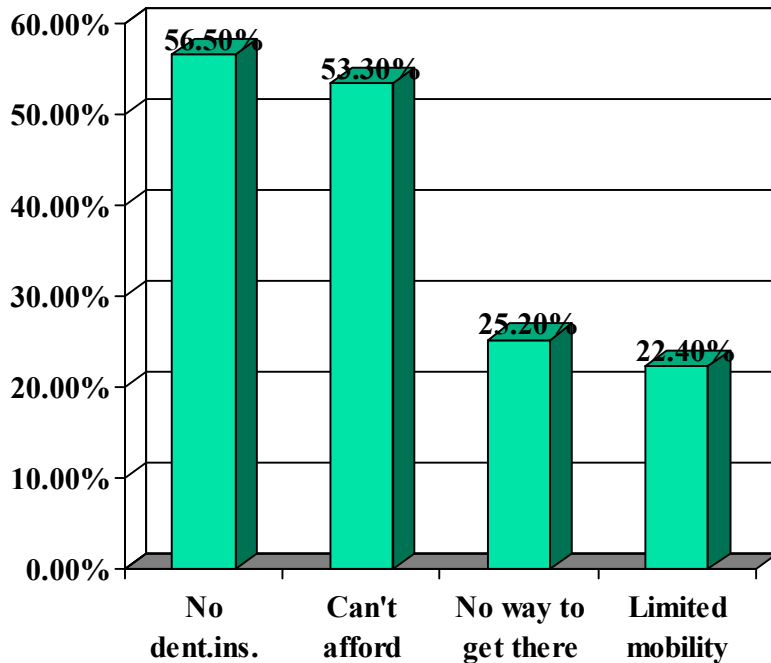


Results: Treatment Urgency

Many elders in the Homebound and Nursing Home Groups need early (within 1 month) or immediate (ASAP) dental care



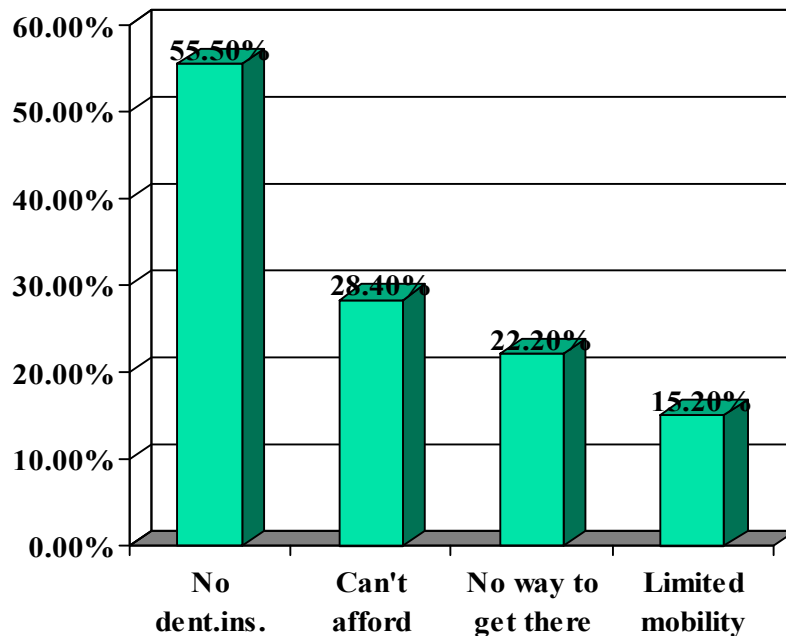
Major barriers reported for obtaining dental care or services



■ Top Barriers reported

- Lack of dental insurance was the top barrier reported
- The top three reasons why elders *did* go to the dentist were:
 - Prosthodontics 39.2%
 - Prevention/cleaning, 30.0%
 - Emergency dentistry, 15.0%

Main recommendations for improving elders access to oral health services



- Make dentistry more affordable #1 (55.5%)
- Provide mobile clinic/van (28.4%)
- Provide house calls (22.2%)
- Make offices more handicapped-accessible (15.2%)



Conclusions

- Underserved elders, defined here as the NH and HB elders have oral health needs which are much greater than the WE group
- Strong correlation between independence and oral health status:
 - Best overall oral health seen in well-elders
 - Poorest overall oral health seen in NH and HB elders
- Majority of Ky. Elders had not seen a dentist in the past year (only 35.4% overall had been)



Conclusions

- However, almost 90% (88.6%) of the SB (subgroup of well-elder group) HAD been to see a dentist in the past year
 - (This suggests how important SE status is in determining dental visits)
- Most elders would like dental care if it were less expensive and easier to attain
 - Leading barrier, no dental insurance
- Providing dental insurance should be a model to explore when proposing programs



Other “models” being considered:

- “Geriatric Oral Health Aide” (GOHA) for oral hygiene assistant in nursing homes
- Fluoride varnish program for at-risk elders in nursing homes/homebound
- Mobile-van program for NHs and HB
- Educational programs for NH, WE, HB
 - Public service announcements: other
- Enforcing existing laws in NHs