

# ARE OLDER AMERICANS COMING OF AGE IN *A STATE OF DECAY?*



National Oral Health Conference  
April 19, 2016 | Cincinnati, Ohio

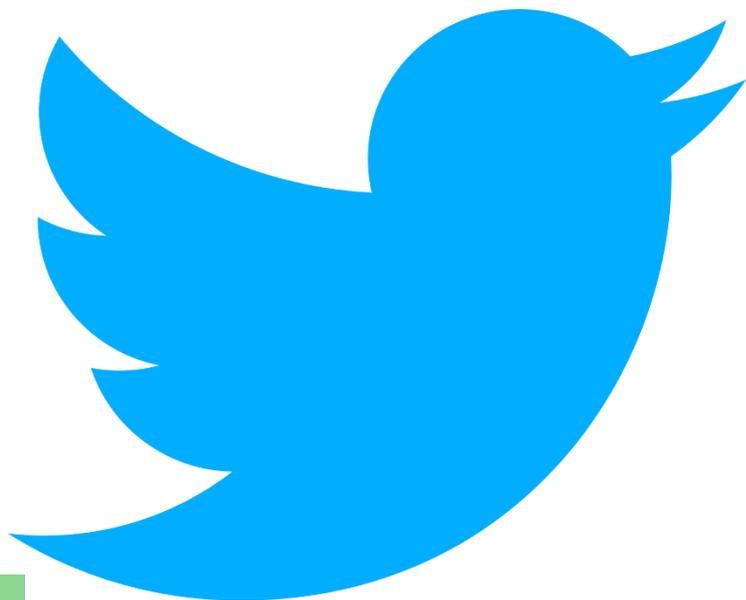
## PRESENTERS

- **Beth Truett**, President & CEO, Oral Health America
- **Cynthia Bens**, Vice President Public Policy, Alliance for Aging Research
- **Meredith Ponder**, Federal Policy and Advocacy Manager, National Association of Nutrition and Aging Services Programs (NANASP)

**TWITTER PARTY!**

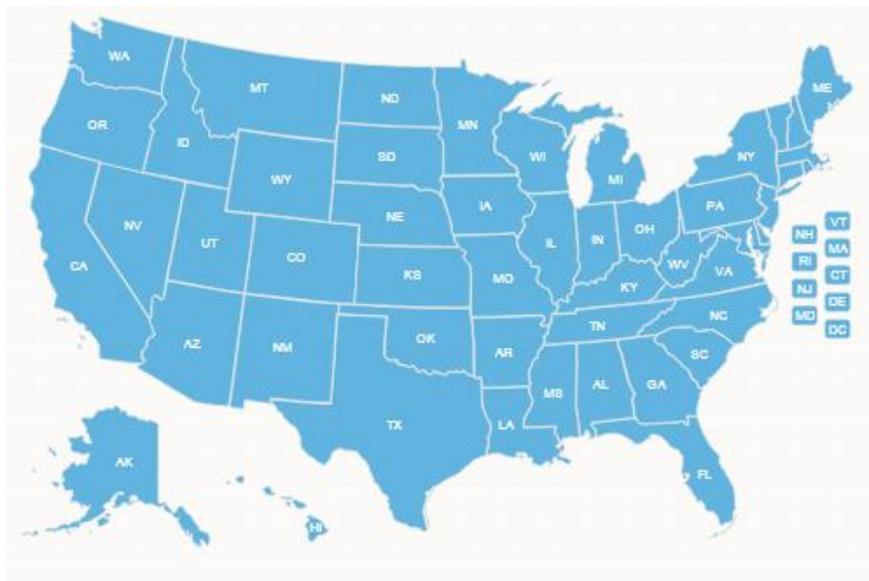
**#AStateofDecay**

**@Smile4Health**



# WHAT IS *A STATE OF DECAY*, VOL. III?

OHA's third **state-by-state analysis** of oral healthcare delivery and public health factors impacting the oral health of older adults



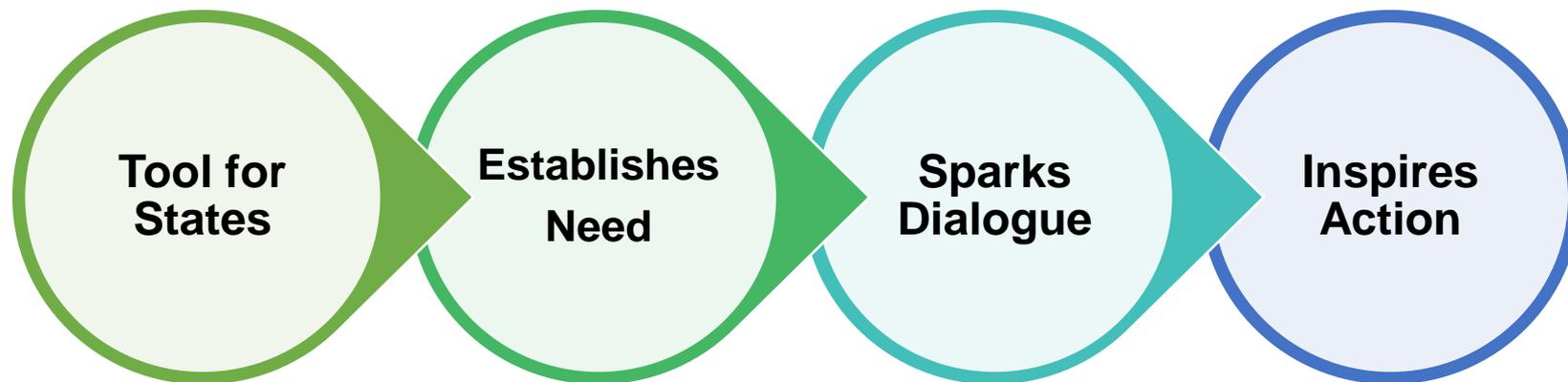
To download  
the report visit:  
[Toothwisdom.org/astateofdecay](http://Toothwisdom.org/astateofdecay)

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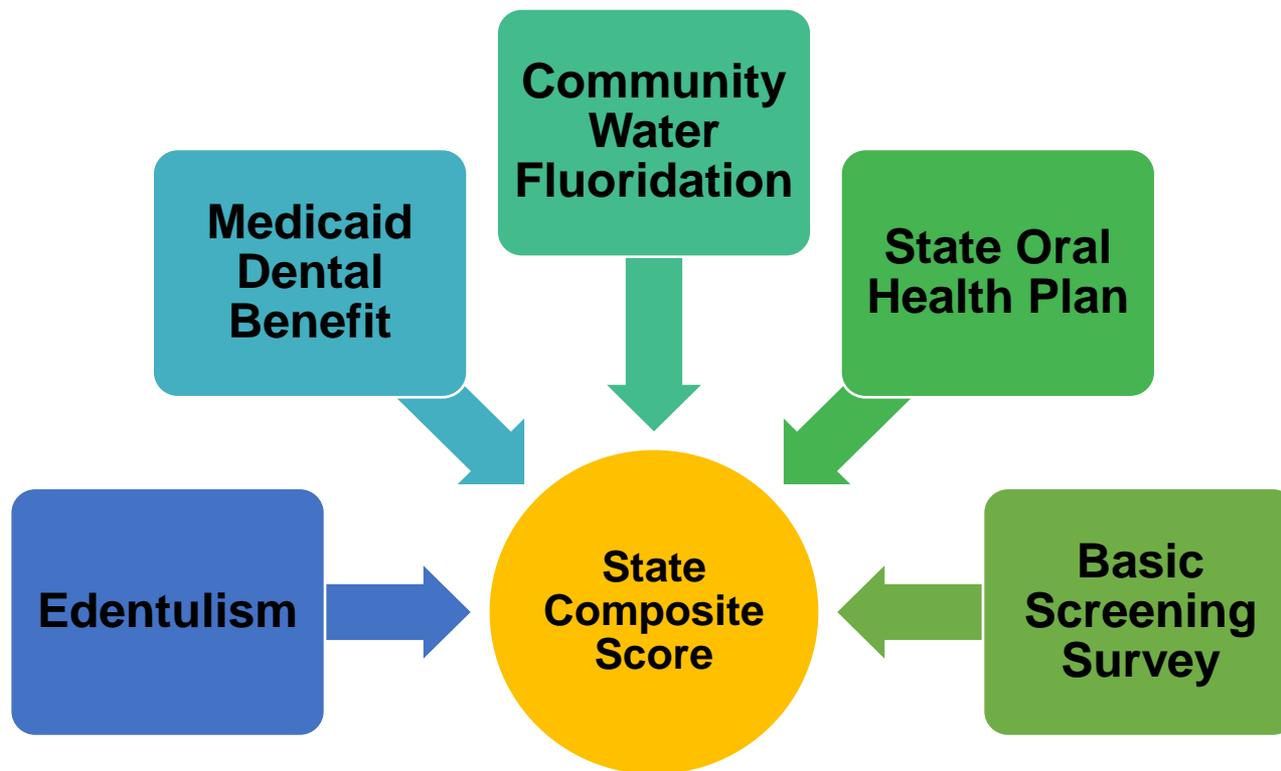
# RESEARCHERS, REVIEWERS & SUPPORTERS

- **Donald Shepard, PhD** and **Grant Ritter, PhD**, Heller School for Social Policy @ Brandeis University
- **Kathy Phipps, PhD**
- Medicaid | Medicare | CHIP Services Dental Association
- **Teresa Dolan, DDS, MPH; Caswell Evans, DDS, MPH; Dushanka Kleinman, DDS, MScD**
- **Bianca Rogers, Editor, Oral Health America**
- **DentaQuest Foundation**

# WHY RELEASE A 'REPORT CARD'?



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## ANALYSIS OF 5 VARIABLES

# METHODOLOGY & SCORING

- Five variables, **equally weighted** equals State Composite Score
- Uses **standard scoring** – standardizes data for comparative purposes
- Scores have **one scale**; highest ranking 100% and lowest 0%, with others in between

# TOP FINDINGS

## Tooth Loss High

- 8 states strikingly high rates
- Most notable WV: 33.6%

## Low Dental Coverage

- 8 states no coverage in Medicaid
- 4 states max. possible coverage

## CWF Still Needed

- 5 states w/ 60% or more residents living in non-fluoridated communities

## No SMART Objectives

- 42 states lack a SOHP that mentions older adults & includes SMART goals

## Inadequate Surveillance

- 23 states have never completed a BSS & have no plan to do so.

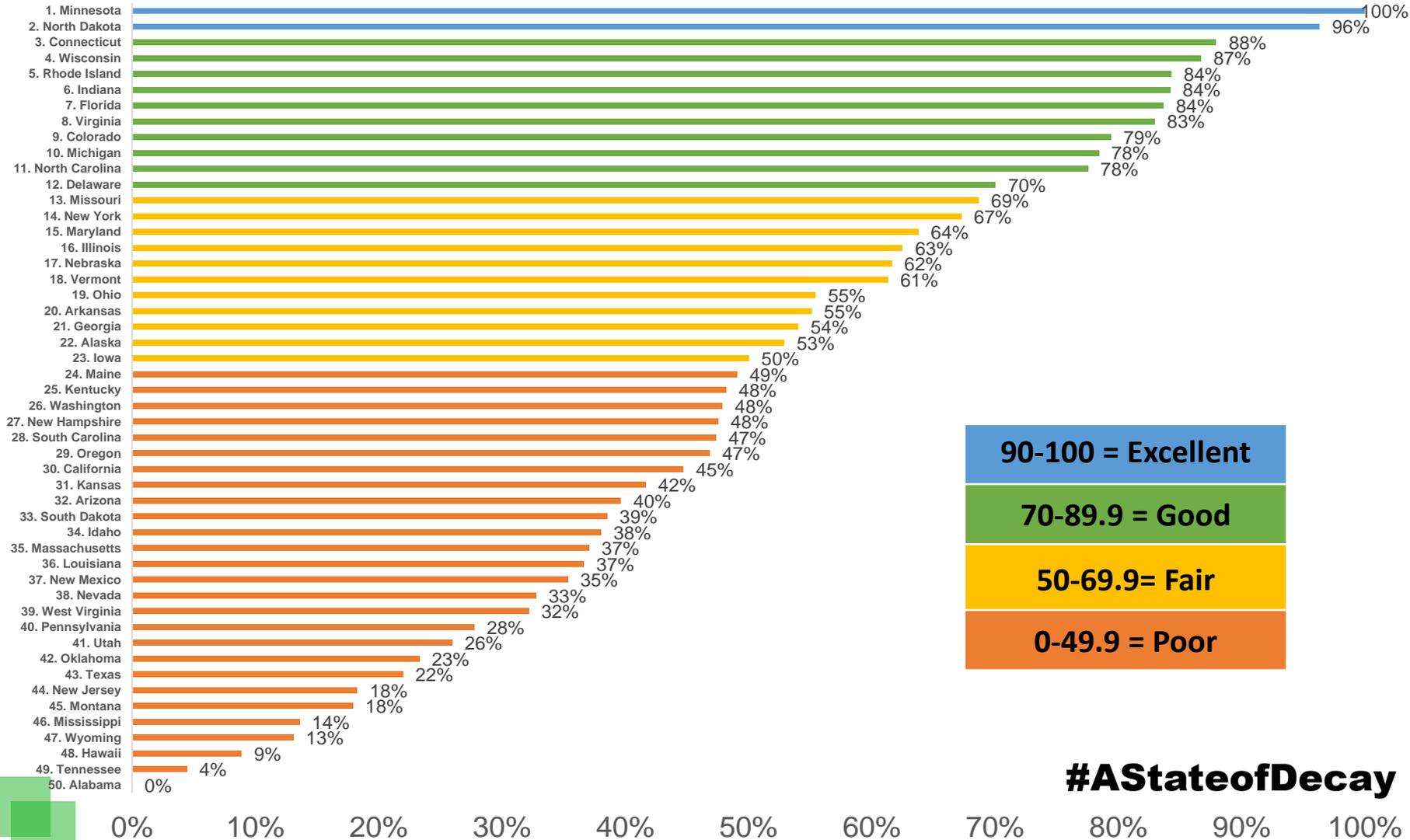


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# STATE COMPOSITE SCORES



Bringing Healthy Mouths to Life



90-100 = Excellent

70-89.9 = Good

50-69.9 = Fair

0-49.9 = Poor

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# STATE COMPOSITE SCORES

## Overall Scorecard

**2 Excellent – 4%**

**10 Good- 20%**

**11 Fair – 22%**

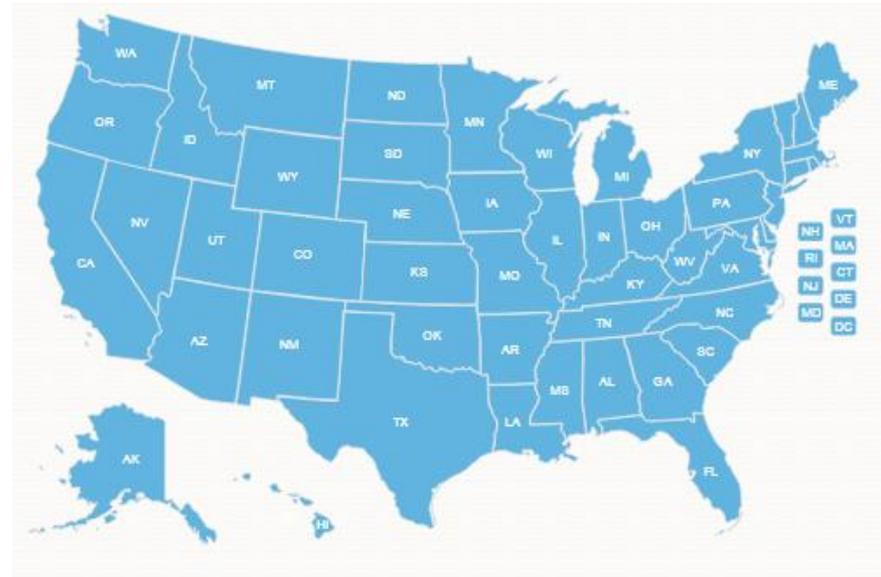
**27 Poor – 54%**

## Top

Minnesota, North Dakota,  
Connecticut

## ...and Bottom

Hawaii, Tennessee, Alabama

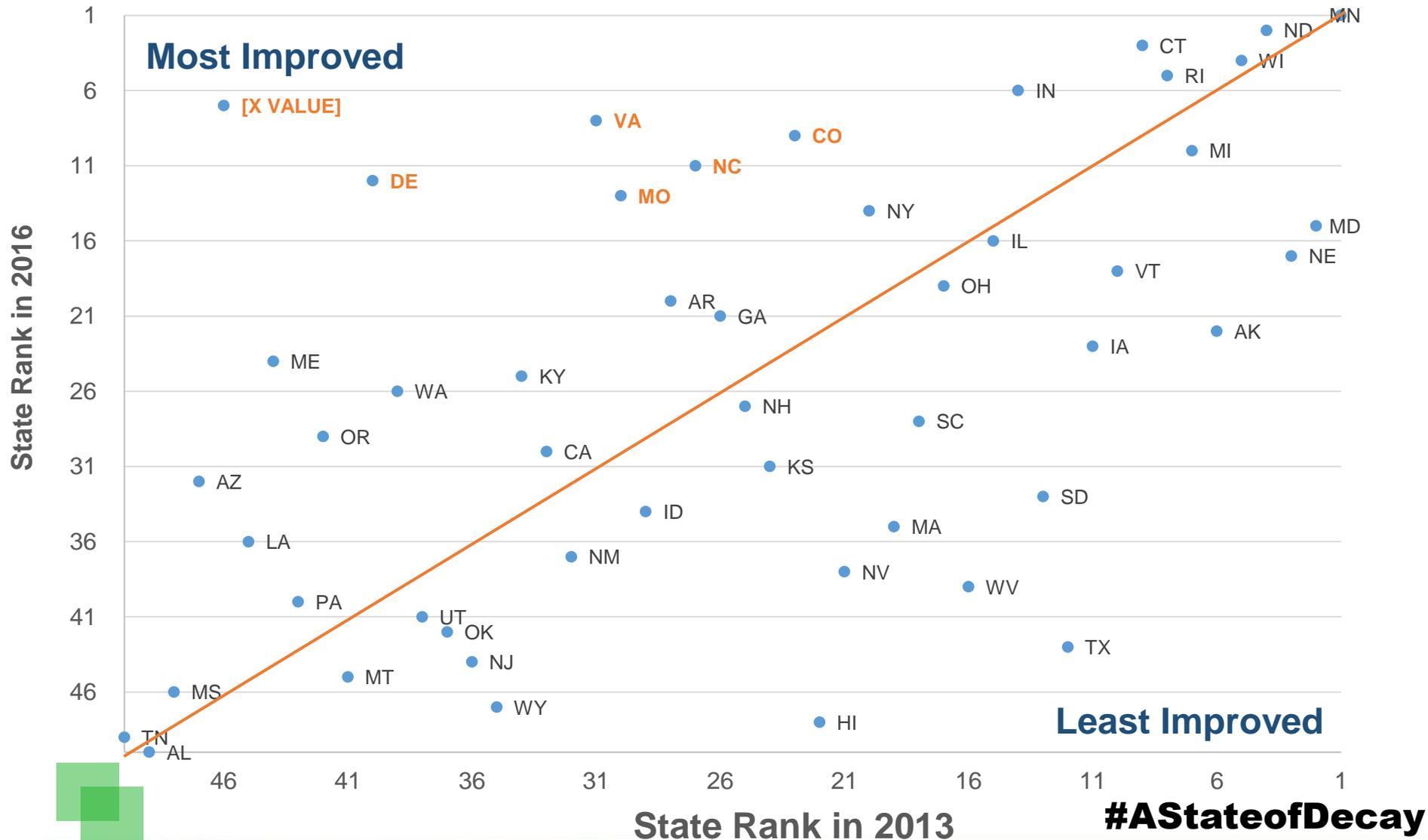


# 2013 VS. 2016

2013				
<b>EDENTULISM</b>	<b>ADULT MEDICAID DENTAL BENEFIT</b>	<b>COMMUNITY WATER FLUORIDATION</b>	<b>STATE ORAL HEALTH PLANS</b>	<b>DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS</b>
2016				
<b>EDENTULISM</b>	<b>ADULT MEDICAID DENTAL BENEFIT</b>	<b>COMMUNITY WATER FLUORIDATION</b>	<b>STATE ORAL HEALTH PLANS</b>	<b>BASIC SCREENING SURVEY</b>



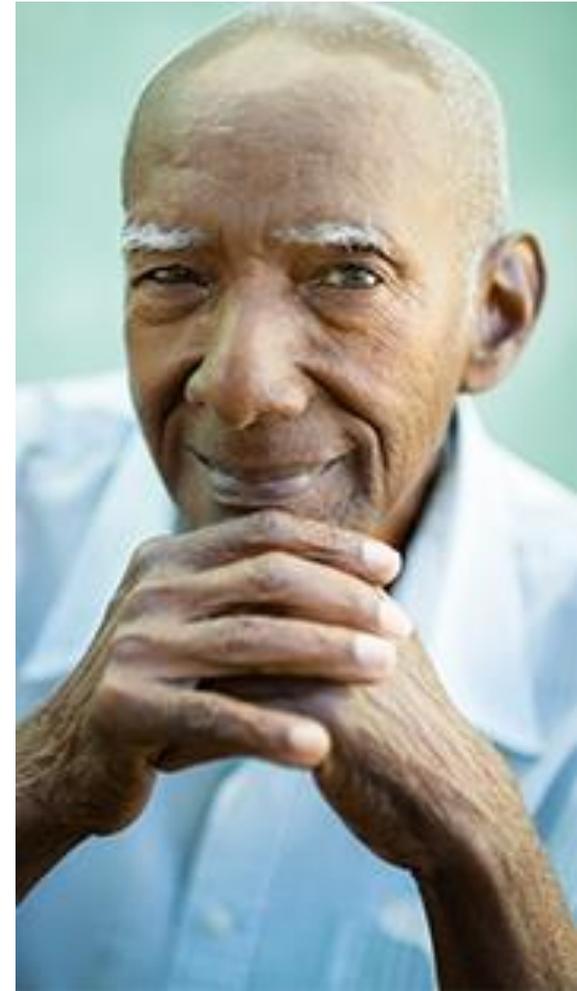
# 2013 VS. 2016



## 2013 VS. 2016

### Most Improved States:

- Florida
- Delaware
- Virginia
- Montana
- North Carolina
- Colorado



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# ***A State of Decay, Vol III: Key Recommendations***

- **Advocate for Legislation that Improves the Health and Lives of Older Americans**
  - Implement oral health screenings in the Older Americans Act (S.192)
  - Support Family Caregivers by advocating for RAISE Act (HR.3099) passed by the Senate (S.1719) in December 2015
- **Support Initiatives that Positively Impact Older Adults at the Population Level**
  - Community Water Fluoridation
  - Basic Screening Surveys
  - Inclusion in State Oral Health Plans
- **Develop a Financially Viable Oral Health Benefit for Inclusion in Medicare & Medicaid**



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# CALL TO ACTION: ORAL HEALTH & NUTRITION

- OHA Focus Group
  - Caregivers' Top Concern: **Nutrition**
- BRFSS Edentulism vs. Fruit & Vegetables Intake
  - **Relationship Exists**
- OHA 2015 Public Opinion Poll
  - **75%** reported fresh fruits & veggies **available** at local grocery store, but only **1/3** believed they were **affordable**



# STATE SUCCESS STORIES

## MINNESOTA – HIGHEST SCORE



State Rank: 1<sup>st</sup>

2013

Less than **12.3%** Edentate,  
More than **90%** Fluoridated Communities



- Preserve and maintain **healthy aging** by focusing on strategies that decrease morbidity

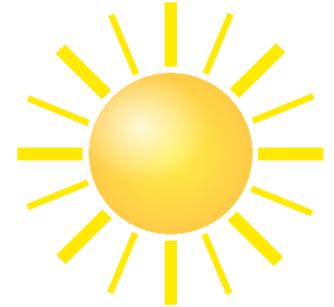
- Preserve a **good quality of life** and maintain independent function

State Rank: 1<sup>st</sup>

2016

**10.5%** Edentate, **98.8%** Fluoridated Communities,  
**2016** Basic Screening Survey Underway





# STATE SUCCESS STORIES

## FLORIDA'S *ROADMAP FOR ORAL HEALTH*

2013

State Rank: 47<sup>th</sup>

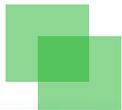
**Focus Area 1:** Improved Access to & Utilization of Quality Oral Health Care

**Focus Area 2:** Increased Access to Community Water System Fluoridation

2016

State Rank: 7<sup>th</sup>!

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Advancing Science.  
Enhancing Lives.



*Are Older Americans Coming of Age in a State of Decay?*

National Oral Health Conference  
Cincinnati, Ohio  
April 19, 2016

Cynthia A. Bens, Vice President of Public Policy

# About the Alliance



## WHO WE ARE

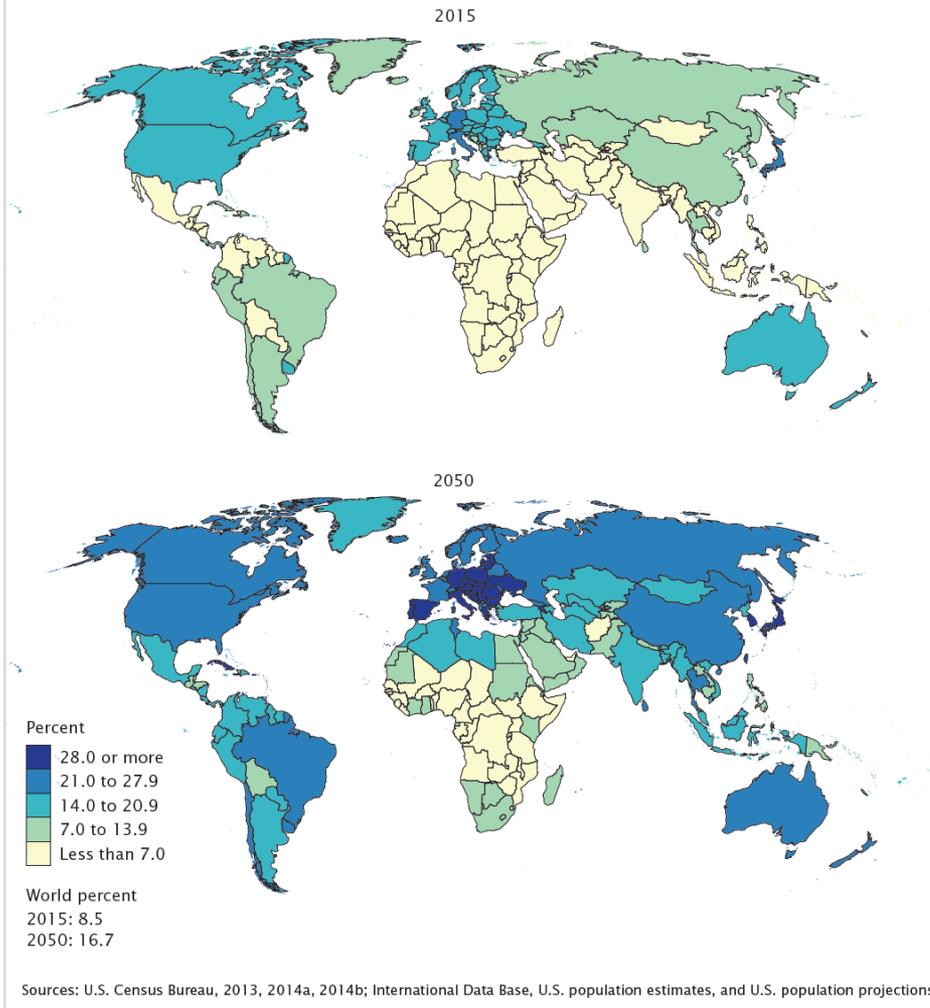
The Alliance for Aging Research is the leading non-profit organization dedicated to accelerating the pace of scientific discoveries and their application in order to vastly improve the universal human experience of aging and health.

[www.agingresearch.org](http://www.agingresearch.org)

Advancing Science. Enhancing Lives.

# Aging of the Population

Figure 2-1.  
Percentage of Population Aged 65 and Over: 2015 and 2050



- 2015 14.9% of U.S. population was aged 65 and older
- 2050 U.S. will have 22.1% of population over age 65
- 2015 3.8 % of U.S. population was 80 and older
- 2050 U.S. will have 8.2 % of total population over age 80

# Oral Health Issues and Older Adults

- **Tooth loss and overall health**
  - 23.93% of those 65-74 have no remaining teeth and 31.30% of those 75 and older have no remaining teeth
  - Tooth loss impacts physical and mental decline
- **Multiple prescription and over-the-counter medications**
  - Seniors consume 40% of prescription drugs and 35% of all over the counter drugs
  - On average, individuals 65 to 69 years old take nearly 14 prescriptions per year, individuals aged 80 to 84 take an average of 18 prescriptions per year
  - Diuretics, antidepressants, antipsychotics, antihistamines contribute to dry mouth increasing chances of infection and oral pain
- **Disability and impact on oral care**
  - 33% of community-dwelling older adults have difficulty with one or more IADL 12% report difficulty with more than one
  - 96% institutionalized older adults have difficulty with one or more IADL and 83% report difficulty with three or more
  - Trends toward disability in IADLs increase severity of oral health problems

# Alliance's Work on Oral Health

- Diseases in the Shadows
  - Series of nine disease areas over three years
  - Geriatric oral care
- Task Force Report on Aging Research Funding
  - Six volumes
  - Included dental and oral disease
- National Institutes of Health Funding
  - Appropriations
- Older Americans Act
  - Reauthorization
  - Appropriations
- Upcoming pocket films on malnutrition
  - Touches on impact of dental problems on malnutrition

# “State of Decay” Areas for Advocacy

- More research
  - Priority and funding for oral health research broadly
  - Link between nutrition and oral health
  - Link between oral health and pain
  - Link between coverage for oral health services and reduction in more expensive health costs
  - Data on oral health issues in community-dwelling and institutionalized older adults (Basic Screening Survey)
- Caregiving legislation
  - Link between dementia and family caregiver management of chronic diseases, including oral health
  - Multiple chronic conditions initiative-expansion of care teams to include caregivers
- Older Americans Act
  - Funding for implementation of OAA provision for aging network’s oral health screenings

# How you can help

- Establish relationships with members of congress in their district and in Washington
  - House.gov
  - Senate.gov
  - Social media
- Focus on appropriators (Labor, Health and Human Services subcommittees)
  - Older Americans Act and National Institutes of Health funding
  - Submission of Outside Witness Testimony
- Focus on Senate Special Committee on Aging
  - Senate HELP Subcommittee held hearings in the last few years
  - Last Senate Aging Committee hearing on this was more than a decade ago!
- Focus on Senate Finance Committee
  - Multiple Chronic Conditions Working Group – Ongoing process

# How you can help (Cont.)

- National Institutes of Health Strategic Planning
  - Not just NIDCR, NHLBI, NIDDK, NINDS, NIA
- National Alzheimer's Project Act
  - Periodic meetings with opportunity for public comment-  
<https://aspe.hhs.gov/national-alzheimers-project-act>
- National Pain Management Activities
  - Interagency Pain Research Coordinating Committee includes NIDCR
  - National Pain Strategy- NIDCR feature on Institute's home page
- Coalitions
  - Better Medicare Alliance
  - Partnership to Fight Chronic Disease
  - Leadership Council of Aging Organizations
  - Eldercare Workforce Alliance
  - National Alliance for Caregiving

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Thank you for your attention.  
Questions? Comments?

Cynthia Bens, Vice President of Public Policy

Email: [cbens@agingresearch.org](mailto:cbens@agingresearch.org)

Phone: 202-688-1230

# **A State of Decay and the Importance of Nutrition As We Age**

Meredith Ponder

Federal Policy and Advocacy Director

NANASP

April 19, 2016

[mponder@nanasp.org](mailto:mponder@nanasp.org)

# What Is NANASP?

- ▶ National Association of Nutrition and Aging Services Programs
- ▶ Professional organization with nearly 1100 members
- ▶ We interact with older adults every day through the provision of meals served in either congregate or home-delivered settings as well as nutrition and health education
- ▶ We operate our congregate programs in senior centers and related facilities
- ▶ National Voice, Local Action



# Why Nutrition?

- ▶ Nutrition is the key to healthy aging.
- ▶ Many common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis can be effectively prevented and treated with proper nutrition.
- ▶ According to the Academy of Nutrition and Dietetics, 87 percent of older adults have or are at risk of hypertension, high cholesterol, diabetes, or some combination.
- ▶ Older adults who are not receiving proper meals can also become malnourished and undernourished.



# MALNUTRITION: AN OLDER-ADULT CRISIS

**\$51.3 Billion**

Estimated annual cost of disease-associated malnutrition in older adults in the US<sup>1</sup>



**Up to 1 out of 2 older adults** are at risk for malnutrition<sup>2,3</sup>



**300%**

The increase in healthcare costs that can be attributed to poor nutritional status<sup>4</sup>



**Up to 60%** of hospitalized older adults may be malnourished<sup>4</sup>



**4 to 6 days** How long malnutrition increases length of hospital stays<sup>5</sup>

**Chronic health conditions**

lead to increased malnutrition risk



**Malnutrition leads to more complications, falls, and readmissions<sup>6</sup>**

**Just 3 steps can help improve older-adult malnutrition care**



**Screen** all patients



**Assess** nutritional status



**Intervene** with appropriate nutrition

**Focusing on malnutrition in healthcare helps:**

- ✓ Decrease healthcare costs<sup>7</sup>
- ✓ Improve patient outcomes<sup>7</sup>
- ✓ Reduce readmissions
- ✓ Support healthy aging
- ✓ Improve quality of healthcare

Support policies across the healthcare system that defeat older-adult malnutrition.

**Learn more at [www.DefeatMalnutrition.Today](http://www.DefeatMalnutrition.Today)**

# Why Oral Health?

- ▶ When it is difficult to chew and swallow, older adults have a hard time maintaining proper nutrition.
- ▶ According to a 2014 study, 37.5% of ER patients who expressed difficulty eating were malnourished, second only to depression as a risk factor measured.
- ▶ Supplemental nutrition may be required.



# It Goes Both Ways!

- ▶ However, good nutrition is also essential to maintaining oral health.
- ▶ So, it's a vicious cycle. Without good nutrient intake, one may have poor oral health; with poor oral health, one may have poor nutrient intake.
- ▶ Which leads us to...



# The Report's Findings on Nutrition

- ▶ OHA commissioned researchers at Brandeis University to examine the relationship between three variables in individual behavior: edentulism, fruits, and vegetables.
- ▶ Fruits and vegetables are the percentage of persons who reported eating at least one serving of fruits and vegetables daily, respectively.
- ▶ Table A2 on page 32 shows the correlations among these variables.
- ▶ Lower rates of edentulism correlate with higher rates of fruit and vegetable consumption.



# What Does This Mean?

- ▶ Fruits and vegetables are very fibrous, meaning they can be difficult to chew and swallow—so they're hard to eat if you have edentulism or poor oral health in general!
- ▶ There may be other factors at play here—consider that edentulism is also linked with lower incomes, and that low fruit and vegetable intake is also linked with lower incomes—so the causality may not be entirely pure here.
- ▶ However, the conclusion seems clear: older adults with edentulism are less likely to be eating fruits and vegetables.



# How to Combat Poor Oral Health in the Field?

- ▶ Some of our own NANASP members—nutrition providers—have partnered locally to combat poor oral health.
- ▶ Serving Seniors partnered with Gary and Mary West Foundation to create the Gary and Mary West Senior Dental Center.
- ▶ MA Executive Office of Elder Affairs Nutrition Department partnered with hygienists to provide screenings at nutrition sites statewide.



# Gary and Mary West Senior Dental Center

- ▶ Provides access to more than 30 nonprofits offering nutritious meals in coordination with comprehensive clinical and social services.
- ▶ This cross-sector approach to care allows problems to be identified, addressed and coordinated effectively -- keeping seniors healthy, well and out of the emergency room.



# Opening Later this Year...



# Massachusetts Elderly Nutrition Program

- ▶ The EOEA Nutrition Department coordinated an oral health event at five congregate sites in 2013 in conjunction with the DPH Office of Oral Health.
- ▶ Five DPH Registered Hygienists conducted free mouth screenings to 65 seniors at five congregate meal sites. These sites were chosen because of their diverse populations with increased socioeconomic needs.
- ▶ All participants were required to sign a consent form and received a referral form with screening findings that they could bring to a dental provider for follow-up. Hygienists also collected data using the oral health screening form.



# MA Elderly Nutrition Program

- ▶ A Registered Dietitian from the local Nutrition Project provided a nutrition education session at 4 of the 5 meal sites on the importance of diet related to oral health.
- ▶ Seniors were provided with resources on accessing reduced cost dental providers in each local area such as community health centers, dental offices that accept Medicaid, and dental and hygiene schools.
- ▶ Participants were also given dental hygiene bags with toothpaste, floss, a toothbrush, and denture boxes.



# How Can You Help?

- ▶ As practitioners, you can help in practical ways in the field.
- ▶ As citizens and as organizations, you can help as advocates.
- ▶ Both are important!



# In the Field

- ▶ Partner with local nutrition providers such as senior centers and Meals on Wheels programs to offer screenings.
- ▶ Conversely, make sure that your existing patients are well-nourished and are maintaining a proper diet, and if they are not, direct them to services such as Meals on Wheels, senior centers, and SNAP enrollment.
- ▶ In other words, the partnerships and referrals should be going both ways!



# Advocacy: Older Americans Act

- ▶ OAA's largest program is nutrition—congregate and home delivered meals.
- ▶ The 2016 OAA reauthorization includes a provision allowing aging networks to use funds they already receive for disease prevention or health promotion activities to provide oral health screenings.
- ▶ Act is about to be signed by President.
- ▶ But now it needs funding for these provisions to be effective!



# Advocacy: Funding for USDA Programs

- ▶ House Ag Appropriations passed this morning.
- ▶ Cuts Supplemental Nutrition Assistance Program (SNAP) by \$1 billion.
- ▶ Cuts Senior Farmer's Market Program by \$2 million (10%).
- ▶ Does not include provision for elderly SNAP outreach and enrollment as proposed the last two years.
- ▶ These programs are all critical to seniors' health.



# Advocacy: Pending Bills

- ▶ S.570/H.R.1055: Comprehensive Dental Reform Act of 2015 (Sen. Sanders, Rep. Cummings)
  - Medicare/Medicaid coverage for dental care
  - Increases payments to states under Medicaid for oral health
  - Makes oral health services an essential health benefit under the ACA
- ▶ H.R.3303: Seniors Have Eyes, Ears and Teeth Act (Rep. Grayson)
  - Expand Medicare coverage to include eyeglasses, hearing aids, and dental care
- ▶ H.R.539: Action for Dental Health Act of 2015 (Rep. Kelly)
  - Amends the Public Health Service Act to reauthorize oral health promotion and disease prevention programs through FY2020



# Advocacy: RAISE Family Caregivers Act

- ▶ The RAISE Act would require the development of a national strategy to support family caregivers' health and well-being while caring for others.
- ▶ Implementation of the RAISE Act should make health resources, training and education for caregivers more readily available and should include materials about the importance of oral health for overall health and wellness.
- ▶ Passed the full Senate, now pending in the House.



# Advocacy: Malnutrition

- ▶ New coalition, DefeatMalnutrition.Today.
- ▶ 36 organizations from across a wide spectrum.
- ▶ Policy and advocacy efforts to combat senior malnutrition on clinical, community levels.
- ▶ Learn more about the coalition's efforts at [www.defeatmalnutrition.today](http://www.defeatmalnutrition.today).



# Conclusions

- ▶ This is a critically important topic as our population continues to age.
- ▶ You have the power to do a lot here, both in your personal and professional capacities.
- ▶ Collaborate with your community partners to ensure that older adults are receiving care in your community, both oral and supportive.
- ▶ Continue to advocate for more funding and support for these vital programs, both oral and supportive.



# Resources

- ▶ [mponder@nanasp.org](mailto:mponder@nanasp.org)
- ▶ NANASP: [www.nanasp.org](http://www.nanasp.org)
- ▶ DMT Coalition: [www.defeatmalnutrition.today](http://www.defeatmalnutrition.today)
- ▶ <https://www.nutrition.gov/life-stages/seniors>
- ▶ ACL Oral Health:  
[http://www.aoa.gov/AoA\\_Programs/HPW/Oral\\_Health/index.aspx](http://www.aoa.gov/AoA_Programs/HPW/Oral_Health/index.aspx)
- ▶ Rural Oral Health Toolkit:  
<https://www.ruralhealthinfo.org/community-health/oral-health>
- ▶ Dental Crisis in America report:  
<http://www.sanders.senate.gov/imo/media/doc/DENTALCRISIS.REPORT.pdf>
- ▶ Healthy People 2020 Oral Health Objective:  
<https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health>



**Beth Truett**

Oral Health America, President & CEO

[beth@oralhealthamerica.org](mailto:beth@oralhealthamerica.org)

**Bianca Rogers**

Oral Health America, Advocacy Coordinator

[Bianca.rogers@oralhealthamerica.org](mailto:Bianca.rogers@oralhealthamerica.org)

**Cynthia Bens**

Alliance for Aging Research, Vice President  
Public Policy

[cbens@agingresearch.org](mailto:cbens@agingresearch.org)

**Meredith Ponder**

National Association of Nutrition and Aging  
Services Programs (NANASP), Federal Policy  
and Advocacy Manager

[mponder@matzblancato.com](mailto:mponder@matzblancato.com)

**THANK YOU!**



**#AStateofDecay**