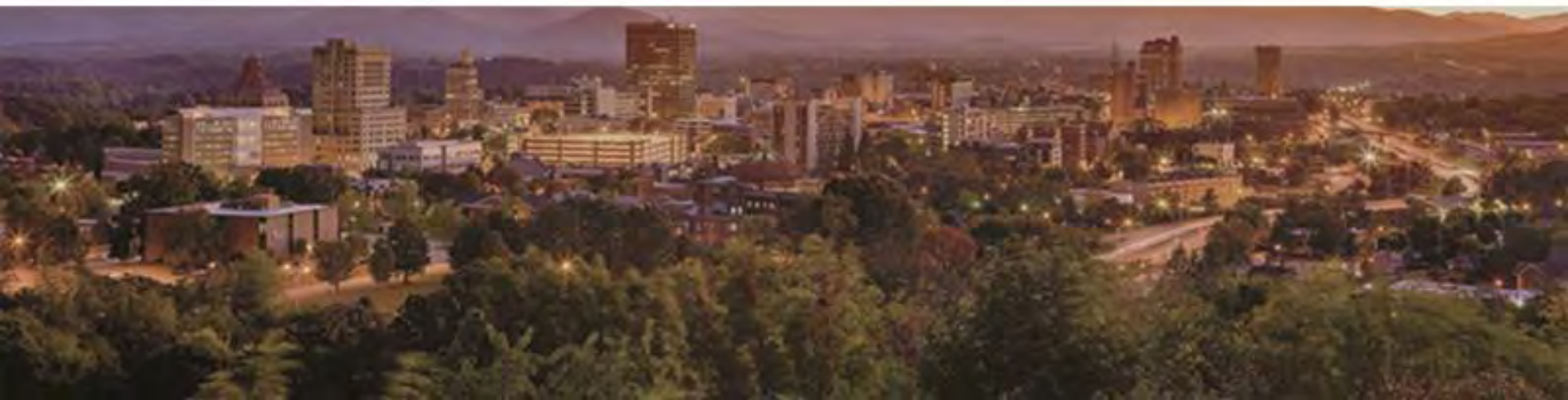




Older Adult Basic Screening Survey
Assisted Living Facilities

National Oral Health Conference
Albuquerque, NM
April 23, 2017



North Carolina Oral Health Section

- Annual budget \$4.6 million
- Staffing
 - Dental Director and 3 Regional Dentist Supervisors
 - 25 Public Health Dental Hygienists located throughout state
 - 4 Regional Dental Hygiene Coordinators
 - DPH resident(s)
- Addressing oral health across the lifespan
 - Historically focused largely on children's oral health
 - Expanding into adolescent and vulnerable adult populations
- 2010 NC Special Care Dentistry Advisory Group recommendations and 2014 Oral Health Strategic Plan
- 5-yr surveillance plan





- Why assisted living facilities?
- ASTDD technical assistance (Spring 2015)
 - Guide for selecting sample at <http://www.astdd.org/docs/school-survey-sampling-guidance-june-2015.pdf>
 - Desired *statewide* estimate of oral health
 - Excluded facilities with less than 20 beds
 - Statewide estimate required sample of 800 residents
 - List of licensed facilities from state agency
 - Sorted list by region of state (Coastal Plains, Piedmont, Mountains), facility rating, and county
 - Systematic Probability Proportional-to-Size sampling method
 - 40 facilities (random sample, representative of state's facilities)
 - Goal to screen 20 residents per facility (convenience sample)

OABSS – Assisted Living Facilities

PLANNING & IMPLEMENTATION

- Oral health indicators, resident demographics selected; also developed facility survey (Summer 2015)

Adult Oral Health Screening Form Recommended and Optional Indicators					
SITE INFORMATION					
Site ID Code □□□	Screen Date □□/□□/□□	Screener ID Code □□			
DEMOGRAPHIC INFORMATION					
Age □□□	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Date of Admission Year: □□□□ Month: □□		Medical aid enrolled? <input type="checkbox"/> No <input type="checkbox"/> Yes			
ORAL SCREENING INFORMATION					
Functional Posterior Occlusal Contacts <input type="checkbox"/> None Assess with removable dentures in place. <input type="checkbox"/> 1 side only <input type="checkbox"/> Both sides			Ask participant to remove partial/full dentures. <input type="checkbox"/> Unable to remove		
Substantial Oral Debris <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Edentulous		Amount of Debris <input type="checkbox"/> Gingival 1/3 <input type="checkbox"/> Gingival 2/3 <input type="checkbox"/> Full		Severe Gingival Inflammation <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Edentulous	
Do you have a removable upper denture? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes →	Do you usually wear your upper denture when you eat? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Do you take your upper dentures out at night? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Are the removable upper dentures clean? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are the removable upper dentures labeled? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a removable lower denture? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	If Yes →	Do you usually wear your lower denture when you eat? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Do you take your lower dentures out at night? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Are the removable lower dentures clean? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are the removable lower dentures labeled? <input type="checkbox"/> No <input type="checkbox"/> Yes
Remove excess oral debris if necessary.					
# of Upper Natural Teeth □□ Range: 0-16 Include root fragments		# of Lower Natural Teeth □□ Range: 0-16 Include root fragments			
Untreated Decay <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Edentulous	Number of teeth □□	Root Fragments <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Edentulous		How many? □□	
Obvious Tooth Mobility <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Edentulous	Need for Periodontal Care <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Edentulous				
Severe Dry Mouth <input type="checkbox"/> No <input type="checkbox"/> Yes	Suspicious Soft Tissue Lesion <input type="checkbox"/> No <input type="checkbox"/> Yes		Painful Reaction Noted <input type="checkbox"/> No <input type="checkbox"/> Yes		
Treatment Urgency <input type="checkbox"/> No obvious problem – next scheduled visit <input type="checkbox"/> Early care – within next several weeks <input type="checkbox"/> Urgent Care – within next week – pain or infection					

08/10/15

Facility Survey Form for Adult Oral Health Screening		
Write the number in the square associated with the answer.		
SITE INFORMATION		
Site ID Code □□□	Name of person completing the survey. Please print. Name: Title:	Number of licensed beds in your facility? Are you pleased with your dental care services? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other, explain _____
SURVEY INFORMATION		
Does your facility require residents to have a dental "clearance" (a check-up by a dentist) before entering the facility? <input type="checkbox"/> No <input type="checkbox"/> Yes	On average how many residents are seen when the dentist comes to your facility? Record a number. □□□	
In the last year, how many residents have the facility transported to the dentist? Record a number. □□□	How many times has the dentist been to the facility the last year? <input type="checkbox"/> Never <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> As needed	
Is there a dentist "on call" for emergencies? <input type="checkbox"/> No <input type="checkbox"/> Yes	What does your dentist do for your patients at your facility? <input type="checkbox"/> Screenings <input type="checkbox"/> Fillings <input type="checkbox"/> Prescriptions <input type="checkbox"/> Extractions <input type="checkbox"/> Treatment <input type="checkbox"/> Repair Dentures/ Partials <input type="checkbox"/> Exams <input type="checkbox"/> Emergencies <input type="checkbox"/> Cleanings	
When a resident has a dental need after business hours, who do staff contact to get care? <input type="checkbox"/> Nursing staff <input type="checkbox"/> Dentist <input type="checkbox"/> Doctor <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other, please describe _____		
Does your facility assist residents with oral hygiene care (brushing and flossing)? <input type="checkbox"/> No <input type="checkbox"/> Yes	Who verifies that daily oral hygiene is complete? <input type="checkbox"/> Nursing Aide/Direct Care staff <input type="checkbox"/> Charge Nurse/Supervisor <input type="checkbox"/> Director of Nurse <input type="checkbox"/> Other, Explain _____	
How often does your facility assist residents with oral hygiene care? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As needed	Does your facility assist in making dental appointments for residents? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your facility assist with travel to and from appointments? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do family members: <input type="checkbox"/> make appointments for residents? <input type="checkbox"/> transport residents to dental appointments?	

08/10/15



OABSS – Assisted Living Facilities

PLANNING & IMPLEMENTATION Continued



- Staff selection and training (June – August 2015)
 - 6 Screeners – 2 dentists & 4 public health hygienists
 - 21 Recorders – other public health hygienists, DPH residents
 - 1 Coordinator – dentist
 - OABSS 30-min video, PowerPoint & training manual (OABSS tool kit)
 - Pilot training for screeners w/ 35 participants
- IRB approval for research (Aug 2015)
- Facilities contacted initially by phone, then introductory email (June 2015 – Feb 2016)
 - Expect to follow-up several times! Document communications
 - Replacement facilities selected as needed – 4 rounds of replacement
 - Master screening schedule in Outlook
 - Confirm 2-3 days prior to visit





- Screenings conducted (Aug 2015 – Feb 2016)
 - 1 screener + 1 recorder
 - Average 2 hours, all morning screenings
 - More conflicts in afternoon (ex: lunch, social activities, etc)
 - Semi-private space
 - Minimal supplies
 - Masks, gloves, hand sanitizer, table drape, tongue blades, pen light, paper towel; goodie bags, toothbrushes & denture brushes
 - Informal participant recruitment, varied by facility
 - Screening results provided to participants & facility administration

OABSS – Assisted Living Facilities

PLANNING & IMPLEMENTATION Continued

N.C. Department of Health and Human Services
Division of Public Health, Oral Health Section

Older Adult Oral Health Screening Report

Dear Resident:

The Public Health Dental Hygienist checked your teeth and gums today. This screening does not replace a complete examination in a dental office but can be used as a guide for your next visit to the dentist.

If you have seen a dentist recently, you may be aware of the following:

- No obvious problems were seen in your mouth and/or dentures today. Regular dental visits are recommended to maintain your oral health.
- Possible problem areas were noted in your mouth and/or dentures. These areas should be checked at your next dental visit.
- Your teeth and/or dentures appeared to need care by a dentist. Please make an appointment to visit your dentist as soon as possible.

Comments: _____

- Check with your facility about access to oral health care, if needed.

Screened by

NORTH CAROLINA 
ORAL HEALTH



- Data entry & analysis in Epi Info™ (CDC) by DPH Residents
 - Free!
 - Relatively user-friendly; requires minimal biostatistics knowledge/skills
 - Decent analytical capabilities
 - CDC help desk responsive



OABSS – Assisted Living Facilities

SURVEY COSTS & FUNDING




- Regular program budget, no special funding
- Total estimated cost: \$75,000
 - Salaries (based on time spent during 8-month period; benefits excluded)
 - Coordinator (dentist) - \$17,000
 - Screeners & Recorders (dentists, hygienists, DPH residents) - \$43,000
 - Data entry/analysis (DPH residents) - \$8,000
 - Mileage reimbursement - \$6,000
 - Screening supplies - \$1,000



OABSS – Assisted Living Facilities

LESSONS LEARNED

- Soliciting participation of facilities
 - “We’re with the State”
 - Facility leadership turnover
 - When to move on?
 - Word-of-mouth
- Screener calibration
- Recorder training
- Order/flow of survey questions
- Patient demographic information
 - Cognitive ability, non-verbal
 - Specify on consent
 - Advise facility upfront, send forms
 - Determine process for facility to provide info
 - Get all info before leaving facility!
- Not all residents are “older adults”


North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Richard O. Braier
Secretary

Daniel Staley
Acting Division Director

August 21, 2015

OLDER ADULT BASIC ORAL HEALTH SCREENING

To better understand the oral health needs of senior citizens in North Carolina, the state's Oral Health Section will complete oral health screenings of 800 residents in approximately 40 select Assisted Living facilities across the state. This research study aims to:

- Identify oral health needs of residents in assisted living facilities in North Carolina

What do I have to do?
To participate in this study, you are being asked to allow one of our licensed Public Health Dental Staff to ask you several questions and complete a basic visual screening of your mouth, including any dentures. The screening should take no more than 15 minutes. During this time, staff will evaluate the following:

- Your bite
- Number of teeth
- Amount of debris on your teeth
- Your daily routine with denture(s), if applicable
- Decayed, loose and broken teeth
- Color of your gums
- Lumps and bumps in your mouth
- Dryness of your mouth
- Medicaid enrollment status - released by assisted living facility

Will I benefit from participating?
Your participation in the study is voluntary. You will not receive compensation for participating. However, there are also no financial costs to you. There will be no direct benefit to you, but the information gained will help the Oral Health Section develop programs to improve the oral health of the elderly and frail in our state.

Are there any risks associated with participating?
There are no risks of physical harm. The screening will be done in an open community area. If you wear a denture(s), we will ask you to remove it for the screening. You may decline, if you feel self-conscious about being seen without your denture(s).



Who will see the information gathered about me?
Names and identifying information will not be collected. Every effort will be made to keep the information we gather about you confidential. However, there is no guarantee that the information cannot be obtained by legal process or court order. Information about the whole Assisted Living facility (not each resident) will be included in any reports about the study. If you have additional questions about the study, you may contact the Public Health Dentist Supervisor, Dr. Kevin Buchholtz, by phone or email: 336.209.0459 or Kevin.Buchholtz@dhhs.nc.gov.

I have read and understand the information presented here, and I freely consent to participate in this study.

Participant Signature

Date

www.ncdhhs.gov • www.publichealth.nc.gov • www.oralhealth.ncdhhs.gov
Tel 919-707-5480 • Fax 919-870-4805
Location: 5505 Six Forks Road • Raleigh, NC 27609
Mailing Address: 1910 Mail Service Center • Raleigh, NC 27699-1910
An Equal Opportunity / Affirmative Action Employer

OABSS – Assisted Living Facilities

KEY FINDINGS



Demographics

- non-Hispanic white women
- Nearly 1/3rd less than 65y
- Half enrolled in Medicaid

Oral Health

- Half w/ untreated decay
- 29% completely edentulous – half without complete dentures

Disparities

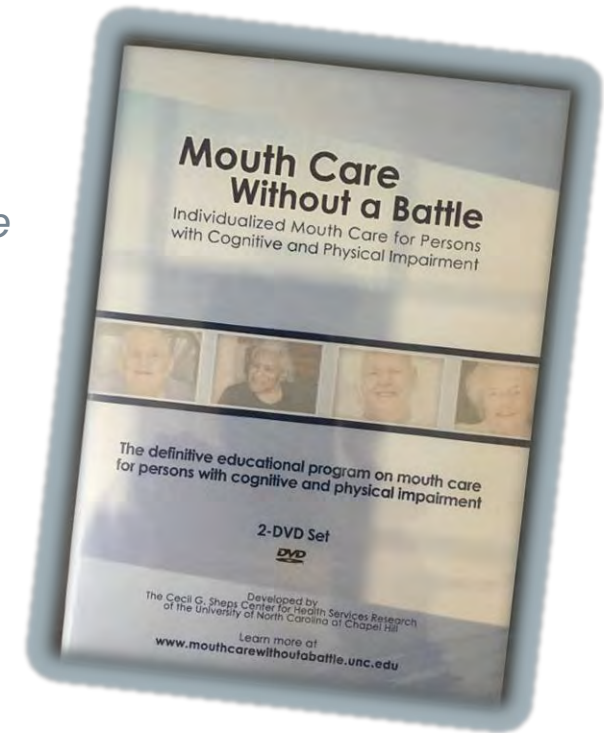
- Medicaid recipients – significantly higher rates of edentulism & untreated decay
- Race – generally poorer oral health in non-Hispanic blacks
- Facility location – general oral health improvement from east to west
- Poorer oral health than non-institutionalized adults



- Separate analysis of facility survey
- Oral health findings submitted to ASTDD, state dental society newsletter and participating facilities; manuscript also to be submitted for journal publication this year
- Potential policy implications
 - Mandate oral health assessment for adult care facilities
 - Oral health: grooming → infection control
 - Older American Acts of 1965: 2016 reauthorization for FY 2017-2019, oral health included as critical service
 - Resources to be allocated to state, local agencies
 - Status of funding?
 - Possibilities – Oral care aides? Contract dental services for facilities?
 - Evidence-based programs only

Special Care Dentistry Program

- HRSA grant-funded position
- Oral health & mouth care training for residential facility staff
 - Modified version of *Mouth Care Without A Battle* (<http://www.mouthcarewithoutabattle.org/>)
 - Offering CE credit
 - Providing local dental referral lists
 - First facility training April 12th
- Advisory Committee
- Possible future program efforts: dental provider capacity for frail elderly & IDD



Contact Information

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