EVERY SMILE COUNTS
FOR OLDER ADULTS

THE ORAL HEALTH OF VULNERABLE OLDER ADULTS IN CONNECTICUT

2023

MANISHA JUTHANI, MD | COMMISSIONER

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
OFFICE OF ORAL HEALTH

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ACRONYMS LIST

ASTDD	Association of State and Territorial Dental Directors
BRFSS	Behavioral Risk Factor Surveillance System
BSSOA	Basic Screening Survey for Older Adults
CDC	Centers for Disease Control and Prevention
CM	Congregate Meal
CNA	Certified Nursing Assistant
COHI	Connecticut Oral Health Initiative, Inc.
CT DPH	Connecticut Department of Public Health
LTC	Long-Term Care
RDH	Registered Dental Hygienist

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DEFINITION OF TERMS

Congregate Meal Sites
Through the Older Americans Act, meals are provided to older adults and those with disabilities at a variety of group settings, such as senior centers, community centers, and public housing centers.

Dental Caries (or Dental Decay)
Caries is a dental disease process that can result in dental decay (cavity). When left untreated, dental decay can lead to pain, infection, and swelling (abscess).

Dental Home
Refers to an ongoing relationship between a dentist and a patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and person- or family-centered way.

Dentate
The presence of at least one natural tooth.

Denture
Commonly known as "false teeth." A removable plate or frame holding one or more artificial teeth.

Early or Urgent Dental Care Needed
An individual who needs restorative dental care due to the presence of untreated decay, broken or missing fillings, or ill-fitting dentures, and does not have pain or infection.

Edentulous
The presence of no natural teeth.

Long-term Care Facilities
For this study, the list includes chronic and convalescent nursing homes, and skilled nursing facilities.

Need for Periodontal Care
The presence of substantial periodontal (gum) disease which requires intervention within the next few months which may include scaling and root planing and surgery.

Obvious Tooth Mobility
The presence of one or more teeth that are obviously mobile (loose).

Root Fragments
The presence of visible pieces of roots, or teeth where the crown has fractured off at or below the gum line.

Severe Gingival Inflammation
The presence of marked redness, swelling, ulceration, or tendency to spontaneous bleeding of the gingiva (gums).

Severe Dry Mouth
The presence of dry, cracked lips, a dry or fissured tongue, or tissue that sticks to teeth because of lack of saliva.

Substantial Oral Debris
An abundance of soft or hard matter covering more than 2/3 of any tooth surface.

Substantial Tooth Loss
Having fewer than 20 natural teeth.

Suspicious Soft Tissue Lesion
The presence of an abnormal area of soft tissue that the examiner feels should be evaluated by a health professional. These lesions are often red or white and can be indicative of an infection, oral cancer, or benign growth.

Untreated Dental Decay
The presence of a cavity or hole in the tooth that is at least ½ mm in size with a brown to dark-brown color that has not received appropriate treatment. Suggests difficulty in accessing preventive and dental care.

Urgent Dental Care
Seen in an individual requiring restorative dental care as soon as possible (within 48 hours) due to pain or infection.

Demographic Indicators — Race/Ethnicity* ↑

- American Indian/Alaskan Native (not Hispanic): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black/African American (not Hispanic): A person having origins in any of the black racial groups of Africa.
- Hispanic (any race): A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander (not Hispanic): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Gender*
Female, Male or Missing/Unknown

**(as developed by the Office of Management and Budget (OMB) and published in the Federal Register on October 30, 1997. More detailed information can be found at the following website: www.whitehouse.gov/omb/fedreg_1997standards.)*

↑ Race and ethnicity self-identified by the participant, when possible. Staff were asked when participant was unable to answer.

EXECUTIVE SUMMARY

The 2022 Every Smile Counts for Older Adults survey is a statewide oral health survey conducted through the Connecticut Department of Public Health (CT DPH), Office of Oral Health to assess the oral health status of vulnerable older adults in Connecticut.

The survey was conducted for two high-risk older adult population groups: residents of long-term care (LTC) facilities and adults attending federally subsidized congregate meal sites (CM sites). Twenty-three LTC facilities were screened throughout Connecticut, along with 26 CM sites located in the same communities as the LTC facilities. 84.5% of survey respondents were age 65 or older.

In total, more than 1,200 older adults were screened in these locations.

The population of adults in the United States 65 years of age and older has increased from 39.6 million in 2009 to 54.1 million in 2019 and is projected to increase to 80.8 million in 2040.[1] According to the 2020 United States Census, approximately 18% of Connecticut's population is 65 years or older.

Oral health is integral to overall health but is often an overlooked aspect of an older adult's general health. Older adults are more vulnerable because they are more likely to have impaired physical mobility, diminished sensory awareness, chronic health conditions, or social and economic limitations. These conditions can interfere with their ability to access routine professional oral health services, conduct daily oral hygiene, and receive oral health education. According to the Centers for Disease Control and Prevention (CDC), 26% of persons age 75 and older have no remaining teeth and 20% of adults age 65 and older have untreated dental decay.[2]

Advancing age, limited access to routine dental care, an inability to maintain good oral hygiene, and medications that cause dry mouth put older adults at risk for several oral health problems including pain, infection, loose teeth, ill-fitting dentures, severe dental decay, periodontal (gum) disease, and oral cancer.[3] These problems can result in changes in chewing ability, which can make it more difficult for older adults to consume a healthy diet. In addition, severe periodontal disease is associated with chronic disease and other health conditions including diabetes, heart disease, stroke, and respiratory disease.[3]

Accessing health care can be difficult for older adults, especially oral health care. Barriers include:

- Living on a fixed income
- Cost of oral health care
- Limited dental insurance for retirees (Medicare does not cover most dental care)
- A limited number of oral health programs that offer affordable services
- Mobility limitations and lack of transportation
- Translation for non-English speaking older adults
- Limited number of dental providers that feel comfortable providing care to medically compromised adults, especially nursing home residents

This report follows the 2013 report to inform the development of state policies and programs to improve the oral health of Connecticut's older adult population by ensuring they have access to preventative and therapeutic dental care for optimal oral health.

KEY FINDINGS AT A GLANCE

Results from this survey have been organized into ten (10) key findings, which highlight the current oral health of a sample of vulnerable older adults living in Connecticut and describe disparities in oral health across the state.

KEY FINDING #1:

Many vulnerable older adults in Connecticut with teeth (dentate) are not getting the dental care they need.

- Over half (54%) of the LTC facility residents screened needed dental care including 5% that needed urgent dental care due to pain or infection.
- Approximately one-fifth (19%) of the adults screened at the CM sites needed dental care including 1% who needed urgent dental care due to pain or infection.
- In LTC facilities, Hispanic residents had the highest prevalence of needing urgent dental care (52%), while the prevalence of needing urgent dental care for White residents (5%) and Black residents (1%) was much lower.

KEY FINDING #2:

Many vulnerable older adults in Connecticut do not have any natural teeth and many do not have dentures to facilitate eating.

- Almost 1 in 4 LTC facility residents (22%) had no natural teeth (edentulous). Of the edentulous residents screened, 45% did not have a full set of dentures.
- Less than 1 in 10 CM site participants (8%) had no natural teeth (edentulous). Of the edentulous participants screened, 17% did not have a full set of dentures.

KEY FINDING #3:

Untreated dental decay is a significant problem for vulnerable older adults in Connecticut, especially for those living in LTC facilities.

- Many LTC facility residents do not receive restorative dental care. Of the residents screened who had teeth (dentate), 30% had untreated dental decay.
- Some CM site participants do not receive restorative dental care. Of the dentate participants screened, 11% had untreated dental decay.
- Half of Hispanic LTC residents had untreated dental decay (51%), followed by White residents (30%), and Black residents (22%).
- Black participants at CM sites had twice the rate of untreated dental decay (19%), compared to Hispanic participants (9%) and White participants (10%).

KEY FINDING #4:

Many vulnerable older adults in Connecticut show signs of periodontal disease.

- 44% of residents of LTC facilities need periodontal care with 37% having gingival inflammation.
- 13% of CM site participants need periodontal care with 8% having gingival inflammation.
- 6 out of 10 Hispanic LTC residents (59%) need periodontal care, while 49% of Black residents and 42% of white residents need care.

KEY FINDING #5:

Vulnerable older adults in Connecticut's LTC facilities have significantly more untreated dental decay, substantial tooth loss, and no natural teeth compared to the general population of older adults in the United States.

- The prevalence of untreated dental decay in Connecticut's dentate LTC residents is about double (30%) the national average for adults 65 years and older (16%)
- Connecticut's LTC residents are more likely to have substantial tooth loss (61%) and no natural teeth (22%) compared to the U.S. averages (35% and 13%, respectively).
- Connecticut's dentate CM site participants are less likely to be edentulous (8%), have substantial tooth loss (34%), and have untreated dental decay (11%) when compared to the U.S. older adult population.

KEY FINDING #6:

Nearly 40% of the vulnerable older adults screened at the CM sites do not believe their teeth or dentures are in good condition.

- 38% of the CM site participants rated the condition of their teeth or dentures as either fair or poor.
- Approximately half of the Black and Hispanic participants at CM sites report fair or poor oral health (46% and 53% respectively) compared to the White participants (34%).

KEY FINDING #7:

15% of those screened at the CM sites reported barriers to accessing dental care.

- Of those who reported barriers, the most common response was problems affording dental care (56%).
- Of those who reported barriers, the second most common response was problems getting appointments for dental care when they need it (21%).

KEY FINDING #8:

Some vulnerable older adults are not visiting a dentist on a regular basis.

- Nearly 30% of the CM site respondents reported not seeing a dentist in more than a year.
- This is an improvement compared to 2012, when nearly 40% of participants reported more than a year since their last dental visit.

KEY FINDING #9:

Vulnerable older adult participants screened at the CM sites have more dental insurance now compared to 2012.

- 31% of the CM site participants reported they do not have dental insurance, compared to 59% in 2012.

KEY FINDING #10:

Nearly half of vulnerable older adults screened at CM sites reported never having had an oral cancer examination.

- 45% of participants screened at CM sites reported they have never been screened for oral cancer.

Many vulnerable older adults in Connecticut's LTC facilities do not have any natural teeth and many do not have dentures to facilitate eating.

22% had ***no natural teeth*** (edentulous).

45% ***did not*** have a full set of dentures

Many vulnerable older adults in Connecticut show signs of periodontal disease.

44% of residents of LTC facilities ***need periodontal care***

with

37% having gingival ***inflammation***

13% of CM site participants ***need periodontal care***

with

8% having gingival ***inflammation***

59% of ***Hispanic*** LTC residents need periodontal care

49% of ***Black*** LTC residents need periodontal care

42% of ***White*** LTC residents need periodontal care

Vulnerable older adults in Connecticut's LTC facilities have significantly more untreated dental decay, substantial tooth loss, and no natural teeth compared to the general population of older adults in the United States.

30% of Connecticut's dentate LTC residents ***have untreated dental decay*** *(double the national average)*

61% of Connecticut's LTC residents are ***more likely to have substantial tooth loss***

and

22% ***no natural teeth***

Connecticut's dentate CM site participants:

8% are ***less likely*** to be edentulous

34% have substantial ***tooth loss***

11% have ***untreated*** dental decay

Nearly 40% of the vulnerable older adults screened at the CM sites do not believe their teeth or dentures are in good condition.

38% of the CM site participants rated the condition of their teeth or dentures as either ***fair or poor***

Approximately **half of the Black and Hispanic** participants at CM sites report fair or poor oral health:

46% BLACK

53% HISPANIC

34% WHITE

15% of those screened at the CM sites reported barriers to accessing dental care.

56% reported ***problems affording*** dental care

21% reported ***problems getting appointments*** when they need it

INTRODUCTION

Life expectancy in the United States (U.S.) has increased over the past several decades.

IN 1900
4.1%
of the U.S. population (about 3.1 million people) was 65 years of age or older. [4]

IN 2019
16%
of the U.S. population (about 54.1 million people) was 65 years of age or older.[4]

Similarly, the life expectancy in Connecticut has been increasing. Currently, the elderly population represents approximately 18% of Connecticut's population.[1] While Connecticut's residents, like the rest of Americans, are growing older and living longer, many can develop health issues, which may impact their quality of life in later years.

Oral health and overall health are interconnected. Research studies indicate a correlation between poor oral health and chronic diseases such as diabetes, cardiovascular disease, stroke, and respiratory disease. Additionally, systemic conditions, like Alzheimer's disease and dementia, Chronic kidney disease, diabetes, or other immunodeficiency conditions, can affect oral health, either from the nature of the disease or the inability to maintain oral care.[5,6] Many people may not be aware of this, and may not prioritize routine dental care. This leads to a higher likelihood of developing dental disease, such as dental caries and periodontal disease.[6] Furthermore, diseases of the oral cavity can also cause direct pain in the head and neck region.[7] When this occurs, it can interfere with usual activities of daily living and affect one's quality of life. Activities of daily living can include things such as eating, speaking, dressing oneself, personal hygiene, and mobility.

Factors associated with aging can also increase the risk of dental caries. For example, limited cognitive ability and dexterity prevents effective oral self-care. Chronic conditions and certain types of medications decrease salivary flow, which causes dry mouth and decreases the protection saliva offers in reducing bacterial levels. Receding gums, associated with periodontal diseases, are more common in older adults and expose root surfaces to decay-causing bacteria. Dental caries and periodontal diseases among older adults can compromise tooth and bone structure, which can profoundly diminish quality of life and have an adverse impact on general health.[6]

Socioeconomic factors, such as financial challenges, poor diet, tobacco use, complex medical conditions, lack of transportation, and social isolation can contribute to limited access to oral health care for older adults. The COVID-19 pandemic likely added to these obstacles in 2020. Residents of LTC facilities often have difficulty accessing treatment services within the nursing home or in the community, despite federal legislation enacted in 1987 mandating that all nursing homes provide access to dental care for residents.[8] Additionally, retirement often means losing employer-sponsored health insurance. Adults may enroll in Medicare at age 65, but Medicare does not cover most dental procedures, like cleanings, fillings, dentures, or extractions.[8] This may create financial limitations, which can prevent an older adult from receiving dental treatment in a timely manner. This, in addition to other barriers, can limit one's ability to seek necessary dental care especially later in life.

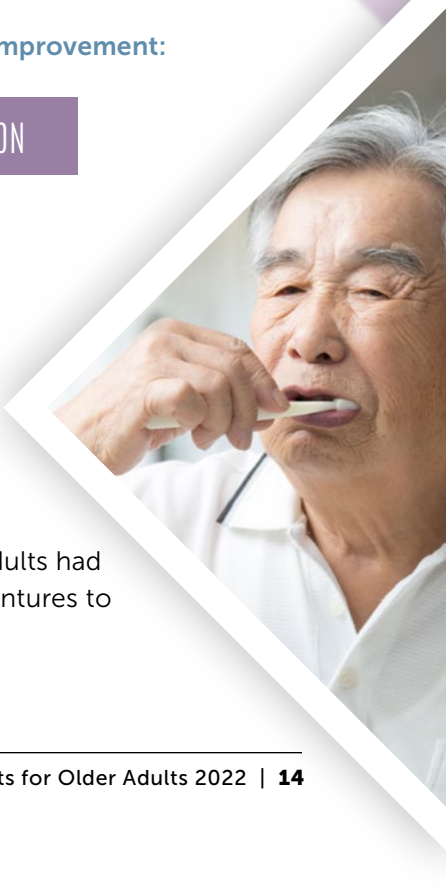
In 2020, the BRFSS stated that 38% of respondents from Connecticut reported having at least one tooth removed and 9% had all their natural teeth removed.

The Behavioral Risk Factor Surveillance System (BRFSS) is a nationwide telephone-based survey that collects annual state data about U.S. residents regarding their health. It has a limited number of questions related to the oral health of older adults age 65 or older. In 2020, the BRFSS stated that 38% of respondents from Connecticut reported having at least one tooth removed and 9% had all their natural teeth removed. The survey also found that 27% of the participants in Connecticut had not seen a dentist in the past year.[9] The BRFSS does not ask questions about the use of dentures, need for periodontal care or urgent care, or presence of other health problems.

In November 2006, the CT DPH established the Task Force on Oral Health for Older Adults, which later was renamed the Oral Health for Older Adults Consortium. It was created in response to a lack of accessibility of dental services for poor and vulnerable older adults. The Consortium proposed targeted interventions to improve the oral health of the older adults in Connecticut.

The 2008 report "Just the F.A.C.T.S.," contains five recommended focus areas for improvement:

- 01 FINANCING
- 02 ADVOCACY
- 03 COMMUNICATION
- 04 TRAINING
- 05 SERVICES



Since then, there have been other initiatives in Connecticut focusing on the oral health of the aging population. In 2013, the CT DPH published "The Oral Health of Vulnerable Older Adults in Connecticut," based on data collected during the 2012 Every Smile Counts for Older Adults survey. The report provided insight on the prevalence of oral disease and unmet oral health needs of older adults living at LTC facilities and visiting CM sites in the state. It found that a large proportion of older adults had untreated decay, were not visiting the dentist on a regular basis, and did not have dentures to facilitate eating.[10]

In 2018, the Connecticut legislature passed a bill that allows dental hygienists to practice in specified public health settings without the supervision of a dentist, as long as they have been practicing for two years and are compliant with performing the allowed services.

This legislation added senior centers, group homes, and managed residential communities to previously specified sites of community health centers, and chronic and convalescent facilities. **This allows greater access to dental preventive services, such as oral health assessments, cleanings, fluoride application, and oral health instructions for vulnerable older adults in Connecticut.**[11]

Also in 2018, CT DPH released "The Oral Health Improvement Plan for Connecticut 2019-2024."[12] The publication established goals and objectives to address oral health disparities among different populations throughout the state, including the state's older adults.

Objectives, among others, include:

- Reducing the number of adults in CM sites with untreated dental decay
- Reducing the number of adults in LTC facilities with untreated dental decay
- Increasing the number of vulnerable older adults with dental benefits

Strategies for achieving these objectives include advocacy for legislation and regulation reform, and implementing oral health awareness resources and education for this high-risk population.

This report is the product of the *2022 Every Smile Counts for Older Adults* statewide oral health survey of two high-risk older adult population groups representing a segment of the state's vulnerable older adult population 65 years of age or older: (1) residents of LTC facilities and (2) adults attending federally subsidized CM sites. 84.5% of survey respondents were age 65 or older. The purpose of this survey was to assess the current oral health status of this population and compare results to the 2013 report. Studies like this have shown that racial and ethnic minorities have poorer oral health outcomes when compared to White populations.[13] The 2022 survey has placed an additional emphasis on collecting and analyzing race and ethnicity data.

Results from this survey may be utilized to raise public awareness of the oral health needs of this growing population, inform policy makers, and create programs that can contribute to improving the oral health and overall health of Connecticut's aging population.

METHODOLOGY

The CT DPH Office of Oral Health used the Basic Screening Survey for Older Adults (BSSOA) surveillance tool to assess the oral health of two high-risk older adult populations:

01 RESIDENTS OF LTC FACILITIES

02 CM SITE PARTICIPANTS

In Connecticut, CM sites provide meals to anyone 60 years of age or older, spouses of eligible participants, and those under 60 years of age with a disability who reside in housing facilities where congregate meals are served. The BSSOA is a nationally standardized tool developed by the Association of State and Territorial Dental Directors (ASTDD) in conjunction with the Centers for Disease Control and Prevention (CDC). The BSSOA model has two basic components: (1) direct observation of a person's mouth; and (2) questions asked about the individual being screened. Direct oral observations were conducted in both LTC facilities and CM sites. Participants at the CM sites were asked to complete a questionnaire regarding their oral health and access to dental care.

The BSSOA has some limitations. While dental screenings can give the dental provider information relating to a participant's oral health, it is not a complete clinical examination that involves a full examination, diagnosis, and treatment plan. The survey is a visual screening with no instrumentation or other diagnostic tools. It can identify oral lesions, abscesses, inflammation, and dental decay. The information gathered through a screening survey is at a level consistent with monitoring the national health objectives found in the United States Public Health Service's Healthy People document. Surveys are cross sectional (looking at a population at a point in time), and descriptive (to determine estimates of oral health status for a defined population). The data presented in this report are point estimates of those screened.

LONG-TERM CARE FACILITIES

A list of chronic and convalescent nursing homes (with and without nursing supervision) and rest homes (with nursing supervision) was obtained from the Connecticut Department of Public Health's Facility Licensing and Investigations Section. The sampling frame was limited to facilities with 20 or more nursing beds.

The sampling frame was ordered by county, then by a three-cycle health inspection score within each county. Based on available funds, the decision was made to screen 25 facilities.

A systematic probability proportional to size sampling scheme was used to select the facilities. If a facility declined to participate, a replacement facility within the same sampling interval was randomly selected. The selected facilities were each contacted by the Office of Oral Health, to participate in the survey. Adults deemed competent by the facility could give verbal consent to participate in the survey, but in cases where the adult was deemed incapacitated or incompetent, their conservator and/or guardian would sign a consent form giving them permission to participate. The consent forms were available in English and Spanish. A total of twenty-three LTC facilities participated in the survey.

CONGREGATE MEAL SITES

Adults were recruited to participate in the survey at 26 selected CM sites which were selected based on their location in the same communities as the LTC facilities. If the community did not have a CM site, the closest meal site was selected.

A total of 537 adults were screened at the LTC facilities, representing 18% of the 3,036 licensed nursing beds in the 23 participating facilities.

A total of 686 participants were screened and 664 questionnaires were completed by adults at the CM sites.

Registered dental hygienists (RDHs) completed the screenings using gloves, headlamps, and disposable mouth mirrors. The RDHs and data entry assistants were required to wear N-95/KN-95 masks and face shields for protection against COVID-19. The screeners attended a full-day training session, which included a didactic review of the BSSOA criteria along with a visual calibration session. The data entry assistants attended an in-person or virtual training session. Both the RDH and data entry assistants were required to be fully vaccinated, including boosted against COVID-19.

Data analyses were completed using the complex survey procedures within SAS 9.4 with the Strata = county and the Cluster = LTC facility. The data for LTC facilities were weighted to represent the nursing facility population within each sampling interval. Weight equaled the number of nursing beds in the sampling interval divided by the number of residents screened in the sampling interval. Unless otherwise noted, all LTC facility data presented have been adjusted for the complex sampling scheme. The data were not weighted because the CM site survey was a convenience sample. Additionally, the ages of 15.5% of survey respondents were unknown or less than 65. Although 95% confidence intervals are presented, these intervals should be interpreted with caution.

LIMITATIONS OF SURVEY

The COVID-19 pandemic presented several challenges to the survey. Many CM sites and LTC facilities were hesitant to allow oral screenings to be conducted due to concerns of viral transmission. Additionally, there were several instances when survey dates at LTC facilities had to be rescheduled due to COVID-19 outbreaks among the residents and staff. Screeners and data entry assistants were required to have received up-to-date recommended COVID-19 vaccinations and to wear additional personal protective equipment, such as N-95/KN-95 masks and face shields, while performing oral screenings as a safety measure against the spread of COVID-19.

KEY FINDINGS

01 Many vulnerable older adults in Connecticut with teeth (dentate) are not getting the dental care they need.

Figure 1A: *Percent of Connecticut's vulnerable older adults with teeth screened needing early or urgent dental care by site, 2012 and 2022 (unweighted).*

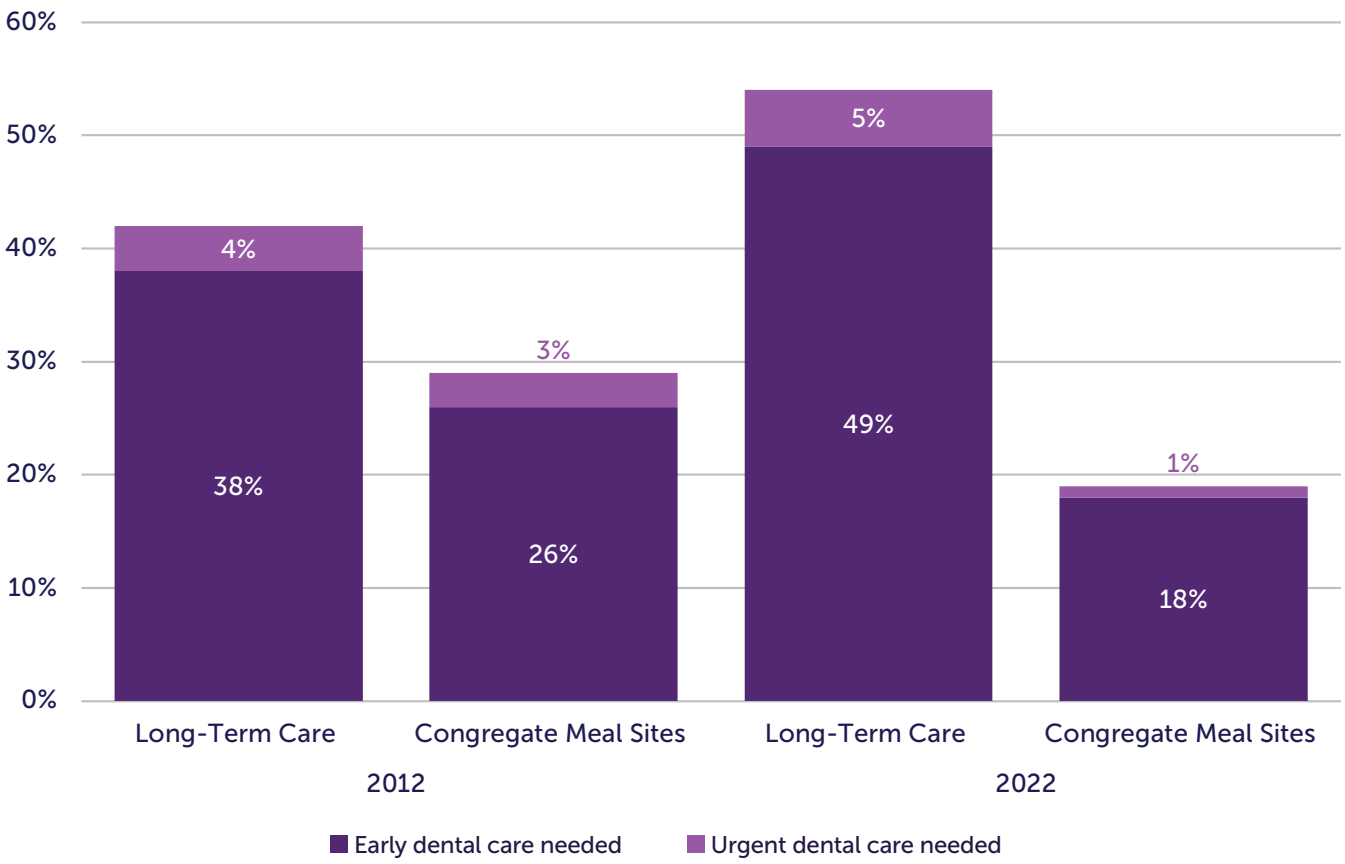
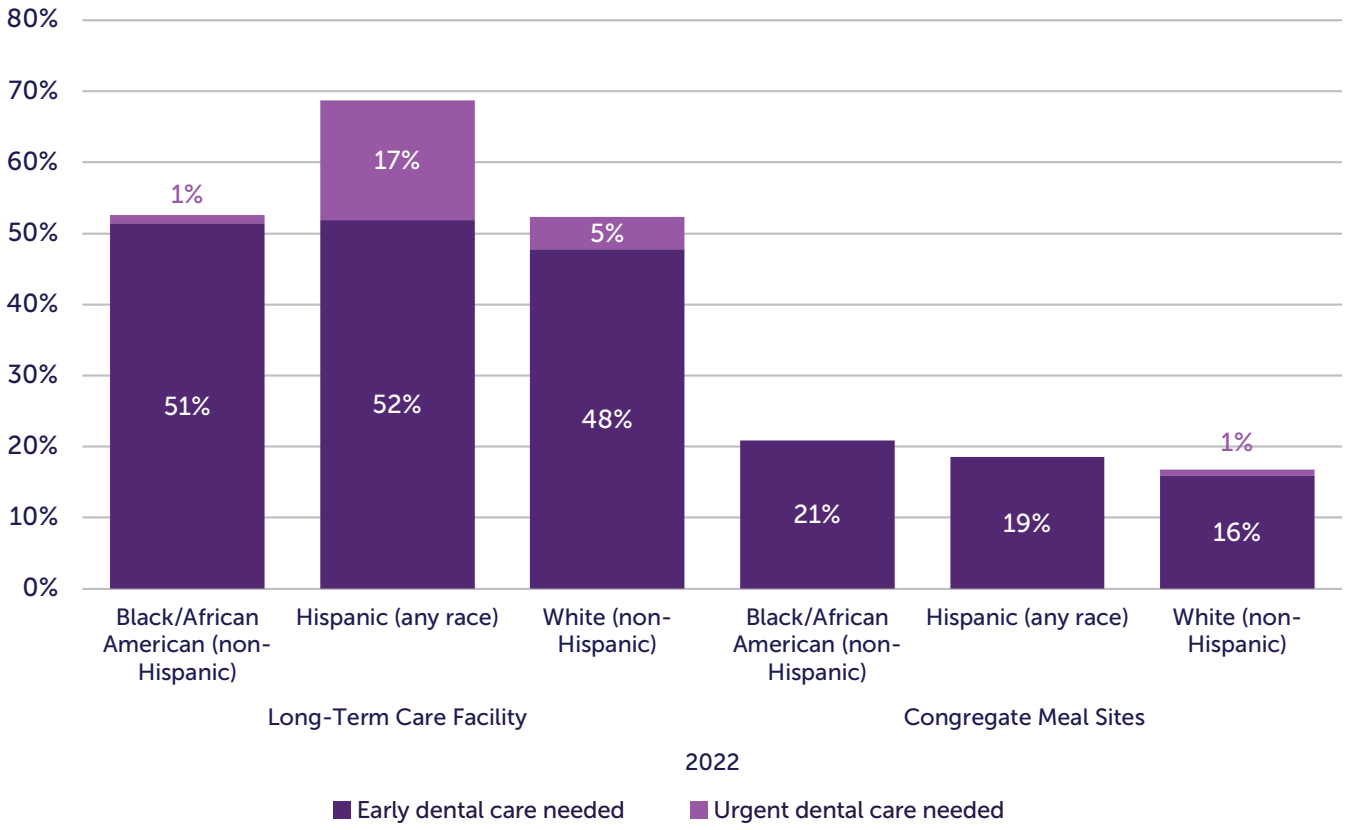


Figure 1B: *Percent of Connecticut's vulnerable older adults screened needing early or urgent dental care by site and race/ethnicity, 2022.*



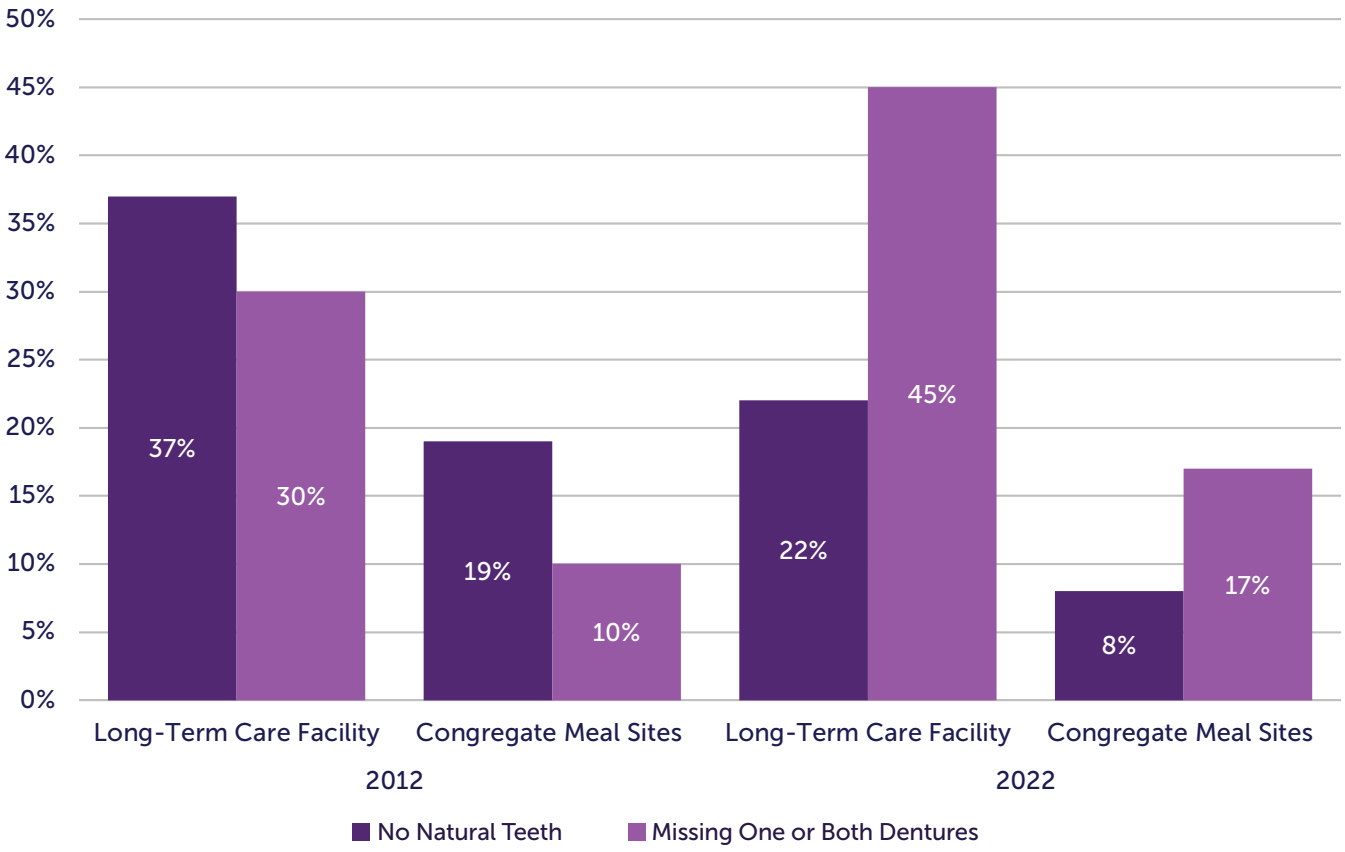
Oral diseases will not resolve if left untreated and can profoundly impact quality of life, including eating, sleeping, smiling, and talking. All these factors not only impact mental health, but also overall physical health. If left undetected or untreated, oral diseases in older populations can lead to poor nutrition and lethargy. Furthermore, chronic diseases that develop in older adults, such as diabetes, cardiovascular disease, stroke, and respiratory disease, oftentimes can be attributed to oral diseases.[6]

- In 2022, more than half of the total LTC facility residents with teeth (54%) screened needed dental care, including 5% that needed urgent dental care due to pain or infection.
- Of the total number of older adults screened in the CM sites, 19% needed dental care, including 1% that needed urgent dental care due to pain or infection.
- Compared to CM sites, the rate of needing early or urgent dental care in LTC facilities was significantly higher, following a similar trend as 2012.
- In 2022, Hispanic residents of LTC facilities had the highest prevalence of needing early or urgent dental care (52% and 17%, respectively), while the prevalence of needing early or urgent dental care for White residents of LTC facilities (48% and 5%, respectively) was roughly equal to that of Black residents of LTC facilities (51% and 1%, respectively).
- Of those adults screened at the CM sites, Black participants had the highest prevalence of needing early or urgent dental care (21%), followed by Hispanic (19%) and White (16%) participants.

Note: Racial/ethnicity data for 2012 was not available.

02 Many vulnerable older adults in Connecticut do not have any natural teeth and many do not have dentures to facilitate eating.

Figure 2: *Percent of Connecticut's vulnerable older adults screened with no natural teeth and missing one or both dentures by site, 2012 and 2022.*



Complete tooth loss impairs the ability to chew efficiently and effectively, and also impacts speech, social interaction, and food choice. It may also detract from one's physical appearance, resulting in lower self-esteem. Individuals with extensive or complete tooth loss are more likely to choose foods that are easier to chew, which may be higher in saturated fats and cholesterol, rather than foods high in nutrients and fiber.[14]

Compared to 2012, fewer adults in 2022 were edentulous, regardless of type of Connecticut's survey sites.

- In 2022, about one in five (22%) residents in the LTC facilities did not have any natural teeth, compared to 37% in 2012. In 2022, 45% of the edentulous residents were missing one or both of their dentures, compared to 30% in 2012.
- Of the participants screened at CM sites, about one in ten older adults (8%) did not have any natural teeth and almost one on five of the edentulous adults (17%) were missing one or both of their dentures.

03 Untreated dental decay is a significant problem for vulnerable older adults in Connecticut, especially for those living in LTC facilities.

Figure 3A: *Percent of Connecticut's vulnerable older adults screened with untreated dental decay by site, 2012 and 2022.*

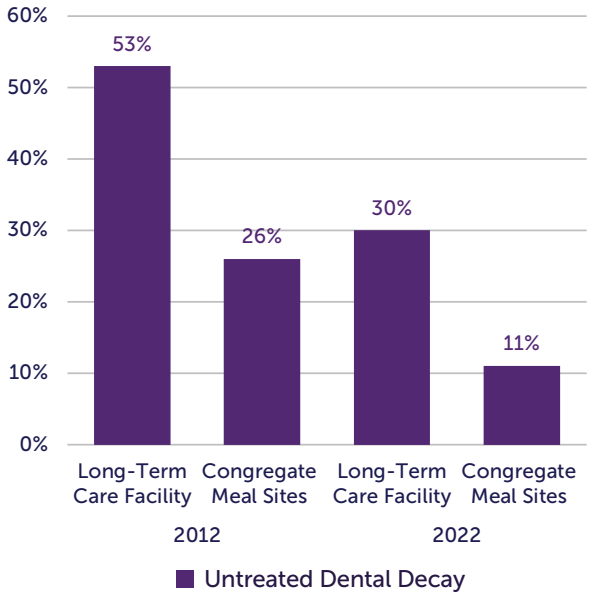
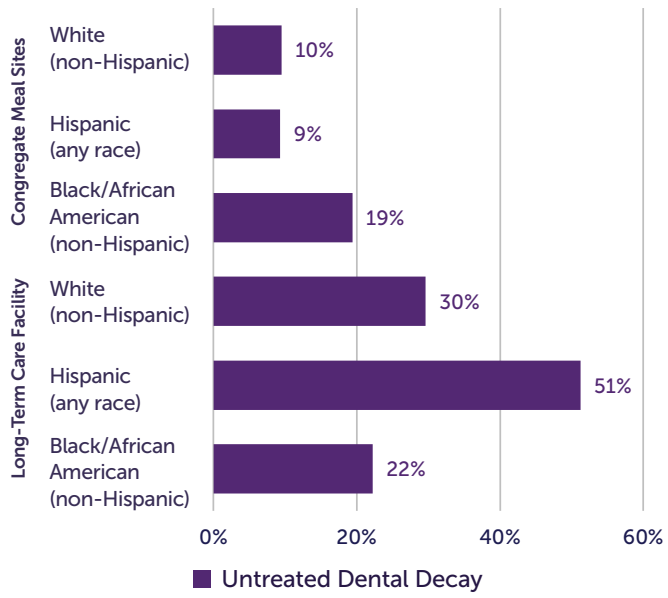


Figure 3B: *Percent of Connecticut's vulnerable older adults screened with untreated dental decay by site and race/ethnicity, 2022.*



Dental caries is a chronic, progressive, cumulative, infectious disease that causes dental decay. If left untreated, cavities lead to nerve destruction in the tooth, needless pain, tooth loss, abscess, and systemic infection. Cavities are almost always preventable, but many older adults are more susceptible to cavities due to the dry mouth caused by medications taken for multiple illnesses and chronic conditions.[6]

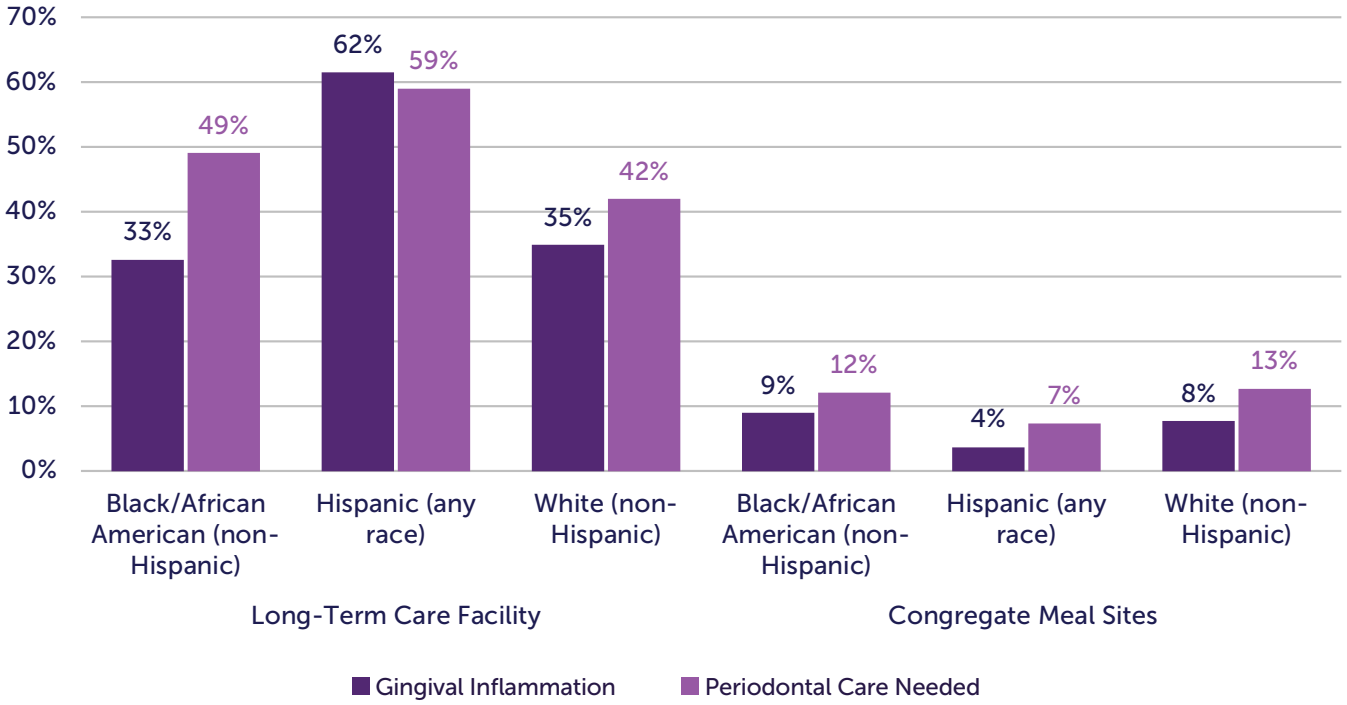
Though the number of vulnerable older adults screened in Connecticut with untreated dental decay has *reduced drastically* since 2012, it remains an issue in 2022.

- In 2012, over half (53%) of the dentate residents screened in LTC facilities had untreated dental decay, compared to 30% in 2022.
- Of the dentate older adults screened at the CM sites, 26% had untreated dental decay in 2012, compared to 11% in 2022.
- In 2022, Hispanic residents of LTC facilities showed the highest rate of untreated dental decay (51%), followed by White residents (30%), then Black residents (22%).
- In 2022, Black participants at CM sites showed the highest rate of untreated dental decay (19%), while Hispanic participants (9%) and White participants (10%) showed roughly equal rates.

Note: Racial/ethnicity data for 2012 was not available.

04 Many vulnerable older adults in Connecticut show signs of periodontal disease.

Figure 4: *Percent of Connecticut's vulnerable older adults screened who have gingival inflammation or need periodontal care by site and race/ethnicity, 2022.*

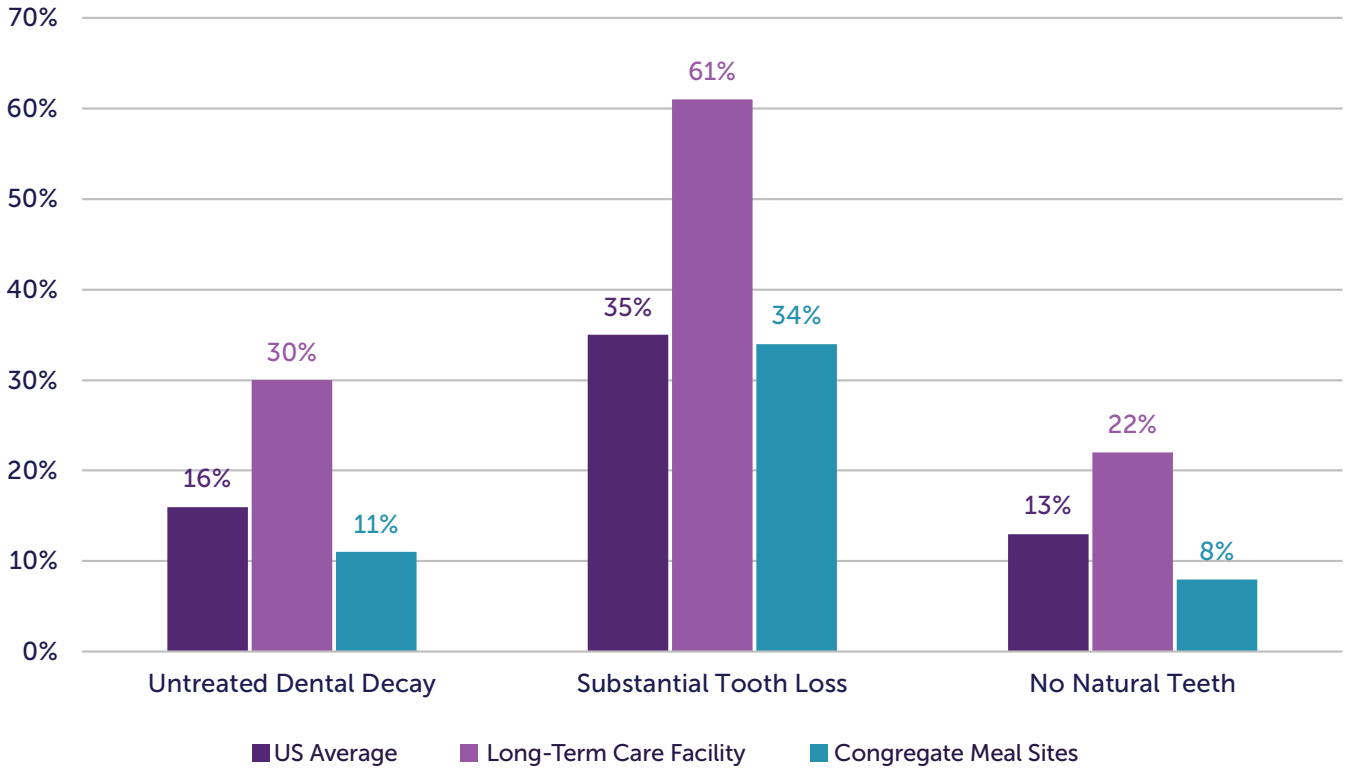


Periodontal disease is a condition that damages the tissues surrounding the teeth, which include the gums and bone that hold the teeth in place. In its early stages, the disease involves inflammation of the gums, known as gingivitis, and symptoms such as swollen, red, and bleeding gums. If it progresses to its more serious form, periodontitis, individuals can experience gum recession and bone loss, which can lead to loose teeth and tooth loss. Periodontal disease affects much of the vulnerable older adult population, often due to decreased saliva flow and poorer oral hygiene habits that can compound with older age. It can also lead to many serious problems such as difficulty chewing, difficulty speaking, pain, and infection.[15]

- 37% of dentate residents in LTC facilities in Connecticut have gingival inflammation, and 44% need periodontal care.
- Among the CM site participants, 8% of those screened have gingival inflammation, and 13% need periodontal care.
- In LTC facilities, Hispanic residents show the highest prevalence of gingival inflammation (62%), followed by White residents (35%) and Black residents (33%).
- Over half of Hispanic LTC residents (59%) need periodontal care, while slightly under half of Black and White residents need periodontal care (49% and 42%, respectively).
- CM sites show significantly lower rates of gingival inflammation and needing periodontal care among the three race/ethnicity groups when compared to LTC facilities.

05 Vulnerable older adults in Connecticut's LTC facilities have significantly more untreated dental decay, substantial tooth loss, and no natural teeth compared to the general population of older adults in the United States.

Figure 5: *Percent of Connecticut's vulnerable older adults screened with untreated dental decay and tooth loss compared to the national average by site, 2022.*

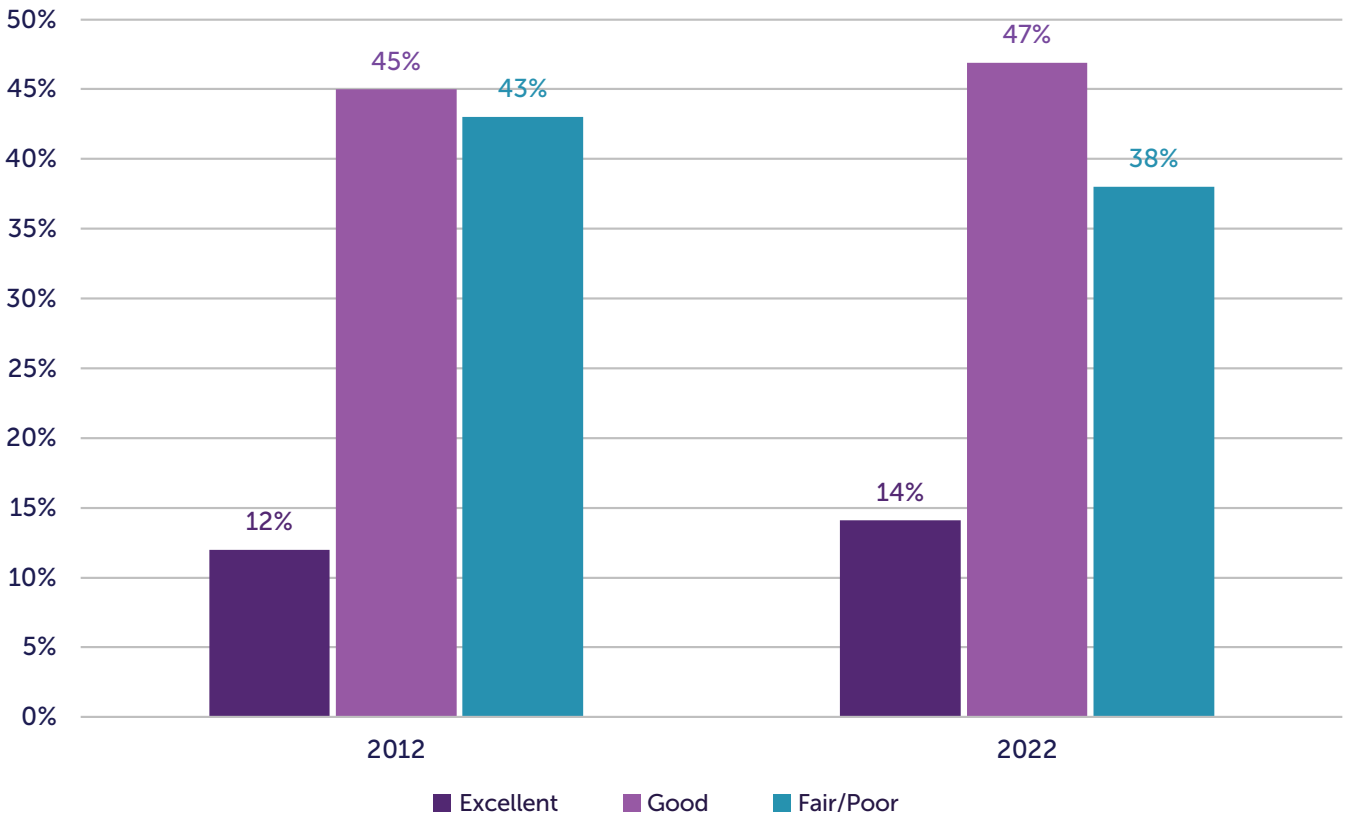


A significant lack of teeth can impact not only one's eating habits and speech, but it has also been linked to decreased self-esteem and social participation because they may be too embarrassed to smile or speak with others.[14, 16]

- Compared to the U.S. average for adults 65+ years of age, Connecticut's LTC facility residents are almost twice as likely to experience untreated dental decay (30%), substantial tooth loss (61%), and be edentulous (22%).[9,17,18]
- CM site participants, however, experience untreated dental decay (11%), being edentulous (8%), and having substantial tooth loss (34%), at percentages lower than the U.S. average.

06 Nearly 40% of the vulnerable older adults screened at the CM sites do not believe their teeth or dentures are in good condition.

Figure 6: *Percent of Connecticut's vulnerable older adult survey respondents at CM sites self-reporting the condition of their teeth or dentures, 2022.*

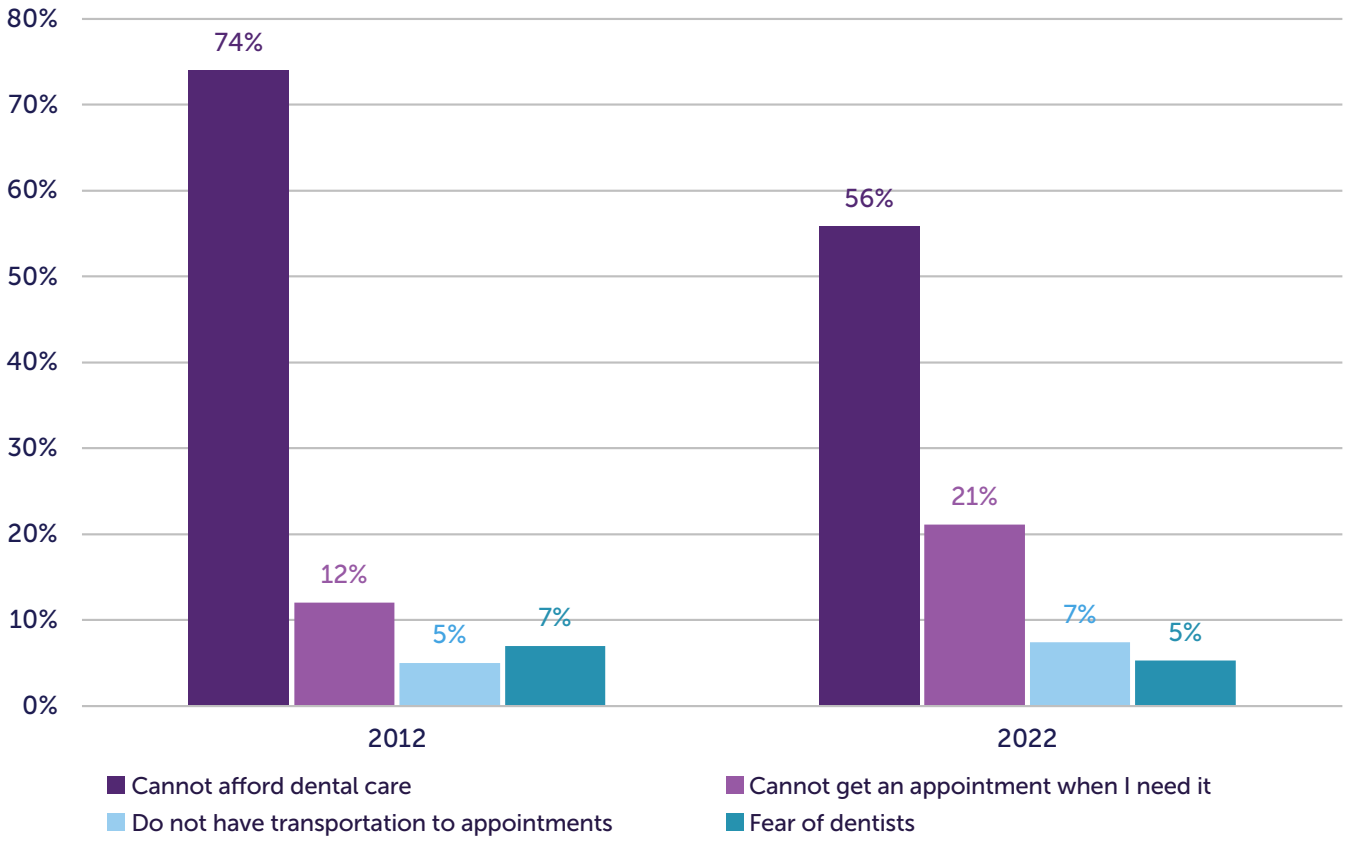


Self-rated oral health may be a measure of self-rated general health for older adults.[19] Several measures of self-rated oral health concerns are whether they "worry about teeth," their opinions on the "appearance of teeth," and the number of missing teeth.

- In 2022, 38% of CM site respondents rated the condition of their teeth or dentures as "poor" (13%) or as "fair" (25%), compared to 43% in 2012.
- Compared to 2012, there was a slight increase in the number of participants in 2022 who rated the condition of their teeth or dentures as "good" (47%) or as "excellent" (14%).
- Approximately half of the Black and Hispanic participants at CM sites report fair/poor oral health (46% and 53% respectively) compared to the White participants (34%).

07 15% of those screened at CM sites reported barriers to accessing dental care.

Figure 7: *Reasons for barriers to dental care access among CM site participants, 2012 and 2022.*

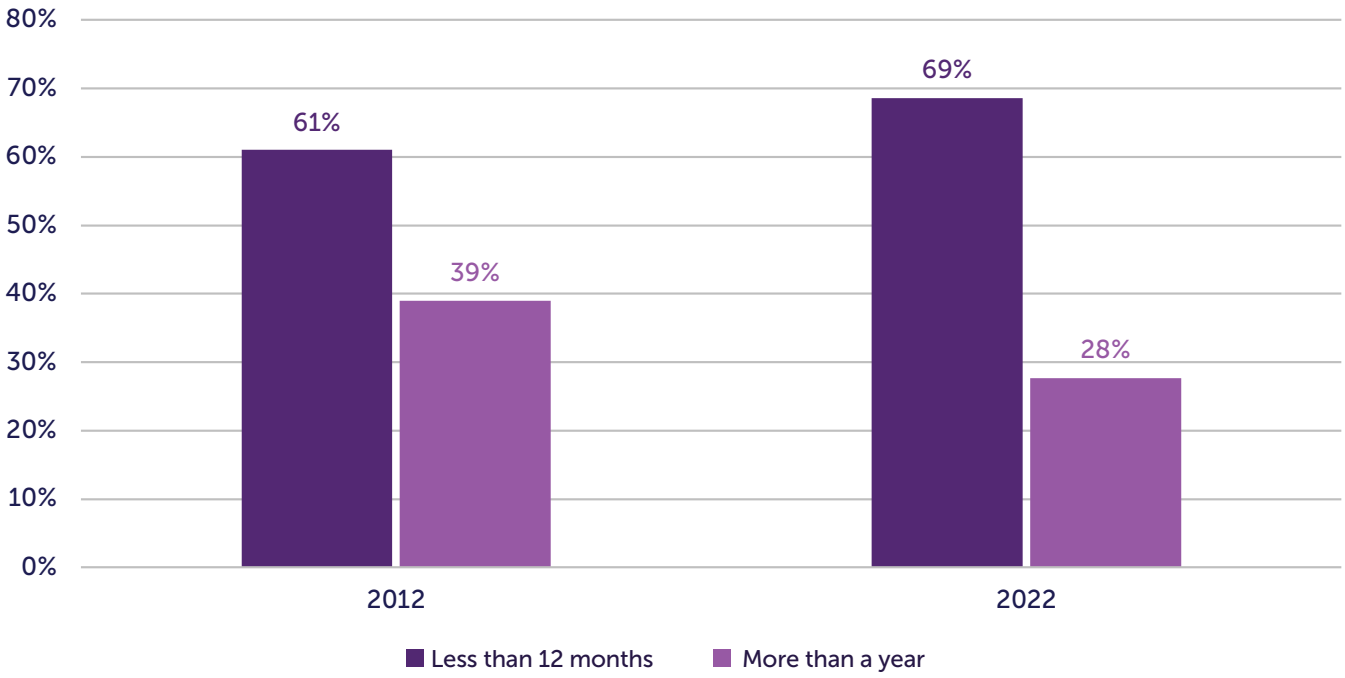


As highlighted in these key findings, access to oral health care in Connecticut for the older adult population needs to continue to improve. To prevent and treat oral disease and its consequences, all older adults need access to preventive and restorative dental care. Identifying those in need of care, especially among those who can no longer help themselves, requires that we develop screening, referral, and case management systems to assure that individuals get the care they need. It is necessary to educate older adults and their caregivers on the importance of oral health and what they can do to improve it.[7]

- In 2022, 15% of those screened at CM sites reported barriers to accessing dental care. Of those, the most common cited reason was lack of affordability (56%). This is an improvement from 2012, when 74% of those who reported barriers stated it was due to the lack of affordability of dental care.
- In 2022, of those screened at CM sites who reported barriers to accessing dental care, 21% reported difficulty getting appointments when needed compared to 12% in 2012.
- Though not as common, lack of transportation and fear of dental treatment is still preventing adults from getting dental treatment.

08 Some vulnerable older adults are not visiting a dentist on a regular basis.

Figure 8: *Length of time since last dental visit for vulnerable older adults at CM sites, 2012 and 2022.*

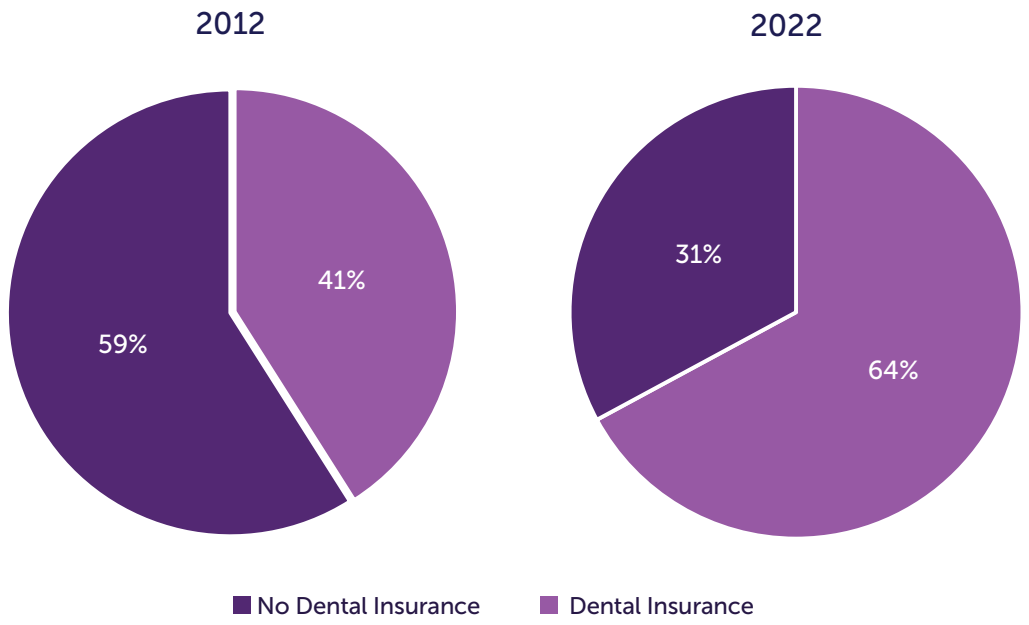


Regular dental visits can help avoid serious dental and overall health problems through the lifespan. Most dental diseases are preventable and can be treated if caught early. Regular dental visits can identify problems in their early stages before becoming more serious and acute, causing pain, infection and ultimately tooth loss. In addition, the state of oral health can affect other health conditions such as diabetes and heart disease, and many health conditions have oral symptoms that provide clues to their onset. A lack of regular dental care can have many negative impacts.[20]

- In 2022, 69% of the CM site participants reported they had seen a dentist in the last 12 months.
- Only 28% of the CM site participants reported they had not seen a dentist in more than a year, with 11% reporting 1-2 years since their last dental visit, 8% reporting 2-5 years, 9% reporting more than 5 years, and 1% reporting having never visited the dentist.
- In 2022, 72% reported having their last teeth cleaning by a dentist or dental hygienist in less than 6 months to 12 months ago.
- This is an improvement compared to 2012, when nearly 40% of participants reported more than a year since their last dental visit.

09 Vulnerable older adult survey participants have more dental insurance now compared to 2012.

Figure 9: *Percent of Connecticut vulnerable older adult survey respondents at CM sites that have dental insurance, 2012 and 2022.*



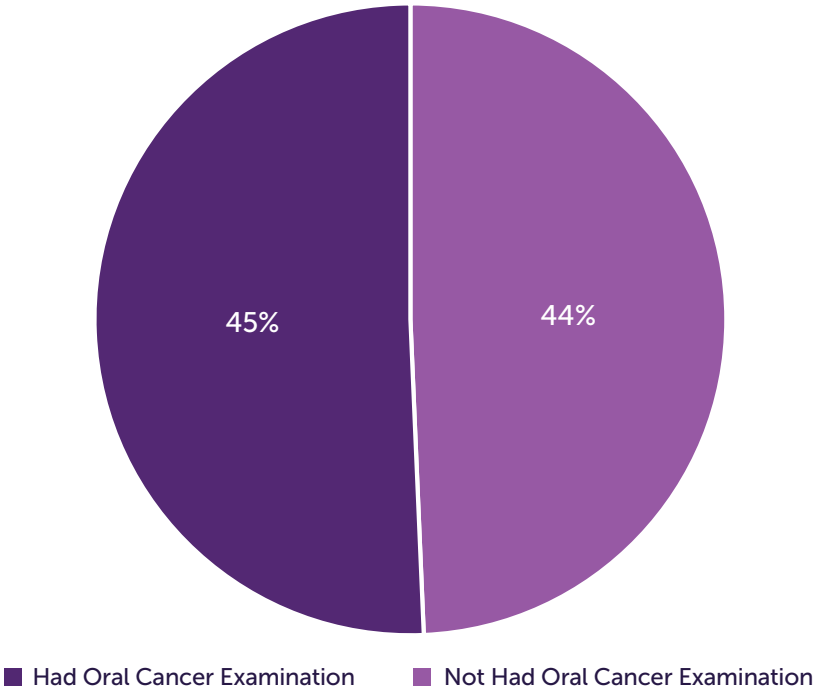
A primary indicator of access to dental care in the U.S. is dental insurance. Studies have shown that persons with dental insurance have more dental visits than persons without dental insurance.[21] Unfortunately, with retirement many older adults lose their employee-sponsored dental insurance coverage and Medicare becomes their primary source of health insurance coverage. Medicare only covers very limited dental procedures associated with underlying health conditions. Most older adults pay for their dental expenses "out of pocket." Among adults age 65 and older, the average out of pocket dental expenses was $874 in 2018.[21]

However, there has been an improvement in the percentage of older adults who have dental insurance over the past 10 years. Of those screened at the CM sites in 2022, 31% reported they do not have dental insurance compared to 59% in 2012.

Connecticut is following the national trend in the last ten years. Nationally, the proportion of older adults without dental coverage has decreased from about 88% in 2012 to 47% in 2021. Medicare Advantage plans have been responsible for the greatest increase in dental coverage. The proportion of beneficiaries with these plans has increased from 16% in 2016 to 26% in 2021.[22]

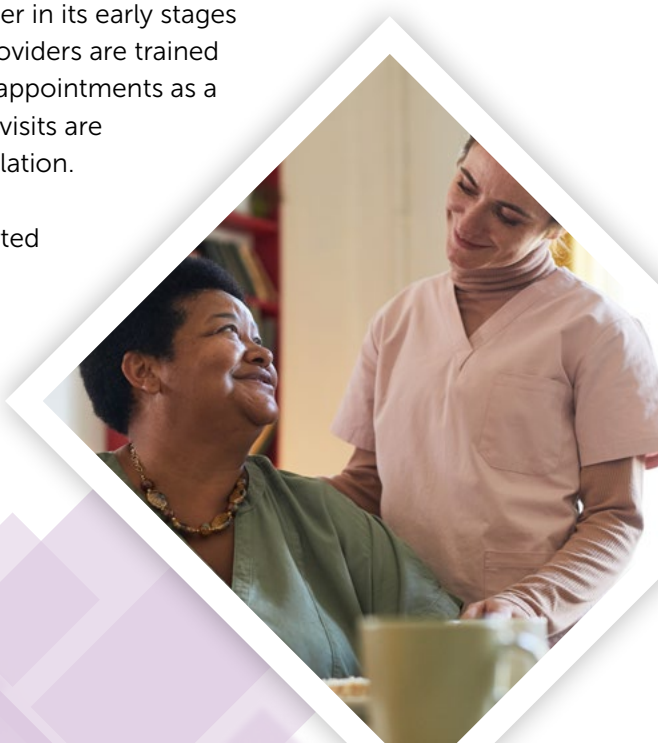
10 Nearly half of vulnerable older adults screened at CM sites reported never having had an oral cancer screening.

Figure 10: *Percent of Connecticut vulnerable older adult survey respondents at CM sites that had an oral cancer screening, 2022.*



In the US, about 1 in 60 men and 1 in 141 women will develop oral or oropharyngeal cancer in their lifetime. The risk of developing oral cancer increases with age, and peaks between ages 60 and 70 with a mean age of diagnosis of 62.[2, 23, 24] **Early oral cancer diagnosis and treatment increases the chances for successful outcomes.** Catching oral cancer in its early stages usually leads to better outcomes and higher survival rates. Dental providers are trained to look for oral lesions that are suspicious for cancer during regular appointments as a form of preventative care, and this is one reason why routine dental visits are important for health maintenance, especially in the older adult population.

Among the participants screened at CM sites, nearly half (45%) reported not having an oral cancer screening, while 44% reported they had been screened for oral cancer.



KEY STRATEGIES

The *2022 Every Smile Counts for Older Adults* survey demonstrates that Connecticut has many barriers to overcome to improve the oral health of vulnerable older adults.

Several key strategies have been identified to improve the oral health of Connecticut's vulnerable older adult population:

Healthcare Providers and Caretakers

ALL HEALTH PROFESSIONALS

- Obtain education on the relationship between oral health and overall health.
- Build patient awareness on the relationship between oral health and overall health.
- Design and implement a culturally and linguistically appropriate oral health education campaign targeting specific audiences, such as older adults, caretakers of older adults, and health and social services providers.
- Provide resources concerning proper care, access and utilization to older adults, families, and caretakers.
- Support medical dental integration by training medical and dental providers to promote a multidisciplinary team approach to recognize and assess oral disease and oral health concerns of older adults in order to develop appropriate care plans for oral health.
- Build awareness on the oral health implications of certain medications, such as dry mouth, dental decay and sensitivity, fungal infections, and other oral health problems.
- Build awareness of the availability of care on a sliding scale fee schedule at federally qualified health centers and of the availability and benefits of dental insurance plans.

- Incorporate oral health into daily care services in LTC facilities, group homes, and other agencies that provide health services to older adults.
- Increase access to integrated health services for patients and community members with financial, language, and transportation barriers.
- Assist patients to enroll and obtain dental insurance.

MEDICAL PRIMARY CARE PROVIDERS

- Participate in trainings on how to conduct oral health assessments and provide oral health education during wellness visits.
- Include oral health assessments, education, and referrals to dental providers during wellness visits.
- Refer patients to dental providers if they do not have a dental home or are due or overdue for dental care.
- Incorporate oral health risk questions, resources, and dental referrals to make oral health promotion a standard of care.
- Advocate for the sustainability of federally qualified health centers.

ORAL HEALTH PROFESSIONALS

- Promote the use of portable dental equipment and teledentistry in LTC facilities and other settings serving older adults to increase access to preventive and restorative care.
- Utilize strategies aimed at reducing barriers to care, such as dental anxiety, language, socio-cultural norms, transportation, and lack of knowledge about proper oral health habits.
- Receive training and resources necessary to deliver high-quality dental treatment to older adults and other vulnerable populations.
- Explore silver diamine fluoride as a cost-effective treatment for arresting and preventing caries in older adults and other vulnerable populations, in addition to those who are in ambulatory care, dementia patients, and the mentally and physically challenged.
- Recommend or prescribe topical oral fluoride for older adults at risk for dental caries and tooth sensitivity.
- Provide services in underserved areas and at LTC facilities.
- Provide dental hygiene services at public health settings serving older adults as defined by statute for registered dental hygienists such as senior centers, managed residential community (public housing), group homes, and LTC facilities.

KEY STRATEGIES

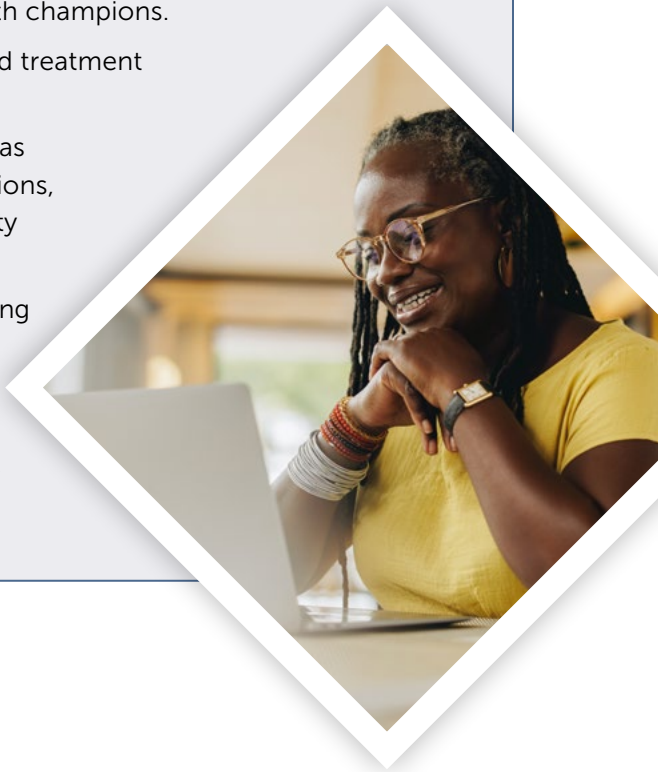
- Participate in Connecticut's HUSKY (Medicaid) dental program.
- Work with Certified Nursing Assistant (CNA) training programs to enhance oral health competencies for CNAs as part of their curriculum and certification.

POLICYMAKERS

- Advocate for public (Medicaid and Medicare) and private dental insurers to ensure reimbursement for periodontal services, case management care and coordination services.

  Advocate for a standard oral health package for older adults to include the following covered services:

  - *annual oral cancer screenings*
  - *annual dental examinations, cleanings, and x-rays*
  - *coverage for periodontal care and routine restorative care and extractions*
  - *dental appliances (i.e., dentures) with a clear and simple appliance replacement policy of no more than three years.*
- Allocate funding to create oral health resources for dental providers and caregivers to provide dental care to older adults.
- Explore other ways to improve access to dental care for underserved populations in public health settings to improve access to dental care in underserved areas of the State.
- Advocate to conduct health equity impact assessments on potential policies and legislation to promote equitable health outcomes for all populations.
- Partner with organizations and agencies that collect data to encourage integration of oral health data into their systems.
- Recruit older adult and caretaker organizations to be oral health champions.
- Explore the expansion of support for oral health prevention and treatment services for older adults through the "Older Americans Act."
- Collaborate with the agencies and grassroots advocates, such as Area Agencies on Aging, AARP, community and health foundations, and local health departments, to promote access to community prevention and treatment services.
- Verify completion of mandated annual in-service training of nursing home staff that includes incorporation of daily oral hygiene care appropriate to the needs of residents as part of activities of daily living.
- Advocate for more dental providers to accept public insurance through maintained dental Medicaid reimbursement rates.



- Encourage the State to develop and implement a five-year surveillance and data management plan that includes updates to the goals outlined in the Oral Health Improvement Plan for Connecticut.
- Collect statewide data that tracks oral health outcomes by race, ethnicity, language, socioeconomic status, and other social determinants of health, and is made publicly available.
- Establish methods to evaluate efficacy of ongoing programs for increasing dental care for older adults in Connecticut.

DATA TABLES

LONG-TERM CARE FACILITY SURVEY

Table 1:
Demographic characteristics of LTC facility residents that participated in the Connecticut oral health survey stratified by dentate status, 2022 (unweighted).

CHARACTERISTIC	DENTATE PARTICIPANTS (n=421)		EDENTULOUS PARTICIPANTS (n=115)		ALL PARTICIPANTS (n=537)	
	FREQ.	PERCENT	FREQ.	PERCENT	FREQ.	PERCENT
GENDER						
Male	161	38.2	43	37.4	205	38.2
Female	260	61.8	71	61.7	331	61.6
Unknown/Missing	0	---	*	---	*	---
ETHNICITY						
Hispanic/Latinx	28	6.7	10	8.7	38	7.1
Not Hispanic/Latinx	379	90.0	103	89.6	483	89.9
Unknown/Missing	14	3.3	*	---	16	3.0
RACE						
American Indian/ Alaska Native	*	---	*	---	*	---
Asian	*	---	*	---	5	0.9
Black/African American	49	11.6	13	11.3	62	11.6
Native Hawaiian/ Pacific Islander	*	---	0	---	*	---

Table 1 (cont.)

CHARACTERISTIC	DENTATE PARTICIPANTS (n=421)		EDENTULOUS PARTICIPANTS (n=115)		ALL PARTICIPANTS (n=537)	
	FREQ.	PERCENT	FREQ.	PERCENT	FREQ.	PERCENT
White	358	85.0	97	84.4	456	84.9
Multi-Racial	*	---	0	---	*	---
Unknown/Missing	7	1.7	*	---	9	1.7
RACE/ETHNICITY						
Black/African American (non-Hispanic)	47	11.2	13	11.3	60	11.2
Hispanic (any race)	28	6.7	10	8.7	38	7.1
White (non-Hispanic)	334	79.3	88	76.5	423	78.8
Other race/ multi-racial (non-Hispanic)	7	1.7	*	---	10	1.9
Unknown/Missing	5	1.2	*	---	6	1.1
AGE IN YEARS						
<65 years	73	17.3	9	7.8	83	15.5
65-74 years	78	18.5	28	24.4	106	19.7
75-84 years	103	24.5	20	17.4	123	22.9
85+ years	144	34.2	48	41.7	192	35.8
Unknown/Missing	23	5.5	10	8.7	33	6.2

NOTE: Information on dentate/edentulous status was missing for 1 participant.
** Responses with less than 5 observations are suppressed.*

Table 2:

Percent of LTC facility residents that participated in the Connecticut oral health survey who are ***edentulous*** *(have no natural teeth) by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE EDENTULOUS	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Participants	**536**	**22.3%**	**18.5%**	**26.2%**
AGE				
<65 Years	82	9.4%	4.6%	14.1%
65-74 Years	106	31.6%	20.1%	43.2%
75-84 Years	123	16.7%	9.0%	24.5%
85+ Years	192	26.0%	18.5%	33.6%
GENDER				
Male	204	22.5%	16.9%	28.2%
Female	331	21.9%	14.7%	29.2%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	60	18.7%	10.2%	27.1%
Hispanic (any race)	38	25.7%	11.9%	39.4%
White (non-Hispanic)	422	22.0%	17.0%	26.9%

NOTE: Information on edentulism was missing for 1 participant.
NOTE: The edentulous variable was created from the number of maxillary (upper jaw) and mandibular (lower jaw) teeth present. If the total teeth present was 0 for both jaws, the participant was classified as edentulous.

Table 3A:
*Oral health of **dentate** LTC facility residents that participated in the Connecticut oral health survey stratified by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES OR MEAN	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Untreated decay (%)	413	30.3%	23.7%	36.9%
Root fragments (%)	418	34.7%	29.0%	40.4%
Tooth mobility (%)	418	9.4%	5.1%	13.7%
Substantial oral debris (%)	421	48.7%	35.9%	61.6%
Gingival inflammation (%)	419	36.5%	24.1%	48.9%
Suspicious soft tissue lesion (%)	419	2.3%	1.2%	3.5%
Upper denture (%)	420	22.3%	17.5%	27.0%
Lower denture (%)	421	9.7%	6.4%	13.1%
Needs periodontal care (%)	421	43.8%	31.9%	55.8%
Needs early or urgent dental care (%)	421	53.8%	45.3%	62.4%
Needs urgent dental care (%)	421	4.8%	1.9%	7.7%
Lower teeth present (mean)	420	9.7	9.2	10.2
Upper teeth present (mean)	420	8.2	7.6	8.7
Total number of teeth present (mean)	419	17.8	16.8	18.8

Table 3B:

*Oral health of **edentulous** LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Suspicious soft tissue lesion	114	0.6%	0.5%	0.7%
Needs early or urgent dental care	115	1.9%	-0.5%	4.3%
Needs urgent dental care	115	0.0%	0.0%	0.0%

Table 3C:

*Oral health of **dentate and edentulous** LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Suspicious soft tissue lesion	533	1.9%	1.1%	2.8%
Needs early or urgent dental care	537	42.5%	35.0%	50.1%
Needs urgent dental care	537	3.7%	1.5%	6.0%

Table 4:

*Percent of **edentulous** participants of LTC facility residents that participated in the Connecticut oral health survey with a maxillary (upper) and/or mandibular (lower) removable denture (partial or full denture) who wear upper or lower dentures while eating, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Has upper denture	114	68.9%	57.6%	80.2%
Wears upper denture when eating*	76	78.6%	71.3%	85.8%
Has lower denture	113	55.0%	44.6%	65.4%
Wears lower denture when eating*	61	77.2%	66.9%	87.5%
Has upper & lower denture	114	54.7%	44.3%	65.1%

** Limited to those with a denture.*

Table 5:

*Prevalence of no posterior occlusal contacts among **dentate** LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE WITH NO POSTERIOR OCCLUSAL CONTACTS	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**420**	**39.7%**	**33.7%**	**45.7%**
AGE				
<65 Years	73	31.2%	18.0%	44.3%
65-74 Years	78	46.8%	34.4%	59.1%
75-84 Years	102	43.8%	33.2%	54.4%
85+ Years	144	38.1%	27.9%	48.3%
GENDER				
Male	160	40.9%	33.1%	48.8%
Female	260	39.0%	32.5%	45.4%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	47	48.4%	35.1%	61.8%
Hispanic (any race)	27	39.8%	20.1%	59.5%
White (non-Hispanic)	334	39.0%	33.2%	44.8%

NOTE: Information on posterior occlusal contacts was missing for 1 participant.

Table 6:

*Prevalence of severe gingival inflammation among **dentate** LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE WITH GINGIVAL INFLAMMATION	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**419**	**36.5%**	**24.1%**	**48.9%**
AGE				
<65 Years	73	52.7%	37.7%	67.8%
65-74 Years	77	38.4%	18.1%	58.7%
75-84 Years	103	36.6%	17.6%	55.6%
85+ Years	143	23.2%	10.2%	36.3%
GENDER				
Male	161	42.4%	25.7%	59.1%
Female	258	33.0%	21.1%	44.8%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	47	32.6%	6.1%	59.1%
Hispanic (any race)	28	61.5%	32.8%	90.2%
White (non-Hispanic)	332	34.9%	22.0%	47.9%

NOTE: Information on severe gingival inflammation was missing for 2 participants.

Table 7:

*Percentage needing periodontal care among **dentate** LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE NEEDING PERIODONTAL CARE	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**421**	**43.8%**	**31.9%**	**55.8%**
AGE				
<65 Years	73	55.3%	38.7%	72.0%
65-74 Years	78	43.9%	23.8%	63.9%
75-84 Years	103	44.6%	27.5%	61.6%
85+ Years	144	35.0%	16.6%	53.5%
GENDER				
Male	161	49.7%	34.7%	64.8%
Female	260	40.4%	28.0%	52.7%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	47	49.1%	24.6%	73.6%
Hispanic (any race)	28	59.0%	31.5%	86.4%
White (non-Hispanic)	334	42.0%	29.3%	54.6%

Table 8:

*Percentage needing early or urgent dental care among **dentate** LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE NEEDING DENTAL CARE	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**421**	**53.8%**	**45.3%**	**62.4%**
AGE				
<65 Years	73	62.2%	44.2%	80.2%
65-74 Years	78	58.1%	40.4%	75.8%
75-84 Years	103	51.8%	37.7%	65.9%
85+ Years	144	47.1%	32.3%	61.9%
GENDER				
Male	161	63.1%	51.7%	74.6%
Female	260	48.4%	39.6%	57.2%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	47	52.4%	34.1%	70.7%
Hispanic (any race)	28	68.9%	44.1%	93.6%
White (non-Hispanic)	334	52.8%	43.4%	62.2%

Table 9:

*Percentage needing urgent dental care among **dentate** LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE NEEDING URGENT CARE	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**421**	**4.8%**	**1.9%**	**7.7%**
AGE				
<65 Years	73	5.1%	-1.1%	11.2%
65-74 Years	78	8.1%	1.1%	15.0%
75-84 Years	103	5.9%	0.6%	11.3%
85+ Years	144	1.7%	0.0%	3.5%
GENDER				
Male	161	7.9%	3.3%	12.5%
Female	260	3.0%	0.3%	5.7%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	47	1.2%	-1.2%	3.6%
Hispanic (any race)	28	16.8%	-0.5%	34.2%
White (non-Hispanic)	334	4.5%	1.7%	7.4%

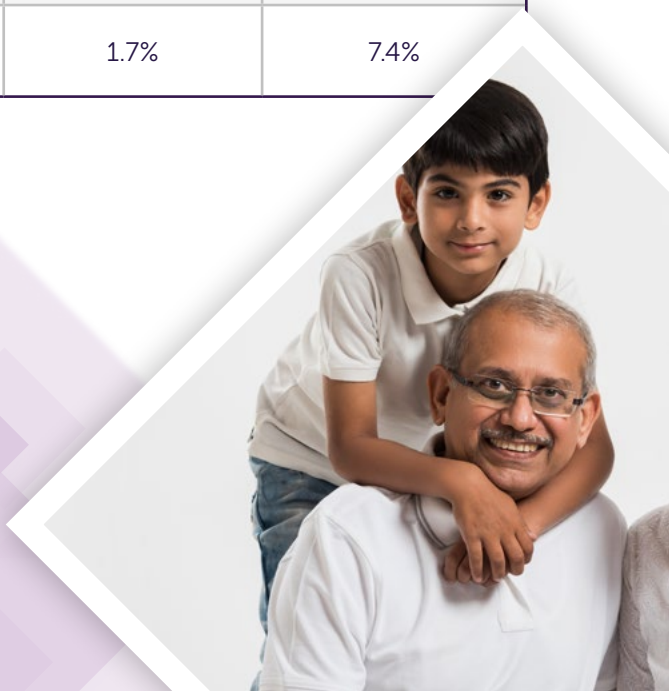


Table 10:

Prevalence of substantial tooth loss (< 20 teeth) among LTC facility residents that participated in the Connecticut oral health survey by selected characteristics, 2022.

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE WITH < 20 TEETH	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**534**	**60.6%**	**55.0%**	**66.2%**
AGE				
<65 Years	82	47.3%	32.3%	62.3%
65-74 Years	106	60.8%	50.6%	71.0%
75-84 Years	123	61.3%	50.0%	72.6%
85+ Years	191	68.1%	57.8%	78.3%
GENDER				
Male	204	58.3%	47.4%	69.3%
Female	329	61.8%	56.0%	67.5%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	60	61.1%	50.0%	72.2%
Hispanic (any race)	38	58.2%	43.6%	72.7%
White (non-Hispanic)	420	61.1%	55.2%	67.0%

NOTE: Information on substantial tooth loss was missing for 3 participants.

NOTE: The edentulous and substantial tooth loss variable was created from the number of maxillary (upper jaw) and mandibular (lower jaw) teeth present. If the total number of teeth present was less than 20 teeth, the participant was counted as having substantial tooth loss.

CONGREGATE MEAL SITE SURVEY

Table 11:
Demographic characteristics of CM site participants in the Connecticut oral health survey stratified by dentate status, 2022 (unweighted).

CHARACTERISTIC	DENTATE PARTICIPANTS (n=630)		EDENTULOUS PARTICIPANTS (n=55)		ALL PARTICIPANTS (n=686)	
	FREQ.	PERCENT	FREQ.	PERCENT	FREQ.	PERCENT
AGE						
<65 Years	65	10.3%	0	---	65	9.5%
65-74 Years	225	35.7%	18	32.7%	243	35.4%
75-84 Years	248	39.4%	27	49.1%	276	40.2%
85+ Years	85	13.5%	9	16.4%	94	13.7%
Unknown/Missing	7	1.1%	*	---	8	1.2%
GENDER						
Male	158	25.1%	14	25.5%	172	25.1%
Female	469	74.4%	40	72.7%	510	74.3%
Unknown/Missing	*	---	*	---	*	---
ETHNICITY						
Hispanic/Latinx	54	8.6%	6	10.9%	60	8.8%
Not Hispanic/Latinx	525	83.3%	42	76.4%	568	82.8%
Unknown/Missing	51	8.1%	7	12.7%	58	8.5%

Table 11 (cont.)

CHARACTERISTIC	DENTATE PARTICIPANTS (n=630)		EDENTULOUS PARTICIPANTS (n=55)		ALL PARTICIPANTS (n=686)	
	FREQ.	PERCENT	FREQ.	PERCENT	FREQ.	PERCENT
RACE						
American Indian/ Alaska Native	54	8.6%	*	---	7	1.0%
Asian	525	83.3%	0	---	20	2.9%
Black/African American	51	8.1%	14	25.5%	83	12.1%
Native Hawaiian/ Pacific Islander	0	---	0	---	0	---
White	480	76.2%	32	58.2%	513	74.8%
Multi-racial	6	1.0%	*	---	7	1.0%
Unknown/Missing	50	7.9%	6	10.9%	56	8.2%
RACE/ETHNICITY						
Black/African American (non-Hispanic)	67	10.6%	14	25.5%	81	11.8%
Hispanic (any race)	54	8.6%	6	10.9%	60	8.8%
White (non-Hispanic)	455	72.2%	29	52.7%	485	70.7%
Other race/multi-racial (non-Hispanic)	26	4.1%	*	---	29	4.2%
Unknown/ Missing	28	4.4%	*	---	31	4.5%

Note: Information on dentate/edentulous status was missing for 1 participant.
**Responses with less than 5 observations are suppressed.*

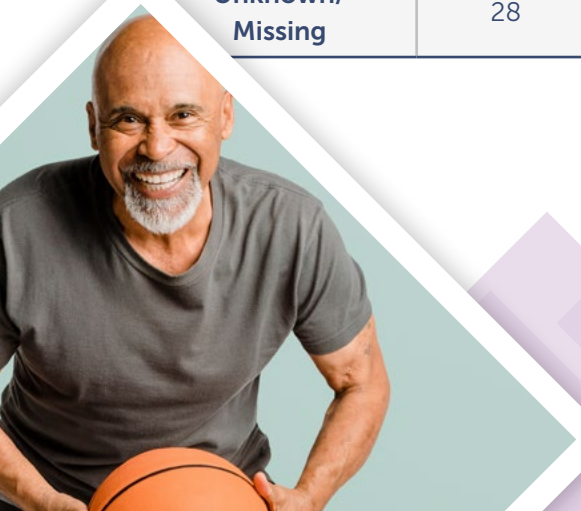


Table 12:

Percent of CM site participants in the Connecticut oral health survey that are edentulous (have no natural teeth) stratified by selected characteristics, 2022

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE EDENTULOUS	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Participants	**685**	**8.0%**	**6.0%**	**10.1%**
AGE				
<65 Years	65	0.0%	---	---
65-74 Years	243	7.4%	4.1%	10.7%
75-84 Years	275	9.8%	6.3%	13.3%
85+ Years	94	9.6%	3.6%	15.5%
GENDER				
Male	172	8.1%	4.0%	12.2%
Female	509	7.9%	5.5%	10.2%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	81	17.3%	9.0%	25.5%
Hispanic (any race)	60	10.0%	2.4%	17.6%
White (non-Hispanic)	484	6.0%	3.9%	8.1%

NOTE: Information on edentulism was missing for 1 participant.

Table 13A:
*Oral health of **dentate** CM site participants in the Connecticut oral health survey stratified by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES OR MEAN	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Untreated decay (%)	628	11.3%	8.8%	13.8%
Root fragments (%)	629	10.0%	7.7%	12.4%
Tooth mobility (%)	630	2.7%	1.4%	4.0%
Substantial oral debris (%)	630	14.1%	11.4%	16.9%
Gingival inflammation (%)	630	8.1%	6.0%	10.2%
Suspicious soft tissue lesion (%)	630	1.3%	0.4%	2.1%
Upper denture (%)	630	18.4%	15.4%	21.4%
Lower denture (%)	630	12.1%	9.5%	14.6%
Needs periodontal care (%)	629	13.2%	10.5%	15.8%
Needs early or urgent dental care (%)	630	18.7%	15.7%	21.8%
Needs urgent dental care (%)	630	1.0%	0.2%	1.7%
Lower teeth present (mean)	630	11.6	11.4	11.8
Upper teeth present (mean)	628	10.4	10.0	10.7
Total number of teeth present (mean)	628	22.0	21.5	22.5

Table 13B:

*Oral health of **edentulous** CM site participants in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Has upper denture	54	88.9%	80.2%	97.5%
Has lower denture	55	83.6%	73.5%	93.7%
Has upper & lower denture	54	83.3%	73.1%	93.6%
Suspicious soft tissue lesion	54	3.7%	-1.5%	8.9%
Needs early or urgent dental care	55	25.5%	13.6%	37.3%
Needs urgent dental care	55	0.0%	---	---

Table 13C:

*Oral health of **dentate and edentulous** CM site participants in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Suspicious soft tissue lesion	685	1.5%	0.6%	2.4%
Needs early or urgent dental care	686	19.2%	16.3%	22.2%
Needs urgent dental care	686	0.9%	0.2%	1.6%

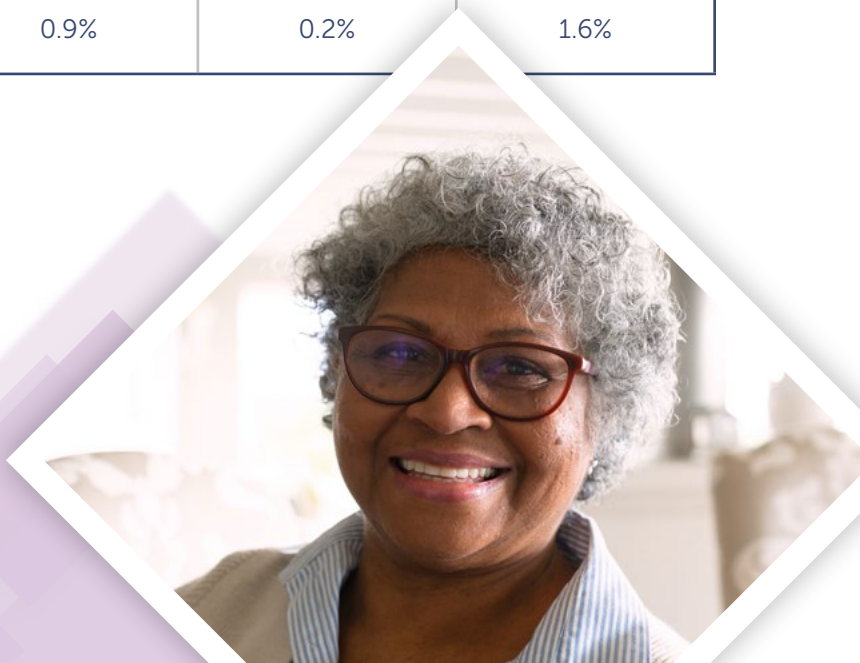


Table 14:

*Percent of **dentate** CM site participants in the Connecticut oral health survey with a maxillary (upper) and/or mandibular (lower) removable denture (partial or full denture) who wear upper or lower dentures while eating, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES OR MEAN	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Upper denture (%)	630	18.4%	15.4%	21.4%
Wears upper denture while eating (%)*	117	82.1%	75.0%	89.1%
Lower denture (%)	630	12.1%	9.5%	14.6%
Wears lower denture while eating (%)*	75	77.3%	67.6%	87.0%

** Limited to those with a denture.*

Table 15:

*Percent of **edentulous** CM site participants in the Connecticut oral health survey with a maxillary (upper) and/or mandibular (lower) removable denture (partial or full denture) who wear upper or lower dentures while eating, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE YES	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Has upper denture	54	88.9%	80.2%	97.5%
Wears upper denture while eating*	48	89.6%	80.6%	98.5%
Has lower denture	55	83.6%	73.5%	93.7%
Wears lower denture while eating*	46	84.8%	74.0%	95.6%
Has upper & lower denture	54	83.3%	73.1%	93.6%

** Limited to those with a denture.*

Table 16:

*Prevalence of no posterior occlusal contacts among **dentate** CM site participants in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE WITH NO POSTERIOR OCCLUSAL CONTACTS	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**630**	**18.1%**	**15.1%**	**21.1%**
AGE				
<65 Years	65	20.0%	10.2%	29.8%
65-74 Years	225	16.9%	12.0%	21.8%
75-84 Years	248	20.2%	15.2%	25.2%
85+ Years	85	11.8%	4.9%	18.6%
GENDER				
Male	158	15.8%	10.1%	21.5%
Female	469	18.8%	15.2%	22.3%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	67	25.4%	14.9%	35.8%
Hispanic (any race)	54	31.5%	19.1%	43.9%
White (non-Hispanic)	455	14.9%	11.7%	18.2%

Table 17:
*Prevalence of severe gingival inflammation among **dentate** CM site participants in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE WITH GINGIVAL INFLAMMATION	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**630**	**8.1%**	**6.0%**	**10.2%**
AGE				
<65 Years	65	10.8%	3.2%	18.3%
65-74 Years	225	8.4%	4.8%	12.1%
75-84 Years	248	6.5%	3.4%	9.5%
85+ Years	85	8.2%	2.4%	14.1%
GENDER				
Male	158	10.1%	5.4%	14.8%
Female	469	7.5%	5.1%	9.8%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	67	9.0%	2.1%	15.8%
Hispanic (any race)	54	3.7%	-1.3%	8.8%
White (non-Hispanic)	455	7.7%	5.2%	10.1%

Table 18:

*Percentage needing periodontal care among **dentate** CM site participants in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE NEEDING PERIODONTAL CARE	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**629**	**13.2%**	**10.5%**	**15.8%**
AGE				
<65 Years	65	13.8%	5.4%	22.3%
65-74 Years	225	12.0%	7.7%	16.3%
75-84 Years	248	12.9%	8.7%	17.1%
85+ Years	84	14.3%	6.8%	21.8%
GENDER				
Male	158	14.6%	9.0%	20.1%
Female	468	12.6%	9.6%	15.6%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	66	12.1%	4.2%	20.0%
Hispanic (any race)	54	7.4%	0.4%	14.4%
White (non-Hispanic)	455	12.7%	9.7%	15.8%

Note: Information on the need for periodontal care was missing for 1 participant.

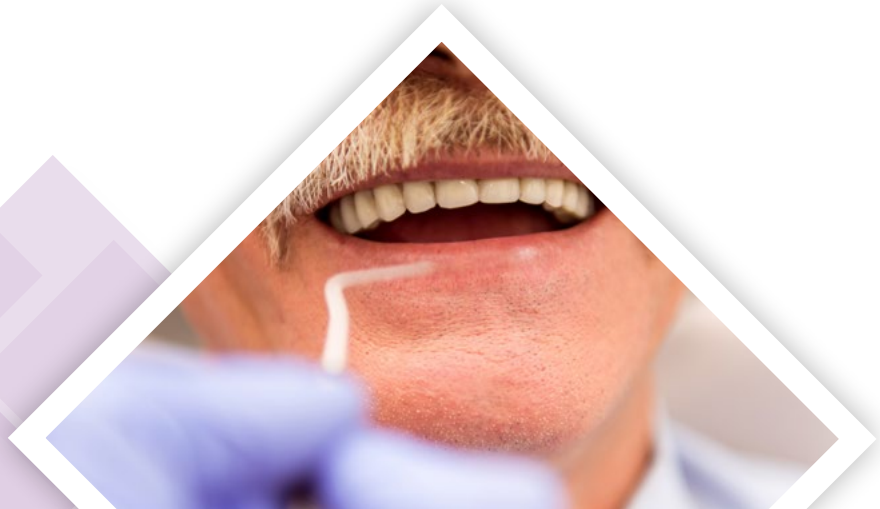


Table 19:
*Percentage needing early or urgent dental care among **dentate** CM site participants in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE NEEDING DENTAL CARE	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**630**	**18.7%**	**15.7%**	**21.8%**
AGE				
<65 Years	65	24.6%	14.1%	35.1%
65-74 Years	225	18.2%	13.2%	23.3%
75-84 Years	248	16.9%	12.3%	21.6%
85+ Years	85	20.0%	11.5%	28.5%
GENDER				
Male	158	21.5%	15.1%	27.9%
Female	469	17.9%	14.4%	21.4%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	67	20.9%	11.1%	30.7%
Hispanic (any race)	54	18.5%	8.1%	28.9%
White (non-Hispanic)	455	16.9%	13.5%	20.4%

Table 20:

*Percentage needing urgent dental care among **dentate** CM site participants in the Connecticut oral health survey by selected characteristics, 2022.*

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE NEEDING URGENT CARE	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**630**	**1.0%**	**0.2%**	**1.7%**
AGE				
<65 Years	65	0.0%	0.0%	0.0%
65-74 Years	225	1.8%	0.0%	3.5%
75-84 Years	248	0.8%	-0.3%	1.9%
85+ Years	85	0.0%	---	---
GENDER				
Male	158	1.3%	-0.5%	3.0%
Female	469	0.9%	0.0%	1.7%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	67	0.0%	---	---
Hispanic (any race)	54	0.0%	---	---
White (non-Hispanic)	455	0.9%	0.0%	1.7%

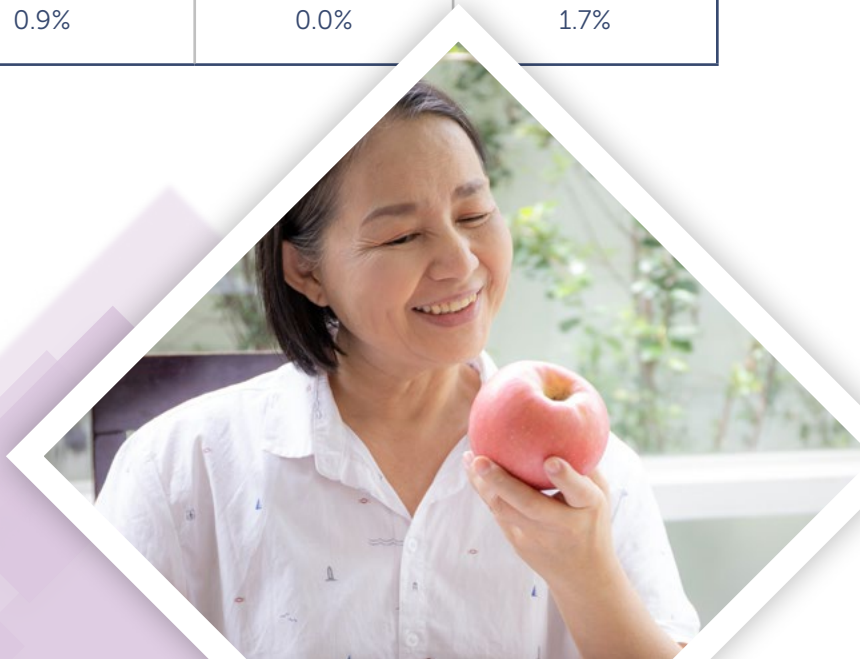


Table 21:

Prevalence of substantial tooth loss (< 20 teeth) among CM site participants in the Connecticut oral health survey by selected characteristics, 2022.

CHARACTERISTIC	NUMBER WITH DATA	PERCENTAGE WITH < 20 TEETH	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
All Dentate Participants	**683**	**33.8%**	**30.3%**	**37.4%**
AGE				
<65 Years	65	26.2%	15.4%	36.9%
65-74 Years	241	27.8%	22.1%	33.5%
75-84 Years	275	37.8%	32.1%	43.6%
85+ Years	94	41.5%	31.5%	51.5%
GENDER				
Male	172	33.7%	26.6%	40.8%
Female	507	33.7%	29.6%	37.9%
RACE/ETHNICITY				
Black/African American (non-Hispanic)	81	61.7%	51.1%	72.3%
Hispanic (any race)	60	48.3%	35.7%	61.0%
White (non-Hispanic)	482	26.6%	22.6%	30.5%

NOTE: Information on substantial tooth loss was missing for 3 participants.

NOTE: The edentulous and substantial tooth loss variables were created from the number of maxillary (upper jaw) and mandibular (lower jaw) teeth present. If the total number of teeth present was less than 20 teeth, the participant was classified as having substantial tooth loss.

CONGREGATE MEAL SITE QUESTIONNAIRE

Table 22:
Demographics characteristics of CM site participants that completed the oral health survey questionnaire, 2022.

CHARACTERISTIC	(n=640)	
	FREQUENCY	PERCENT
AGE		
Male	152	23.8%
Female	470	73.4%
Unknown/Missing	18	2.9%
ETHNICITY		
Hispanic/Latinx	48	7.5%
Not Hispanic/Latinx	437	68.3%
Unknown/Missing	155	24.2%
RACE		
American Indian/Alaska Native	7	1.1%
Asian	17	2.7%
Black/ African American	78	12.2%
Native Hawaiian/ Pacific Islander	*	---
White	479	74.8%
Multi-racial	6	0.9%
Unknown/Missing	52	8.1%

Table 22 (cont.)

CHARACTERISTIC	(n=640)	
	FREQUENCY	PERCENT
RACE/ETHNICITY		
Black/ African American (non-Hispanic)	76	11.9%
Hispanic (any race)	48	7.5%
White (non-Hispanic)	457	71.4%
Other race/ multi-racial (non-Hispanic	28	4.4%
Unknown/Missing	31	4.8%
AGE		
<65	55	8.6%
65-74	209	32.7%
75-84	255	39.8%
85+	94	14.7%
Unknown/Missing	27	4.2%

**Responses with less than 5 observations are suppressed.*

Table 23:

Percentage of congregate meal site participants that completed the oral health survey questionnaire who reported the condition of their teeth or dentures, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
Excellent	90	14.1%
Good	300	46.9%
Fair	160	25.0%
Poor	83	13.0%
Unknown/Missing	7	1.1%

Table 24:

Percentage of congregate meal site participants that completed the oral health survey questionnaire who reported they have last visited a dentist or a dental clinic for any reason, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
Less than 12 months	439	68.6%
Between 1-2 years	67	10.5%
Between 2-5 years	49	7.7%
More than 5 years ago	55	8.6%
Never	6	0.9%
Unknown/Missing	24	3.8%

Table 25:
Percentage of CM site participants that completed the oral health survey questionnaire who reported the reason for their last dental visit, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
Went in on own for check-up/ exam/ cleaning	397	62.0%
Was called in by dentist for check-up/ exam/ cleaning	51	8.0%
Went for treatment discovered at an earlier visit	53	8.3%
Something was wrong, bothering, or hurting the patient	84	13.1%
Other	44	6.9%
Unknown/Missing	11	1.7%

Table 26:
Percentage of CM site participants that completed the oral health survey questionnaire who reported their last teeth cleaning by a dentist or dental hygienist, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
6 months or less	355	55.5%
6-12 months	104	16.3%
2-3 years	61	9.5%
More than 3 years	54	8.4%
Never	21	3.3%
Unknown/Missing	45	7.0%

Table 27:

Percentage of CM site participants that completed the oral health survey questionnaire who reported their usual source of dental care, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
Private dental clinic	473	73.9%
Public dental clinic	66	10.3%
Emergency room	*	---
Did not receive dental care	81	12.7%
Unknown/Missing	19	3.0%

**Responses with less than 5 observations are suppressed.*

Table 28:

Percentage of CM site participants that completed the oral health survey questionnaire who reported they have dental insurance, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
No	201	31.4%
Yes	410	64.1%
Unknown/Missing	29	4.5%

Table 29:

Percentage of CM site participants that completed the oral health survey questionnaire who reported they have dental insurance, stratified by the type of insurance, 2022.*

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
Private dental insurance/ Medicare*+	252	61.5%
Medicaid	115	28.0%
Unknown/Missing	43	10.5%

**Limited to those that answered yes to "has dental insurance" (n=410).*

+ Traditional Medicare does not include dental coverage, but some Medicare Advantage and Medicare Supplement plans do include dental coverage. If a participant said they had dental insurance and listed Medicare as their dental insurance coverage, they were included in the private dental insurance category.

Table 30:

Percentage of CM site participants that completed the oral health survey questionnaire who reported they had problems getting dental care, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
No	501	78.3%
Yes	95	14.8%
Unknown/Missing	44	6.9%

Table 31:

Percentage of CM site participants that completed the oral health survey questionnaire who reported barriers to accessing dental care among those who had problems getting dental care, 2022.*

CHARACTERISTICS	FREQUENCY (n=91)	PERCENT
Cannot get an appointment when needed	20	21.1%
Do not have transportation to appointments	7	7.4%
Dental provider is not handicap accessible	*	---
Cannot afford dental care	53	55.8%
Fear of dental visit	5	5.3%
Other	5	5.3%

**Limited to those that answered yes to "problems getting dental care" (n=95); sum of percentages does not equal 100 because some participants did not answer the question.*

** Responses with less than 5 observations are suppressed.*

Table 32:

Percentage of CM site participants that completed the oral health survey questionnaire who reported having an oral cancer screening, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
No	288	45.0%
Yes	280	43.8%
Unknown/Missing	72	11.2%

Table 33:
Percentage of CM site participants that completed the oral health survey questionnaire who reported the frequency of any painful aching in their mouth, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
Never	264	41.3%
Hardly ever	189	29.3%
Occasionally	128	20.0%
Fairly often	41	6.4%
Very often	14	2.2%
Unknown/Missing	*	---

**Responses with less than 5 observations are suppressed.*

Table 34:
Percentage of CM site participants that completed the oral health survey questionnaire who reported difficulty with usual activities, 2022.

CHARACTERISTICS	FREQUENCY (n=640)	PERCENT
Never	410	64.1%
Hardly ever	122	19.1%
Occasionally	59	9.2%
Fairly often	23	3.6%
Very often	18	2.8%
Unknown/Missing	8	1.3%

Table 35:

Percentage of CM site participants that completed the oral health survey questionnaire who reported fair/poor health, painful aching anywhere in the mouth occasionally or often, and difficulty with activities by selected characteristics, 2022.

CHARACTERISTIC	FAIR/ POOR ORAL HEALTH		PAINFUL ACHING OCCASIONALLY OR OFTEN		DIFFICULTY WITH ACTIVITIES OCCASIONALLY OR OFTEN	
	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES
All Respondents	**525**	**83.3%**	**42**	**76.4%**	**568**	**82.8%**
AGE						
<65 Years	53	49.1%	55	45.5%	55	25.5%
65-74 Years	208	40.9%	206	35.0%	206	18.9%
75-84 Years	252	35.7%	255	23.1%	253	12.6%
85+ Years	93	36.6%	93	21.5%	92	13.0%
GENDER						
Male	150	36.7%	152	27.0%	150	13.3%
Female	466	39.9%	466	29.4%	465	16.8%
RACE/ETHNICITY						
Black/ African American (non-Hispanic)	74	45.9%	74	36.5%	76	23.7%
Hispanic (any race)	47	53.2%	48	35.4%	47	17.0%
White (non-Hispanic)	453	34.0%	455	25.3%	452	12.8%
DENTAL VISIT IN LAST YEAR						
No	200	45.0%	200	25.0%	196	15.3%
Yes	405	35.1%	407	30.0%	407	15.2%

Table 35 (cont.)

CHARACTERISTIC	FAIR/ POOR ORAL HEALTH		PAINFUL ACHING OCCASIONALLY OR OFTEN		DIFFICULTY WITH ACTIVITIES OCCASIONALLY OR OFTEN	
	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES
DENTAL INSURANCE						
No	200	45.0%	200	25.0%	196	15.3%
Yes	405	35.1%	407	30.0%	407	15.2%

Note: Denominator does not include missing/unknown.

Table 36:

Percentage of CM site participants that completed the oral health survey questionnaire who reported a dental visit in the past year, teeth cleaning in the past year, and dental insurance by selected characteristics.

CHARACTERISTIC	DENTAL VISIT IN PAST YEAR		TEETH CLEANING IN PAST YEAR		DENTAL INSURANCE	
	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES
All Respondents	**616**	**71.3%**	**595**	**77.1%**	**611**	**67.1%**
AGE						
<65 Years	50	68.0%	48	70.8%	53	64.2%
65-74 Years	205	70.2%	203	76.8%	199	77.9%
75-84 Years	245	71.8%	234	78.6%	247	64.4%
85+ Years	89	69.7%	86	75.6%	88	54.5%
GENDER						
Male	148	65.5%	140	74.3%	148	70.3%
Female	451	72.7%	441	77.6%	447	65.8%
RACE/ETHNICITY						
Black/ African American (non-Hispanic)	68	55.9%	68	69.1%	71	81.7%
Hispanic (any race)	44	77.3%	43	83.7%	47	78.7%
White (non-Hispanic)	448	75.7%	435	80.2%	439	63.8%
DENTAL VISIT IN LAST YEAR						
No	---	---	152	21.1%	161	60.9%
Yes	---	---	434	97.0%	429	70.2%

Table 36 (cont.)

CHARACTERISTIC	DENTAL VISIT IN PAST YEAR		TEETH CLEANING IN PAST YEAR		DENTAL INSURANCE	
	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES	NUMBER WITH DATA	PERCENT YES
DENTAL INSURANCE						
No	191	67.0%	184	70.1%	---	---
Yes	399	75.4%	388	83.0%	---	---

Note: Denominator does not include missing/unknown.

ORAL HEALTH RESOURCES FOR CONNECTICUT

2-1-1 Connecticut
https://www.211ct.org/
2-1-1
- Low-cost dental health facilities

AARP Connecticut
https://states.aarp.org/connecticut/
1-888-687-2277
- Advocates for older adults
- Resources

Administration for Community LivingOlder Americans Act
https://acl.gov/about-acl/authorizing-statutes/older-americans-act
- Organization and delivery of social and nutrition services to older adults and their caregivers

Agencies on Aging
https://portal.ct.gov/AgingandDisability/Content-Pages/Topics-A-Z/Area-Agencies-on-Aging
- Social services
- Nutritional services
- Disease prevention & health promotion services
- Family caregivers support services

American Dental Hygienists' Association - Connecticut
https://www.adha-ct.com/
203-210-5600
- Dental hygiene resources

Association of State & Territorial Dental Directors
http://www.astdd.org/
- Basic screening surveys
- Dental public health policy

CareQuest Institute for Oral Health
https://www.carequest.org/
- Resources for dental equity advocacy

Centers for Disease Control and Prevention
https://www.cdc.gov/OralHealth/index.html
- Oral health basics
- Community water fluoridation

Community Catalyst
https://www.communitycatalyst.org/initiatives-and-issues/initiatives/dental-access-project
- Oral health policy solutions

Community Health Centers Association of CT
http://www.chcact.org
860-667-7820
- List of community health centers
- Resources for community health centers

Community Health Center, Inc.
https://www.chc1.com/
860-347-6971
- List of health center sites

ConneCT
https://connect.ct.gov/access/jsp/access/Home.jsp
- HUSKY/Medicaid login

Connecticut Alzheimer's Association
https://www.alz.org/ct
800-272-3900
- Education
- Resources
- Support

Connecticut Association of Health Care Facilities
https://www.cahcf.org/
860-290-9424
- Tool for consumers to understand the spectrum of long-term and post-acute care
- Facility locator

Connecticut Dental Health Partnership
https://www.ctdhp.com/default.asp
888-CT DENTAL
- Care coordination for Dental HUSKY/Medicaid patients
- Information for Provider Partners
- List of safety-net providers

Connecticut Department of Developmental Services
https://portal.ct.gov/DDS/Legal/Eligibility/Eligibility-for-DDS-Services
860-263-2449
- Support individuals with developmental disabilities and their families

Connecticut Department of Public Health, Office of Oral Health
http://www.ct.gov/dph
860-509-8251
- Connecticut oral health information and technical assistance
- Every Smile Counts surveys
- State Oral Health Plan

Connecticut Department of Social Services
http://www.ct.gov/dss/site/default.asp
866-420-2924
- Medicaid/HUSKY
- List of safety-net providers

Connecticut Foundation for Dental Outreach
https://cfdo.org/
860-863-5940
- Mission of Mercy free dental care

Connecticut Office of Long Term Care Ombudsman
https://portal.ct.gov/LTCOP
1-866-388-1888
- Investigates complaints
- Resources
- Education
- Support

Connecticut Oral Health Initiative, Inc.
http://www.ctoralhealth.org/
860-246-2644
- Oral health policy and advocacy

Connecticut State Dental Association
http://www.csda.com/
860-378-1800
- Dental resources

Connecticut State Department of Aging and Disability Services
https://portal.ct.gov/AgingandDisability
(860) 424-5055
- Provide leadership, support, delivery, and coordination of programs and services
- Advocacy
- Resources on aging and disability issues

Goodwin College, Dental Hygiene
http://www.goodwin.edu
800-889-3282
- Dental hygiene school
- Preventive dental services

Hartford Healthcare Center for Healthy Aging
https://hhcseniorservices.org/services/center-for-healthy-aging
877-424-4641
- Resource and assessment center

Healthy People
https://www.healthypeople.gov/
- Healthy People 2030 Objectives

National Health and Nutrition Examination Survey
https://www.cdc.gov/nchs/nhanes/nhanes_products.htm
- National data on health measures

National Health Service Corps
https://www.nhsc.hrsa.gov/
- Federal loan repayment program
- Scholarships

Oral Health Nursing Education and Practice
http://ohnep.org/
- Interprofessional oral health integration advocacy
- Resources

Oral Health Progress and Equity Network
https://openoralhealth.org/
- Advocacy for equitable oral health
- Resources

The PEW Charitable Trusts
http://www.pewtrusts.org/en
- Public policy and research

Teeth Wisdom
https://teethwisdom.org/find-care/connecticut/
- Project Good Oral Health
- Research studies and clinical trial to improve older adult oral health

Tunxis Community College, Dental Hygiene
https://www.tunxis.edu
860-773-1673
- Dental hygiene school
- Preventive dental services

University of Bridgeport, Fones School of Dental Hygiene
http://www.bridgeport.edu/
203-576-4137
- Dental hygiene school
- Preventive dental services

University of Connecticut School of Dental Medicine
https://health.uconn.edu/dental/
844-388-2666
- Dental school
- Dental services

University of New Haven, Dental Hygiene
http://www.newhaven.edu
203-931-6028
- Dental hygiene school
- Preventive dental service

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www.ct.gov/dph/oralhealth