

Executive Summary

In the decade and a half since publication of the first volume of *A State of Decay* in 2003, Oral Health America (OHA) has learned much about the challenges and frustrations of older adults when it comes to maintaining a healthy mouth. This volume reports progress in states throughout the country as oral health stakeholders and advocates have increased the frequency and intensity of their efforts.

The recognized resource describing the oral health status of Americans who have reached age 65 years, *A State of Decay* combines information gathered by OHA staff in surveys of state dental directors with data from publicly available sources. For this 2018 report, six variables were included in the state analysis. State dental directors reported whether they have State Oral Health Plans (SOHPs) and whether those plans include SMART objectives (specific, measurable, achievable, realistic, and time-scaled) that mention or include older adults. The directors also reported whether they have developed and completed Basic Screening Surveys (BSSs), and whether those are local pilots or statewide efforts and whether they include older adults.

From the Centers for Disease Control and Prevention (CDC) come data for three variables: Individual data on severe tooth loss among community-dwelling older adults and dental visits within the past year among community-dwelling older adults, and state data on community water fluoridation (CWF). The specifics on state adult Medicaid dental coverage of 13 services commonly used by older adults are provided by the Medicaid/Medicare/CHIP Services Dental Association (MDSA).

For the first time, this volume of *A State of Decay* adds a national analysis of the CDC individual data on severe tooth loss and recent dental visits by considering associations with sociodemographic factors such as income, education, age, and gender.

State data for the six variables show that seven states emerge as leaders in both Volumes III and IV of *A State of Decay*. Minnesota is again at the top of the state rankings, as it was in 2016 and 2013. Other states ranked in the top 10 in 2016 and 2018 are Wisconsin, North Dakota, Connecticut, Rhode Island, Michigan, and Colorado. From middle-of-the-pack positions in 2016, Iowa and California jumped into the top 10 at numbers 3 and 9, respectively. Other states whose scores changed by more than 20 places include Alabama (climbing from 50th to 29th), Arkansas (falling from 20th to 45th), and Delaware (falling from 12th to 42nd). The Story Spotlights in this report provide details on the improvement efforts in Alabama, California, and Iowa, and ways in which Mississippi is addressing its ongoing challenges related to poverty and health.

Overall, the CWF variable increased from a state average of 71.9% in 2016 to 72.6% in this volume, a national increase of about 2.2 million people served by CWF. Medicaid coverage of oral health benefits also increased,

with two states that provided no benefits in 2016 adding some of the 13 services measured in this survey (Delaware, with two services, and South Dakota, with 11). State oral health officials have been busy including older adults in SOHPs and administering the BSS for seniors. The 2018 data show 34 states have SOHPs; 31 include older adults, and 12 use SMART objectives. Similarly, 34 states either have completed a BSS for older adults or are planning to do so, 10 states completed a statewide BSS between 2013 and 2017, and another 6 states conducted a local pilot BSS.

The severe tooth loss and recent dental visit data, analyzed individually on a national basis, showed a consistent, linear association with household income. Low household income covaries with predicted measures of poor oral health. As income levels rose, so did the probability of good oral health. Other interesting associations were that women were somewhat more likely than men to have seen a dentist in the past year and do not have as much severe tooth loss, that increased education level correlated with better oral health, and that divorced, widowed, and separated older adults were more likely to have poor oral health than married individuals.

Based on the findings in this volume of *A State of Decay* and other research conducted as part of the Wisdom Tooth Project®, OHA makes these recommendations for advocates to take action to improve oral health in older adults:

- Reinstatement, establishment, or maintenance of an extensive adult Medicaid dental benefit
- Integration of comprehensive dental coverage in Medicare
- Sustain or expand community water fluoridation
- Include specific objectives for older adults in all State Oral Health Plans
- Conduct Basic Screening Surveys of older adults in all states

Through publication of *A State of Decay* and provision of guidelines for action, OHA continues to lead the way toward healthier mouths for older adults. States, advocates, and public health coalitions that share OHA's commitment can use these recommendations to push forward policies needed to positively impact the health and oral health of older adults.