

RECOMMENDATION 8

Connect Health Care with Aging Issues

Older adults often need more health care services compared to younger adults due to the normative aging process and acquired disability or illness. Approximately 80% of adults aged 65 years and older have at least one chronic condition, and 68% have two or more chronic conditions.⁴⁰ The prevalence of multiple chronic conditions increases with age.⁴¹

Due to their unique health needs, older adults have more contact with the health care system than younger adults. In 2016, there were 498 office-based physician visits per 100 adults aged 65 years and older – far more than the 190 office-based physician visits per 100 adults aged 18 to 44.⁴² In 2020, adults aged 75 and older had the highest rate of emergency department visits (63 visits per 100 persons) compared to all other non-infant age groups.⁴³ In 2019, adults aged 55 and older accounted for 30% of the population but 56% of total health spending.⁴⁴

The frequency of contact with the health care system allows for health care settings to be points of screening, assessment, and intervention on key aging issues: nutrition, falls prevention, driving safety, and social isolation.

THE ROLE OF SCREENING IN HEALTH CARE AND COMMUNITY-BASED SETTINGS

Given the frequency of older adults' contact with the health care system and community-based agencies, standardized screening can identify those who have nutritional challenges, risk for falls, driving risk, or who may face social isolation. It is important to note that these topics may be sensitive for many. Many older adults fear losing their independence, and most older adults in the United States express a desire to age in their homes and communities.^{45,46} Some may worry that disclosing trouble with mobility or other issues may result in a loss of autonomy because they may not know that they have a legal right to services in the most integrated setting appropriate for their needs. Some may feel shame. Thus, it is important to communicate the purpose of assessments with older adults and refer them to services that can help meet their needs for nutrition, mobility, transportation, and social connection.

STRATEGY 24

Identify and Address Health Issues Related to Getting Adequate Nutrition

- a. The North Carolina Oral Health Collaborative should work with partners to identify standards and improve awareness of oral health for older adults by:
 - i. Collaborating with the North Carolina Academy of Nutrition and Dietetics, North Carolina Medical Society, Old North State Medical Society, Family Physicians Association, North Carolina Nurses Association, and other health care trade associations to build awareness of older adult oral health issues and identify simple screening and referral protocols.
 - ii. Collaborating with the North Carolina Division of Aging and Adult Services, Area Agencies on Aging, state and local public health, and senior centers to identify opportunities and funding to build awareness of older adult oral health issues and ways to connect older adults to dental services, including for those who are homebound and those who otherwise face barriers due to their income, geographic location, or special needs.
 - iii. Developing a recommendation for service frequency and coverage of dental care for older adults.
- b. The North Carolina Healthcare Association (NCHA) should work with experts in food security and nutrition to identify and support a standard evidence-based tool for hospitals to use in the identification of malnutrition. NCHA should also advocate for adequate training of any hospital staff who conduct malnutrition assessments, as well as referral mechanisms for those identified as food insecure and/or malnourished (e.g., NCCARE360).

Desired Result – Older adults will have improved access to oral health care, education about oral health, and ability to maintain adequate nutrition.

Why does the task force recommend this strategy? – There is a bidirectional relationship between oral health and nutrition. A variety of oral health conditions, such as tooth loss and periodontal disease, can lead to poor nutritional status due to problems chewing food. Poor nutrition can lead to cavities that result in tooth loss and periodontal disease. Oral health is now recognized as an essential part of overall physical health.⁴⁷ Oral health education is an important component in improving health outcomes.⁴⁸

Context – As of 2021, 1 in 5 adults aged 65 and older had untreated tooth decay and about 2 in 3 had gum disease.⁴⁹ Older adults who live below the federal poverty level are three times more likely to have lost all their teeth than

adults who are living above the federal poverty level.⁴⁷ In North Carolina, rates of complete tooth loss in older adults are consistently higher than the national average, with 15.8% of North Carolinians aged 65 and older reporting that they have had all their teeth removed due to decay or gum disease in compared to an average of 13.4% of people nationwide.^{47,50} Tooth loss has multiple impacts on health; older adults without most of their teeth often end up avoiding fresh fruits and vegetables, leading to malnutrition, which can lead to reduced muscle and cognitive function. In addition, lack of teeth can contribute to a loss in self-esteem, leading to loneliness and social isolation.⁵¹⁻⁵³

The North Carolina Oral Health Collaborative aims to remove barriers to oral health and help implement policies that reduce oral health disparities through partnerships, advocacy, and education. This mission makes the Oral Health Collaborative an important party in addressing oral health needs of older adults.