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.

Access to Dental Services

Medicare does not cover dental services, which leads many older adults to experience high out-of-pocket expenses.[54] A Medicare Advantage Plan, sometimes called Part C, is a health plan offered by private companies approved by Medicare.[55] Depending on plan selection, dental coverage may only include preventive services, some are reimbursement plans while others work via a narrow network of providers.[56] As of 2019, approximately 24 million Medicare beneficiaries nationally did not have dental coverage and 11% of Medicare beneficiaries had access to dental coverage through Medicaid.[56]

Many low-income individuals receive dental care through nonprofit safety-net dental clinics.[57] The majority of North Carolina's 100 counties have at least one safety-net dental clinic.[57] Many of these facilities accept private insurance, Medicaid, and sliding-scale fees for those without insurance. The North Carolina Institute of Medicine is currently partnering with the NC Oral Health Collaborative to identify strategies for strengthening the delivery of oral health services through North Carolina's Medicaid program throughout the state.

Mobile dentistry could also play an important role in providing dental care for older adults, especially for those who are homebound or have transportation difficulties.[58] In New Hanover County, a program initiated in 2022 and coordinated by New Hanover County Health and Human Services and the Senior Resource Center provides dental care to adults who are aged 55 and older with lower incomes.[59]

Malnutrition

Although the term malnutrition is sometimes used interchangeably with hunger, these conditions are not the same. Malnutrition is a lack of balance in nutrients, such as protein, vitamins, and minerals from food, while hunger is weakness or discomfort from a lack of food. Being malnourished results in a deficiency in nutrients that leads to adverse effects on mental and physical health.[60] Malnutrition can be a result of food insecurity—when access to food is limited, uncertain, or inconsistent—or a result of reduced intake of nutritious food for other reasons, such as poor oral health.[61] Challenges with the ability to chew can lead to a five-fold increase in the likelihood of becoming malnourished.[62] In addition, common medications can cause dry mouth, which slows down the production of saliva, affecting the ability to break down nutrients and impacting the experience of eating.[63]

Screening and early intervention are the first steps necessary in the treatment of health conditions caused by malnutrition, such as those marked by a loss in muscle mass and strength. Earlier evaluation and treatment of malnutrition can have a positive effect on clinical outcomes, such as an improvement in physical function and a reduced hospital stay.[64] The Joint Commission requires hospitals to screen for malnutrition within 24 hours of admission, but there are no guidelines for what type of health care professional conducts the screening, which may affect the efficacy of the questioning as well as what actions are taken if an older adult is found to be at risk.

It is often assumed that being underweight is a key factor in malnutrition. One commonly used malnutrition assessment—measurement of body mass index (BMI)—is limited in its scope to estimating body fat percentage without factoring in nutritional intake. A more reliable instrument for measuring or assessing malnutrition in older adults is the Malnutrition Universal Screening Tool (MUST). The MUST assessment considers height and weight, unplanned weight loss, and effects of acute disease, and contains guidelines to help develop a care plan. Another commonly used screening tool, the Mini Nutritional Assessment (MNA®), is designed specifically for older adults.[65]

How would this impact the health of older adults?

Adequate nutrition provides enough strength to remain mobile and prevents the risk of falls.

Proper oral health helps older adults maintain adequate nutrition.

Maintaining oral health and adequate nutrition helps older adults remain active in the community and confident in social interactions.

Helen is a retired librarian who likes to participate in her neighborhood walking club. Recently she was experiencing some dizziness and weakness that was causing her to miss out on the daily walks. After speaking with her doctor, Helen realized that her symptoms may be related to her diet. She had gradually been phasing out certain foods that she was not enjoying anymore or were causing her pain when she ate. This meant she wasn't getting the proper amount of protein and nutrients she had been getting before. Helen went to her dentist to find out what was causing the pain and her dentist identified several cavities. She explained to Helen that some of her regular medications may be causing dry mouth, which can lead to development of cavities and generally make the experience of eating less enjoyable. Helen's dentist repaired the existing cavities and counseled her on strategies to help with her dry mouth. Helen plans to speak with her doctor about the medications that may be causing this issue and see if she can make any changes.

**This is a composite story that represents the experiences some older adults may have with oral health and nutrition.*