

Arizona is an “Aging State”



Is Your Practice Ready?

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Abstract

The growth of the general population of Arizona and the proportion of seniors continues to outpace the national growth rate. The use and needs for dental services by the senior population are considered in an effort to raise an awareness of this population that increasingly lives in our communities and is dependent upon local practitioners for treatment.

Introduction

In the United States, the population 65 years and older will more than double by 2050, from 39 million today to 89 million.¹ During the next 20 years the total population of the United States will increase to 363.6 million individuals, including 71.6 million seniors age 65 and older (19.7 percent or about 1-in-5 residents). In six states more than 1-in-4 residents will be in their senior years, (North Dakota, Montana, New Mexico, Wyoming, Maine and Florida [27%]).^{2,3}

AZ - Numbers & Proportion

In 2000, the State of Arizona ranked 20th in state populations (with 5.1 million residents). By 2030 the Census Bureau projects that the state will rank 10th (with a population of 10.7 million residents. Arizona will rank second (after Nevada) in the percent change in its population.⁴

Despite the anticipated increasing numbers of elderly in the state, the perception may well be that Arizona is a “young” state with “only” 13.3 percent of residents of the state 65 years and over.⁵ In each of the 15 counties in Arizona, there were senior age residents (65 years and over); ranging in 2008 from 742 seniors in Greenlee County to 451,031 in Maricopa County, including 65,789 older age seniors (85 years and over) in Maricopa County. (Table 1)

Use of Dental Services

A recent review of the national use of dental services by seniors emphasized developments which need to be considered as the profession prepares for the effects of the aging generation of baby-boomers; in particular, the increasing use of dental services despite the limited availability dental insurance.⁷

Dental Visits: 58 percent of the older adult noninstitutionalized population reported having at least one dental visit in 2006, compared to 65 percent of children and 62 percent of the population 18-64 years. Between 1997 and 2006, except for the Hispanic population, there was an increase in the proportion of seniors that had a dental visit in the past year. This increase was reported in terms of a wide variety of demographic characteristics, including gender, race, level of income, region of the country and metropolitan and non-metropolitan areas. Nevertheless, there were continuing marked variations in the

proportion of seniors reporting a dental visit in the past year. Dental visits in the past year by seniors were reported by a greater percent of:

- Females than males
- White non-Hispanics than black non-Hispanics and Hispanics.
- Those with higher incomes than those living in poverty.
- Those living in metropolitan areas than those living in rural areas.
- High school graduates than those with less than a high school education.⁸

Need for Dental Services: The increasing use of dental services by older residents is reflected in the decrease in the proportion of individuals with untreated dental caries between 1988-1994 and 1999-2002. Nevertheless, despite these general decreases in untreated dental caries among older persons, males, blacks, Mexican-Americans and lower income populations continue to have greater rates of untreated caries than their respective counterparts.⁹

On Retaining One's Dentition

When it comes to the specifics of dental services for the older population, many preconceptions regarding their potential demand for services should be reconsidered.

- Edentulism (with its possible associated expectations of limited subsequent use of dental services) has declined by 10% in each of the last three decades.¹⁰
- In 2008, 13.5 percent of adults 65+ years in Arizona, compared to 18.5% nationally, had all their natural teeth extracted.¹¹
- Periodontal condition of remaining teeth has improved. Periodontal recession, pocket depth and attachment loss have all declined and this

decline is significant across all major demographic groups.¹²

- The prevalence of root caries significantly decreased between 1988-1994 and 1999-2004.¹²

Dental Insurance Coverage

The use of dental services increased despite the limited availability of dental insurance. In 2004, 70 percent of all older adults did not have any dental insurance coverage; (24% had private coverage, 6% have public coverage; e.g. Medicaid).

- Hispanic older adults were less likely to have private dental insurance than white and black non-Hispanic older adults.
- 65% of older adults with private insurance had a dental visit in the past year, compared to 26% of older adults with public insurance; 37% without insurance had a dental visit.¹³

It's not how old you are that counts... it's how many years you have left that's important!

In the United States, the average life expectancy in 2004 for 65 year old males was 17 years, and 20 years for females; for 75 year old males it was 11 years and 13 years for females. It is estimated that in 2005, there were 55,000 one-hundred year old individuals; 80 percent of whom were women.¹⁴

Despite the fact that the majority of seniors lack dental insurance, the expectation of the increasing possibility of a longer life for seniors may provide the incentive to seek needed dental services; which in turn should result in the maintenance of the dentition.

The challenge is to prepare for the increasing number of older patients.

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Table 1
General and Senior Population Estimates of 15 Counties in Arizona: 2008^{5,6}

| County | Population | 65 & Over | 85 & Over |
|--------------------|------------------|----------------|----------------|
| Apache | 70,207 | 8,030 | 900 |
| Cochise | 129,006 | 23,064 | 2,851 |
| Coconino | 128,598 | 10,572 | 928 |
| Gila | 52,166 | 11,440 | 1,572 |
| Graham | 36,452 | 4,608 | 696 |
| Greenlee | 8,002 | 742 | 91 |
| LaPaz | 20,086 | 6,756 | 975 |
| Maricopa | 3,954,892 | 451,031 | 65,789 |
| Mohave | 196,281 | 42,953 | 5,185 |
| Navajo | 112,757 | 13,882 | 1,482 |
| Pima | 1,012,018 | 154,281 | 24,151 |
| Pinal | 327,301 | 42,819 | 5,263 |
| Santa Cruz | 42,923 | 5,617 | 720 |
| Yavapai | 215,603 | 4,972 | 7,051 |
| Yuma | 194,322 | 36,804 | 5,331 |
| State Total | 6,500,180 | 864,523 | 123,503 |

The fact that by 2030 there will be more than 2.4 million senior residents in Arizona (with all the encumbering physical, psychological, histological, pathological and associated economic needs) is difficult for individual health providers to consider fully the consequences of this eventuality.^{2,3} For example, even at the present time in Arizona, there are approximately 250,000 seniors with an array of disabilities, including 87,000 residents with a range of mental disabilities.¹⁵ No matter what the actual population totals are in the state and localities, the need is to somehow personalize these numbers if we are to bring increased attention to the individual older persons who currently (and will) reside in our communities and who are (and will be) dependent upon local practitioners for needed health services, including dental care.

- Many soon-to-be-older residents already are patients of record in countless dental practices (and soon to be joined by others who are migrating to the state).
- Senior citizens are not “just older adults” who require standard dental treatment services for the “few the years they have left.” (The life expectancy in 2010 for Arizona residents, age 65 years, is 19.9 years.¹⁶)

Note: Throughout this review, reported projections of population growth represent data developed by the Census Bureau prior to the “past” recession. Recent media reports emphasize the possibility that Phoenix and surrounding areas may be “losing people” as a consequence of the economic downturn and loss of housing, jobs, etc.¹⁷

Medical & Social Considerations

Treatment plans should be formulated according to standard practices with specific consideration of:

- A multi-discipline approach to care often may be necessary, including consultation with physicians, social workers, family members (or other individuals responsible for the patient); if applicable, personnel in assisted living quarters or nursing homes.
- The patient’s physical limitation, specifically, attention to the needs of wheelchair bound individuals. Transporting the patient to the dental chair may require assistance, including the aid of family members.
- The patient’s medical status and medicationS (including prescribed items, as well as herbs and supplements). Xerostomia (dry mouth) is a common oral health problem that may be associated with a wide range of medications for high blood pressure, heart disease, diabetes, allergies and depression. Changes in salivary flow may impair denture retention and increase oral trauma from dentures. Reduced salivary flow is associated with increased burning/soreness of oral tissues, difficulty in chewing, speaking, swallowing, oral infections, and increased decay, all of which can affect adversely food selection and dietary compliance.
- The patient’s mental status-level of disability, understanding and communication, psychological and social needs.
- The effects of the current oral condition on the quality of life.

- Patient capacity for care management at home. The need for and availability of assistance should be considered.
- Whether arthritic constraints may complicate the insertion and/or removal of a partial denture as well as oral hygiene efforts.
- The patient’s general physical pain.
- Advanced prevention strategies specific for the particular older patient’s changing biofilm which will help to minimize recurrent dental caries and periodontitis through caries and periodontal risk management.

The list of potential difficulties may seem endless and yet millions of older patients are treated successfully with care and understanding in thousands of dental practices. The reality is that the provision of oral health services for older patients is a amalgamation of standard dental practices with knowledge and understanding of the characteristics of the particular patient; which surely can be enhanced with experience and continuing education programs for the practitioner and staff members.

How prepared is *your* practice for treating the increasing number of elderly in your community?

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