

**Oral Health Knowledge, Behaviors
and
Acceptability of Fluoride Varnish Application to
Older Adults Receiving Congregate and Home-Delivered Meals
in
Four Border Counties in Arizona**

S.E.N.I.O.R. Grant--Final Report
(State-Based Examples of Network Innovation, Opportunity, and Replication)

By
The Arizona Department of Health Services
Office of Oral Health

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INTRODUCTION

In late 2004, the Arizona Department of Health Services, Office of Oral Health (ADHS-OOH) was awarded a grant from the Association of State and Territorial Chronic Disease Directors, the Centers for Disease Control and Prevention (CDC), and the Administration on Aging (AOA) to survey older adults on oral health knowledge and behaviors in four Arizona border counties. The goal of the project was to obtain better knowledge about the oral health status of older adults, their current usage of interventions to prevent dental decay, and to identify unmet dental needs. The first part of the project consisted of administering a questionnaire to 2106 adults who received meals either in-home or on-site at a congregate meal center. Of those, 1076 questionnaires (51%) were collected, and 873 (516 in-home meal recipients, 357 in-center meal recipients) were analyzed from adults 60 years of age and older. The second part of the project included an open-mouth screening on 147 older adults at 12 congregate meal sites in greater Tucson; of these, 100 (68%) had a fluoride varnish application. A brief evaluation was completed by 94 older adults after the open-mouth screening and fluoride varnish application.

Phase I and Phase II--Assessment of Oral Health Status and Analysis of Data

The focus of these phases was to identify the level of oral health knowledge, behaviors, status, and access-to-care issues among older adults receiving in-home and in-center meals. Our intent was to survey at least 60% of older adults receiving congregate and home delivered meals in the four Arizona border counties of Pima, Santa Cruz, Cochise and Yuma.

Pilot

A pilot was conducted on June 14, 2005 at two Maricopa County congregate meal sites to determine the amount of time needed to administer the questionnaire, comprehension of the questions (in English and Spanish), and the flow of the protocol for administering the questionnaire. A total of 85 questionnaires were collected. None of the pilot sites in Maricopa County were included in the final data collection.

The pilot did result in a number of changes to the questionnaire. The project protocol was reviewed and it was determined that the intent of this project exempted it from full mandatory review by the Human Subjects Review Board at the ADHS.

METHODOLOGY

Administration of the Questionnaires

In Arizona, aging services are divided into eight geographical regions to facilitate the delivery of services. Regional area aging agencies are charged with implementing services under the Older Americans Act at the local level. All area aging agencies are under the umbrella of the Arizona Department of Economic Security, Aging and Adult Administration (DES - AAA). With the help of DES-AAA, OOH made contact with each of the regional area agencies on aging for Pima, Santa Cruz, Cochise and Yuma Counties. The ADHS-OOH contracted with a Tucson area dental hygienist (Project Coordinator) to coordinate and administer the questionnaire and fluoride varnish activities in Pima, Cochise and Santa Cruz counties. The instructions for the Coordinator are listed in Appendix A. In some instances, the

Coordinator had assistance with on-site questionnaire distribution from a volunteer dental hygiene student from Pima Community College in Tucson. The Research Manager at the ADHS-OOH administered the questionnaire in Yuma County.

The administered questionnaires contained a total of 24 questions, including twelve questions (nine required and three recommended) provided by CDC. The ADHS, OOH requested that eight demographic questions and four additional questions on the use of dental services across the Mexican border be added to the questionnaire. All questions were translated into Spanish with assistance from the CDC Division of Oral Health and a translator contracted with the ADHS, OOH. Both English and Spanish questionnaires are available in Appendices B and C.

After explaining the project to the Area Agency Directors, each of 24 individual meal sites were contacted by phone to explain the project to the site coordinators and to arrange a date for administering the questionnaire. A packet of sample materials (e.g., letter to site, letter to participant, questionnaire, announcement flyers) was sent to the meal site coordinators beforehand (Appendices D, E, B, F).

All data collection via questionnaires was completed by the end of October 2005. Staff at the DES-AAA transcribed the questionnaires onto bubble sheets. The bubble sheets were then fed into a Scantron machine, which generated frequencies and various cross tabulations. Further analysis was completed by the Section Manager at the Arizona Department of Administration and a contractor with the ADHS, OOH both using SPSS.

Congregate Meals (In-Center)

Attendance at meal sites varies from day to day and season to season. Prior to questionnaire administration, requests were made for meal counts by days of the week. When possible, questionnaire administration was scheduled on the day of the week projected to have the highest attendance. On the days we distributed the questionnaire, 2106 (not 5000 as anticipated) older adults received a meal (in-center + in-home) and a questionnaire; of those, we received questionnaires back from 1076 participants (51%). A site grid is available in Appendix G.

On the designated questionnaire day, the project coordinator was on site an hour before the scheduled meal to administer the questionnaire. A small incentive was provided to those older adults who completed the questionnaire. Translation help was available. Of 645 questionnaires distributed in-center, 485 (75%) were returned.

Home Delivered Meals (In-Home)

In Pima County, in-home meals were prepared at three sites, two of which delivered across Tucson and much of the county. The fourth congregate meal site, in Ajo (an isolated city in West Pima County), also prepared and distributed in-home meals in their immediate area. In Santa Cruz County, in-home meals came out of three of the four congregate centers. In-home meals came out of two locations in Cochise County and each of the four Yuma County sites.

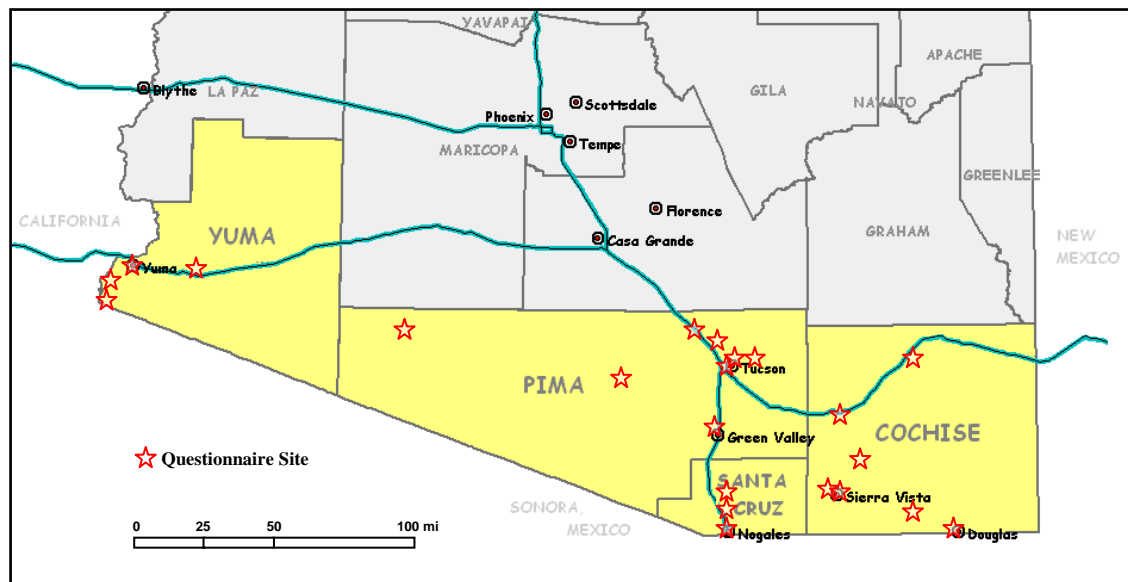
At the time the questionnaire was administered to in-center meal recipients, the Project Coordinator also explained the questionnaire protocol to drivers who delivered home meals, and gave them written instructions in both English and Spanish (see Appendix H). Drivers were instructed to leave questionnaires with in-home meal recipients and pick them up the next possible day. A small incentive was provided to the in-home meal recipients and also the drivers. Meal site coordinators were instructed

to gather the completed questionnaires and mail them to ADHS-OOH in a postage-paid envelope. Of 1461 questionnaires distributed to in-home meal participants, 576 (39%) were returned.

SURVEY ANALYSIS

The sites were widely dispersed over a large area in both rural and urban settings (Figure 1). All open sites were included.

Figure 1



Population figures from the U.S. Census Bureau and response rates are listed below in Table 1.

Table 1

		Cochise	Pima	Santa Cruz	Yuma	Total
Population Estimates	2005 Population ¹ (% of 4-county total)	131,790 (10%)	957,635 (72%)	44,055 (3%)	189,480 (14%)	1,322,960 (100%)
	Percent Over Age 60 ²	20%	18%	15%	21%	N/A
Questionnaire	All Respondents (% of all)	153 (18%)	524 (60%)	81 (9%)	115 (13%)	873 (100%)
	In-Home Respondents (% of all in-home)	93 (18%)	341 (66%)	28 (5%)	54 (10%)	516 (100%)
	In-Center Respondents (% of all in-center)	60 (17%)	183 (51%)	53 (15%)	61 (17%)	357 (100%)

RESULTS

[Ed. Note that missing cases have been excluded from all reported results, but unless otherwise noted, those that affirmatively responded “don’t know/don’t remember” to questions are included in the summary statistics. We did not report by site because of very small cell sizes in some cases; for the same reason, race/ethnicity is reported on a very limited basis.]

¹ ADES 2005 Population Estimates; http://www.workforce.az.gov/admin/uploadedPublications/1943_EEC05.pdf

² From Census 2000; http://www.workforce.az.gov/admin/uploadedPublications/503_agesexpla.xls

Demographics
Whole Sample

Questionnaire participants were required to be at least 60 years of age, and ranged up to 99 years of age. (Figure 2) The mean and median age was 77 years (S.D. 8.678). The sample as a whole had more female respondents (64%) than male (36%), which is skewed relative to Arizona’s overall 60+ population (55% female; 45% male).

Figure 2

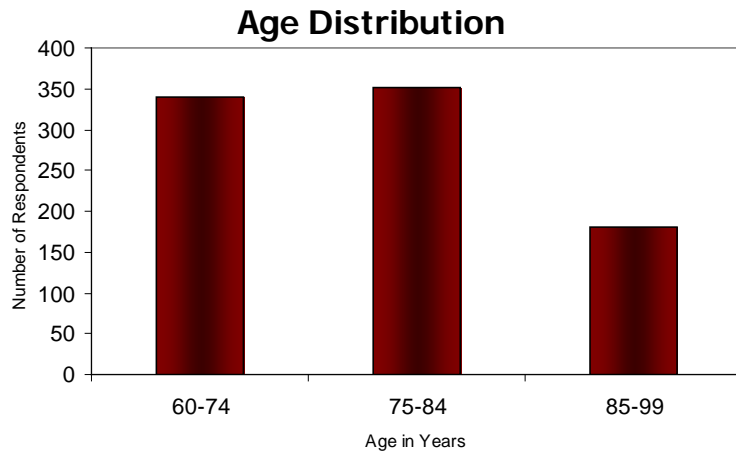
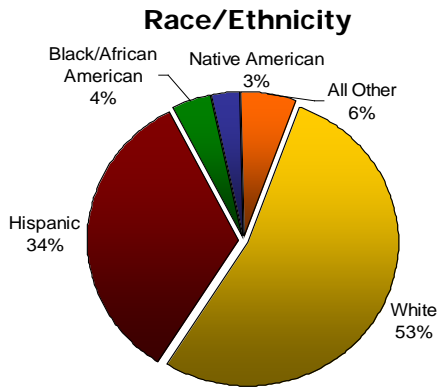


Figure 3



In the survey question addressing race and ethnicity, over half of the sample self-identified as White (53%), 34% identified as Hispanic, 4% as Black/African American, 3% as Native American, and the remaining 6% spread over Asian, Pacific Islander/Native Hawaiian, two or more races, and other (Figure 3). Though the categories are not directly comparable, the U.S. Census Bureau reported that over 28% of Arizona’s population (of any race) was Hispanic or Latino, with each of the four border counties having a higher Hispanic population than the state as a whole (Table 2).³

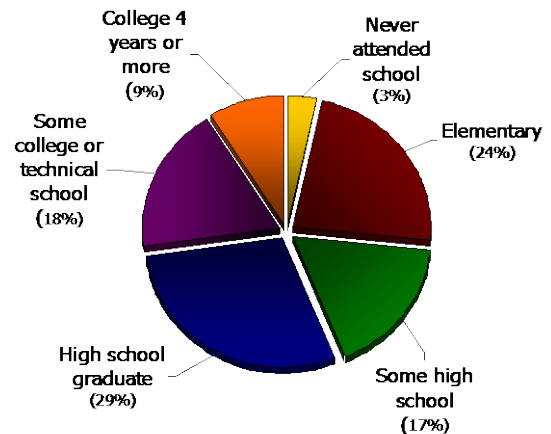
Table 2

	U.S.	AZ	Cochise County	Pima County	Santa Cruz County	Yuma County	Total in Survey
% Hispanic (any race) ³	14.5%	28.6%	32%	32%	81%	56%	34%

³ factfinder.census.gov—Arizona 2005.

Figure 4

Education



Of the whole sample, 24% completed elementary school, 17% had some high school, and 18% had some college. Twenty-nine percent (29%) of the respondents had graduated from high school compared to 35% of those over age 65 for the U.S. as a whole.⁴ The proportion of respondents with four or more years of college—almost 9%—was also lower than for 65+ year-olds in the U.S. as a whole (17%--Figure 4)⁵.

A majority of the meal recipients (72%) filled out the questionnaire without assistance, while 17% needed help and 11% had someone fill out the questionnaire for them.

In-Home versus In-Center Meal Recipients

As part of an overall population of meal recipients, those receiving meals at home and those receiving meals at a center had some common characteristics. However, some attributes did differ.

Slightly more in-home meal recipients were White (60%), while the in-center meal recipients were evenly divided among Whites and Hispanics (43% and 42%, respectively).

The in-home group was somewhat more educated than in-center meal recipients (60% versus 51% with high school degree or more).

Overall, a large majority (79%) of both groups filled out the questionnaire in English, but a higher proportion of the in-center group filled out questionnaires in Spanish than did the in-home group (30% versus 16%).

Age

We divided the sample into 60-74 (n=340), 75-84 (n=352), and 85-99 (n=181) year-old age groups (Figure 2). The in-center group was slightly younger than in-home recipients (mean age = 76 years versus 78 years).

Counties

There are differences in the demographic characteristics of the four counties, which are also revealed in the questionnaire responses. The majority of respondents in Santa Cruz and Yuma counties self-identified as Hispanic (60% and 52%, respectively); most in Pima and Cochise Counties indicated they were White (59% and 56%, respectively). Less than half of respondents in Santa Cruz and Yuma Counties completed the questionnaire in English (43% and 47% respectively). In contrast, 86% of the respondents in Cochise County and 89% in Pima County filled out the questionnaire in English.

Respondents in Cochise and Pima Counties had more education than respondents in Santa Cruz and Yuma Counties; about 60% had graduated from high school or had attended college and/or received a college degree. Most respondents in Santa Cruz (58%) and Yuma (66%) Counties had not finished high school. Eight percent (8%) of the respondents in Yuma County had never attended school.

⁴ Factfinder.census.gov/

⁵ http://www.census.gov/Press-Release/www/releases/archives/aging_population/006544.html

This survey did not directly assess income or poverty status, but county-level Census 2000 data provided some comparative insight. The percentages of those over 65 years of age living in poverty were: Pima County 8%; Yuma County 9%; Cochise County 10%; and Santa Cruz County 23%. The overall proportion was 8.4% for Arizona, and 9.9% for the U.S.⁶ Tucson, in Pima County, is the largest metropolitan area in Southern Arizona. Of our four counties, Pima County has the highest median household income⁷. Tucson has numerous “active adult” communities where the retirees may be wealthier and more educated.

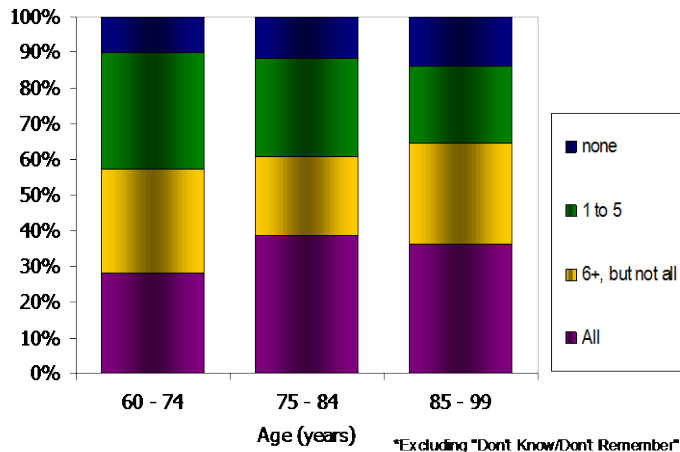
Dental Status and Habits

Whole Sample

The proportion of all respondents with teeth pulled due to decay or gum disease was high, with 55% of respondents (excluding not sure/don’t know) having six or more teeth pulled; that percentage increases with age (Figure 5). In 2004, the Behavioral Risk Factor Surveillance System (BRFSS) reported that 21% of people over 65 years of age in the U.S. had lost all of their teeth due to decay or gum disease; the proportion in our survey was 31% (age 60+ and excluding "not sure"). This is more than two times the proportion reported by BRFSS (2004) for 65+ year-olds in the state of Arizona as a whole (15%)⁸.

Figure 5

Teeth Pulled, By Age Group*



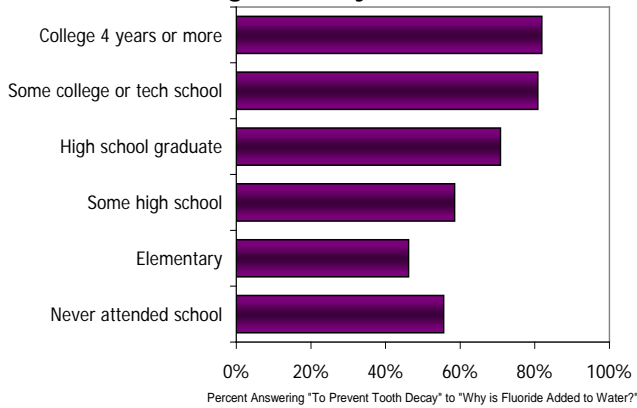
⁶American FactFinder; factfinder.census.gov

⁷<http://quickfacts.census.gov/qfd/states/04000.html>

⁸<http://www.cdc.gov/brfss/>

Figure 6

Knowledge of Purpose of Fluoride in Drinking Water by Education



Fluoride Knowledge

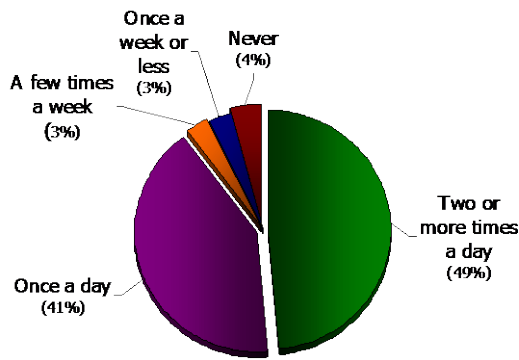
Nearly two-thirds (65%) of the sample correctly indicated that fluoride is added to drinking water to prevent tooth decay. It is important to note that 15% did not know why fluoride was added. Education level appeared to be related to knowledge of the purpose of water fluoridation as well (Figure 6).

Brushing Habits

Overall, self-reported brushing habits were good, with 49% of the respondents brushing two or more times per day, and 38% brushing at least once per day (Figure 7). There was also a modest upward trend in those brushing at least once a day by age group (Figure 8).

Figure 7

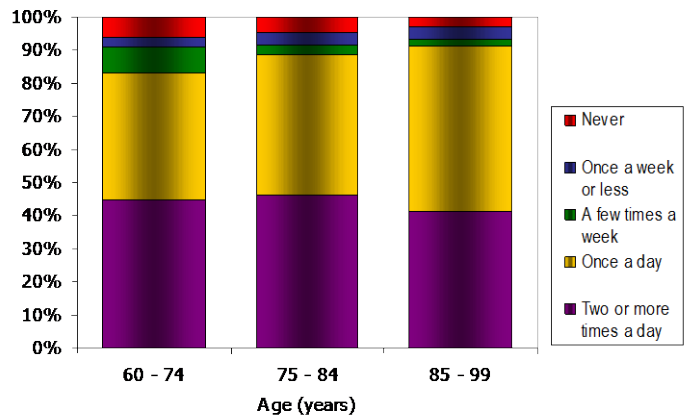
Brushing*



*Excluding those without teeth or dentures

Figure 8

Brushing Frequency, By Age Group



Dental Visits

The regularity of dental visits was less encouraging. About half (51%) of the respondents had been to the dentist in the last two years, and for 22% of the respondents, it had been more than five years since they had been to the dentist (Figure 9). In 2004, BRFSS reported that 72% of all Arizonans over 65 years of age visited a dentist in the last year; in the U.S., 67% had made a visit.

**Figure 9
Last Dental Visit**

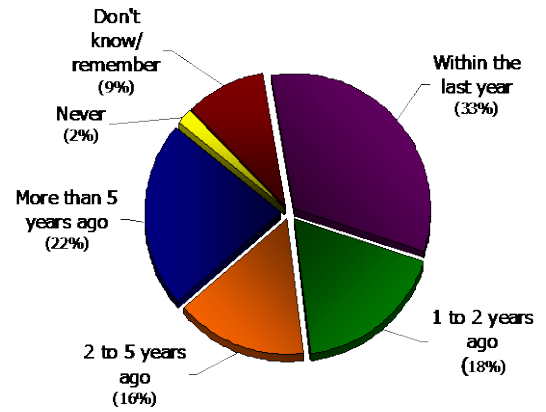
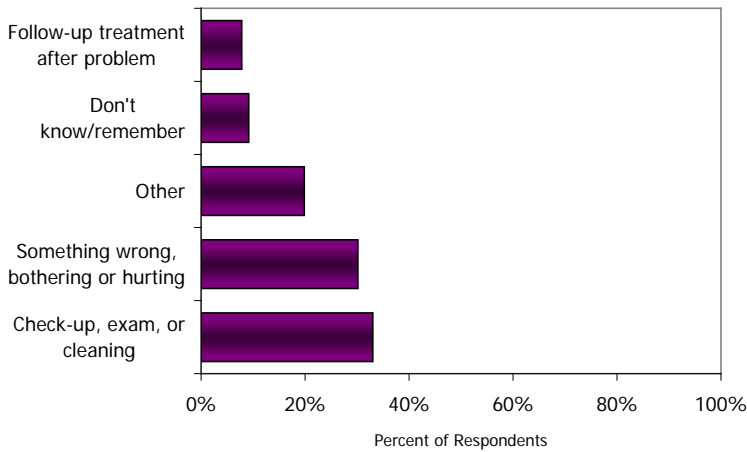


Figure 10

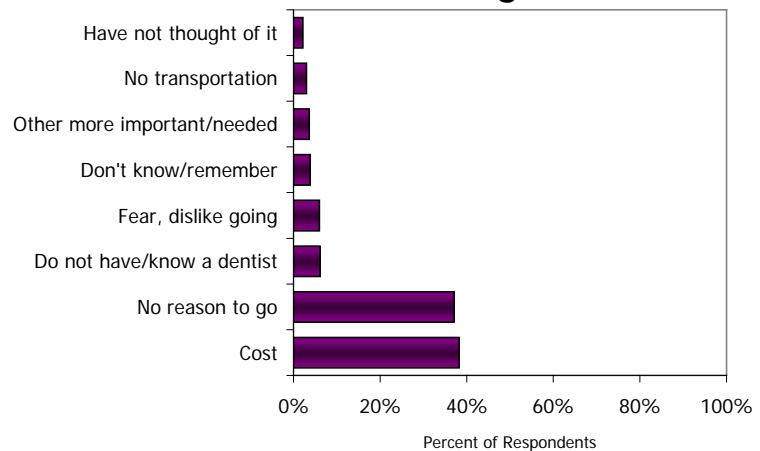
Reason for Last Visit



Routine care (check-up, exam or cleaning) was the most frequently cited reason for visiting (33%), while a dental problem (something wrong, bothering or hurting) was a close second (30%) (Figure 10).

Figure 11

Reason for Not Visiting in Year



The breakout of responses for *not* visiting the dentist in the past year reveals two dominant responses (Figure 11). These responses suggest that for many respondents dental care is sought only when apparent problems arise. A likely influence to “no reason to go”(37%) may be associated with cost (38%).

A clear majority of all respondents (almost 78%) did not have dental insurance to help pay for dental care.

In-Center vs. In-Home

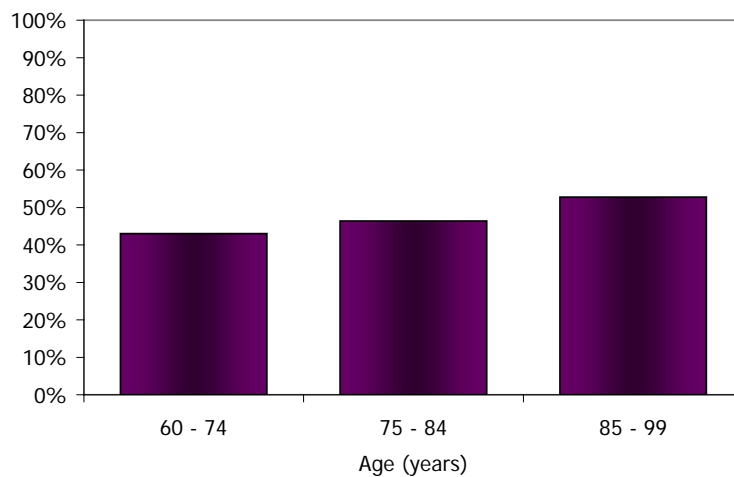
In-center meal recipients were more likely than in-home meal recipients to brush at least once per day (89% vs.78%). They were also more likely to have a regular dentist (52% for in-center recipients, 43% in-home). Perhaps not surprisingly, in-center meal recipients were also slightly more likely to have visited a dentist within the last year (38% vs. 30%).

Age

Older respondents (85-99 years of age) were more likely to have a regular dentist (53%) (Figure 12); younger respondents (60-74 years of age) were the least likely (43%). Older respondents were most likely to have dental insurance (22%). The 85-99 year-olds had the highest proportion of respondents who had not visited a dentist in the last five years (25%).

Figure 12

Have Dentist, By Age Group



Race/Ethnicity

Note: very small cell sizes for some groups.

More Asian (67%), Black/African American (70%), Hispanic (59%), and Native American/Alaskan Native (62%) respondents did not have a regular dentist. Whites were evenly divided, with 51% reporting a regular dentist.

More Black/African Americans (27%) and Native American/Alaskan Natives (38%) had not visited a dentist in over five years; a majority of Asians (56%), Hispanics (27%), Whites (37%), and those reporting two or more races (39%) had visited a dentist within the last year.

More Black/African Americans (36%), Pacific Islander/Native Hawaiians (100%), and those reporting two or more races (36%) went to a dentist for an exam, check-up, or cleaning; more Asians (56%), Hispanics (38%), and Native American/Alaskan Natives (38%) went to a dentist because something was wrong, bothering, or hurting.

Counties

Over half the respondents in Cochise (51%) and Santa Cruz Counties (58%) have a “regular” dentist; over half in Pima (55%) and Yuma Counties (64%) do not.

Respondents in all four counties were less likely to have dental insurance (19%) than adults age 65 years and older in the state (40%)⁸.

Dental Needs

Whole Sample

More than half (57%) of the respondents self-identified need for dental care (Figure 13). After “none” (32%), “dentures/denture work,” was by far most often specified (28%); fillings/crowns, teeth pulled, gum treatment, relief of pain, and “other” cumulatively made up 29% of the responses (Figure 14). About 11% said they didn’t know what type of work they needed.

Figure 13
Care Needed

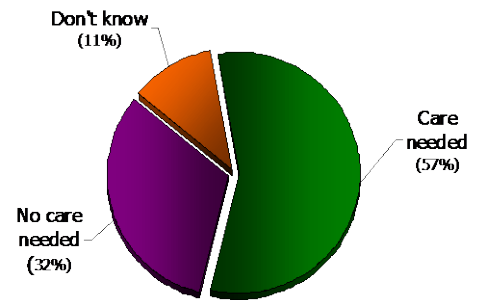
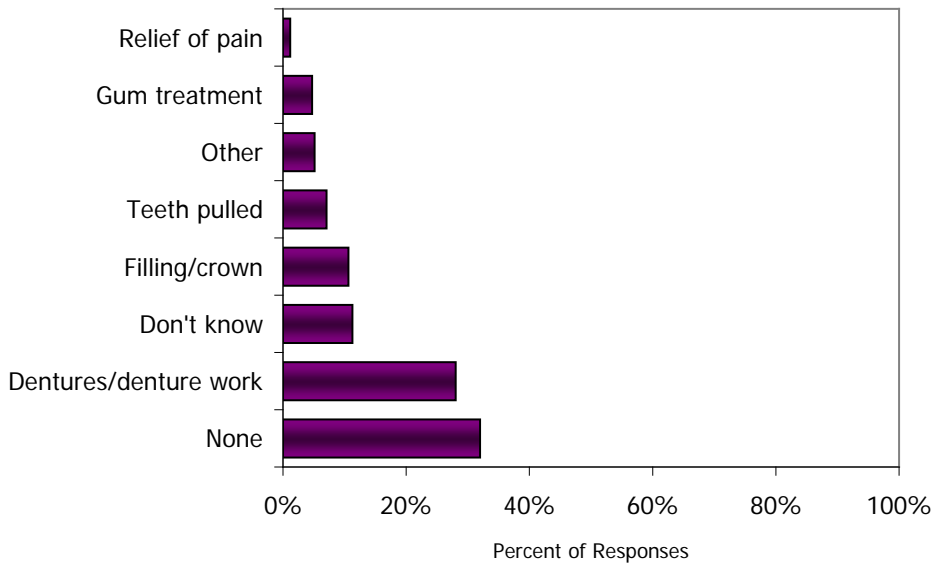


Figure 14

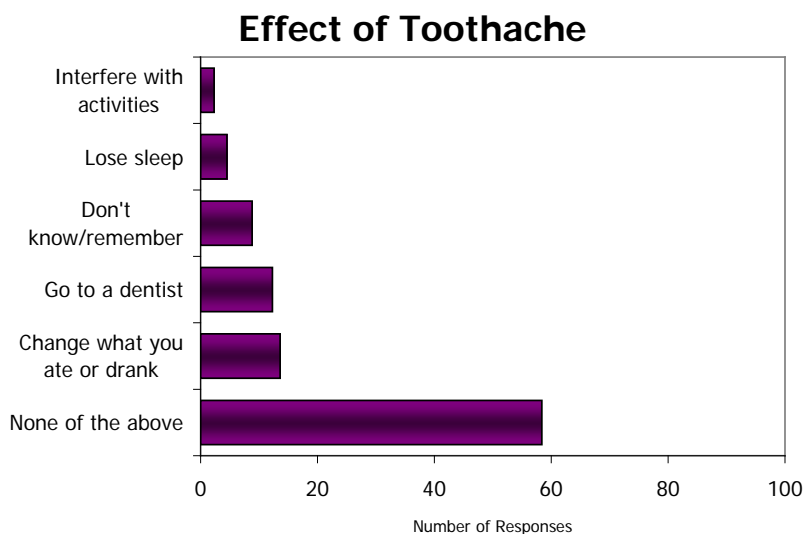
Kind of Care Needed



⁸<http://www.cdc.gov/brfss/>

Nearly one third (32%) of the respondents indicated that they had to avoid eating some foods because of problems with teeth or dentures; 18% reported having difficulty swallowing food, and 14% have had mouth sores or swelling in the past four weeks. The prevalence of toothaches in the past four weeks was more modest—12% of those indicating yes or no. And of those with a recent toothache, few experienced loss of sleep or interference with planned activities, though a many went to the dentist or changed what they ate or drank (Figure 15).

Figure 15



In-Center and In-Home

More in-home meal recipients (36%) than in-center meal recipients (25%) tended to avoid certain foods because of teeth or denture problems, and had trouble swallowing food (20% vs. 15%).

Age

Younger respondents (60-74 year-olds) were most likely to have had difficulty swallowing food (23%), have had sores or swellings in the mouth (18%), have had toothaches in the last four weeks (18%), or needed to avoid some foods because of problems with teeth or dentures (38%).

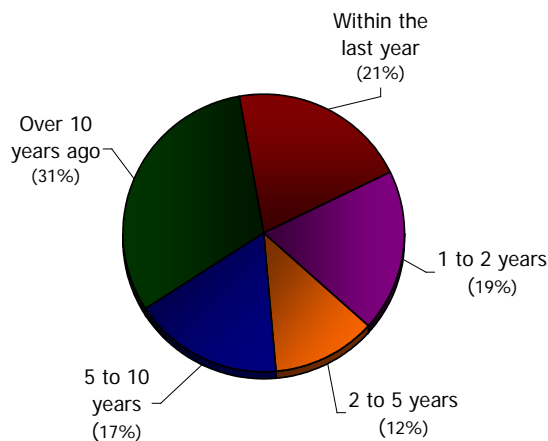
Non-U.S. Dental Care

Whole Sample

The proximity of Mexico adds options for dental care that are unique to border region states. Thirty percent of the respondents had dental care done outside of the United States; almost three-quarters had work done in Mexico (Figure 16). Of those that indicated when the work had been performed, 40% stated that the work had been done within the last two years (Figure 17).

Figure 17

Years Since Non-U.S. Care



The most and least educated respondents were more likely to get dental care outside of the U.S. than those with a high school degree (Figure 18). Two different phenomena may contribute to this: affluent respondents willing to engage in foreign travel for dental services, and respondents with less than a high school diploma willing to seek dental services across the border.

Figure 16

Use and Location of Non-U.S. Care

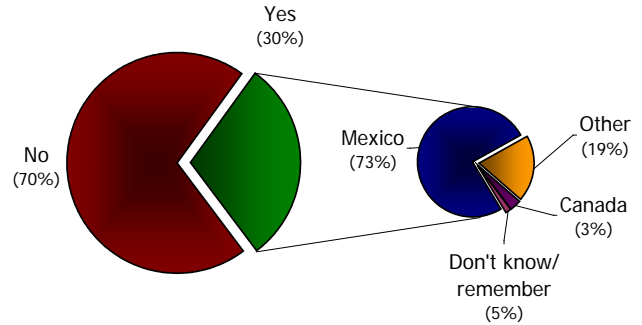
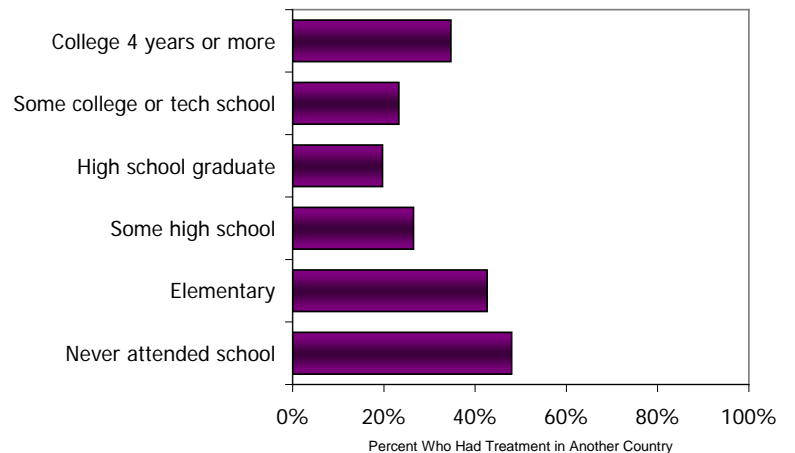


Figure 18

Non U.S. Dental Care, by Education



In-Center vs. In-Home

Thirty eight percent (38%) of in-center meal recipients and 23% of in-home meal recipients have had dental work done in another country; 46% in-center and 28% in-home had the work done within the last two years.

Figure 19

Race/Ethnicity

The proportion of Hispanics having dental care outside the United States was 48%, while the proportion of Whites having had dental care outside the U.S. was 19%. (Figure 19).

Regardless of education level or ethnicity, cost was the strikingly clear motivation (66%) for having care outside of the U.S. (Figure 20). Cost was cited almost six times more frequently than the next most common response—“Dentists there are the closest dentists to where I live” —and more than twice as frequently as the other responses combined.

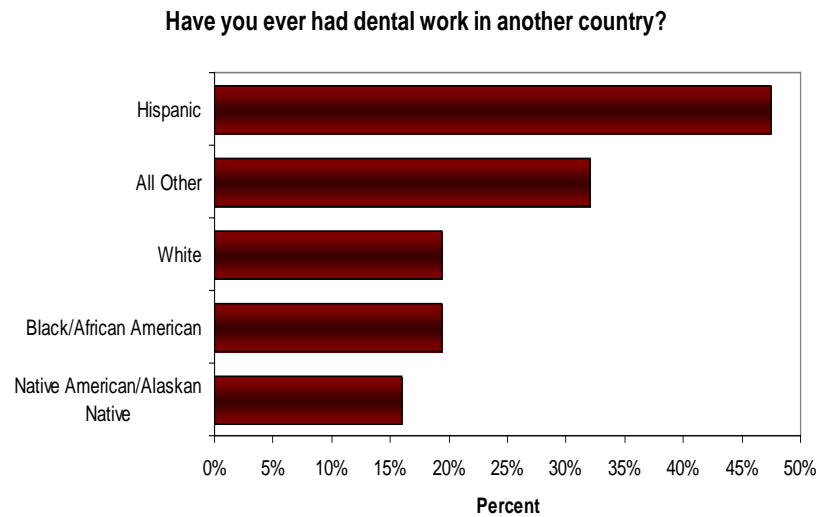
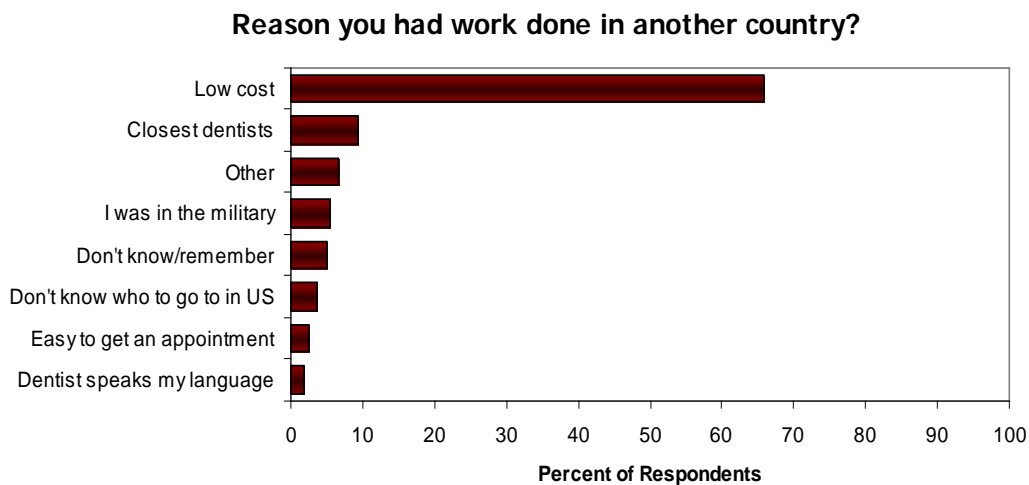


Figure 20



Counties

Pima County had the smallest proportion of respondents who had dental work done in another country (19%), and who had had the dental work done in Mexico (52%). At least 30% of the respondents in each county had had dental work done in another country within the last two years.

Phase III—(Disease) Preventive Intervention

METHODOLOGY

The goal of phase III was to determine the acceptability of fluoride varnish as the preventive intervention and to assess delivery of fluoride varnish at senior congregate meal sites.

The dental screening and fluoride varnish application was scheduled for December 12, 2005 at nine out of 12 congregate meal sites in the greater Tucson area (Pima County). The remaining three sites had the screening and fluoride varnish application at a different time. A letter to the meal site coordinator, a letter to the participant, the health history/consent form, treatment plan/record, and flyers in English and Spanish (Appendix I, J, K, L, M) were sent to the sites beforehand.

Fifty-three (53) third-year dental students and 12 supervising faculty from the Arizona School of Dentistry and Oral Health (ASDOH) in Mesa, Arizona traveled to Tucson to apply fluoride varnish at the nine sites. Prior to the fluoride varnish application, students were trained in the Basic Screening Questionnaire (BSS) by the Research Manager in the Office of Oral Health. The BSS is a standardized screening protocol, used in at least 28 states, to assess oral health status in populations.⁹

Two OOH staff served as coordinators for the nine sites. They oversaw the completion/collections of the previously sent health histories/consent forms, set up the sites with supplies, and ensured that the operations flowed smoothly. Under faculty supervision, the dental students screened between one and four meal participants each, with the majority of students screening an average of three participants. Five percent (5%) sodium fluoride varnish with xylitol (Varnish America) was applied to one or more teeth as prescribed. The participants were given a toothbrush and a sheet with screening results (Appendix N). The handling and storage of treatment records and consent forms was in accordance with HIPAA standards.

One hundred and seventy five (175) older adults at 12 congregate meal sites in greater Tucson (Pima County) participated in the dental screening and fluoride varnish application, with 5-26 participants per site.

The age of the participants was between 45 and 96 years, with a mean age of 66 years. The majority of the participants were female (58%). Data were analyzed only on participants 60 years and older, resulting in a final sample of 147. It should be noted that many of the data collection forms (as high as 13%) had missing information. Due to the large number of screeners and the lack of screener calibration, inter- and intra-rater reliability may have affected the results of the open-mouth dental screening.

⁹ Association of State and Territorial Dental Directors, Ohio Department of Health, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Basic screening questionnaires: an approach to monitoring community oral health. Columbus Ohio 1999.

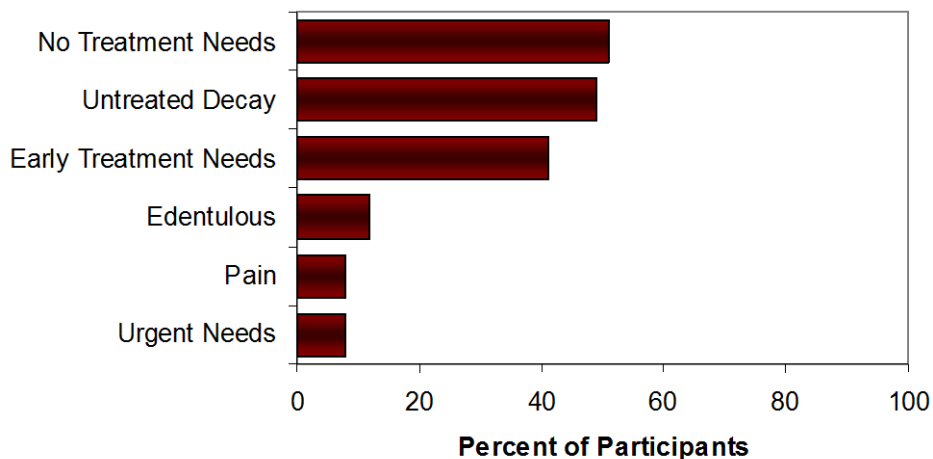
A brief, four-question evaluation was left with the participants after the varnish application along with a stamped, self-addressed envelope for the meal site coordinators to mail completed evaluations to OOH.

ORAL HEALTH SCREENING RESULTS

The most common self-reported health condition was allergies (30%), followed by asthma / difficulty breathing (11%), kidney or liver disorders (6%) and infected gums or sores in the mouth (5%). No product contraindications were noted.

Almost half of those screened (49%) had untreated decay. Eight percent (8%) had urgent treatment needs (dental visit needed within 24 hours) and 8% were in pain on the day of the screening. Forty one percent (41%) had early treatment needs (need a dental visit in the next several weeks). Twelve percent (12%) were edentulous. Fifty one percent (51%) had no treatment needs; of those, some may be edentulous (Figure 21).

Figure 21
Oral Health Screening Results



EVALUATION OF FLUORIDE VARNISH

The evaluation questionnaire was developed to evaluate the acceptability of fluoride varnish application to older adults at congregate meal sites (see Appendix O).

The evaluation questionnaire was completed by 94 older adults at 10 sites participating in the screening/fluoride varnish application.

The majority of the participants (73%) stated that having a fluoride varnish application was easy. The remaining participants (27%) had neutral feelings about the application or chose not to answer.

Slightly more than half of the participants (53%) believed that the fluoride varnish was beneficial to their teeth. Only 2% disagreed that fluoride varnish was beneficial, while 42% were neutral or chose not to answer. While this suggests that it may be helpful to participation if more information on the procedure was distributed before the visit, the least valuable part of the experience was receiving printed materials they received (40%). The low value ascribed to receiving written materials suggests that there may be better ways to reach this population with information.

A majority of the participants responded that the dental consultation (81%) and the dental screening (80%) were the most valuable part of the experience. Less valuable were the receipt of a toothbrush (61%) and the actual fluoride varnish application (60%). This suggests that the participants most value personal contact with a dental professional. This effect was probably enhanced by the small number of respondents per each student, allowing for a considerable amount of one-on-one time to be spent with each respondent.

A majority of the participants (78%) said they would have fluoride varnish applied again at the senior center if it were offered. Only 4% said they would not have it applied again, while 17% said they didn't know.

CONCLUSIONS

Feasibility of Oral Health Data Collection/Intervention at Congregate Meal Sites

Congregate meal sites offer a convenient venue to reach a number of at-risk older adults with a preventive oral health intervention that appears to be well tolerated.

Overall, visits to the 24 meal center sites were very well received by both site coordinators and meal participants. Drivers seemed willing to assist by distributing the questionnaires to the in-home participants.

Individual meal site coordinators appear to be valued and trusted by the meal recipients. Coordinators may be very helpful in disseminating health information and encouraging participation in health promotion events.

Scheduling can be challenging if an oral health activity competes with other valued activities such as bingo, shopping, etc. One should plan on careful scheduling of fluoride varnish applications, surveys, oral health screenings and presentations to ensure maximum participation.

Questionnaires

Questionnaires can be a viable way of collecting oral health information on older adults; response rate was 75% at in-center sites and 39% for the in-home participants. Some helpful considerations include:

- Questionnaires should be short and the questions simple, with no more than three answer choices. Someone should be available to assist older adults with impairments (vision, fine motor skills, etc.) in reading and filling out the questionnaire.

- Translation services (written and verbal) may be required.
- Reading the questions to a large group who followed on a printed copy proved to be unsuccessful, time consuming, and cumbersome.

It would be useful to distribute this questionnaire to meal sites in the other 11 counties in Arizona.

“No reason to go” and cost were the main reasons that well over one third of both in-home and in-center respondents did not see a dentist within the last year. Further research is needed on what value older adults place on preventive care.

Further research would be useful in better characterizing the population of both adults and older adults who seek dental care in Mexico. “Snowbirds” (those who come from other states to spend winters in Arizona) might also be included.

Oral Health Screening

Untreated decay and self-reported oral pain and need for dentures/denture work are at very high levels in this population; these needs and conditions which are likely not positive contributing factors to the ability to maintain good nutrition.

Appendix

List of Forms

Protocol for “Questionnaire” coordinators	A
Questionnaire-English and Spanish	B/C
Letter to meal site coordinator	D
Letter to questionnaire participant	E
Announcement flyer	F
Site grid	G
Instructions for drivers	H
Letter to meal site coordinators about fluoride varnish/screening	I
Letter to participants about fluoride varnish/screening	J
Health history/consent form	K
Treatment record	L
Fluoride varnish/screening flyer	M
Screening results for participants	N
Participant evaluation of fluoride varnish and screening process	O

**S.E.N.I.O.R. Grant Project
Protocol for Coordinator—Questionnaire-Only Sites**

Before the site visit

1. **Permission.** ADHS, OOH received permission for this project through our partner on the grant, the Department of Economic Security's Office of Administration and Aging (who also administers the congregate and home-delivered meal programs in Arizona). ADHS, OOH has also had the project reviewed by the Human Subjects Review Board for ADHS.

If there are any questions on permission as you schedule visits, contact Judy White; she or the Office of Administration and Aging will contact the person directly.

2. **Call the individual site** at least two weeks beforehand to arrange a date for a visit. Be sure to:
 - Arrange to visit on the day with the heaviest meal participation. Do not administer the questionnaire any less than one hour before the meal; on groups of 25 or more, plan on 1½ hours (participants tend to need can tend to need time and we want to avoid stressing them by being in a hurry right before meal time).
 - Find out the number of drivers AND the number of routes (sometimes one driver takes more than one route, or two drivers take one long route).
 - Confirm the time you will need to be there to train the drivers (drivers tend to go out early in the day as they usually have many deliveries, and drivers must be trained by the coordinator—not the site person--to keep results consistent).
 - Find out if any drivers need instructions in Spanish.
 - Confirm the number of Spanish and English questionnaires needed for each route (this will also help you plan on the correct number of incentives for that route).
 - Ask if a translator could be available for the on-site participants.

Tip: You cannot successfully visit two sites in one day unless each of them is serving a different meal (e.g., one site serves lunch and the other serves dinner). Do not even try to get to two sites in one day if they are both serving the same meal.

3. **Introductory Packet.** Call Jo Merendino at OOH (602-542-1866) and ask her to mail an "Introductory Packet" to the site contact person (provide her with the name of the person) at least a week before the visit. While the area directors know and support this project, the primary purpose of this packet is to provide information for site contact person. Included in the packet will also be the flyers in English and Spanish--tell the site contact person to write the date of the visit on the flyers and post them as soon as possible. The introductory packet will include:
 - Explanatory letter about the project
 - Sample of instructions that we will be distributing to the drivers the day of our visit
 - Sample cover letter to participants
 - Sample questionnaire
 - Flyers in English and Spanish

4. **Follow-up phone call.** Close to the visit, call to the site contact person to:
 - Answer any other questions
 - Confirm the time and date for the on-site visit
 - Confirm the time to be there to train the drivers
 - **Important!** Be sure to ask how many questionnaires will be needed in each of the following categories: English on-site, Spanish on-site, English home-delivered, Spanish home-delivered. Each of these four groups must be numbered and separated before the day of the site visit (it has turned out to be too complicated to number them at the site).
 - Confirm availability, if possible, of a Spanish-speaking volunteer on-site to assist with the questionnaire process.
 - Suggest that the project and date be announced at meals a few days beforehand, and remind them to post the flyers.

5. **Other Pre-site Preparation.**
 - Each home-delivered meal recipient gets a “dental” incentive. As a rule of thumb, pack half denture-related incentives and half “natural teeth”-related incentives for each route. A rule of thumb for the information sheets is half denture instructions, half perio instructions, and all of the people on the route getting toothbrush instructions.
 - **BE SURE** to code the home-delivered meal participant questionnaires (English and Spanish) with the appropriate site code before arrival. Pack the dental incentives, the information sheets, and the questionnaires for each route in the bags provided, and label the bags with the route. Also provide each driver with his/her own set of instructions.
 - Each on-site meal recipient gets a pen (English and Spanish) from the Aging and Adult Administration. Be sure to have enough pens in each language. Provide the three information sheets for the on-site meal recipients.
 - **BE SURE** to code the on-site meal participant questionnaires (English and Spanish) with the appropriate site code before arrival.
 - Take a along a log for the site.
 - Keep track of your supplies well in advance and notify Judy or Andrea of any needs.

Site visit (for everyone assisting at the site)

- **Home-delivered meal participants**
- *Sometimes drivers are all present at the same time before their routes and sometimes they come in over an hour or so, and leave separately. It will be helpful if you know this before your visit.*
- Check in with the site contact person upon your arrival.
- *The Coordinator alone must train each driver for the sake of consistency. The one exception is drivers who speak only Spanish. In this case, go through a Spanish-speaking volunteer at the site. Go over every point on the driver training sheet*

(they are available in English and Spanish) for both English and Spanish-speaking drivers, and ask if they have any questions.

- Dispense each bag with the incentives, questionnaires, and information sheet for each driver/route.
- As a thank you, give each driver a bumper sticker and a pen (both are in English or Spanish).
- Ask each driver to collect the questionnaires within the next three days (whether or not they are completely filled out) and return the questionnaires to the site contact person.
- Arrange with the site contact person to collect the questionnaires; leave an envelope or a box at each site for the returned questionnaires. Affix the postage-paid sticker to the envelope or box and ask them to mail them out as soon as possible.
- Fill out a Log for each site. After each site visit, the Log should be sent to ADHS, OOH along with the completed questionnaires.
- **On-site meal participants**
- Coordinator and assistants will arrive at site well before the appointed time to avoid hurrying through the questionnaire (possibly before lunch) and potentially stressing the participants. Do not administer the questionnaire any less than one hour before the meal; on groups of 25 or more, plan on 1½ hour.
- Check in with the site contact person and identify the Translator.
- Introduce yourself, the project, and your request to the group, followed by an explanation by the Translator. You may also read the letter attached to the questionnaires.
- Distribute the questionnaires and a pen in the appropriate language to each meal recipient over 60 years of age. At this point, ask them to fill out the questionnaire and move through the group, along with the Translator, to help individuals.
- **Very Important!** The Coordinator and the Translator must read the question *exactly as stated, every time*, and they must read *all* of the answers, *every time*. The participant must in no way be lead toward any answer, or only hear a few possible answers for a question. The Coordinator must be sure to instruct Translators and students in this protocol. Failure to observe this protocol will bias results at a site and jeopardize that site's results.
- The Coordinator will then collect all questionnaires. The meal recipient can keep the pen as a small gift for filling out the questionnaire.
- Give each site contact and Translator a pen for his/her assistance on the questionnaire.
- It is acceptable to eat with the recipients if you wish as long as you
- --mention it to the site contact person
- --pay the requested donation in full because you are under 60 years of age.
- Return questionnaires and log to ADHS, OOH as soon as possible after each site visit (shuttle or Andrea?)...do not wait to mail several sites at once.

APPENDIX B

For office use only: Survey number _____

Dental Health Questionnaire

Very Important!! Answers should be about only one person in the household, and about a person who is 60 years of age or older. Choose *only one* best answer for each question unless the question states otherwise.

Date: _____

1. **Age:** _____ 2. **Gender:** a) Male b) Female

3. **Which answer best describes your situation? (Circle one)**

- a) A meal is delivered to me where I stay/live.
- b) I go to the senior center for a meal.
- c) I visit the senior center but I do not eat there.
- d) Other _____

4. **What is your race/ethnicity? (Circle one)**

- a) Asian
- b) Black/African American
- c) Hispanic
- d) Native American/Alaskan Native
- e) Pacific Islander/Native Hawaiian
- f) White
- g) Two or more races
- h) Other _____
- i) Not sure/don't know

5. **What is the highest degree or level of school that you have completed? (Circle one)**

- a) Never attended school or only attended kindergarten
- b) Grades 1 through 8 (elementary)
- c) Grades 9 through 11 (some high school)
- d) Grade 12 or GED (high school graduate)
- e) College 1 to 3 years (some college or technical school)
- f) College 4 years or more

6. **How often do you brush your teeth? Exclude brushing dentures. (Circle one)**

- a) Never
- b) Once a day
- c) Two or more times a day
- d) Once a week
- e) A few times a week
- f) Once a month
- g) A few times a month
- h) No teeth or no dentures

7. **Why do you think that fluoride is added to drinking water? (Circle one)**

- a) To prevent tooth decay (cavities)
- b) To make the water cleaner
- c) Other
- d) Don't know

19. **What kind of dental care do you think you need now?** (Circle one)
- | | |
|--------------------|----------------------------|
| a) None | e) Dentures / denture work |
| b) Filling / crown | f) Relief of pain |
| c) Teeth pulled | g) Other |
| d) Gum treatment | h) Don't know |

20. **Have you ever had dental work done in another country?** (Circle one)
- | | | |
|--------|-------|-------------------------|
| a) Yes | b) No | c) Don't know /remember |
|--------|-------|-------------------------|
- If no or don't know/remember, then skip to question 24.

21. **If yes, in what country/countries did you have the dental work done?** (Circle all that apply)
- | | |
|-----------|---|
| a) Canada | c) Other country/countries (please list)_____ |
| b) Mexico | d) Don't Know /remember |

22. **If yes, what was the main reason you had dental work done in another country?** (Circle one)
- | | |
|--|-------------------------------|
| a) Low cost | e) Easy to get an appointment |
| b) Dentists there are the closest dentists to where I live | f) I was in the military |
| c) Don't know who to go to in the U.S. | g) Other (please explain) |
| | _____ |
| d) Easy to find a dentist there who speaks my language | h) Don't Know / remember |

23. **If yes, when was the dental work done?** (Circle one)
- | | | |
|-------------------------|-------------------|--------------------------|
| a) Within the last year | d) 5-10 years ago | e) Over 10 years ago |
| b) 1 to 2 years | c) 2 to 5 years | f) Don't know / remember |

24. **Which answer best describes your situation?** (Circle one)
- | |
|---|
| a) I filled this survey out myself. |
| b) Someone filled out this survey for me. |
| c) Someone helped me to fill out this survey. |

****Thank you for answering these questions! Please return this to driver or to the site.****

Solamente para uso de oficina: Número de encuesta _____
--

Encuesta Sobre Salud Dental

¡Sumamente Importante! Las respuestas deben ser solamente de una persona en casa, y de una persona de 60 años de edad o mayor. Escoja solamente *la respuesta que mejor le corresponde* a cada pregunta a menos que la pregunta le pida diferente.

Fecha: _____

1. **Edad:** _____ 2. **Género:** a) Hombre b) Mujer

3. **¿Cuál respuesta define mejor su situación?** (Circule una respuesta)
 - a) La comida se me entrega a mi residencia o a donde vivo.
 - b) Tomo mi comida en el centro para ancianos.
 - c) Asisto al centro de ancianos pero no tomo mi comida allí.
 - d) Otro _____

4. **¿Cuál es su raza/etnicidad?** (Circule una respuesta)

<ol style="list-style-type: none"> a) Asiático b) Negro/Afro-Americano c) Hispano d) Indio Americano/Nativo de Alaska e) Islandés del Pacífico/ Nativo Hawaiano 	<ol style="list-style-type: none"> f) Blanco g) Dos razas o más h) Otro _____ i) No se/No estoy seguro
--	--

5. **¿Cuál es el grado más alto o nivel de escuela que usted terminó?** (Circule una respuesta)
 - a) Fuera de Kindergarten, jamás tuve más escuela
 - b) De primer al octavo grado (primaria)
 - c) Del 9 al 11 grado (algo de secundaria)
 - d) 12 grado o su equivalente GED (Diploma de secundaria)
 - e) 1 a 3 años de universidad/colegio (algo de universidad/colegio o instituto técnico)
 - f) 4 años o más de universidad/colegio

6. **¿Con que frecuencia usted se cepilla sus dientes? Excluyendo cepillar la dentadura postiza.** (Circule una respuesta)

<ol style="list-style-type: none"> a) Nunca b) Diariamente c) Dos veces por día d) Una vez por semana 	<ol style="list-style-type: none"> e) Algunas veces por semana f) Una vez por mes g) Algunas veces por mes h) No tengo ni dientes ni dentadura postiza
---	--

17. **Durante las últimos 4 semanas, ¿ha sufrido dolor de dientes? (Circule una respuesta)**

- a) Si b) No c) No se/no recuerdo d) No aplica

18. **Si su respuesta es sí, ¿el dolor de dientes fue tan severo que le motivo a:**

(Circule una respuesta)

- a) Cambiar lo que come o bebe d) Ir al dentista
b) Perder sueño e) Ningunos de los mencionados
c) Alterar sus actividades programadas f) No se/no recuerdo

19. **¿Que tipo de tratamiento bucadental piensa que usted necesita ahora?**

(Circule una respuesta)

- a) Ninguno e) Trabajo en la dentadura postiza
b) Empastar/coronas f) Cese de dolor
c) Extracciones g) Otro
d) Tratamiento de las encías h) No Se

20. **¿Le han hecho trabajo bucadental en otro país? (Circule una respuesta)**

- a) Si b) No d) No se/no recuerdo]

Si no o no sabe/no recuerda, siga a la pregunta 24.

21. **Si la respuesta es sí, ¿en cual país/países le hicieron el trabajo bucadental? (Circule todos los que apliquen)**

- a) Canadá c) Otro país/países (favor de nombrar) _____
b) México d) No se/no recuerdo

22. **Si su respuesta es sí, ¿cual fue su razón primordial para que le hicieran trabajo bucadental en otro país? (Circule una respuesta)**

- a) Costo bajo
b) Son los dentistas más cercanos de donde vivo
c) No sabía a quien acudir aquí en los E.U.
d) Es fácil de encontrar un dentista que habla mi idioma
e) Fácil de hacer cita
f) Mientras prestaba mi servicio al ejercito militar, obtuve mi trabajo bucadental allí
g) Otro (por favor explique) _____
h) No se/no recuerdo

23. **Si la respuesta es sí, ¿cuándo le hicieron este trabajo bucadental? (Circule una respuesta)**

- a) Durante este último año d) 5 – 10 años e) Hace más de 10 años
b) 1 a 2 años c) 2 – 5 años f) No se/no recuerdo

24. **¿Cuál respuesta define mejor su situación? (Circule una respuesta)**

- a) Yo mismo llene esta encuesta. c) Alguien me ayudó a llenar esta encuesta.
b) Alguien lleno la encuesta de mi parte.

*****¡Muchas gracias por contestar estas preguntas!Por favor entréguelo al chofer o al coordinador del sitio. **

July 15, 2005

Greetings!

Dental problems can pose a significant difficulty for older adults in Arizona. According to a statewide survey, about 42% of Arizonans 65 years of age or older have lost six or more teeth as a result of decay or gum disease. Like older adults in other parts of the country, Arizona's older adults can also lack access to affordable preventive dental care. Good dental health is important for proper nutrition, speech, good health, and self esteem. The Arizona Department of Health Services Office of Oral Health and the Arizona Department of Economic Security Aging and Adult Administration were awarded a grant to learn more about the oral health of older adults in Arizona.

Questionnaires in English or Spanish (sample enclosed) will be given to congregate and home-delivered meal recipients in Cochise, Santa Cruz, Pima, and Yuma counties. A coordinator will call to schedule a day to come to your site to distribute the questionnaires and assist the on-site meal recipients in completing them. Sites are asked to post flyers (enclosed) at least a week in advance, and, if possible, to provide arrange for someone fluent in Spanish to help on the day of the coordinator's visit. On that day, the coordinator will also give questionnaires and instructions to drivers (sample enclosed) to distribute to home-delivered meal recipients. The driver does not have to assist the recipient in filling out the questionnaire. Postage-paid envelopes will be left at the site for return of the questionnaires from the home-delivered meal recipients.

A small gift (e.g., dental sample, pen, etc.) will be given to each person completing a questionnaire. Results will be tabulated, analyzed and interpreted on a group basis. No names will be collected, so no information will be released about individuals. Final reports will be disseminated to the grantors and to the partners.

We look forward to working with you on this important effort. The coordinator will call within a week to schedule a visit and answer any questions. In the meantime, you can call Judy White at 602-542-1866 with any questions. Thank you for your attention in this matter.

Respectfully,

Judy A. White RDH, MPH

APPENDIX E

August 10, 2005

Greetings!

The Arizona Department of Health Services, Office of Oral Health would like to learn more about the dental health of older adults in Arizona. This information will help us to understand their dental needs so that we can plan for the future.

We are asking people who participate in meal programs in Cochise, Pima, Santa Cruz, and Yuma Counties to fill out the attached questionnaire. There is no cost and your participation is completely voluntary. You will receive a meal as usual whether or not you fill out the questionnaire.

You do not have to sign your name, so there is no way to identify you with your answers. All surveys will be kept confidential. Any information that we report on will be by groups of people (for example, number of people a county who went to a dentist last year). It takes only a few minutes to fill out a questionnaire, and you can ask questions.

Your participation is important! Please answer all of the questions, and return it to the driver or to the meal site coordinator. Call the number above if you have any questions.

Thank you for your help!

Judy A. White, R.D.H., M.P.H.
Manager, Research and Analysis
Office of Oral Health

We Want To Know About You!



To Everyone Who Receives
a Meal at the Center...

We Need Your Help!

Please Help Us by Filling Out a Questionnaire
about your Dental Health. The questionnaire is:

- ❖ Completely Free
- ❖ Completely Voluntary
- ❖ Completely Confidential

We Will be Visiting this Center on:

APPENDIX G

S.E.N.I.O.R. Congregate Meal Centers
November 30, 2005

Name/Address of Center	Phone Number	Site Contact Person For Questionnaire	Assigned Site Number	#Persons/busiest weekday for Congregate Sites	#Persons/# drivers for Home-delivered Meal Sites	Meal Served (B, L, D)
Pima County			Pima County 1 On-site -8 (formerly A) Home-del-9 (formerly B)			
1.Ajo Community Center			1-1-8 1-1-9			L
2.Archer Center			1-2-8 1-2-9			L- M-F
3.Armory Park Senior Center			1-3-8 1-3-9			D
4.Casa Community Center			1-4-8 1-4-9			L
5.Eastside Senior Center			1-5-8 1-5-9			L
6.El Pueblo Neighb'hood Cntr			1-6-8 1-6-9			L
7.El Rio Neighborhood Cntr			1-7-8 1-7-9			L
8.Marana Community Center			1-8-8 1-8-9			L
9.Northwest Neigh'hood Cntr			1-9-8 1-9-9			
10.Quincie Douglas			1-10-8			B, L

Sr.Center			1-10-9			
11.Richey Senior Center			1-11-8 1-11-9			L
12.Robles Junction Community Center			1-12-8 1-12-9			L
Tucson Home-Delivered		1991 (formerly 1-13-91 CSS) 1992 (formerly 1-13-92 SA) 1158 Andrea's project				
Santa Cruz County						
1.Nogales			2-1-8 2-1-9			
2.Rio Rico			2-2-8 2-2-9 w/Nogales			
3.Patagonia			2-3-8 2-3-9 w/Nogales			
4.Tubac Community Center			2-4-8 2-4-9 w/Nogales			
Cochise County Douglas is the only city with its own home-delivered; all others are delivered out of one site, with one driver doing one town per day.						
1.Benson Senior Center			3-1-8 3-1-9			
2.Bisbee Senior Center		CLOSED				
3.Douglas ARC			3-3-8 3-3-9			
4.Huachuca City Sr. Center			3-4-8 w/Sierra Vista			

5.Ethel Berger Center	3-5-9 = home-delivered for Sierra Vista/Huachuca City		3-5-8 3-5-9		
6.Willcox Community Center		CLOSED			
8.Tombstone Senior Center		CLOSED	3-7-8 CLOSED 3-7-9		
Yuma County					
1.Yuma Sr. Nutrition Center			4-1-8 4-1-9		
2.Wellton Sr. Nutrition Program			4-2-8 4-2-9		
3.Somerton Sr. Nutrition Program			4-3-8 4-3-9		
4.San Luis Sr. Nutrition Program			4-4-8 4-4-9		
<i>Marcos de Niza Senior Center</i>			----- -----		
<i>South Mountain Center</i>			----- -----		

Instructions for Drivers
S.E.N.I.O.R. Grant
Arizona Department of Health Services, Office of Oral Health

1. The Aging and Adult Administration and the Arizona Department of Health Services, Office of Oral Health received a grant to find out more about the dental health of older adults. We are doing this by asking those who come to the Center or those who get a home-delivered meal to fill out a questionnaire.
2. We need your help! We are asking you to hand out a questionnaire to each person who receives a meal on your route and who is **60 years of age and older**. Please **give the questionnaires out *in one day*** unless there is some special circumstance.
3. You can give the person a questionnaire in the language they prefer—**English or Spanish**.
4. Tell the person to **read the letter** attached to the questionnaire.
5. **Reassure them** that they will receive their meals *whether or not* they fill out the questionnaire, that filling out the questionnaire is voluntary, and that he/she does not have to sign his/her name.
6. Tell them that you will pick up the questionnaire in the next day or two.
7. Tell the person that they will receive a free item for completing the questionnaire and returning it to you.
8. **Pick up the questionnaires in the next day or two** and return them to the center. It's ok if some of the answers aren't filled out...collect them in the next day or two after distribution. The questionnaires will be mailed back to us as soon as possible. Remember to **distribute a "gift"** to each person who fills out a questionnaire. In order to have enough to give something to each person who fills out a questionnaire, the person will have to decide between a dental item for natural teeth *or* a dental item for dentures.
9. **Very important: Any and all information that you learn about a person through this questionnaire is strictly, completely confidential.** **No** information is to be shared (for example, do not tell someone else about a person's answers or show someone else a person's questionnaire).

--over--

What to do if:

- **Someone asks you to help him/her fill out the questionnaire**—decide if you would like to help the person fill out the questionnaire. If you do help, determine if the person needs the questionnaire read to them, or if they need help only with marking the answers.
If you do help by reading the questionnaire, read the letter of explanation first. It is very important that you read each question *exactly as written*, and that you **read all of the answers** for each question. **Allow the person to pick the answer** that best describes his/her situation without coaching them toward any one answer that you may think is the best one.
- **Someone asks what the questionnaire is for**—go over the letter that is attached to the questionnaire or suggest that the person read it. Reassure him/her that filling out the questionnaire is voluntary.
- **Someone has not filled out the questionnaire when you return**—bring the questionnaire back to the center even if it is partially filled out or left blank. The person does not have to fill out the questionnaire if they don't want to. If the person has not filled it out because of difficulties or questions, decide if you will help the person to complete the questionnaire before collecting it (see the instructions above).

If you have any questions, please call Judy White at 602-542-1866.

Thank you very much for your help in this important effort!

December 14, 2005

Greetings!

Thank you for your willingness to participate in the dental screening/fluoride varnish offered at your site on_____. Per your recent telephone conversation the coordinator for the S.E.N.I.O.R. Oral Health Grant (*State-Based Examples of Network Innovation, Opportunity, and Replication*), enclosed please find:

- **Flyers.** Please fill in the date and time that the dental screening is being offered (about one hour before your site's meal time) and post the flyers as soon as possible where they will be seen by your meal participants. This program is completely free and voluntary.
- **Letters/questionnaires,** stapled together. Please distribute these to the meal participants and collect them at your earliest convenience. Each meal participant must sign the consent form to have the dental screening and fluoride varnish.

The Coordinator for your area will accompany a dentist to your site. They will begin by reviewing the questionnaires with the meal participants and doing the free dental screening before lunch. After lunch, they will provide the fluoride varnish application for those who would like to participate. Fluoride varnish helps with sensitive teeth and may help to prevent cavities. It is painted on the teeth and dries immediately. They will need a work area with at least one table, and some chairs. If applicable and possible, it would be helpful if someone could be available to help us translate to Spanish. Important! Please tell your meal participants before the visit that those who want to participate in the dental screening and fluoride varnish will have to stay a bit after lunch to have the fluoride varnish applied.

Thank you again for your willingness to participate. Please do not hesitate to call me if you have any questions (see number above).

Respectfully,

Judy A. White R.D.H., M.P.H.
Manager, Research and Analysis

APPENDIX J

December 1, 2005

Greetings!

The Arizona Department of Health Services, Office of Oral Health is offering a free dental screening to older adults who eat at meal sites in Pima County. The screenings will help us learn about the dental needs of older adults. The screening takes about 15 minutes and will be done before lunch on the day we visit.

On the day of the dental screening, you can also have fluoride varnish put on your teeth. Fluoride varnish can make your teeth less sensitive and may also help to prevent cavities. The fluoride varnish takes about 15 minutes and will be painted on your teeth after lunch. A dental professional (dentists, dental hygienists, and/or faculty-supervised third-year dental students from Arizona School of Dentistry and Oral Health) will do the screening and put on the fluoride varnish. People who get the fluoride varnish will also get a free toothbrush.

These services are free and voluntary. You will receive a meal as usual whether or not you have the dental screening and fluoride varnish. We know of no risk with the dental screening. People with certain health conditions should not have fluoride varnish. Please answer the attached questions about your health. The dental professional will go over your answers with you to see if you can have the fluoride varnish.

All records will be kept confidential, and any reports will be about groups of people (for example, total number of people who have cavities). They will not identify any one person.

Please call the number below if you have any questions before or after the screening and fluoride varnish. Thank you for your attention in this matter. We hope you will participate!

Respectfully,

Judy A. White R.D.H., M.P.H.
Arizona Department of Health Services, Office of Oral Health

Sponsored by Arizona Department of Health Services, Office of Oral Health and the Grant,
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S.E.N.I.O.R.* Oral Health

*State-Based Examples of Network Innovation, Opportunity, and Replication Grant


Date: ____/____/____

Participant’s Name: _____

Address: _____

I have the following conditions:

- **Infected gums or sores in your mouth** **Yes** **No**
- Asthma or difficulty breathing Yes No
- Kidney or Liver disorder Yes No
- Any Other Allergies (list) _____

<p>CONSENT</p> <p>I give my consent to the Arizona Department of Health Service, its agents, or affiliated partners to do a dental screening, and to apply fluoride varnish to my teeth if it is determined that I may benefit from it. My questions have been answered. I understand the benefits or risks to these procedures.</p>	
<p>Signature:</p> 	<p>Date:</p>

~A copy of this consent form is available upon request~

Arizona Department of Health Services, Office of Oral Health
 1740 W. Adams #205~Phoenix, Arizona 85007~ 602-542-1866

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**S.E.N.I.O.R.* Oral Health
Treatment Plan/Record**

Site Number: _____

Participant's Name _____

Address _____

Phone Number _____

Product Contraindications	
Ulcerative Gingivitis	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Stomatitis (inflammation of the oral mucosa)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Glossitis (inflammation of the tongue)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

- I have reviewed Consent Form/Health History and discussed with participant
- I have prescribed fluoride varnish for this person

Signature of Dentist

Treatment Record

Circle teeth to which fluoride varnish was applied:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

- Reviewed post-varnish instructions verbally and gave printed instructions

<i>Signature of Dentist</i>	<i>Screening Date</i>	A. Signature of Dental Hygienist/Dental Student	<i>Treatment Date</i>
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Arizona Department of Health Services, Office of Oral Health~1740 W. Adams #205~Phoenix, Arizona 85007~602-542-1866

Attention: Seniors

FREE **Dental Screening** *Fluoride Varnish Treatment*

Tuesday, December 27
at _____



Fluoride varnish can help prevent cavities and can help with sensitive teeth. If interested, you need to:

- Complete a simple form
- Arrive at _____
- Stay a little later than your regular meal time

S.E.N.I.O.R.* Oral Health

Screening Results

Screening Date

Participant Name

This is a reminder of the results from your dental screening today. Remember that this is only a screening and does not take the place of a full dental examination.

_____ **Urgent!** You have areas in your mouth of great concern. You need to make an appointment with a dentist right away.

_____ **Early Dental Needs.** Please make an appointment with a dentist soon.

_____ **No obvious / visible problems.** Remember that all problems (for example, cavities between your teeth) may not be seen during a dental screening. Be sure to keep your appointment for your regular dental check-up.

_____ **Other** _____

And remember...

- Teeth should last a lifetime! Brush your teeth every day.
- The sides of your teeth need to be cleaned, too. Floss your teeth every day.
- Visit your dentist every year. Have a complete dental examination of your teeth and the tissues in your mouth. In this way, small problems can be fixed before they turn into big ones.

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602-542-1866

**S.E.N.I.O.R. Oral Health*
Evaluation of Experience**

Site: _____ Today's Date: _____

Please help us by answering the following questions about the dental screening and varnish day.

1. Having the fluoride varnish put on my teeth was easy. (Circle one)

Agree Neutral Disagree Don't Know/ No Answer

2. I believe that the fluoride varnish helped my teeth. (Circle one)

Agree Neutral Disagree Don't Know/ No Answer

3. The following parts of the experience were valuable to me: (Circle all that apply)

The printed information on dental health

The Dental Screening

Having fluoride varnish applied to my teeth

The toothbrush

Talking to the dental professionals about dental health

4. If the fluoride varnish was applied at the Senior Center again, I would have it done. (Circle one)

Yes No Don't Know

Thank you!

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