ARKANSAS DEPARTMENT OF HEALTH

ARKANSAS OLDER ADULT

BASIC SCREENING SURVEY REPORT 2026

A look into the oral health of high risk older adults in Arkansas.

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Introduction & Methodology

Introduction

The Basic Screening Survey (BSS) is a tool for measuring and reporting community-level oral health status and was developed by the Association for State and Territorial Dental Directors (ASTDD) in collaboration with the Ohio Department of Health in 1999.

The purpose of a BSS is to provide a framework for collecting oral health data inexpensively and consistently across states. BSS data is obtained by licensed oral health professionals who conduct visual screenings of the oral cavity and record oral health indicators.

Older adult BSSs are designed to collect data on older adults at highest risk for oral disease, and may target both those dining at congregate meal sites (such as senior centers) and those living in long-term care facilities. The 2026 Arkansas Older Adult BSS contains only data for older adults dining at congregate meal sites.

Methodology

The sampling frame for the survey was congregate meal sites in Arkansas that averaged serving 10 or more meals daily. A systematic probability proportional to size sampling scheme with implicit stratification by health planning region was used to select a sample of 34 congregate meal sites with a 5% margin of error. Thirty-two congregate meal sites agreed to participate and 2 ceased operation between the time of sample collection and screening. The congregate meal sites that closed were replaced with randomly selected congregate meal sites from the same sampling interval.

The data were collected from January - April 2026 by one (1) licensed dentist gathering survey information through a laptop with online access to a REDCap® data entry form. During the survey period, 261 adults received a dental screening, 248 of whom were age 60 or older.

Data were analyzed by ASTDD as part of a technical assistance agreement with the Arkansas Department of Health Office of Oral Health (ADH OOH). All analyses were completed using the complex survey procedures within SAS 9.4. The data were not weighted due to small sample size; because of this, the sites are representative of the state, and the results are for the individuals that opted to participate.

34 SITES

248 OLDER ADULTS

Definitions

Edentulous

The clinical term for having no teeth; the state of having no teeth is called “edentulism”

Functional Posterior Contacts

Opposing pairs of natural or non-natural posterior teeth (premolars and/or molars)

Need for Periodontal Care

Participant needs to have their teeth cleaned before their next regularly scheduled dental appointment or needs more advanced periodontal treatment

Obvious Tooth Mobility

Screener can readily observe that one or more teeth are mobile (loose)

Root Fragments

Teeth where the top portion of the tooth (crown) has fractured off at or below the gum line and left a root lodged in bone

Suspicious Soft Tissue Lesions

Participant has a soft tissue lesion that the screener feels should be evaluated by a health professional

Untreated Decay

Screener can readily observe breakdown of the tooth enamel or cementum

Urgent Dental Care

Participant shows signs or symptoms that include pain, infection, swelling, or a suspicious lesion

Executive Summary

The 2026 Arkansas Older Adult Basic Screening Survey (BSS) provides the first statewide assessment of oral health among older adults since 2013. Unlike some state surveys that also include residents of long-term care facilities, Arkansas's 2026 survey was limited to congregate meal participants—older adults who generally maintain greater independence and functional status than long-term care residents.

Even within this comparatively healthier population, the findings reveal a substantial burden of untreated oral disease and tooth loss. Because congregate meal participants generally represent healthier, community-dwelling older adults, these results should be viewed as a conservative estimate of statewide need.

The implications of BSS findings extend well beyond oral health. Tooth loss, untreated decay, and poor oral hygiene compromise nutrition, speech, and quality of life while increasing the risk of systemic conditions including aspiration pneumonia, diabetes complications, and cardiovascular disease.

The survey also identified persistent oral health variations across demographic groups, with Black Arkansans experiencing higher rates of edentulism and poorer oral health indicators across multiple measures than their White counterparts, underscoring the continued need for focused interventions.

Looking Ahead

The findings of the 2026 Older Adult BSS reinforce the importance of integrating oral health into healthy aging initiatives and expanding access to preventive and restorative dental services for Arkansas's growing older adult population.

As Arkansas continues to address the needs of an aging population, these data support investments in community-based prevention, medical-dental integration, workforce development, and policies that improve access to oral healthcare across the continuum of aging.

Key Insights

Of older adults (60+) surveyed in congregate meal sites across Arkansas:

24% Had No Natural Teeth

Lacking natural teeth makes it more difficult to chew nutritious foods, even when teeth are replaced by dentures; this condition is linked with greater risk of obesity and uncontrolled blood sugar.

27% Had Untreated Tooth Decay

Untreated tooth decay can lead to pain and infection, which often drives costly tooth-related visits to the emergency department.

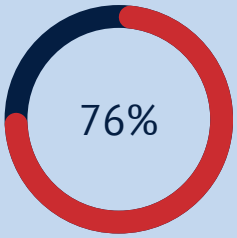
13% Had No Functional Posterior Contacts

Lacking posterior (back) teeth that contact makes it difficult to chew and produces greater wear on other teeth.

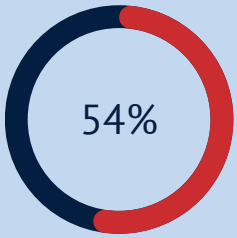
20% Needed Periodontal Care

Periodontal disease is a chronic, inflammatory condition caused by bacteria in the mouth and is linked to greater risk of developing other health problems like heart disease, stroke, dementia, and uncontrolled diabetes.

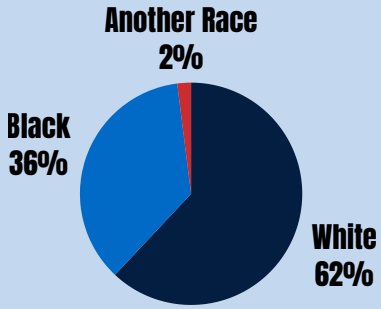
Participant Demographics



76% Female | 24% Male



54% Nonmetropolitan | 46% Metropolitan



DENTURE USAGE

41% of older adults had an upper denture, and **35%** had a lower denture (either partial or complete denture).

TOOTH MOBILITY

10% of older adults were observed to have obvious tooth mobility (looseness).

ROOT FRAGMENTS

12% of older adults were observed to have retained root fragments in need of extraction.

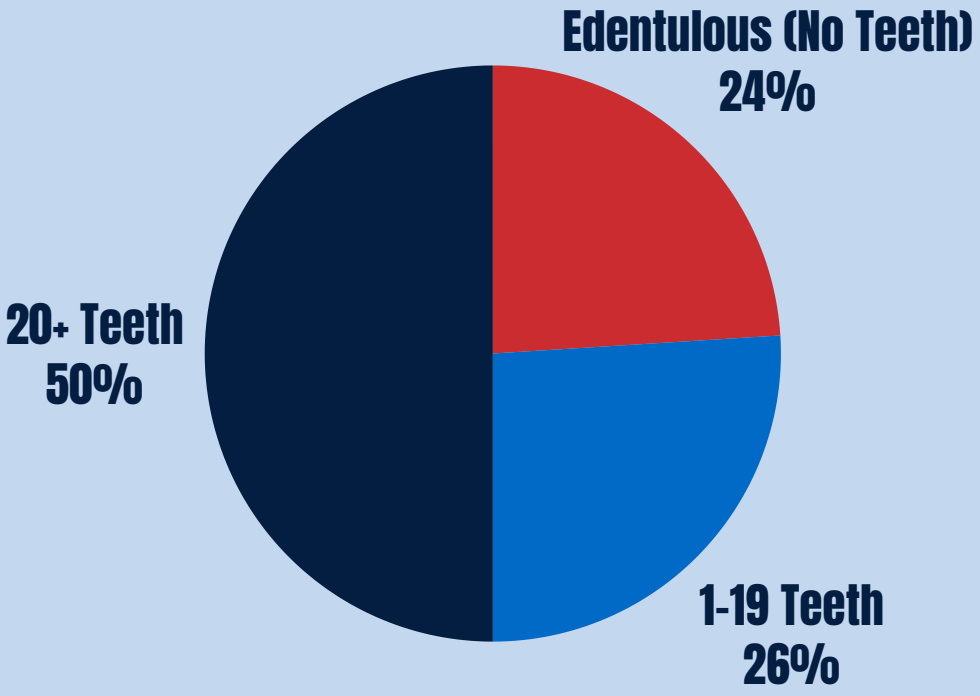
URGENT CONDITIONS

3% of older adults had a suspicious soft tissue lesion and **4%** had an urgent need for dental care.

Tooth Loss

Only half of participants had at least 20 teeth, a commonly accepted threshold for maintaining adequate chewing function and nutrition.

This level of tooth loss has significant implications for both oral and overall health, including difficulty eating nutritious foods, poorer dietary quality, and reduced quality of life and social engagement.



Demographic Variation

Data show higher rates of untreated oral disease and tooth loss among certain groups.

Women

Tooth Loss

Women were more likely to have upper dentures than men (44% v. 31%) and more likely to have lower dentures (36% v. 31%).

Men

Untreated Disease

Men were more likely to present with untreated decay, compared to women (34% v. 24%). Men were also more likely to need periodontal care than women (23% v. 18%).

Urbanicity

Untreated Disease & Tooth Loss

Metropolitan residents were more likely to have lost all their teeth than Nonmetropolitan residents (27% v. 21%). Conversely, Nonmetropolitan residents were more likely to be living with no functional posterior contacts (18% v. 8%).

Geography

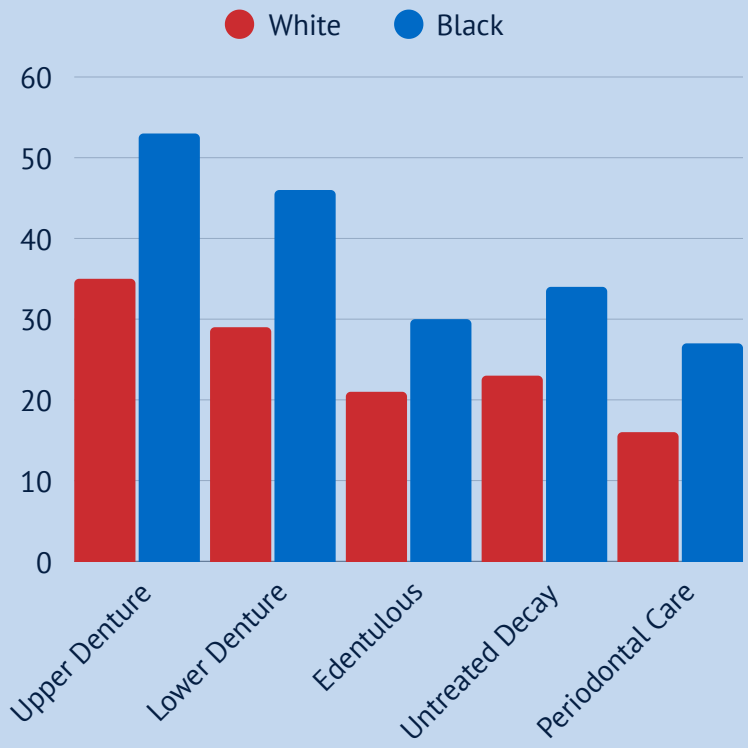
Untreated Disease & Tooth Loss

Across indicators for total tooth loss and untreated decay, the Northeast public health region experienced the highest burden of disease, with Central region also exhibiting high disease burden.

Race

This survey identified persistent variations in oral health outcomes across racial groups, with Black participants experiencing a higher burden of untreated oral disease and tooth loss than their White counterparts.

This finding suggests that broader structural factors have contributed to barriers accessing dental care, highlighting the need for targeted, responsive care strategies.



Statewide Prevalence by Site

Prevalence of Untreated Decay, Root Fragments, Upper Denture, and Lower Denture among Arkansas's Older Adults Participating at Congregate Meal Sites (age 60+) by Site (unweighted*), 2026

County	Site	# Screened	% Untreated Decay	% Root Fragment	% Upper Denture	% Lower Denture	% Dentate
Baxter	Mountain Home	11	30.0%	0.0%	27.3%	9.1%	90.9%
Benton	Bentonville	8	12.5%	14.3%	37.5%	37.5%	87.5%
Clark	Arkadelphia	8	25.0%	12.5%	37.5%	37.5%	100.0%
Clark	Gurdon	9	25.0%	12.5%	22.2%	22.2%	88.9%
Columbia	Magnolia	13	60.0%	40.0%	38.5%	23.1%	76.9%
Conway	Morrilton	8	14.3%	14.3%	25.0%	37.5%	87.5%
Craighead	Jonesboro	12	22.2%	11.1%	41.7%	50.0%	75.0%
Craighead	Monette	4	66.7%	66.7%	50.0%	50.0%	75.0%
Cross	Wynne	10	33.3%	33.3%	90.0%	90.0%	30.0%
Dallas	Fordyce	11	10.0%	10.0%	27.3%	9.1%	90.9%
Faulkner	Conway	13	18.2%	9.1%	38.5%	38.5%	84.6%
Faulkner	Mayflower	9	11.1%	0.0%	11.1%	11.1%	100.0%
Faulkner	Twin Groves	10	50.0%	50.0%	90.0%	90.0%	20.0%
Garland	Hot Springs	6	0.0%	0.0%	50.0%	33.3%	66.7%
Hot Spring	Malvern	8	28.6%	14.3%	37.5%	25.0%	87.5%
Johnson	Clarksville	2	50.0%	0.0%	0.0%	0.0%	100.0%
Lee	Marianna	11	33.3%	11.1%	36.4%	27.3%	81.8%
Logan	Booneville	3	0.0%	0.0%	33.3%	0.0%	100.0%
Madison	Huntsville	3	66.7%	0.0%	33.3%	33.3%	100.0%
Montgomery	Mt. Ida	8	28.6%	0.0%	37.5%	25.0%	87.5%
Newton	Jasper	5	33.3%	0.0%	60.0%	40.0%	60.0%
Ouachita	Camden	10	33.3%	11.1%	50.0%	20.0%	90.0%
Pike	Murfreesboro	5	0.0%	0.0%	80.0%	80.0%	40.0%
Polk	Mena	6	25.0%	0.0%	50.0%	50.0%	66.7%
Pope	Russellville	7	40.0%	0.0%	42.9%	28.6%	71.4%
Prairie	Des Arc	1	0.0%	0.0%	0.0%	100.0%	100.0%
Pulaski	East Little Rock	8	66.7%	33.3%	75.0%	75.0%	37.5%
Saline	Benton	4	50.0%	50.0%	50.0%	50.0%	50.0%
Saline	Bryant	10	44.4%	0.0%	30.0%	10.0%	90.0%
Sebastian	Fort Smith	8	33.3%	0.0%	25.0%	12.5%	75.0%
Washington	Farmington	11	0.0%	0.0%	27.3%	9.1%	90.9%
Washington	Fayetteville HA	7	85.7%	57.1%	0.0%	0.0%	100.0%
Washington	Prairie Grove	7	40.0%	40.0%	28.6%	28.6%	71.4%
Yell	Dardanelle	5	0.0%	0.0%	20.0%	20.0%	80.0%

***Unweighted data at the county level do not reflect county-level prevalence of untreated decay, root fragments, or upper and lower dentures.**

Future Goals & Strategies

Arkansas is well-positioned for improvement in older adults' oral health. The growth of our state's oral health workforce through increased in-state training opportunities, a state-wide focus on whole patient care, and the momentum of coalition groups focused on oral health improvement present an unprecedented opportunity to achieve meaningful outcomes.

Oral health stakeholders are encouraged to use the information gleaned from this survey to develop new initiatives and forge partnerships across public health, policy, clinical care systems, and aging services.

> *The future of public health is crossing sectors.*
>
> American Public Health Association

A Call to Action

01. Strengthen Community and Clinical Partnerships

- Establish or expand partnerships between dental providers (including student clinics), primary care clinics, aging services, and long-term care facilities.
- Integrate oral health screening and referral pathways into existing chronic disease management programs that serve older adults.

02. Deliver Targeted Oral Health Education for Older Adults and Caregivers

- Develop tailored oral health education materials for older adults and caregivers.
- Increase knowledge of chronic disease–oral health connections.

03. Enhance Information Sharing, Data Use, and Public Awareness to Support System-Level Improvements

- Improve availability and use of oral health data related to older adults across community, clinical, and aging services partners.
- Broaden awareness of variations in oral health between demographic groups and promote the prevention and treatment of oral disease.

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