Oral Health America
Policy Statement
Oral Health and Healthcare Reform
April 2009

As the public's advocate for oral health, Oral Health America believes that any comprehensive reform of the U.S. health care system must 1) provide universal coverage including oral health coverage and access to high-quality, cost-effective oral health care services, and 2) encourage universal participation.

Health care of the mouth should accord equal status with other medical services within a reformed U.S. health care system that recognizes that the mouth is a part of the body. Parity of oral health care services demands a commitment to prevention, public advocacy, and the exploration and implementation of new models within an integrated health care system

Individuals, families, businesses, and federal, state, and local governments are collectively responsible for the oral health and well-being of our country. Specifically, this means:

- Providing public health insurance options that include dental benefits for children and adults.
- Ensuring that children and adults are able to obtain on-going high-quality, cost-effective preventive and restorative dental care.
- Investing in dental public health measures that improve our nation's capacity to meet the health care needs of patients, communities, and other stakeholders.
- Addressing workforce issues including diversity, function, education, and distribution of dental care providers.
- Ensuring integration of dental and medical services.
- Ensuring oral health education for families.
- Addressing oral health care financing issues.
- Investing in oral health research.

Dental Care is a Critical Part of Health Care

The traditional delivery model for oral health care in America has been separate from health care in terms of insurance, financing, and treatment—but the undeniable relationship between oral health and overall health is leading researchers, businesses, insurers, care providers, policymakers, and the public to bring them together. Oral health is integral to overall health and well-being. Oral conditions are associated with heart disease, stroke, diabetes, pre-term low weight births and respiratory diseases. The mouth mirrors the state of general health, and health problems such as HIV and diabetes can affect oral health. Oral and pharyngeal cancers reflect and impact physical health, and "meth mouth" is connected with behavioral health.

Cost

Health care spending accounted for 16.2 percent of our gross domestic product, or $22 trillion, in 2007.[1] Spending growth for dental services accelerated in 2007, increasing 5.2 percent to $95.2 billion.[2] Companies, individuals, and state and federal government face higher health bills each year.

The cost of caring for Americans without health insurance in emergency rooms adds approximately $922 to the average cost of annual premiums for employer-sponsored family coverage.[3] *For example, in 2007, more than 83,000 Californians ended up in emergency departments for urgent dental care, and the percentage of visits for preventable dental*

conditions increased dramatically. In fact, statewide, the emergency department visit rate for preventable dental conditions runs higher than that for diabetes.[4]

Most dental diseases are preventable, and early dental treatment is cost effective. Preventing and controlling dental diseases includes adequate financing of organized activities to promote and ensure the public's oral health through education, applied dental research, and the implementation of cost effective measures such as community water fluoridation and school dental sealant programs.

The cost of providing preventive dental treatment is estimated to be 10 times less than the cost of managing symptoms of dental disease in a hospital emergency room.[5] Improving oral health by multiple preventive approaches, including periodontal disease management, has saved more than $4 billion per year in treatment costs.[6] Prevention of dental diseases ranks above HIV screening and influenza immunization in cost savings.[7] Children who receive preventive dental care early in life have lifetime dental costs that are 40 percent lower than children who do not receive care.[8] Oral cancer treatment costs in the earliest stages of the disease are estimated to be 60 percent lower than those at an advanced stage of disease.[9] Every dollar invested in community water fluoridation yields approximately $38 in savings on dental treatment costs.[10]

Dental Coverage

As of 2007, more than 75 million adults—42 percent of all adults ages 19 to 64—were either uninsured during the year or underinsured, up from 35 percent in 2003.[11] Half of those without insurance in 2003 reported putting off needed care.[12]

Approximately 130 million adults and children do not have dental coverage, and having dental coverage is a determinant in who does and does not receive care. Americans without coverage at all income levels are less likely to report a dental visit than were people with coverage.[13] Uninsured individuals often delay dental treatment until serious or acute dental emergencies occur.[14] Children with no dental health coverage are 3 to 4 times more likely to have no regular dental care when compared with children on private or public dental health insurance.[15]

Effect on National Productivity

More than one of every six working-age adults (18%) reported being unable to work or carry out everyday activities because of health problems in 2006—up from 15 percent in 2004.[16] Over 51 million school hours are lost each year to dental-related illness, and employed adults lose more than 164 million hours of work each year due to dental disease or dental visits.[17]

Oral Health Disparities

Significant oral health disparities exist for underserved or vulnerable populations, including racial/ethnic minority groups, people in rural areas and Health Professional Shortage Areas, immigrants, people who are homeless, older Americans, and people with developmental disabilities and chronic conditions. These groups benefit less from recent prevention and treatment innovations,[18] were generally *more likely* to wait when sick, to encounter delays and poorly coordinated care, and to have untreated dental caries, uncontrolled chronic disease, avoidable hospitalizations, and worse outcomes.

While tooth decay is the single most common chronic childhood disease, poor children suffer twice as much dental caries and their disease is more likely to be untreated.[19] Roughly 75 percent of tooth decay in children aged six or older occurs in only 33 percent of children, concentrating in black, Mexican American, American Indian/Alaska Native, and low-income groups.

Low income, less educated, and racial/ethnic minority populations have higher prevalence of caries, periodontal diseases, and oral cancer than other adults. In 1994-2004, 60 percent of adults had prior-year dental visits, with fewer visits from racial/ethnic minorities (43-50 percent), populations below the poverty level (44 percent), and those with less than a high school education (38 percent).[20]

Workforce Diversity
Racial and ethnic diversity of health professionals contributes to improved access to care, greater patient choice and satisfaction, and enriched educational experiences for students.[21] Proposals to reform the U.S. health care system should include adequate funding for programs that are designed to increase the number of underrepresented minorities in the health professions. This would ensure a workforce that is prepared to meet the needs of a diverse population that continues to expand. This responsibility includes preparing oral health care providers to care for a racially and ethnically diverse population, an aging population, and individuals with special needs.[22]

Educating Americans About Their Mouths
According to a public opinion survey conducted by Oral Health America in 2008, most adults are unaware of the role that infectious bacteria can play in tooth decay.[23] Oral health knowledge and practices differ by ethnicity and culture. Groups vary in beliefs about the usefulness of treating primary teeth, the reasons for tooth decay, the meaning of oral pain, dental discolorations, tooth loss, periodontal diseases, and poor oral hygiene.[24] Dental concerns are not well addressed in public health policy (evidenced by poor funding for oral health services), leaving significant opportunities for improvement.

Recommendations
Oral Health America proposes a comprehensive, multi-tiered Oral Health Parity Policy Agenda that would include access to basic oral health care for all, as part of a universal health insurance package. Initial steps could include the inclusion of dental care in Medicare, incentives to states to develop and expand model dental programs for adults in Medicaid, and a national Healthy Mouth Campaign to educate families about self care and disease prevention.

The Oral Health Parity Policy Agenda requires investments in dental public health and dental education, with a focus on building community infrastructure for oral health services—both preventive and restorative—as well as increasing the diversity of dental care providers. Through research and technology advances, supported by federal and state funding, medical and dental care providers should integrate disease management practices to improve health outcomes and cut costs. States should be encouraged to realign practice acts to reflect current capabilities and education levels of dental care practitioners, and allow for greater participation in the appropriate treatment of underserved populations.

Within ten years, all Americans should have an annual dental visit.

For more information, call 312.836.9900, e-mail liz@oralhealthamerica.org, or visit www.oralhealthamerica.org.

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