



Oral Health Update: Ten Years After the Surgeon General's Report

FORUM SESSION ANNOUNCEMENT

A DISCUSSION FEATURING:

Caswell A. Evans, Jr., DDS, MPH

*Associate Dean for Prevention and Public Health Sciences
College of Dentistry
University of Illinois at Chicago*

Burton Edelstein, DDS, MPH

*Professor of Dentistry and Health Policy & Management
Columbia University
Founding Director and Board Chair
Children's Dental Health Project*

Christine Veschusio, RDH, MA

*Director, Oral Health Division
South Carolina Department of Health and Environmental Control*

G. Joseph Kilsdonk, AuD, MS

*Director of Education
Marshfield Clinic*

FRIDAY, JANUARY 21, 2011

11:45AM–12:15PM—Lunch

12:15PM–2:00PM—Discussion

LOCATION

Reserve Officers Association
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
*(Across from the Dirksen
Senate Office Building)*

REGISTER NOW

Space is limited. Please
respond as soon as possible.

Send your contact information
by e-mail to:

nhpfmeet@gwu.edu

National Health Policy Forum

2131 K Street, NW
Suite 500
Washington, DC 20037

T 202/872-1390
F 202/862-9837
E nhpf@gwu.edu
www.nhpf.org

Judith Miller Jones
Director

Sally Coberly, PhD
Deputy Director

Monique Martineau
*Director, Publications and
Online Communications*

Forum Session Manager
Jessamy Taylor
Principal Policy Analyst

The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.

It has been over ten years since the first oral health report, one in which dental disease was designated as the “silent epidemic,” was released by the Surgeon General in May 2000.¹ Today the United States continues to struggle with adequate access to and utilization of dental services. More than personal appearance is at stake: untreated oral decay and oral infections can have serious health consequences. Research shows an association between several types of cardiovascular disease, including heart disease and stroke, and oral infections; gum disease has been linked to both premature birth and difficulty achieving glycemic control in diabetics.²

Nationwide, untreated tooth decay affects 19.5 percent of children ages 2 to 5 and almost 23 percent of children ages 6 to 19. However, untreated tooth decay is more than twice as prevalent among low-income children (those in families with incomes below the federal poverty level, or FPL)³ than among children with family incomes above 200 percent of the FPL. The disparity in oral health between income groups is even more startling for adults. About 47 percent of adults ages 20 to 64 whose incomes are below the poverty level have untreated dental caries (cavities), compared with 19 percent of adults with incomes above 200 percent of the FPL.⁴ Dental disease remains the most common illness among children and affects more than 40 percent of low-income adults. As a result, many children and adults suffer pain and experience difficulty eating, sleeping, speaking, learning, and attending school or work.

Dental insurance coverage, like the dental delivery system, differs in significant ways from medical insurance coverage and care delivery in the United States. Some 43 million adults lack medical insurance, but it is estimated that three times as many lack dental insurance.⁵ For children, about 54 percent are estimated to have private dental coverage and 26 percent, public dental coverage; one in five children is estimated to lack dental insurance.⁶ It is unclear how much of a barrier lack of insurance is to care. Some people pay out-of-pocket since, unlike most health insurance, the maximum benefit paid out under dental plans is modest. (A “high” option family plan offered to federal employees for an annual premium of about \$1,700, for example, caps the maximum benefit at \$4,000 per individual.) Other individuals may choose to rely on the dental safety net—health centers, dental schools, clinics, Medicaid-oriented dental practices, charity programs, and hospital emergency rooms, among others—for care. Recent increases in federal investments in health centers and the National Health Service Corps program seek to improve access to dental services for the underserved, but gaps remain and the overall effect is still unknown.

A number of entities, including state Medicaid and CHIP (Children's Health Insurance Program) Programs, the American Dental Association, private foundations, and safety net programs, have attempted in recent years to improve access to dental services, particularly for low-income children. Accessing oral health services through public insurance like Medicaid and CHIP remains a challenge, however. The Government Accountability Office reported that, in 2008, less than 37 percent of children in Medicaid received any dental services under that program. States cite low participation by dentists in Medicaid and CHIP as well as limits on the number of Medicaid patients participating dentists will treat as key causes of the low utilization.⁷ Dentists often cite low payment rates by state Medicaid programs and administrative barriers for their limited participation.

The U.S. dental workforce generally consists of dentists, dental hygienists, and dental assistants. In Alaska and Minnesota, mid-level dental providers or dental therapists are recent additions to the workforce, and, in many states, primary health care providers such as physicians and nurses augment the dental workforce by performing certain preventive dental procedures. A number of indications of the insufficiency and maldistribution of the dental workforce exist: by 2014, the number of retiring dentists will exceed the number graduating and, as of September 2009, there were 4,230 dental health professional shortage areas (HPSAs) where the full-time dentist-to-population ratio is at least 1 to 5,000. Forty nine million people live in dental HPSAs.⁸

This Forum session will explore the relationship between oral health and general health and well-being, discuss the state of Americans' oral health, describe how the U.S. oral health delivery system is structured and the roles that private and public dental insurance and safety net providers play, and outline key changes in oral health status and access in the decade since the Surgeon General's May 2000 report. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and the Patient Protection and Affordable Care Act of 2010 (PPACA) included provisions related to oral health insurance coverage, financing, workforce, infrastructure, safety net, prevention, and surveillance. Key provisions and funding availability will be highlighted. State and local perspectives on improving access will also be included, and the discussion will include a variety of perspectives on future directions for improving oral health in America.

For a closer look at this issue, see "Oral Health Checkup: Progress in Tough Fiscal Times?" (Issue Brief No. 836, March 29, 2010, available at www.nhpf.org/library/details.cfm/2779).

KEY QUESTIONS

- What is oral health and how does it relate to overall health and well-being?
- What is the status of oral health among groups defined by age, sex, and socioeconomic level? How is the burden of disease distributed across these populations?
- What is the U.S. oral health care delivery system like? Is there an oral health safety net, and is it adequate? How might the oral health care delivery system be improved?
- What are the types and distributions of oral health providers in the U.S. delivery system? What kinds of proposals are under consideration for strengthening the oral health workforce? What innovations in oral health services delivery and workforce might transform the U.S. system?
- How has oral health improved or worsened in the decade since the 2000 Surgeon General's report? From a policy perspective, what efforts appear to have helped the most?
- How will recent federal legislative changes and funding impact the oral health delivery system and people in need of oral health services?
- How are states approaching improving oral health for their populations? What challenges and opportunities do they face?

SPEAKERS

Caswell A. Evans, Jr., DDS, MPH, associate dean for prevention and public health sciences, University of Illinois at Chicago, College of Dentistry, and executive editor and project director for *Oral Health in America: A Report of the Surgeon General* (released in May 2000), will set the stage for the discussion. He will provide an overview of the importance of oral health, describe oral health status across populations in the United States and the oral health delivery system, and will discuss key changes in the decade since the Surgeon General's report was published. Burton Edelstein, DDS, MPH, professor of dentistry and health policy & management, Columbia University, and founding director and Board chair, Children's Dental Health Project, will discuss coverage and utilization of oral health services in public insurance programs, programs to care for the uninsured, and recent federal legislative changes impacting public and private coverage, as well as population-based oral health activities and workforce training.

Christine Veschusio, RDH, MA, director, Oral Health Division, South Carolina Department of Health and Environmental Control, will discuss her state's experience in working to improve oral health access in the midst of Medicaid adult dental benefit cuts and state budget challenges. G. Joseph Kilsdonk, AuD, MS, director of education at the Marshfield Clinic, will discuss the partnership between the Family Health Center of Marshfield, Inc., a federally qualified health center, and the Marshfield Clinic to improve access to oral health services for residents of rural Wisconsin by expanding service sites and creating a dental training program locally.

ENDNOTES

1. U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General* (Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000); available at <http://silk.nih.gov/public/hck1ocv@www.surgeon.fullrpt.pdf>.
2. "Links Between Oral and General Health," Centers for Disease Control and Prevention, Oral Health Division, fact sheet, October 4, 2002; available at www.cdc.gov/oralhealth/publications/factsheets/sgr2000_fs4.htm.
3. For 2010, the federal poverty level was \$10,830 for an individual and \$22,050 for a family of four in the contiguous 48 states; rates are higher for Alaska and Hawaii.
4. National Center for Health Statistics (NCHS), *Health, United States, 2009 with Special Feature on Medical Technology*, table 7, "Untreated dental caries, by selected characteristics: United States, 1971–1974, 1988–1994, and 2001–2004," January 2010; available at www.cdc.gov/nchs/data/hus/hus09.pdf.
5. R.J. Manski and E. Brown, "Dental Coverage of Adults Ages 21–64, United States, 1997 and 2007," Agency for Healthcare Research and Quality, Statistical Brief #295, October 2010; available at www.meps.ahrq.gov/mepsweb/data_files/publications/st295/stat295.pdf.
6. R.J. Manski and E. Brown, *MEPS Chartbook No.17: Dental Use, Expenses, Private Dental Coverage, and Changes, 1996 and 2004* (Rockville, MD: Agency for Healthcare Research and Quality, 2007); available at www.meps.ahrq.gov/mepsweb/data_files/publications/cb17/cb17.pdf.
7. Government Accountability Office, "Oral Health: Efforts Under Way to Improve Children's Access to Dental Services, but Sustained Attention Needed to Address Ongoing Concerns," GAO-11-96, November 2010; available at www.gao.gov/new.items/d1196.pdf.
8. Institute of Medicine, *The U.S. Oral Health Workforce in the Coming Decade: Workshop Summary*, (Washington, DC: National Academies Press, 2009), available at www.nap.edu/catalog.php?record_id=12669; and "Shortage Designations: HPSAs, MUAs, and MUPs," Health Resources and Services Administration, Bureau of Health Professions, Shortage Designation Division, updated May 28, 2010, available at <http://bhpr.hrsa.gov/shortage/>.