

FILLING THE GAP: STRATEGIES FOR IMPROVING Oral Health

Although scientific and medical advancements over the last hundred years have dramatically improved oral health and dental care, the benefits of such progress have not been shared by everyone. Children, the elderly, minorities, and those in low-income families carry a disproportionate burden of oral disease (see box).

Oral health is a significant component of physical and social well-being. Untreated dental caries lead to pain, interference with eating, overuse of emergency room services, poor self-esteem, and lost time at school and work. Many oral diseases can be attributed to bacterial infections that, when left untreated, can affect other systems of the body. Although the relationship between diseases of the mouth and other illnesses is not completely clear, associations between poor oral health and cardiovascular disease as well as respiratory disease have been documented.

FACTORS AFFECTING ORAL HEALTH

The problems of oral health reflect both the broader deficits in health care – such as access, financing, knowledge, and behavior – and problems that are unique to dental care. The dental care delivery system has evolved separately from the medical care delivery system and consists primarily of practitioners in small or solo practices. Dental care is poorly insured; only about half of the U.S. population has third-party dental coverage. Publicly-provided health insurance offers little to no coverage for adults and the elderly, and although Medicaid and the State Children's Health Insurance Program provide comprehensive coverage for low-income children, many have difficulty accessing dental services. The safety net for comprehensive dental care is small and fragmented. There are few public dental resources that provide comprehensive dental care.

The nation is also experiencing a shortage of providers. The ratio of dentists to population decreased in recent years, and today there are fewer applicants and enrollees to dental school than 25 years ago. There are only a handful of pediatric dentists, and few dental students have an opportunity to practice with elderly patients. There is also a lack of diversity among dental providers, and the already low number of minority dentists is dwindling. At the same time, there are fewer dentists practicing in urban and rural areas where there is the greatest need.

Two other factors contribute to poor oral health. First, more than 100 million Americans live in communities without fluoridated water systems. Second, knowledge about key prevention strategies is low. Recent studies have shown that

few adults can identify fluoride and dental sealants as effective tools for prevention.

In recognition of the magnitude of the problem, GIH convened an Issue Dialogue, "Filling the Gap: Strategies for Improving Oral Health," on May 16, 2001, in conjunction with the Children's Dental Health Project. This *Issue Focus* is based upon the meeting's discussion and will be incorporated into a full report, available this fall.

WHAT CAN BE DONE?

The problems of oral health are not insurmountable. Oral health can be improved by focusing public and private attention and resources on prevention, the dental health care safety net, and awareness of the importance of oral health to overall health and well-being. Several foundations have begun to develop creative solutions to address oral health concerns. Some focus on children and fund strategies to prevent the occurrence of dental diseases; others focus on the oral health of older adults. The following list of activities illustrates the variety of strategies available.

- **Direct delivery of oral health services.** Foundations can help improve access to oral health services by supporting dental clinics, organizing volunteer dentists and hygienists to provide free dental care, or underwriting the dental expenses of low-income patients.
- **Education and outreach.** In order to improve oral health, foundations can promote individual prevention efforts

KEY FACTS ON ORAL HEALTH

- More than half of children ages 5 to 9 and three-quarters of 17-year-olds have at least one cavity or filling.
- Mexican-American children ages 1 to 2 years are more likely to experience dental caries than children in other racial or ethnic groups.
- Twenty-three percent of those aged 65 to 74 years have severe periodontal disease, and about 30 percent of adults 65 years and older have no teeth.
- African Americans are more likely than whites to have untreated dental caries or missing teeth.

Source: National Institute of Dental and Craniofacial Research, National Institutes of Health, U.S. Department of Health and Human Services, *Oral Health in America: A Report of the Surgeon General*, (Bethesda, MD: 2000); www.surgeongeneral.gov/library/oralhealth.

(such as eating a healthy diet, abstaining from substance abuse, protecting against injuries, and engaging in a consistent pattern of dental hygiene), and support demonstrations of primary and secondary prevention and dental disease management programs.

- **Convening.** Foundations can bring together key stakeholders such as researchers, policymakers, providers, and advocates to develop a common understanding of the problems of oral health.
- **Advocacy.** In concert with community-based organizations, foundations can build action plans to encourage more providers to participate in public insurance programs such as Medicaid, to expand coverage for dental services for adults in Medicaid, and to improve coverage for the elderly in Medicare.
- **Water fluoridation.** Because water fluoridation is a cost-effective method of preventing dental disease, foundations can fund community water-fluoridation systems and provide technical assistance to communities in need of fluoridated water.
- **Provider shortages.** Foundations can collaborate with lending institutions to help finance the housing, education, and practice costs of recent graduates; engage other health professionals, including physicians, to screen, refer, and promote prevention strategies; and support efforts such as debt reduction and tax incentive programs to encourage practitioners to work in underserved communities.
- **Provider capacity.** Foundations may fund strategies to build dentists' competencies to address the needs of the very young, the old, and culturally diverse populations through changes in curriculum and training new faculty.
- **Research, policy analysis, and dissemination.** Foundations may fund studies to improve understanding of oral health problems and their antecedents; collect data on dental care financing including cost, market rates, and utilization; and conduct a thorough inventory of the dental care safety net.

PUBLIC AND PRIVATE ORGANIZATIONS ADDRESSING ORAL HEALTH

Improving oral health will depend on the combined efforts of foundations, federal and state governments, and non-profit organizations. Programs developed to address the problems of oral health must be adopted at the local, state, and national levels. The following foundations have dedicated significant time and resources to improving oral health:

Anthem Blue Cross and Blue Shield Foundation
Denver, CO
Contact: Sally Vogler, 303.831.5899

The California Endowment
Woodland Hills, CA
Contact: Marion Standish, 415.343.0222

W.K. Kellogg Foundation
Battle Creek, MI
Contact: Henrie Treadwell, 616.968.1611

St. Luke's Health Initiatives
Phoenix, AZ
Contact: Jane Pearson, 602.385.6502

Sierra Health Foundation
Sacramento, CA
Contact: Tom Bennett, 916.922.4755

United Methodist Health Ministry Fund
Hutchinson, KS
Contact: Kim Moore, 316.662.8586

Washington Dental Service Foundation
Seattle, WA
Contact: Tracey Peterson Garland, 206.528.7388

OTHER ORGANIZATIONS AND PROJECTS INVOLVED IN THE ISSUE

Children's Dental Health Project
www.childent.org

HRSA/HCFA Oral Health Initiative
www.hrsa.gov/oralhealth/index.htm

National Conference of State Legislatures
www.ncsl.org

National Governors' Association
www.nga.org

NIDCR Plan to Eliminate Craniofacial, Oral, and Dental Health Disparities
www.nidcr.nih.gov/opportunities/healthdisp/hdplan.pdf

National Maternal and Child Health Resource Center
www.mchoralhealth.org

National Oral Health Information Clearinghouse
www.nohic.nidcr.nih.gov

National Oral Health Surveillance System
www.cdc.gov/nohss

Oral Health America
www.oralhealthamerica.org

REFERENCES

Gehshan, Shelly, Paetra Hauck, and Julie Scales, *Increasing Dentists Participation in Medicaid and SCHIP: Promising Practices Issue Brief* (Washington, DC: National Conference of State Legislatures, 2001).

Reforming States Group, *Pediatric Dental Care in CHIP and Medicaid: Paying for What Kids Need, Getting Value For State Payments* (New York, NY: Milbank Memorial Fund, 1999).

U.S. Department of Health and Human Services, *Healthy People 2010* (Washington, DC: January 2000).