

Fact Sheet: “Building Better Oral Health: A Dental Home For all Texans”

Oral health is more than the mouth. Poor oral health can compromise a person’s general health, quality of life and life expectancy.

Facts:

- The surgeon general estimates that children with oral disease miss over 51 million hours of school each year, and that adults with oral disease miss approximately 164 million hours of work each year. *(See page 8 of the report)*
- Untreated oral disease can become systemic and lead to serious or even life threatening conditions that result in the need for emergency department visits, extended hospital stays and costly medications. *(See page 9 of the report)*
- Researchers have found an association between oral disease and conditions such as heart disease, stroke, and bacterial pneumonia. *(See page 9 of the report)*
- Researchers from the National Institute of Diabetes and Kidney Disease found that diabetic patients with severe gum disease were more than three times more likely to die of combined kidney and heart dysfunction compared with other groups with no or mild-to-moderate gum disease – even after adjusting for other risk factors, such as high blood pressure and tobacco use. *(See page 11 of the report)*
- A two-year randomized survey of 366 residents of 11 different nursing homes found significantly lower rates of pneumonia among residents receiving oral care compared to those who weren’t. *(See page 33 of the report)*
- According to an analysis of data collected by the U.S. government through the Behavioral Risk Factor Surveillance System (BRFSS), in 2004 only seven states exceeded the Healthy People 2010 goal for annual dental exams among persons with diabetes. The statistics for Texas, a state with a high incidence of diabetes, are disturbing. In 2004, only 50 percent of dentate adults (those with teeth) with diabetes had a dental exam in the past year, down from 65 percent in 1999. The only state that had a lower rate of dental

visits in 2004 among dentate diabetic patients was Mississippi, at 49 percent. *(See page 35 of the report)*

- In 2004, dental services accounted for only about 4.6 percent of total health care spending in Texas. *(See page 16 of the report)*
- Approximately 29% of oral cancer cases in Texas are detected at the earliest, most treatable stage – compared to the Healthy People 2010 target of 50%. *(See page 28 of the report)*

With the changing face of Texas, the State must work to break the economic, structural, and cultural barriers that keep some Texans from getting proper oral care.

- **The report found that many of the young, sick, poor and elderly are falling through the cracks when it comes to dental care.**

Facts:

- In 2005, Texans paid nearly 54% of their dental expenditures out of pocket, compared to the national average of 49%. *(See page 14 of the report)*
- Of the ten largest states, Texas had the third highest percentage of dental expenses paid out of pocket, after Florida and New Jersey. *(See page 14 of the report)*
- According to the most recent Medical Expenditure Panel Survey, children with private dental coverage were twice as likely to have visited a dentist as children with no coverage. *(See page 14 of the report)*
- Among all 50 states, only three states (North Dakota, South Dakota, and Montana) had a higher percentage of children without dental insurance in 2003. In that same year, 32% of Texas children did not have dental coverage. *(See page 14 of the report)*
- According to the “Basic Screening Survey of Texas Public School Children” done in 2006, 44% of children ages 6-8 had untreated dental caries (tooth decay) compared with 26% nationally. *(See page 27 of the report)*
- According to the Center for Health Care Strategies: “Approximately 80% of dental caries (tooth decay) is concentrated in 25% of U.S. children - mostly

low-income children – with even higher levels of caries found in African-American and Hispanic children.” *(See page 27 of the report)*

- Adult Medicaid does not cover dental care, so unlike children, the poorest Texans have very limited access to government funded dental programs.
- Texas’ three dental schools ranked in the top five of all nonminority dental schools in the number of underrepresented minority students (blacks, Hispanics, American Indians and Native Alaskans) in fiscal year 2006. *(See page 43 of the report)*

Facts about the Frew agreement and Texas Medicaid:

Frew v. Hawkins was filed in 1993 on behalf of Texas Medicaid recipients. The class-action lawsuit alleged that children enrolled in Medicaid (known as Texas Health Steps) were not adequately receiving the preventive and specialty care services (including dental care) available to them under the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

In April 2007, after 14 years in court, the State of Texas reached an agreement with the plaintiff’s counsel in the *Frew* lawsuit. The agreement allocated \$1.8 billion (including \$707 million in state revenues) to expand access to children’s Medicaid services for the 2008 – 09 biennium.

Most of the *Frew* funding will be used to improve medical and dental Medicaid reimbursement rates in an effort to attract more providers into the Medicaid program. About \$150 million has been set aside during the 2008 – 09 budget period for “strategic medical and dental initiatives” to increase access to care, including dental services, in underserved areas. Another \$45 million for the 2008 – 09 biennium has been allocated to expand outreach and education for Medicaid-enrolled families and health care providers.

What is Healthy People 2010?

(From www.healthypeople.gov)

Healthy People 2010 is a set of health objectives for the nation to achieve over the first decade of the new century. It can be used by many different people, states, communities, professional organizations, and others to help them develop programs to improve health.

What is a dental home?

The American Academy of Pediatric Dentistry and the American Dental Association define a dental home as “the ongoing relationship between the dentist and the patient, and includes comprehensive oral health care, beginning no later than age one.”

What does access to oral health care mean?

There are many different ways to define the term “access to oral health care.” The authors of this report developed an approach to access to care that takes into account both the need to: (1) increase the availability of oral health care services for all Texans regardless of income, geography, race or ethnicity; and (2) enhance the public’s understanding of the importance of oral health care.

What is the 2000 U.S. Surgeon General report, “Oral Health in America?”

On May 25, 2000, Surgeon General David Satcher released “Oral Health in America.” This report shined much needed light on the “silent epidemic” of untreated oral disease – and affirmed the link between oral health and general health.