The Votes are In:

Advocating for Medicaid Adult Dental Coverage in Washington State
During the 2013 Washington State legislative session, the Washington Dental Service Foundation and its partners successfully advocated for the restoration of the Medicaid adult dental program.

Success required:
• Compelling messages
• Strong grassroots advocacy
• A broad-based lobbying coalition
• Effective media outreach

These tactics, combined with the right timing, led to the restoration of dental coverage for Medicaid-insured adults, which has the potential to benefit more than 775,000 low-income people in Washington.

Background
Most Medicaid-insured adults were limited to emergency dental services, such as tooth extractions and antibiotics for pain, when state budget cuts went into effect in January 2011. Six months later as a result of effective advocacy, dental services for select populations, including pregnant women, people with disabilities and individuals in long-term care, were restored. However, the vast majority of low-income adults in Washington were left without coverage.

Because the federal government does not mandate dental coverage for Medicaid-insured adults, state legislatures often cut services in difficult economic times. Washington was not alone in cutting Medicaid adult dental coverage during the Great Recession. The number of states without any adult dental benefits, including emergency services, increased from 5 in 2008 to 9 in 2011.¹

However, in Washington, policymakers got the message that attempts to save money by eliminating adult dental coverage often backfire because people are left with no place to turn besides the costly emergency room and they can develop expensive medical complications. With $23 million allocated in the state’s 2013-15 biennial budget, Washington’s program was restored in January of 2014, providing relatively comprehensive dental coverage, including preventive care, some restorative work, periodontal (gum) disease treatment, and dentures.

Opportunity to Leverage Federal Dollars
The federal government is covering the full cost of dental services (as well as other healthcare expenses) for the Medicaid expansion population through 2016, gradually tapering down to 90 percent in 2020 and thereafter. In order to take advantage of this opportunity, the state had to restore dental coverage to those already eligible for Medicaid. If legislators did not restore dental coverage, they would have left millions of federal dollars on the table. Moreover, with the additional federal funding coming into the state, Medicaid expansion is projected to save the state more than $350 million in healthcare expenses.

The federal government also pays about half the cost of dental services for clients who were already eligible for Medicaid. These federal matching dollars would have been forfeited without restoration of adult dental. To pay the state share, advocates argued it would only take a small portion of the savings generated by Medicaid expansion (just 7%) to fully fund adult dental coverage.

Reduce Costly Dental-Related ER Visits
Another effective argument was the cost savings associated with reducing dental-related emergency room visits. A study by the Washington State Hospital Association found that over an 18-month period, 54,000 dental-related visits to Washington’s emergency rooms resulted in more than $36 million in charges. Dental problems were the number one reason the uninsured visited the emergency room, and the sixth most common reason Medicaid-insured adults went to the ER. Emergency room treatment is not only more expensive than treatment in a dental office or clinic, but it is also limited to managing pain and infection rather than treating the underlying dental problem. Providing preventive care and routine treatment, like fixing cavities, is a sound investment that can prevent minor problems from turning into major health issues that are more expensive to treat.

Reduce Medical Costs for People with Diabetes
Providing dental coverage not only saves ER costs, but can also reduce medical costs for a population that policymakers are concerned about—those with chronic conditions including diabetes. Untreated gum disease can make it more difficult to control blood sugar, which can lead to serious complications, like blindness, amputation, and kidney disease. Groundbreaking research from United Concordia found that people with diabetes who received periodontal treatment had 61% fewer hospitalizations in the first year of treatment and annual medical cost savings of $3,200 per person, on average. Given that more than 60,000 Medicaid-insured adults in Washington have diabetes, it was clear that providing dental care had the potential to produce substantial savings for taxpayers. In fact, we estimated that the state could save $24 million in medical costs over the biennium by providing dental coverage. To be clear, this was a conservative estimate, derived by assuming that only one-quarter of the population would receive treatment and the treatment would result in only half the cost savings found in the research.

Messages that Generated Bipartisan Support
A number of messages persuaded legislators that restoring Medicaid adult dental coverage is cost effective, improves health, and will save money in the long run.
Put the Mouth Back in the Body
We also conveyed that oral health is an essential component of health care. Those without access to dental care suffer needlessly because dental disease is largely preventable with routine treatment and early intervention. When more complicated dental problems occur, it is important to treat them before they lead to serious health complications. Gum disease is linked to heart disease, stroke, and pneumonia. Oral disease can even cause the body to reject medically necessary organ transplants.

Help People Get Jobs
People need to be healthy to be self-reliant. Poor oral health can negatively affect an individual’s ability to secure and maintain employment. Employers are often reluctant to hire those who have obvious and unsightly dental problems, especially for customer service jobs. For those who are employed, productivity suffers when they are in pain or miss work because of agonizing dental pain. During our advocacy, we highlighted the importance of good oral health to the Medicaid expansion population, many of whom are working or seeking employment.

Delivering the Message
We used multiple avenues to deliver these messages, including direct communication with policymakers, a variety of media, and grassroots advocacy involving diverse partners and the public.

Lobbying by Diverse Organizations
The Foundation and partners had numerous one-on-one meetings with legislators, the Governor’s health policy staff, and agency officials. The Coalition to Fund Dental Access met weekly to determine which policymakers to target. This group consists of dental-related organizations, such as the state associations representing dentists, hygienists, and denturists, as well as other types of organizations, including anti-poverty advocates and community health center representatives.

What you can do:
• Adapt the advocacy materials in the toolkit to suit your local needs.
• Engage a broad coalition to lobby policymakers.
• Initiate a media campaign—even without significant funding, you can approach editorial boards, submit op-eds, and write letters to the editor.
• Conduct a grassroots campaign using social media tools.

Check out the toolkit for materials you can use in your effort. Visit OralHealthWatch.org.
Working with State Policymakers

When planning your strategy for engaging with policymakers, it is important to consider targets and timing. It would be overwhelming to convince each and every state legislator to fund Medicaid adult dental coverage. Luckily, you don’t have to! Familiarize yourself with the structure of your legislature, particularly the committees that have oversight of Medicaid dental coverage, such as the health care and budget committees (often called Appropriations or Ways and Means). You will want to target the chair, ranking member (i.e., highest ranked member of the party not in control of the chamber), and members of these committees. You will also need to reach out to the leadership of both chambers, such as the Speaker of the House, Senate President, Majority Leaders, and Minority Leaders.

Even if you suspect that some key legislators are unlikely to be supportive of Medicaid adult dental coverage, it is important to reach out to all of the leaders and at least make them aware of the issue. You may find that some are willing to reconsider the issue when they hear, for example, that dental care can help the Medicaid expansion population become employable. Conversely, it is also important to meet with legislators whose support you feel is assured. This gives you an opportunity to pass along the latest information that they can use to persuade their colleagues and also thank them for their support.

As you meet with legislators, determine if any can be cultivated as a “legislative champion”, someone who is passionate about the issue and will work to sway their colleagues. Champions often have a personal connection to the issue, such as a family member or many people in their district affected by the lack of dental coverage.

In addition to legislators, it is imperative to develop relationships with other policymakers, including key staff in the Governor’s office (e.g., health policy advisors) and the state agency that oversees Medicaid (e.g., Medicaid director, dental program administrator, etc.). These contacts will be able to assist you in developing a cost estimate to provide dental coverage in your state. You will need to know the expected Medicaid population, utilization rate, and average cost per adult user.

You also need to consider when to begin your campaign. In Washington, we coupled our campaign with the Medicaid expansion effort, as it presented a limited-time opportunity to leverage federal dollars. We made the case that each year Washington state did not provide adult dental coverage meant that a significant amount of federal funding was left on the table and could never be recovered. For your campaign, identify whether there are any opportunities to answer the question, “Why now?” and make the case that providing adult dental coverage is a pressing, timely issue.

As you meet with legislators, determine if any can be cultivated as a ‘legislative champion’, someone who is passionate about the issue and will work to sway their colleagues.

In addition, educate yourself about the legislative cycle in your state. For example, many legislatures are only “in session” (i.e., actively considering policy bills and budgetary matters) for part of the year or every other year. Your state may have a longer legislative session one year, during which time the budget is passed, followed by a shorter session the following year, when only small tweaks to the budget are made and fewer bills are debated. It may not make sense to time your campaign for a short session.

During any year, the legislative session is typically a hectic time. Policymakers should not be hearing about the importance of adult dental coverage for the first time once the legislative session has begun. Instead, schedule initial meetings with legislators and executive branch officials during the time the Legislature is not in session. Legislators will generally have more time to meet during the interim (perhaps 30 minutes rather than less than 10 minutes during session), so you will have more of an opportunity to educate them about the issue.

Prepare concise talking points, describing the problem, what makes it compelling, and specifically what you would like them to do. During the meeting, focus on convincing the legislator why they should...
The Foundation developed two radio ads, which ran in highly populated areas of the state (Puget Sound and Spokane). One focused on the high number of dental-related visits to the ER, noting that “state legislators eliminated dental coverage for low-income adults to save money. But it doesn’t save money when patients end up in emergency rooms.” The other, co-sponsored by the American Diabetes Association of Washington, highlighted the connection between oral health and diabetes. A patient explained, “My doctor also told me to take care of my oral health. Untreated gum disease can make it hard to control blood sugar, leading to medical complications.” Both ads included a “call-to action” to urge legislators to expand dental coverage to low-income adults because “it’s a wise investment that saves money and helps people stay healthy and productive.”

Washington Dental Service
Foundation
Community Advocates for Oral Health
We also shot a “testimonial” video at a free dental clinic to show the impact that lack of access to dental care has on local residents. The people in the video told their stories, including making trips to the emergency room because they had nowhere to turn for dental care, having trouble finding a job because of their dental problems, and experiencing pain and suffering due to untreated dental disease. One person featured in the video made the case to policymakers, affirming that “providing dental care to low-income people is the right thing to do. It'll change their life.” The video was sent to key policymakers, shared with editorial writers, and posted online.

We made a concerted effort to engage the media in this issue and achieved solid results. Media outlets across the state helped to deliver the campaign messages, including editorials in the Everett Herald and the Tacoma News Tribune, and op-ed pieces in the Seattle Times, Vancouver Columbian, Yakima Herald, and Bellingham Herald. We developed op-eds and letters to the editor that were authored by dentists and leaders in the medical and business communities, including the medical director of a community health center, the board chair of a non-profit dental clinic, and members of our Board of Trustees.

What you can do:
When devising your media strategy, identify trusted, compelling messengers. It is great to have dentists participate in your media campaign, but to broaden your message, think beyond the dental community. For example, medical doctors are generally trusted members of the community and can convey the importance of “putting the mouth back in the body” to promote overall health. People are likely to take note when a doctor tells them that oral health problems affect diabetes and other chronic health conditions. Pediatricians and family physicians can also be helpful, drawing attention to the fact that when parents have access to dental coverage, they are more likely to ensure that their children also receive dental care.

To gain support from the media in your area:
• Research the editorial positions previously taken by the paper.
• Identify potential writers that are sympathetic to your cause.
• Contact these writers directly and ask for their support.
• When you meet with editorial boards include local advocates familiar with the community’s specific needs.

Grassroots Advocacy
Another key aspect of the campaign was grassroots advocacy, which involved the Foundation’s partners as well as the public. Established several years ago, the Citizens’ Watch for Oral Health Coalition is a broad-based group representing a variety of different interests—including healthcare, business, and children’s and seniors’ advocacy groups—willing to advocate on behalf of oral health. Many Citizens’ Watch members participated in the effort to restore Medicaid adult dental coverage by including it on their legislative agenda and encouraging their members to contact their legislators to express support. The Foundation made it easy for people to contact their legislators directly through an online tool. Frequent action alerts, emails and notices on Facebook and Twitter helped to generate emails to legislators. The website also featured a blog that chronicled the campaign, from the release of the Governor’s, House, and Senate budgets to the coverage of the issue in area newspapers.
Reach out to nontraditional partners. When reaching out to partner organizations, cast a wide net; don’t limit yourself to those that have a direct connection to the issue. For example, in Washington, we secured the support of a prominent children’s advocacy coalition, the Health Coalition for Children and Youth (HCCY), which is made up of about 50 organizations. While initially hesitant to dilute their focus on children’s health issues, HCCY included restoring adult dental coverage on their legislative agenda after learning that parents’ access to dental care affects whether they seek dental services for their children. Research has found that low-income parents who have preventive dental visits are 5 times more likely to take their children for dental visits compared to parents who have never been to a dentist or only seek treatment when they have a problem. After learning about the connection between adult dental coverage and children’s health, HCCY lent their support. At the other end of the age spectrum, the Washington State Senior Citizens’ Lobby, a well-regarded alliance of more than 35 organizations from across the state, eagerly endorsed restoring adult dental coverage. Though few seniors ages 65 and older are impacted (because they need lower incomes to qualify for Medicaid than younger adults), a significant number of adults ages 50 to 64 benefit under the Medicaid expansion.

On the other hand, some health coalitions and associations that generally support dental coverage waited until late in the legislative session to make it a priority. This was largely because they wanted to focus on securing the Medicaid expansion first, before endorsing adult dental. They did not want to dilute their message until it was clear that the state would adopt Medicaid expansion. Once expansion was secured, they were willing to send action alerts to their networks, encouraging them to also support adult dental coverage. The bottom line is: don’t get discouraged if some of your partners are hesitant to support Medicaid adult dental coverage from the outset. Take the time to understand their reasoning. If it’s a matter of timing, you may be able to approach them later in the campaign.

Persistence Pays Off
Securing dental coverage for low-income adults is a significant undertaking. It takes compelling messages delivered by a broad-based coalition to generate support from key policymakers. And the timing needs to be right. You will need to engage diverse organizations and numerous constituents to speak out about the importance of oral health, the link between oral health and overall health, and the potential cost savings. Though it may take several legislative cycles to succeed, the key is to be both persuasive and persistent – it will likely pay off in the end.
• Advocacy brief
• Various 1-pagers distributed to policymakers
• Earned media:
  ○ List of articles
  ○ Seattle Times op-ed
• Radio Spots – text attached, for audio visit OralHealthWatch.org
  ○ “Emergency Room”
  ○ “Oral Health & Diabetes”
• Video – visit OralHealthWatch.org
  ○ Adults’ Oral Health
• Grassroots Activity:
  ○ Action alerts
  ○ Online form to contact legislators
  ○ Blog posts
• Other Media Showing the Importance of Oral Health:
  ○ Wall Street Journal, “If Your Teeth Could Talk”
  ○ Deseret News article, “No Teeth Means No Job”
  ○ Health Leaders Media article, “Striking’ Data Links Periodontal Care to Lower Diabetes Costs”
  ○ Yakima Herald-Republic article “Dental Work Delays Yakima Man's Kidney Transplant”
**Restore Medicaid Dental Coverage for Adults and Include Dental Coverage for the Medicaid Expansion Population, Taking Advantage of the 100% Federal Match**

In 2011, dental coverage for most Medicaid-insured adults was eliminated. The same year funding was also cut for Community Health Centers to treat uninsured. As a result, nearly 450,000 low-income adults, including many people with disabilities and 130,000 seniors, were left with only access to emergency care. **REVISED COST-ESTIMATE: $30.8M state funds for the 13-15 biennium**

**Providing Dental Care Improves Health and Significantly Reduces Costs**
- Research has found that providing dental treatment to people with diabetes reduces their medical costs on average $3,200 per year and reduces hospitalizations by 61% in the first year of treatment
- More than 60,000 Medicaid-insured adults in WA have diabetes. If 25% receive dental care and this care results in just half of the medical cost savings cited in research, this could translate to $24 million in savings.

**Emergency Room Visits for Dental are Costly, Do Not Fix the Problem**
- The #1 reason the uninsured visit the ER is dental problems, yet ERs provide primarily pain relief and antibiotics, NOT the treatment needed to address the underlying dental condition
- Over 18 months, 54,000 dental-related ER visits cost over $36 million.

**Poor Oral Health Can Negatively Impact Employability and Productivity**
- Employed adults lose more than 164 million hours of work each year due to oral health problems

**Untreated Oral Disease Can Have Serious Health Consequence**
- Untreated gum disease can exacerbate diabetes leading to costly medical complications (heart disease, renal disease, amputations)
- Gum disease is also linked to heart disease, stroke, and pneumonia
- Oral disease can cause the body to reject medically necessary organ transplants such as heart, lung, or kidney
- The longer oral disease goes untreated, the higher the risk for complications

**Seniors and people with disabilities are especially at risk**
- Nearly 1 in 3 low-income seniors have a dental problem that needs to be addressed in the next month
Without Access to Dental Care, Patients and the Healthcare System Suffer

In the worst cases, dental decay can be life threatening, said Dr. Brian Hoyt, Medical Director of the Emergency Department at PeaceHealth St. John Medical Center in Longview. The infection spreads into the gums and into the throat and can obstruct the patient’s breathing or cause meningitis.

“We’re spending two, three or even four times the amount to treat these patients on an emergency basis, instead of focusing on the preventative care to avoid the problems in the first place,” Dr. Hoyt said.

Tammy Alsby, a nurse and the interim emergency department manager at Valley General Hospital in Monroe, sees patients come into the emergency room with dental problems every day.

The patients are desperate. They have no dental insurance through the state, and they can’t afford to pay for dental care themselves. They have deep infections and heavy pain but there is not much that Valley General physicians can do except give the patients antibiotics and temporarily numb the area of the mouth that hurts the most.

Kelly was in pain for five years from two cracked teeth suffered in a car accident. The 49-year-old mother and foster mother from eastern Washington has been on and off Medicaid, has no dental coverage and was forced to pay out of pocket to get both teeth pulled. She still lives in fear that more dental problems will come. She’s a diabetic, still suffers from tooth pain and is just waiting for the next shoe to drop. "People need help. I just don’t have the funds for dental care."

For more information, please contact:

AARP: Ingrid McDonald (206) 330-6531
Children’s Alliance: Jennifer Estroff (509-859-2012)
NW Health Law Advocates: Daniel Gross (206-325-6464)
PH Seattle-King Co: Jennifer Muhm (206-263-8813), Genesee Adkins (206-263-9628)
Solid Ground/Poverty Action Network: Tony Lee (206-795-9110), Kate Baber (206-669-5524)
University of Washington School of Dentistry: Steve Steinberg (206-616-0827)
Washington Dental Service Foundation: Cindi Holmstrom (360-870-2729), Diane Oakes (206-528-2373)
Washington Denturist Association: Carolyn Logue (360-789-3491)
Washington State Dental Association: David Michener (360-956-0909), Linda Hull (360-352-4980), Bracken Killpack (206-973-5227)
Washington State Dental Hygienists Association: Melissa Johnson (360-280-6429)
Washington State Society of Oral and Maxillofacial Surgeons: Susie Tracy (360-701-4089)
Improving Dental Access for Parents Benefits Their Children

Washington is a national leader in access to dental care for children. However, additional strategies are needed to reach the families who have not yet accessed available dental services.

Improving parents’ access to dental care is an important strategy that can improve oral health for the entire family. When parents have access to dental services for themselves, they:

- Gain knowledge about the importance of oral health
- Understand the value of a dental visit for preventive care
- Learn how to prevent oral disease at home

Parents can pass this information on to their children. As important is the impact on parents’ value for oral health care. Research has found that the value that parents place upon oral health plays an important role in determining whether they access available dental services for their children.¹⁸

Good news! We can influence parents’ oral health values by providing them with access to dental services. Research has found that when parents go to the dentist, they are more likely to ensure that their children go to the dentist.

- Low-income parents who have preventive dental visits are 5 times more likely to take their children for dental visits compared to parents who have never been to a dentist or seek dental care only when they have a problem.¹⁹
- Young, Medicaid-insured children of color in Washington are more likely to get dental care when their mothers have a regular source of dental care.¹⁹
- Nationally, 86% of children whose parents had a dental visit in the previous year also had a dental visit, compared to 63% of children whose parents did not have a dental visit.²⁰

Children’s Oral Health: Significant Progress, More Work Remains:

- About half of Medicaid-insured children visited the dentist in FY2011. This rate has doubled since FY1995, when only about one-quarter visited the dentist. However, dental visits lag when compared to medical visits – about two-thirds of Medicaid-insured children received at least one recommended medical screening in FY2011.
- Fewer children are suffering from untreated tooth decay. From 2005 to 2010, the rate of untreated decay among low-income preschoolers was cut in half (26% to 13%).
- More needs to be done to prevent tooth decay. 40% of low-income preschoolers and 68% of low-income third graders have experienced tooth decay.

Expanding Access to Dental Care for Washington’s Kids:

- Access to Baby and Child Dentistry Programs which operates in every county in the state, connects Medicaid-insured children to dentists and provides education to their families.
- Apple Health for Kids provides dental coverage with no co-pay or deductible for children in families up to 300 percent of the federal poverty level.
- Over 1/3 of the state’s pediatricians and family practice providers have been trained to deliver oral health preventive services during well-child visits, further expanding access to care.

For more information, contact Washington Dental Service Foundation: (206) 528-7327 or visit OralHealthWatch.org.
References


Improving Oral Health: An Opportunity to Control Medical Costs Associated with Diabetes

Policy Solutions:

- Provide dental coverage to Medicaid enrollees with diabetes. Doing so could both improve health outcomes and generate cost savings for the state.

- Address oral disease in the health home model currently being implemented in Medicaid. Screening patients in health homes for oral disease and providing appropriate preventive care could potentially avoid the onset of more costly medical conditions.

Diabetes – A Growing Problem with High Costs

Diabetes is a highly prevalent chronic condition that is affecting an increasing number of people in Washington. Over 400,000 people in the state have diabetes and nearly one million more have pre-diabetes. The percent of the population in Washington with diabetes increased from four to seven percent from 1996-2006. Among people over 65 years, the diabetes rate is 16 percent – roughly eight times the prevalence for people aged 18-44 (2 percent). The rate of diabetes is likely to continue to climb as the older adult population grows in our state.

The costs of diabetes are significant. At least 50 percent of the medical costs associated with diabetes are due to hospitalizations that result from diabetic complications such as heart disease, hypertension, blindness, kidney disease, and amputations. In Washington, 76,732 diabetics were hospitalized in 2004 at a cost of $1.5 billion.

Approximately 60,000 or 12 percent of Medicaid-insured adults have diabetes, which means that a significant portion of hospital costs are paid for by taxpayers. The costs to the state for hospital care to treat diabetic complications are high – on average $10,990 per patient.

Poor Oral Health Contributes to Uncontrolled Diabetes

Untreated gum disease (periodontal disease) can exacerbate diabetes and lead to costly diabetic complications. Chronic gum inflammation and infection from periodontal disease can make it hard to control blood sugar levels. Far too many people are caught in this cycle; one-third of people with diabetes nationally suffer from severe oral disease. In fact, oral disease is widely recognized as the ‘sixth complication’ of diabetes. Furthermore, untreated gum disease is linked to an increased risk of developing type 2 diabetes.
Evidence Shows that Treating Gum Disease Reduces Medical Costs

Recent studies show significant cost-savings when diabetics receive oral health care:

- People with diabetes and other chronic conditions who received regular oral health care had medical costs 10-40 percent lower than those who did not receive oral health care. (University of Michigan, 2009). xiii
- A multi-year study found that the medical costs for diabetics who received oral health care were significantly lower than for diabetics who did not receive oral health care. Cost of care dropped 32 percent in the first year of the study and on average decreased $1,814 annually. Hospital admissions for the group receiving oral health care were reduced by over 61 percent. (University of Pennsylvania, 2011). xiii

These findings demonstrate the opportunity that exists in Washington to reduce costs and improve quality of care for people with diabetes by addressing their oral health.

Policy Solutions

Provide Dental Coverage for Medicaid-Enrolled Adults with Diabetes

Given the link between oral disease and diabetes, providing dental coverage for people with diabetes is an opportunity to implement research-based, cost-saving practices. In 2011, Medicaid dental coverage was restored for pregnant women, a portion of seniors, and people with disabilities. Since people with diabetes are another vulnerable population for whom dental intervention can improve health and reduce costs, dental coverage should be extended to this group as well.

Address Oral Disease in the Health Home

The Affordable Care Act (ACA) offers incentives for states to develop health homes in their Medicaid programs. Health homes are a model of health care delivery that focus on whole-person health (including the mouth) and emphasize prevention, better coordination of care, improved quality, and reduced costs. Washington’s work to implement health homes in Medicaid represents an opportunity to address oral disease prevention in the primary care setting.

Primary care physicians are in a position to identify patients whose oral disease may impact their overall health, deliver preventive services, including patient education, and coordinate care with dentists to ensure patients receive the treatment they need. Implementing this model would enable medical providers to catch oral disease early, help patients understand that their oral disease may be impacting their chronic health conditions (like diabetes), and deliver preventive care to patients who may not be accessing care in a dental office, resulting in lower health care costs.

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September 2012
Restoring Adult Dental
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Seattle Times column, Dec. 12
Legislature: Put future benefits ahead of temporary savings

Dr. Bicuspid, Dec. 17
Delta Dental foundation decries Wash. Medicaid cuts

Everett Herald op-ed, Dec. 22
Dental care is unmet need for too many

Skagit Valley Herald, Dec. 23
A dearth of dental care

Yakima Herald-Republic, Jan. 2
Declining state dental benefits create issues of access, cost

KUOW Radio, Feb. 5
Washington state lawmakers consider bill to expand dental care

Seattle Times letter to the editor, Feb. 5
Dental coverage should be included in Medicaid expansion

Everett Herald letter to the editor, Feb. 8
Time to restore dental coverage

King 5 TV, Feb. 10
Dental coverage cut for 450,000 Medicaid patients in Washington

Bellingham Herald, Mar 2
Advocates: Restoring preventive dental care for poor could save public money

Tacoma News Tribune editorial, March 19
A chance to get poor adults back to the dentist

Everett Herald editorial, March 28
Giving teeth to Medicaid

Bellingham Herald op-ed, March 28
Restoring state adult dental care would save money, improve care

Vancouver Columbian op-ed, March 31
State can restore dental care for low-income
Yakima Herald op-ed, April 7
Dental care funds benefit state patients and taxpayers

Puyallup Herald, May 1
Coalition pushes for Medicaid dental restoration

Seattle Times op-ed, May 7
State should provide basic dental care for low-income adults

Seattle Times letter to the editor, May 9
Dental care can save money in the long run

Seattle Times letter to the editor, May 10
Lack of dental coverage creates problems for families

Seattle Times letter to the editor, May 11
Treat dental problems early by providing basic care
Guest: State should provide basic dental care for low-income adults

Fully funding dental care for low-income adults would save money, improve health and help people become more employable, according to guest columnists Fred Kiga and Mark Secord.

By Fred Kiga and Mark Secord
Special to The Times

The budgets proposed by the governor and both houses of the state Legislature acknowledge the importance of oral health by including funding to restore dental coverage for low-income adults.

One of the key goals was to reduce emergency-room visits due to dental issues. However, that cannot be accomplished by funding only cleanings and dentures, as proposed by the state Senate. Filling cavities and root canals, essential to stopping dental disease, also must be covered.

The Legislature should adopt the House budget and fully fund dental coverage for low-income adults. This is a smart investment that will save money, improve health and help people become more employable.

Early dental care, such as fixing cavities, can prevent minor problems from turning into serious health issues that are more expensive to treat. Without this crucial early care, people with dental pain will have few options other than getting their teeth pulled. They will still turn to ERs for pain relief, driving up health-care costs for everyone.

About 450,000 Medicaid-eligible adults lost dental coverage due to state budget cuts in 2011. By restoring coverage this session, the state can take advantage of an opportunity to have the federal government pay the full cost of dental care for all new enrollees through Medicaid expansion. This means that a state investment of $24 million in the 2013-2015 budget will provide dental coverage to more than 700,000 people.

Restoring coverage can also save the state’s Medicaid program millions of dollars in health-care costs. That’s because poor oral health is linked to many serious and costly health issues including heart disease, stroke and diabetes. When people with diabetes get dental care, they are hospitalized much less frequently, according to a 2012 study by United Concordia that looked at medical and dental claims from 1.7 million people. This contributes to savings of more than $3,200 per person per year.

Providing dental care could add up to huge savings for Washington, even if only 25 percent of Medicaid patients with diabetes receive dental care and treatment results in only half of the projected cost savings. Conservatively, the state could save $24 million over the biennium.

The state could save more because of fewer emergency-room visits. Today, dental pain is the No. 1 reason uninsured people seek ER care. But ER care is expensive, and costs for the uninsured are passed on to everyone else in the form of higher health-care costs. Plus, ERs usually just deal with pain and infection, instead of the underlying problem, so people frequently return several times. Over an 18-month period, 54,000 dental-related visits to ERs in Washington cost more than $36 million.
People who have been without dental coverage for more than two years are suffering. Low-income adults in the state have told us how the pain of dental disease keeps them from eating and sleeping. Some say they have pulled their own teeth out because the pain was unbearable.

It’s also hard to find work. Employers are often reluctant to hire those who have obvious and unsightly dental problems. Productivity suffers if an employee is in pain or missing work because of an agonizing toothache.

Local community health clinics are helping meet some of the need by providing emergency dental care for low-income adults who have no dental insurance and nowhere else to turn. But emergency care basically means extracting teeth.

People need to be healthy to get jobs and be self-reliant — and when they are in good health, medical costs go down.

Good health must include oral health. For the savings it will generate and all the other good it will achieve, legislators need to adopt the House funding proposal to fully reinstate adult dental coverage. It is a smart investment and the right thing to do.

Fred Kiga, left, is senior vice president of government affairs for Vigor Industrial and a board member of Washington Dental Service Foundation. Mark Secord is executive director and CEO of Neighborcare Health.
Voice 1:

 Been to an emergency room lately? They’re overcrowded. The ER cares for everyone regardless of ability to pay, even patients with dental problems.

Voice 2:

 In a recent 18-month period there were 54,000 dental-related visits to emergency rooms in Washington. Costs exceeded 36 million dollars.

Voice 1:

 State legislators eliminated dental coverage for low-income adults to save money. But it doesn’t save money when patients end up in emergency rooms.

Voice 2:

 This year legislators have a unique opportunity. Restore dental coverage for low-income adults and the federal government will pay the full cost of dental care for all new Medicaid enrollees.

 It’s part of making sure Washington gets its fair share under healthcare reform.

Voice 1:

 Urge legislators to restore dental care for low-income people. It’s a wise investment that saves money and helps people stay healthy and productive.

Voice 1:
I’m one of 400,000 in Washington with diabetes. When I wondered how diabetes would change my life. My doctor gave it to me straight.

Voice 2:
Take care of yourself. Otherwise you may be at higher risk for heart or kidney disease and even face amputations and blindness.

Voice 1:
My doctor also told me to take care of my oral health. Untreated gum disease can make it hard to control blood sugar, leading to medical complications.

Voice 2:
In one year more than 76,000 people with diabetes were hospitalized in our state at a cost of $1.5 billion. Research shows when people with diabetes receive oral health care, hospital admissions can be reduced by 61 percent in the first year.

Voice 1:
The legislature eliminated dental coverage for most Medicaid enrollees including people with diabetes. Urge legislators to restore this coverage.

ACT NOW – TIME IS RUNNING OUT

Too many in our state suffer from poor oral health.

Contact your state legislators to urge them to support the House level of funding to fully restore dental coverage for low-income adults.

Spread the word!

Encourage your social network to contact state legislators today.

A state investment of $23.9 million in the 2013-15 budget will provide dental coverage to more than 700,000 people. Fully restoring dental coverage, including funding to fill cavities, is a smart investment. It will:

- Reduce avoidable ER visits - dental pain is the number one reason uninsured people seek care in the ER!
- Save money through early treatment of dental disease - preventing minor problems from turning into serious, costly health issues
- Help people become more employable and self-reliant

Learn more at www.oralhealthwatch.org/restore-dental-coverage/
ACTION ALERT - YOUR HELP IS NEEDED

Too many in our state suffer from poor oral health.

Urge state legislators to restore dental coverage for low-income adults.

Their stories are full of pain....

"I can barely chew because my teeth hurt so much."
"I'm afraid I'm going to lose all my teeth."
"I'm in constant pain, I need help."
"I can't afford dental care. I don't know where to turn."

Eight reasons dental care is essential:

1. Dental problems cause needless suffering and threaten overall health.
2. Dental infections are linked to stroke, heart disease and diabetic complications.
3. When parents receive dental care they are more likely to pay attention to their child's oral health.
4. Prevention and early treatment of dental disease save money!
5. People with severe dental pain who can't get care go to expensive ERs - costing taxpayers more.
6. It is difficult to get a job and be self-reliant when you're in constant pain or missing teeth.
7. Everyone deserves good oral health and to be pain free.

Reason #8: It's the right thing to do.

Tell legislators to restore funding so low-income adults can receive dental care.

Dental care saves money, improves health, and allows people to smile again.

Go to OralHealthWatch.org to contact your legislators.
Legislator Contact Form

Email your legislator
Contact legislators with the form below and urge them to restore adult dental care.

Click here to find your legislative district, then put your name, district and other information into the form below to urge legislators to restore Medicaid dental coverage for adults.

Fields with an asterisk (*) are required.

Legislative district *
Select your legislative district

Name *
First    Last

Email *

Organization

My concerns: *
Thank you for recognizing the importance of oral health in your budget proposal. Please approve the House level of funding to fully restore dental care for low-income adults. Funding to fix cavities will save money by reducing dental-related ER visits.

Reasons to restore dental coverage:
Here are some ideas to help personalize your message.

1. Without dental coverage many people seek pain relief and treatment in emergency rooms, where care is much more expensive.
2. Providing dental care to diabetic patients reduces medical costs. These savings can be used to fund dental coverage for low-income adults.
3. Adults who have dental coverage and seek dental care are more likely to ensure that their children receive dental care.
4. It’s much harder for adults with missing teeth and extreme pain due to dental problems to find or keep a steady job.
5. Untreated oral disease is linked to other serious health problems, especially for people with diabetes.
6. Write about someone you know who has dental problems and needs care.
Urge legislators to support the House level of funding to fully restore dental coverage for low-income adults

Our state legislators have acknowledged the importance of oral health by including some funding in their budget proposals to restore dental coverage for low-income adults. Urge legislators to approve the House level of funding, which fully restores dental coverage for Medicaid-insured adults, including essential procedures like fillings and root canals.

Early dental care, such as fixing cavities, can prevent minor problems from turning into major health issues that are more expensive to treat. Without this crucial early care, people with dental pain will have few options other than getting their teeth pulled. They will still turn to ERs for pain relief, driving up healthcare costs for everyone.

Legislators need to restore dental coverage for low-income adults with a general fund allocation of $23.9 million in the 2013-15 budget. Urge legislators to approve the House level of funding.

It’s hard for people to get jobs if they are in pain or have bad teeth. Dental care for low-income adults improves health and reduces healthcare costs.

It is a good investment and the right thing to do.
Newspapers explore impact of low-income patients losing state dental benefits

Posted by: Washington Dental Service Foundation on January 17, 2013 | 0 Comments

Awareness is growing across Washington of the plight of uninsured dental patients and the need for the Legislature to restore dental benefits for Medicaid-eligible adults in the legislative session that started this week.

The decision by state lawmakers in 2011 to eliminate dental coverage for most low-income adults left 450,000 people without dental insurance. Many of those uninsured patients seek care in already overburdened emergency rooms, creating costs that are passed on to taxpayers and other healthcare consumers.

Doctors and nurses around the state say they see patients come into emergency rooms every day with serious dental pain. But hospitals are not designed to treat dental problems. These medical professionals can only treat the pain, not fix the patients’ underlying oral health problems.

Untreated dental disease is a serious health concern because oral health affects overall health, especially for people with diabetes. In addition, it is hard to find a job and become self-sufficient if you’re missing teeth or are in constant dental pain. Dental disease is preventable, but people need access to dental care.

In recent weeks, state newspapers and other news sites across the state have written about the growing problem of uninsured dental patients, overcrowded emergency rooms and the need for state to restore Medicaid dental coverage.
KING 5 story: Not funding adult dental care ‘is backfiring’

Posted by: Washington Dental Service Foundation on February 14, 2013 | 0 Comments

KING 5 in Seattle recently aired a story on the consequences of the Legislature’s decision to eliminate dental care for low-income adults. State funding for dental care was cut in 2011 and as a result more than 450,000 low-income adults in our state are denied the dental care they need to remain healthy. The KING 5 report emphasizes that the lack of dental care has “backfired” because a failure to provide early treatment has led to higher healthcare costs.

This year, through Medicaid expansion the state has a unique opportunity to leverage state funds and provide dental care to more than 700,000 low-income people for an investment of approximately $14 million a year. Using a portion of the savings from Medicaid expansion, the Legislature should restore dental coverage for low-income adults.

If current Medicaid enrollees have coverage, the federal government will pay the full cost of dental care for all new Medicaid enrollees under the expansion. The Legislature should act this session to leverage state funding and provide dental care to people who need it. It is an investment that makes sense.
If Your Teeth Could Talk
An Oral History
A dental exam can reveal some telltale signs of broader health problems.

**Teeth**
- **Frenum**: Don't be fooled by worn white teeth. Many oral health problems may be hiding unseen:
  - Tons of jaw malocclusion: Worn, flattened surfaces indicate stress-related clenching and grinding.
  - Back of tongue area where saliva and proteins are eroded could indicate disease.

**Gums**
- Red, puffy, and inflamed gums are common during pregnancy.
- Tiny red hemorrhages with spontaneous bleeding may indicate leukemia.
- Periodontal disease, in which gums pull away from the teeth, can signal diabetes, cardiovascular problems and respiratory diseases.

**Inside cheeks and lower gums**
- Diffuse brown patches are a sign of Addison's disease, a hormonal disorder.
- Ulcerated lesions could mean cancer has metastasized.

**Inside the mouth**
- A smooth, flat tongue could indicate iron-deficiency anemia.
- Dark red patches on the undersides of the tongue may flag precocous anemia, a vitamin B12 deficiency.
- "Strawberry" textured tongue with red bumps points to Kawasaki disease, an inflammation of the blood vessels.
- Tongue nodules and ulcerations are an early sign of sarcoidosis, an inflammation of the organs.
- Dry mouth is a side-effect of many medications, but it could also signal diabetes or autoimmune diseases, including rheumatoid arthritis, lupus and lymphoma.
- Bed breath is a sign of diabetes.

**Lips**
- Cracked lips could indicate candida albicans, a type of yeast infection.
- Purplish lips, with limited opening of the mouth, signal schleroderma, an autoimmune disease of the connective tissue.
- Swelling and lesions are an early sign of Crohn’s disease, an inflammatory bowel disorder.

The Mouth Offers Clues To Disorders and Disease; Dentists Could Play Larger Role in Patient Care

By NELIZETHA BECK

The eyes may be the window to the soul, but the mouth provides an even better view of the body as a whole.

Some of the earliest signs of diabetes, cancer, pregnancy, immune disorders, hormone imbalances and drug issues show up in the gums, teeth and tongue sometimes long before a patient knows anything is wrong.

There’s also growing evidence that oral health problems, particularly gum disease, can harm a patient’s general health as well, raising the risk of diabetes, heart disease, stroke, pneumonia and pregnancy complications.

“"We have lots of data showing a direct correlation between inflammation in the mouth and inflammation in the body,” says Anthony Iacopino, director of the International Centre for Oral-Systemic Health, which opened at the University of Manitoba Faculty of Dentistry in Canada in 2006. Recent studies also show that treating gum disease improves circulation, reduces inflammation and can even reduce the need for insulin in people with diabetes.

Such findings are fueling a push for dentists to play a greater role in patients’ overall health. Some 20 million Americans including 9% of children and 9% of adults—saw a dentist but not a doctor in 2008, according to a study in the American Journal of Public Health this month.

“It's an opportunity to tell a patient, 'You know, I'm concerned. I think you really need to see a primary care provider,' so you are moving in the direction of better health,” says the study’s lead researcher Sheila Strauss, co-director of statistics and data management for New York University’s Colleges of Nursing and Dentistry.
What Your Mouth Says About Overall Health

George Kivowitz, a restorative dentist with offices in Manhattan and Newtown, Pa., says he has spotted seven cases of cancer in 35 years of practice, as well as cases of bulimia, due to the telltale erosion of enamel on the back of the upper front teeth, and methamphetamine addiction. “We call it ‘meth mouth,’” he says. “The outer surface of teeth just rot in a way that’s nothing else.”

Some of the most distinctive problems come from uncontrolled diabetes, Dr. Kivowitz adds. “The gum tissue has a glistening, shiny look where it meets the teeth. It bleeds easily and pulls away from the bone—and it’s all throughout the mouth.”

An estimated six million Americans have diabetes but don’t know it—and several studies suggest that dentists could help alert them. A 2009 study from New York University found that 95% of people who have periodontal disease are at risk for diabetes, according to the criteria established by American Diabetes Association.

It’s not just that the same lifestyle habits contribute to both gum disease and high blood sugar; the two conditions exacerbate each other, experts say. Inflammation from infected gums makes it more difficult for people with diabetes to control their blood-sugar level, and high blood sugar accelerates tooth decay and gum disease, creating more inflammation.

Diabetes also complicates dental-implant surgery, because it interferes with blood vessel formation and bone growth. “When you put a dental implant in, you rely on the healing process to cement it to the jaw, so you get a higher failure rate with diabetes,” says Ed Marcus, a periodontist in Yardley, Pa., who teaches at the University of Pennsylvania and Temple University dental schools.

Dr. Marcus notes that about 50% of periodontal disease is genetic—and even young patients can have significant bone loss if they have an unusually high immune response to a small number of bacteria. Giving such patients a low dose of doxycycline daily can help modify the immune response. “It doesn’t really control the bacteria, but it helps reduce the body’s reaction,” he says.

There’s also growing evidence that the link between periodontal disease and cardiovascular problems isn’t a coincidence either. Inflammation in the gums raises C-reactive protein, thought to be a culprit in heart disease.

“They’ve found oral bacteria in the plaques that block arteries. It’s moved from a casual relationship to a risk factor,” says Mark Wolff, chairman of the Department of Cariology and Comprehensive Care at NYU College of Dentistry.

Bacteria from the mouth can travel through the bloodstream and cause problems elsewhere, which is why people contemplating elective surgery are advised to have any needed dental work performed first.

The American Heart Association no longer recommends that people with mitral valve prolapse (in which heart valves close abnormally between beats) routinely take antibiotics before dental procedures, since it’s now believed that oral bacteria enter the bloodstream all the time, from routine washing, brushing and chewing food.

But the American Heart Association, the American Medical Association and the American Orthopedic Association all urge people who have had a full joint replacement to take an antibiotic one hour before any dental visit for the rest of their lives to reduce the risk of post-surgical infections. “I have my guidelines taped to the door in my hygienists’ room,” Dr. Kivowitz says.

Dentists say they also need to stay up to date with all medications, supplements and over-the-counter drugs their patients are taking. Blood thinners can create excess bleeding in the mouth. Bisphosphonates, often prescribed for osteoporosis, can severely weaken jaw bones. Both should be stopped temporarily before oral surgery.

Antihypertensive drugs, calcium-channel blockers and some anti-inflammatory drugs can cause painful ulcerations of the gums. Many medications, from antidepressants to chemotherapy drugs, cause dry mouth, which can cause cavities to skyrocket, since saliva typically acts as a protective coating for teeth. Additional fluoride treatments can help.

Some prophyactic dentists have glucose monitors for another check on blood-sugar levels if they suspect diabetes. Some also take patients’ blood pressure and hold off on invasive procedures if it’s extremely high.

The Centers for Disease Control and Prevention recommends that dentists offer HIV testing, because some of the first symptoms appear in the mouth, including fungal infections and lesions. Dentists can do the HIV test with a simple mouth swab and get results in 20 minutes.

Breaking the bad news is often more difficult. “I went into oral surgery because I didn’t think I would have to deliver that kind of news to patients,” says Clifford Salm, an oral and maxillofacial surgeon in Manhattan who has found leukemia, lymphoma, AIDS and metastatic breast cancer after performing biopsies on suspicious spots. “It can be a difficult conversation,” he says, “but most patients are very grateful.”

Don’t Be Fooled by White, Shiny Teeth

A gleaming, white smile is a sign of a healthy mouth, right? Not necessarily.

“Whiteness and the health of your teeth are totally unrelated,” says Mark Wolff, an associate dean at New York University College of Dentistry.

In fact, many dentists worry that people who whiten their teeth may have a false sense of complacency, since their teeth can still be harboring tooth decay and serious gum disease.

Even people who have no cavities can still have inflamed and infected gums. It could be that their saliva is particularly protective of their tooth enamel, while their brushing and flossing habits, needed to keep gum tissues healthy, could be lax.

“I get these patients in their mid-30s who don’t have cavities, so they haven’t been to a dentist in 10 years. But they have full-blown periodontal disease,” says George Kivowitz, a restorative dentist in Manhattan. “They are losing all the supporting structure, and I have to tell them that these gorgeous teeth will fall out of your head if we don’t turn this around.”

Using whitening products more often than recommended can erode some of the enamel and cause teeth to appear translucent. But whether that actually harms teeth is controversial. “No one has really shown that it’s damaging, but no one knows the long-term results,” says Dr. Marcus, the periodontist in Yardley, Pa.
Earlier this year, the managers at a Salt Lake City counseling office were struggling to fill a position at their front desk. They’d blazed through a string of potential candidates sent by a staffing agency, but none had the qualifications they were looking for. And then the agency sent a candidate named Shelly (not her real name), a 35-year-old mother of three who’d re-entered the work force because her husband was laid off.

“Everyone in the office loved her,” recalls Miriam Brown, who also worked the front desk. As a temporary employee, Shelly was pleasant to work with, competent and kind to the patients. “We all told our boss to hire her because she was so great.”

Instead, management hired someone else.

At a staff meeting, Brown asked her manager why Shelly wasn’t hired permanently. The response shocked everyone in the room. The office manager said Shelly had bucked and crooked teeth. “He said it wasn’t the image we wanted to project at our clinic,” Brown said.

This is not an isolated incident. Studies show bad teeth prevent otherwise qualified candidates from getting jobs or promotions. Although the U.S. is on the cutting edge of innovations in dentistry, many Americans have poor oral health and crooked or missing teeth and don’t go to the dentist because they don’t have insurance and can’t afford to pay out of pocket for care. The scope of the problem is widespread: close to half of Americans are without dental insurance, according to data from the Department of Health and Human Services.

**Limited access**

Access to dental care in America is limited in two basic ways. First, many don’t have access to insurance, and second there is a shortage of dentists who are willing to treat the poor.

About 130 million Americans, 43 percent of the population, have no dental coverage whatsoever, according to a 2012 report from the U.S. Senate Subcommittee on Primary Health and Aging. The data show that although spending on dental services amounts to just under 5 percent of total health care expenditures, 44 percent of dental bills are paid for directly out of patients’ pockets.

This sheds some light on why low-income families are more likely to suffer from compromised oral health: they don’t have the wiggle room in their budgets to pay for dental services. Instead of heading to the dentist when they experience tooth pain or injury, they go to the emergency room.

A study published in the Annals of Emergency Medicine found that in 2009 more than 800,000 patients visited emergency rooms across the country seeking treatment for preventable oral diseases.

The poorest Americans, recipients of Medicaid, are eligible for dental benefits, but many report difficulty finding a dentist willing to see them. Many dentists don’t accept patients on Medicaid.
because the reimbursements don’t cover the cost of doing business, according to a representative from the Washington State Dental Association, who said that on average, 60 percent of dentists’ fees are eaten up by overhead. “I can’t afford to do Medicaid,” said Cesar Sabates, president of the Florida Dental Association.

In fact, only 20 percent of the nation’s practicing dentists provide care to people with Medicaid, and of those who do, only a small percentage devote a substantial portion of their practice to serving the poor, according to the report by the U.S. Senate Subcommittee on Primary Health and Aging. This helps explain why only 38 percent of children on Medicaid received dental services in 2009, according to Bernard Sanders, who authored a 2012 Senate report on the American dental crisis.

**Compromised health, crooked impressions**

Public health officials are quick to point out that dental issues are medical issues. An example of the high cost of neglected dental care is the death of Deamonte Driver of Maryland. The 12-year-old boy died in 2007 from an infected tooth. Although he had Medicaid, his mother was unable to find a dentist in their area who would see her children and accept their coverage, and by the time his aching tooth got any attention, the abscess had spread to his brain. An $80 tooth extraction could have saved his life.

As Driver’s story illustrates, dental checkups can detect the signs of microbial infections, immune disorders and some cancers. The phrase “the mouth is a mirror” underscores information about general health that comes from examining oral tissues.

Poor oral health may also interfere with vital functions like breathing, swallowing, eating and speaking, which further compromise the well-being of the afflicted. For example, without teeth to chew, it can be difficult to get adequate nutrition.

There is a social cost of going without dental care, too. Numerous studies show a strong correlation between appearance and income. Research by Daniel Hamermesh, professor of economics at the University of Texas, found that better than average looking people earn 5 to 10 percent more than average looking people, who earn 5 to 10 percent more than below average looking people. “Teeth are an important component of physical appearance,” Hamermesh said.

In an effort to isolate the economic value of teeth, Sherry Glied and Matthew Neidell of Columbia University School of Public Health looked at the link between fluoridation and income. “Childhood access to fluoridated water leads to better teeth,” Glied said. Glied and Neidell found that women who grew up in communities with fluoridated water earn 4 percent more than similar women who did not.

But income isn’t the only thing impacted by the appearance of a person’s teeth. Researchers have noted pronounced negative associations with crooked, discolored and decaying teeth. Approximately 40 percent of respondents to a 2012 study by Kelton Research said that they would not date someone with crooked teeth. And about 73 percent said that people with straight teeth are more trustworthy.

When Israeli researchers digitally manipulated the teeth on the subjects in photographs and asked people to give their first impressions, they noted similar patterns of discrimination against people with poor oral health. People with crooked, discolored and missing teeth were judged to be of limited intelligence, low class, bad parents, less professional, less physically beautiful and lacking social skills.

**Improving access**

Currently, low-income and minority families experience more oral disease, yet they receive less care, according to Bernard Sanders, author of a 2012 Senate report on the dental care crisis in America. "It is our ethical and moral imperative to commit to providing access to dental care for all, both to improve health and to reduce overall costs," he wrote.

Sanders advocates introducing a new work force model by adding dental therapists, the dental equivalent of a nurse practitioner, to the system. More than 50 countries around the world, including Canada, Great Britain and New Zealand, use dental therapists. Minnesota is the only state where dental therapists are authorized to practice. "I am trained to the level of a dentist, but trained to do fewer things," said Minnesota’s first registered dental therapist, Christy Jo Fogerty, in a *Frontline* documentary, "Dollars and Dentists," that aired earlier this year.
Preliminary studies suggest dental therapists substantially increase access to dental services and provide high quality, lower-cost care, according to Sanders. Analysis by the Pew Research Center found that private practice dentists who add dental therapists to their teams would maintain or improve their bottom lines.

Still, the American Dental Association is fiercely opposed to the proposal. Lobbying efforts by the organization have successfully blocked the expansion of the dental therapist model to other states.

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'Striking' Data Links Periodontal Care to Lower Diabetes Costs

John Commins, for HealthLeaders Media, March 27, 2012

This article can be found online at: http://www.healthleadersmedia.com/page-1/LED-278203/Striking-Data-Links-Periodontal-Care-to-Lower-Diabetes-Costs

An insurance industry study, touted as the largest of its kind, shows that medical costs can be reduced by more than $1,800 a year for each diabetic patient who receives periodontal care.

The study examined medical records from more than 1.6 million people who were covered by both United Concordia Dental and Highmark Inc. and identified about 90,000 Type 2 diabetics. About 25% of those diabetics elected to receive periodontal treatment in 2007 and the study compared their medical costs over the next three years with the 75% of diabetics in the group who declined the oral care.

"The data is striking. In 2007 you had fewer than half the inpatient admissions if the patients had periodontal surgery when compared with the patients who did not," says Marjorie Jeffcoat, DMD, with the University of Pennsylvania, the lead author of the study.

"I also found it striking that this result was carried through for three years," Jeffcoat told reporters at a Monday teleconference. "If you look at the mean number of visits they paid to a physician, again in 2007 they saw half the number of physician visits and this statistically significant result was carried through again for three years."

"If we look at mean medical costs we have a reduction in all three years and if you look at it the mean medical savings was $1,814 per patient per year. That is a striking number. This affect is apparent two years after the periodontal treatment," Jeffcoat says.

The study's release coincided with United Concordia launch of a diabetes-specific program that provides 100% coverage for surgical procedures, other treatments, and maintenance for patients with gum disease.

"This is the most statistically conclusive study proving the relationship between oral health and medical cost savings. The savings are just the start of what is to come," United Concordia COO/President F.G. "Chip" Merkel told reporters. "We believe that employers will realize reduced medical costs when their employees with diabetes receive appropriate periodontal care."

James Bramson, DDS, chief dental officer for United Concordia, noted that about 25.8 million Americans have diabetes, a number that has doubled since 1999. He says the sheer size and scope of Jeffcoat's study shows "that the results here are not a fluke."

"We did some modeling to look at the ability to take care of these kinds of patients and the cost of doing that and what kinds of savings you'd have on the medical side," Bramson says. "In a group of about 200 members, even as small as that, it would only take about 3% of the diabetics to actually return the savings on the medical side equal to what it would cost to provide these additional treatments. Beyond that all the rest is healthcare savings."
While the study examined diabetics, Bramson says other studies have provided linkage between oral health and coronary artery disease, cerebral vascular disease, and even premature and low-weight infants. "We believe other chronic diseases will show some association, some economic savings medically if those people had periodontal treatment," he says. "So when we know more about the breadth and depth of the accuracy of that savings across those other diseases our hope here is to broaden the coverage we are now starting with diabetes."

"The thought is you don't need to cover everybody in the population," he says. "The better thing to do is cover those targeted populations where we can show savings and where we know an intervention program of information and assistance will help them get in and get the treatment they need."

Bramson says dentistry accounts for about 4% healthcare spending in the United States, while hospital care, physician and clinical services, and drugs account for 63% of all spending. "If we can improve the spending in the dental that is going to affect the three other largest segments of the healthcare spending, so we believe you will have some savings well beyond the $1,814," he says.

The study did not specifically examine the cause-and-effect relationship between periodontal disease and diabetes, but Jeffcoat says earlier studies have explained the linkage.

"Any sort of infection you have, be it pneumonia, a kidney infection, it makes your diabetes worse," she says. "Periodontal disease is an infection. If we can get that infection under control we tend to get the hemoglobin A1C, the measure of three months of diabetes, under control. It has to do with inflammation and infection and getting it under control."
Dental work delays Yakima man's kidney transplant

Skip Rodvold's most important job these days is staying alive and healthy until he gets a kidney transplant.

BY LEAH BETH WARD
Yakima Herald-Republic

YAKIMA, Wash. —
Skip Rodvold's most important job these days is staying alive and healthy until he gets a kidney transplant.

Rodvold, 53, has polycystic kidney disease, an inherited disorder that caused his kidneys to fail seven years ago. He had to quit working at Snokist and go on Social Security disability, and has been on dialysis ever since.

Doctors have told Rodvold he's a good transplant candidate. But a state program intended to help him manage the disease actually set him back several years by not paying for much-needed dental care that he couldn't afford on his own.

The help should have come from the Kidney Disease Program, a state-funded plan that helps low-income, eligible clients with various costs associated with end-stage renal disease.

Transplant candidates must not have any mouth or gum disease because of the risk of infection.

Tired of waiting for help, Rodvold and his wife recently refinanced their house and used the proceeds last week to have all his teeth pulled. At $7,500, the extractions and new dentures took all the savings from the refinancing.

Transplant specialists, including patient advocates and social workers, say barriers to dental care are a major problem for organ transplant candidates throughout Washington state.

Medicare, which Rodvold receives because he is disabled, doesn't cover dental work, and dentists who will accept Medicaid can be hard to find.

"It's out-of-pocket for most people, and it's expensive," said Stacy Adams, a social worker with Providence Sacred Heart Medical Center in Spokane.

Louise Kato, a social worker with Swedish Medical Center's transplant program in Seattle, said transplant candidates get routine tests like colonoscopies to make sure their health is optimal. Dental health should be part of overall health.

"It's unfortunate that the dental piece of your physical body is considered separate and incidental," Kato said. "It's very sad."