



## ORAL HEALTH IS INTEGRAL TO OVERALL HEALTH



- **Congress should recognize the essential role of oral health in overall health and provide access to dental care in any health care coverage expansion.**

The landmark *2000 Surgeon General's Report on Oral Health in America's*<sup>i</sup> major findings include:

- ***Oral diseases and disorders in and of themselves affect health and well-being throughout life.***  
These conditions include oral birth defects, common dental diseases, chronic facial pain and oral cancers. They can impede vital functions such as breathing and eating and limit activities of daily living.
- ***The mouth reflects general health and well-being.***  
As a gateway to the body, the mouth can be an early indicator of nutritional deficiencies, immune system problems, infection and other diseases and conditions.
- ***Oral diseases and conditions are associated with other health problems.***  
Associations between chronic oral infections and diabetes, heart disease and adverse pregnancy outcomes have been reported in the clinical literature and research on these relationships continues.<sup>ii</sup>

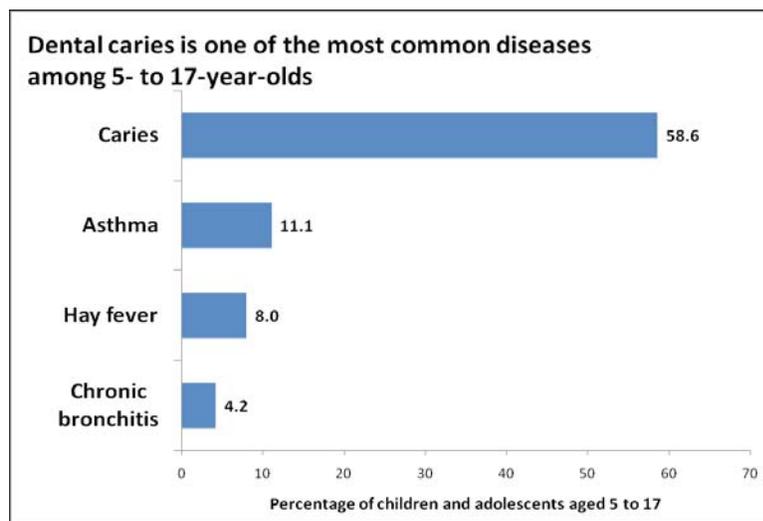
### ORAL HEALTH MATTERS IN HEALTH CARE REFORM

- ***Good oral health care reduces costs of other medical conditions.*** In 2008, the University of Michigan School of Dentistry and the Blue Cross Blue Shield Foundation of Michigan announced findings from an analysis of five years of health claims data showing that for people with diabetes, regular periodontal services can lower overall medical and pharmacy costs by more than 10% and diabetes-related medical costs can be lowered by as much as 19%.<sup>iii</sup>
- ***Untreated oral conditions have personal and financial costs.*** In February 2007, 12-year old Deamonte Driver of Prince George's County, Maryland died when bacteria from an untreated tooth abscess spread to his brain. A timely \$80 tooth extraction could have saved him; instead, hospital costs were estimated to exceed \$250,000 prior to his death.<sup>iv</sup>
- ***Unmet oral health needs strain other parts of the health care system.*** In 2003, the *Annals of Emergency Medicine* published a review of emergency department (ED) use for dental problems. It found an average of 738,000 annual ED visits for tooth pain or injury. The population with the highest proportion of ED users for dental issues was 19-to-35 year olds.<sup>v</sup>

CONTINUED

## UNMET ORAL HEALTH NEEDS

- **Dental caries (tooth decay) and periodontal disease (gum disease) are the two primary dental diseases. They are preventable but still prevalent among Americans.**
  - Dental caries is the most common chronic disease among children aged 5 to 17 years— five times more common than asthma (59% versus 11%).<sup>vi</sup>
  - 27% of adults 35-to-44 years old and 30% of adults 65 years and older have untreated dental caries.<sup>vii</sup>
  - One quarter of all Americans 60 years and older has lost all of their teeth.<sup>viii</sup>
  - Two out of every four Americans have signs of mild periodontal disease or gingivitis with almost 30% showing signs of the more severe disease chronic periodontitis.<sup>ix</sup>



## WHAT WORKS TO ENSURE GOOD ORAL HEALTH?

- **Prevention works.** Dental sealants have been shown to reduce decay by more than 70%.<sup>x</sup> Together sealants and fluoride have the potential to nearly eliminate decay in school age children<sup>xi</sup>. Yet the CDC reported in 2008 that less than 1/3 of children ages 6-19 had received sealants.<sup>xii</sup>
- **Treatment works.** Periodontal disease is considered the major cause of tooth loss in adults<sup>xiii</sup>. Periodontal disease in its mildest form is reversible with professional treatment and good oral home care<sup>xiv</sup>, so early intervention reduces the likelihood of tooth loss and costly replacements.
- **Dental benefits work.** According to the Surgeon General, insurance matters, uninsured children are 2.5 times less likely than insured children to receive dental care. Yet, for every child without medical insurance, there are at least 2.6 without dental insurance. For every adult 19 years or older without medical insurance, there are 3 without dental insurance.<sup>xv</sup>

- 
- <sup>i</sup> U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. National Institute of Dental and Craniofacial Research, National Institutes of Health. May 2000.
- <sup>ii</sup> For more on the relationship between oral health and other conditions see:
- Leon, R. et al. Detection of Porphyromonas gingivalis in the Amniotic Fluid in Pregnant Women With a Diagnosis of Threatened Premature Labor. J Periodontol. 2007, Vol. 78, No. 7: 1249-1255;
  - Tarannum F. et al. Effect of Periodontal Therapy on Pregnancy Outcome in Women Affected by Periodontitis. J Periodontol. 2007, Vol. 78, No. 11: 2095-2103;
  - Beck J. et al. Periodontal disease and cardiovascular disease. J Periodontol. 1996, 67(Suppl): 1123-1137;
  - Mustapha, IZ. Markers of Systemic Bacterial Exposure in Periodontal Disease and Cardiovascular Disease Risk: A Systematic Review and Meta-Analysis. J Periodontol. 2007, Vol. 78, No. 12, Pages 2289-2302;
  - Tsai, C. et al. Glycemic control of type 2 diabetes and severe periodontal disease in the U.S. adult population. Community Dentistry and Oral Epidemiology 2002, 30:182-92.
- <sup>iii</sup> University of Michigan, Blue Care Network Press Release. Study Quantifies Health Care Savings of Regular Dental Care for Patients with Diabetes. December 9, 2008. Available at: [http://bcbsm.com/pr/pr\\_12-09-2008\\_11079.shtml](http://bcbsm.com/pr/pr_12-09-2008_11079.shtml).
- <sup>iv</sup> Otto, M. For Want of a Dentist. The Washington Post. February 28, 2007.
- <sup>v</sup> Lewis, C. et al. Dental complaints in emergency departments: A National Perspective. Ann Emerg Med. 2003 Jul; 42(1):93-9.
- <sup>vi</sup> Centers for Disease Control and Prevention. Preventing Chronic Disease: Investing Wisely in Health. CDC Prevention Fact Sheet. Available <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/oh.htm>.
- <sup>vii</sup> Ibid.
- <sup>viii</sup> Beltran-Aguilar, E. et al. Surveillance for Dental Caries, Dental Sealants Tooth Retention, Edentulism, and Enamel Fluorosis -- United States, 1988--1994 and 1999—2002. CDC MMWR Surveillance Summaries. August 26, 2005/54(03); pgs. 1-44.
- <sup>ix</sup> Page R, Eke P. Case Definitions for Use in Population-Based Surveillance of Periodontitis, J Periodontal, July 2007 (Suppl) pgs. 1387-1399.
- <sup>x</sup> National Institute of Health. Consensus Development Conference on Diagnosis and Management of Dental Caries Throughout Life. Bethesda MD, March 26-28, 2001. Conference papers: Journal of Dental Education 65 (2001). Pgs. 935-1179.
- <sup>xi</sup> Kim S, Lehman AM, et al. Statistical Model For Assessing the Impact of Targeted, School-based Dental Sealant Programs on Sealant Prevalence Among Third Graders in Ohio. Journal of Public Health Dentistry 63 (Summer 2003): pgs 195-199.
- <sup>xii</sup> Beltran-Aguilar, E. et al. Surveillance for Dental Caries, Dental Sealants Tooth Retention, Edentulism, and Enamel Fluorosis -- United States, 1988--1994 and 1999—2002. CDC MMWR Surveillance Summaries. August 26, 2005/54(03); pgs. 1-44.
- <sup>xiii</sup> National Institute of Health. Oral Health of United States Adults. NIH 1997. August, p. 71.
- <sup>xiv</sup> Periodontal Disease: Don't Wait Until it Hurts, American Dental Association; produced in cooperation with the American Academy of Periodontology. 2008
- <sup>xv</sup> U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. National Institute of Dental and Craniofacial Research, National Institutes of Health. May 2000