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# Elevating the Importance of Oral Health Awareness

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The Pew Children's Dental Campaign

October 2011

# Agenda



*"Sire, they also want dental."*

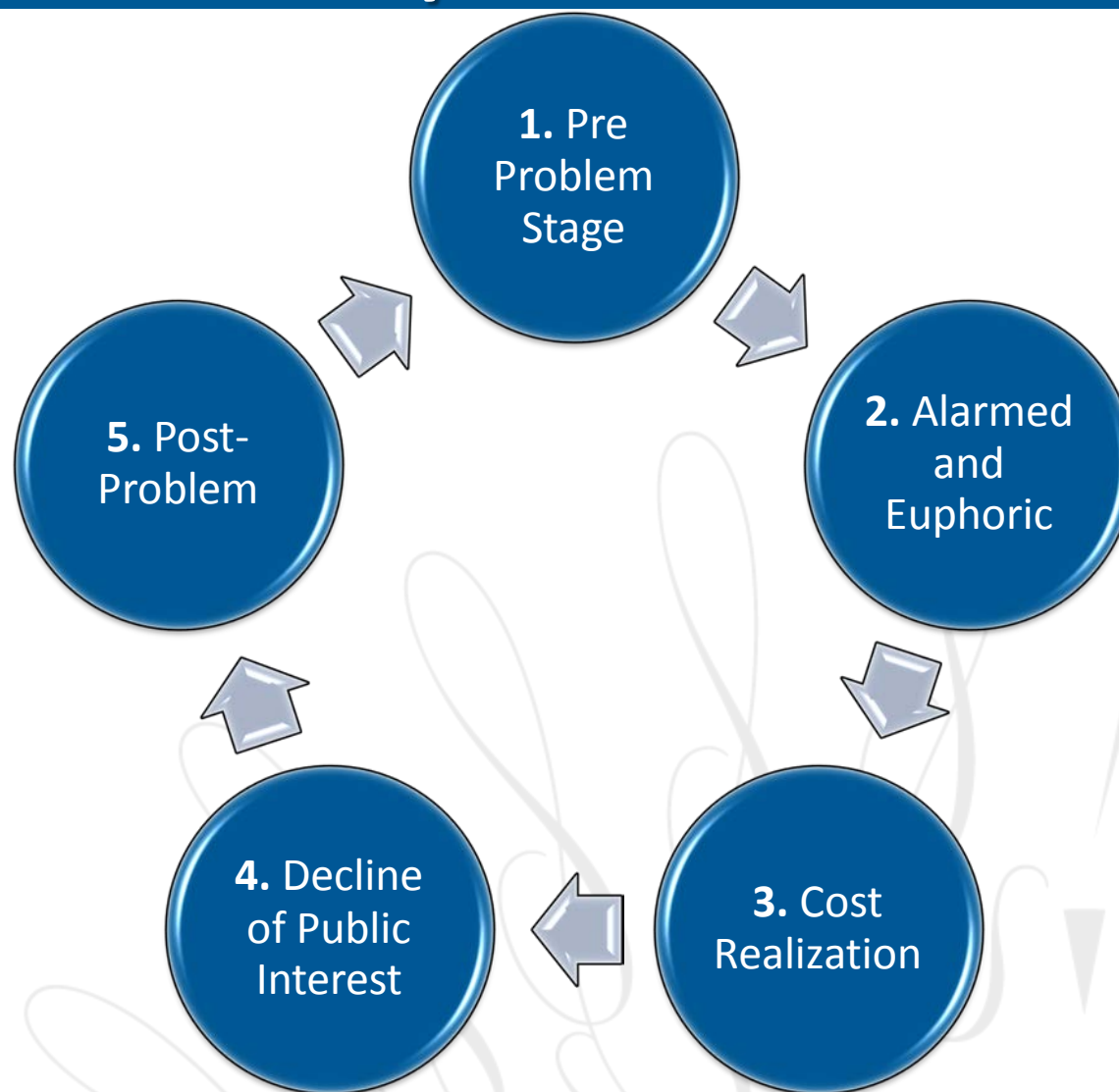
- Issue attention cycle
- Tips on using data effectively
- National and State Oral Health Update
- Ways to leverage future policy reform

# The Issue Attention Cycle

“American public attention rarely remains sharply focused upon any one domestic issue for very long--even if it involves a continuing problem of crucial importance to society.”

-Anthony Downs

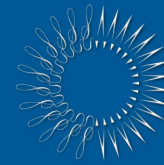
# The Issue Attention Cycle



# Using Data Effectively to Convey Why Oral Health Matters

**“No one ever marched on Washington  
because of a pie chart.”  
-Andy Goodman**

# Data matters — and it always has



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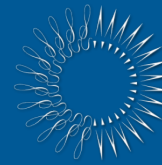
**“Get the facts, or the facts will get you.”**

— Dr. Thomas Fuller, 17th century British physician

**“If given the truth, [Americans] can be depended upon to meet any national crises. The great point is to bring them the real facts.”**

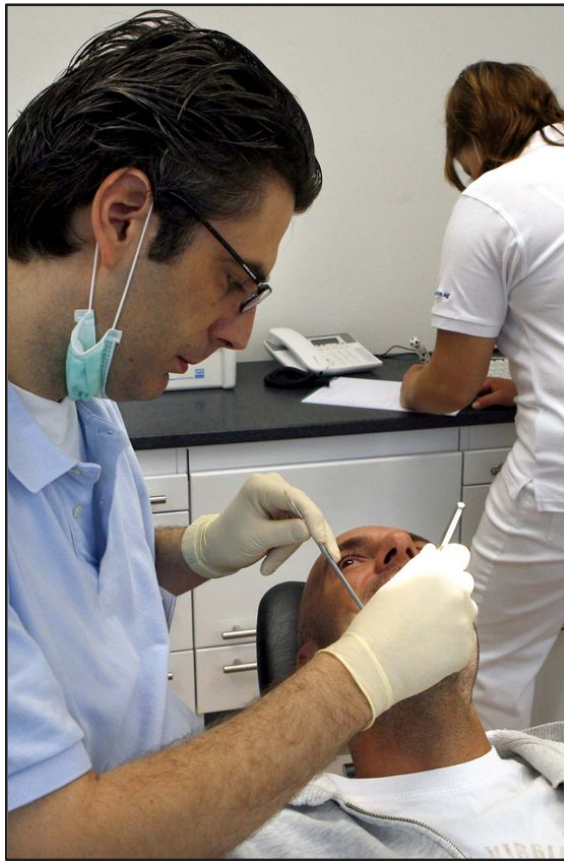
— Abraham Lincoln, U.S. president (1861-1865)





# But facts can fail if we use the wrong words

**Avoid using dental terms that may confuse ordinary people:**



## Instead of:

## Use:

Caries → Cavities

Periodontal disease → Gum disease

Edentulism → Losing one's teeth

Amalgam → Fillings



## Even smart people can get confused:

- The KISS principle: Keep it simple and straightforward
- Be careful. Make sure you present the data accurately.
  - *Example:* Some stats on missed school days include students who were simply going for regular dental exams, as opposed to “dental problems.”



# “Is this really a problem anymore?”



## The tremendous unmet need:

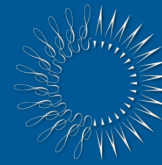
- More than 16 million children in America go without dental care each year.<sup>1</sup>
- Dental disease is the most chronic disease among children in the U.S.— five times more prevalent than asthma.<sup>2</sup>
- For every child without medical insurance, there are 2.6 children without dental insurance.<sup>3</sup>
- Nearly 51 million Americans live in an area of the country that is federally designated as having a shortage of dentists.<sup>4</sup>

# “Isn’t this just about a few cavities?”



## The impact hits the military and business:

- **Military readiness:** In a 2008 study of the armed forces, 52 percent of new recruits were found to be Class 3 in “dental readiness”—meaning they had oral health problems that needed urgent attention and would delay overseas deployment.<sup>5</sup>
- **The workplace:** Adults miss an estimated 164 million hours of work are missed each year because of dental needs.<sup>6</sup>
- **Driving up health care costs:** When dental needs are unmet, these problems often land in hospital ERs. A 2010 survey of hospitals in Washington State found that dental problems were the leading reason why uninsured patients visited ERs.<sup>7</sup>

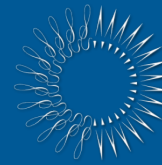


# “We’re more worried about education.”

## How oral health affects school:

- In a single year, U.S. students may miss as many as 51 million hours of school due to dental health needs.<sup>8</sup>
- Low-income children — who tend to face tougher learning challenges — were found to miss 12 times as many school days as their middle- and upper-income peers.<sup>9</sup>
- In California alone, 504,000 children ages five to 17 were absent *at least* one school day in 2007 due to a toothache or other dental problem.<sup>10</sup>





# “We can’t afford to do much right now.”

## We can’t afford *not* to act:

- Dental sealants are clear plastic coatings that can prevent 60 percent of decay at one-third the cost of filling a cavity.<sup>11</sup>
- Oral health prevention makes it less likely for decay to develop into serious problems that drive people to hospital emergency rooms — where treatment costs are much higher. For seven hospitals in Minnesota, ER visits due to dental problems cost more than \$4.7 million in one year.<sup>12</sup>
- Texas found that its Medicaid program saved \$24 *per child, per year* for every child who had access to fluoridated water.<sup>13</sup>



## **Know Your Audience**

**“It's not how strongly you feel about your topic, it's how strongly they feel about your topic after you speak.”**

**-Tim Salladay**



# Why should they care about oral health?

## There are a lot of people to convince:

- Legislators and governors
- Editors, reporters and columnists
- Educational advocacy groups
- Business leaders
- Civil rights organizations or other groups focused on equity issues
- MomsRising and other parents' organizations
- Other potential stakeholders



# Use the facts to build a narrative

- Pair data about the **structural need** with stories about the **structural solution**.
- Connect people to policy



# A National and State Perspective

**“Access to oral health care across the life cycle is critical to overall health, and it will take flexibility and ingenuity among multiple stakeholders—including government leaders, oral health professionals, and others—to make this access available. .”**

**-Institute of Medicine Report (June, 2011)**

# Making Coverage Matter

## The State of Children's Dental Health: Making Coverage **Matter**



# The 2011 benchmarks

1. At least 25% of low-income schools have a sealant program
2. Dentists exam is not required before hygienists apply sealants
3. At least 75% of residents receive fluoridated water
4. 38% or more Medicaid-enrolled children had a dental visit
5. Medicaid rates for dentists are higher than the cost of providing care
6. Medicaid reimburses physicians for fluoride varnish
7. State licenses new primary-care dental providers
8. State submits data to the National Oral Health Surveillance System



# A new year and new grades

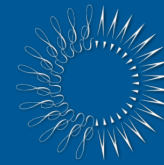
## The fiscal and political context:

- State budgets have been under tremendous pressure, making almost every new spending proposal a non-starter.
- An estimated 5.3 million children will gain dental coverage by 2014 under the health care reform law.

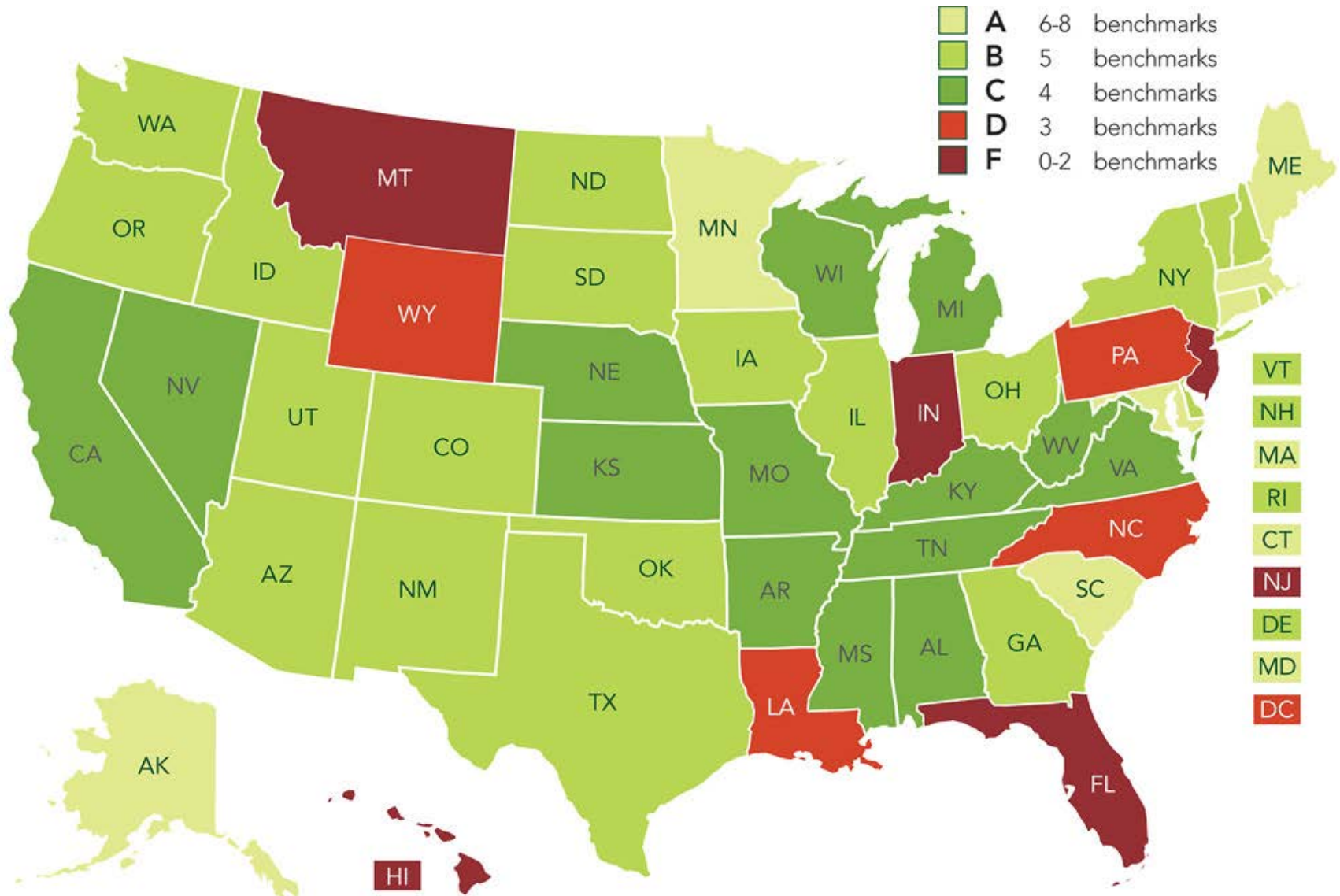
### The State of Children's Dental Health: Making Coverage **Matter**



# Grades in Pew's 2011 report



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# Key findings for 2011

## First, the good news:

- Seven states have earned A's, and 22 states improved their grades.
- The fact that so many states made progress despite budget crises proves that better policies won't break the bank.
- Six states raised their grades by at least two letter grades — Arkansas, Delaware, Massachusetts, Minnesota, Utah and West Virginia.
- A number of states are actively exploring ways to expand the dental workforce.

The State of Children's Dental Health:  
Making Coverage **Matter**



# Key findings for 2011

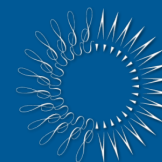
## Now, the bad news:

- More than 16 million children went without even basic dental care in 2009.
- 23 states made no progress over last year's grades.
- Grades dropped in 6 states.
- Five states earned F's.
- Three of the F states received their second consecutive failing grade.

The State of Children's Dental Health:  
Making Coverage **Matter**



# Virginia: C



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## HOW WELL IS VIRGINIA RESPONDING?

2011: **C**

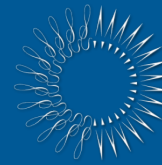
2010: **C**

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	MEETS OR EXCEEDS
2010	Share of high-risk schools with sealant programs	<25%	25%	
2010	Hygienists can place sealants without dentist's prior exam	NO	YES	
2008	Share of residents on fluoridated community water supplies	94.9%	75%	✓
2009	Share of Medicaid-enrolled children getting dental care	45.7%	38.1%	✓
2010	Share of dentists' median retail fees reimbursed by Medicaid	59.4%	60.5%	✓
2010	Pays medical providers for early preventive dental health care	YES	YES	✓
2010	Authorizes new primary care dental providers	NO	YES	
2010	Tracks data on children's dental health	YES	YES	✓
Total score				4 of 8

MET OR EXCEEDED
✓
✓
✓
✓
4 of 8

Grading: A = 6-8 points B = 5 points C = 4 points D = 3 points F = 0-2 points

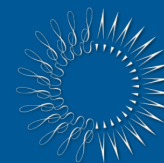




# Prior Exam Requirements for Sealants

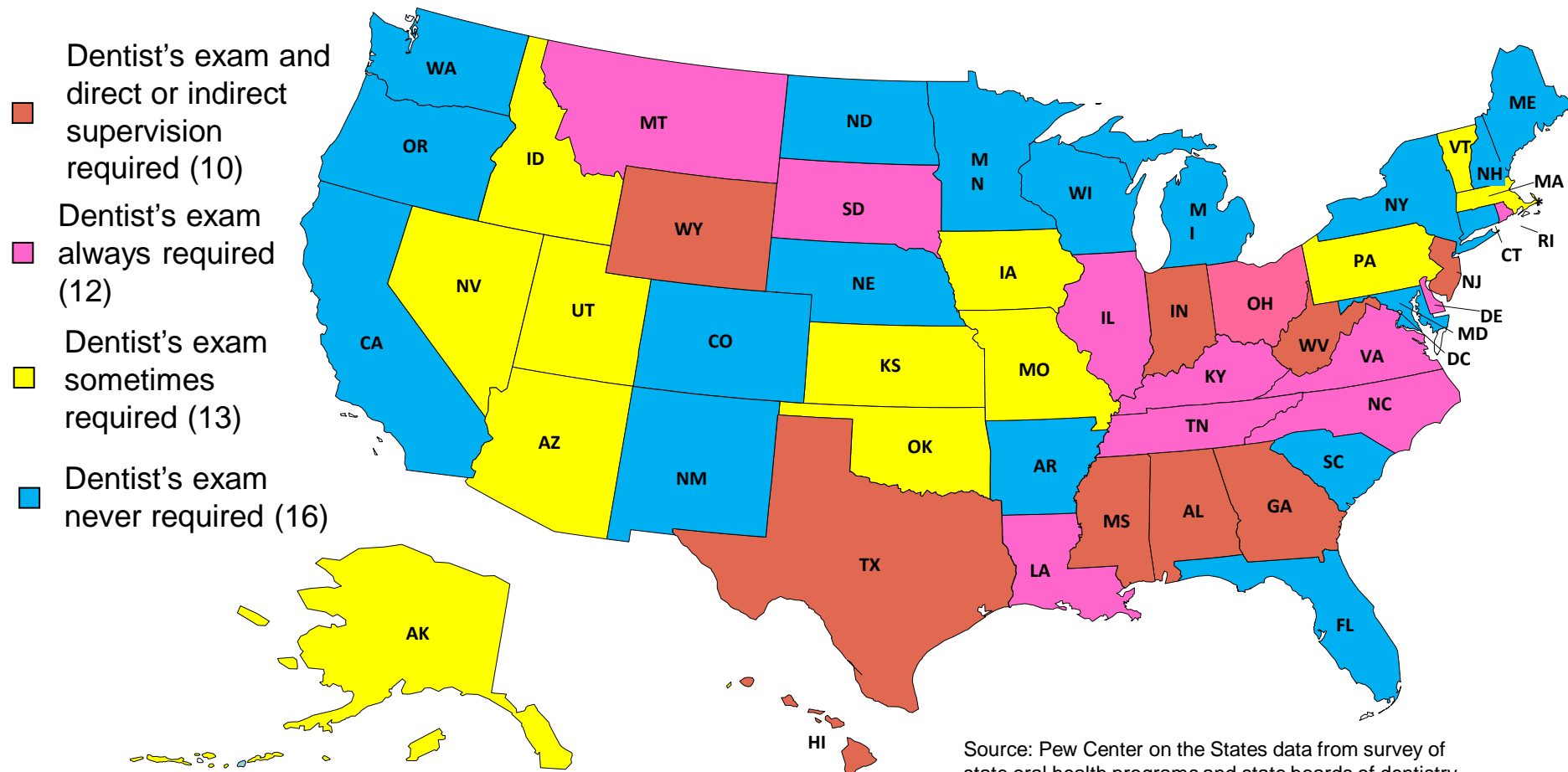
- Virginia did not meet the benchmark for providing sealant programs in high risk schools.
  - They provide these programs in <25% of schools (as reported in late 2010). A new survey will be conducted this year.





# Prior Exam Requirement for Sealants

## Prior Exam Requirements (2011)



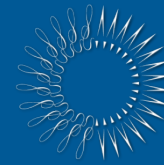
Source: Pew Center on the States data from survey of state oral health programs and state boards of dentistry, 2010-2011.

# Ways to Leverage Future Policy Reform in Your State

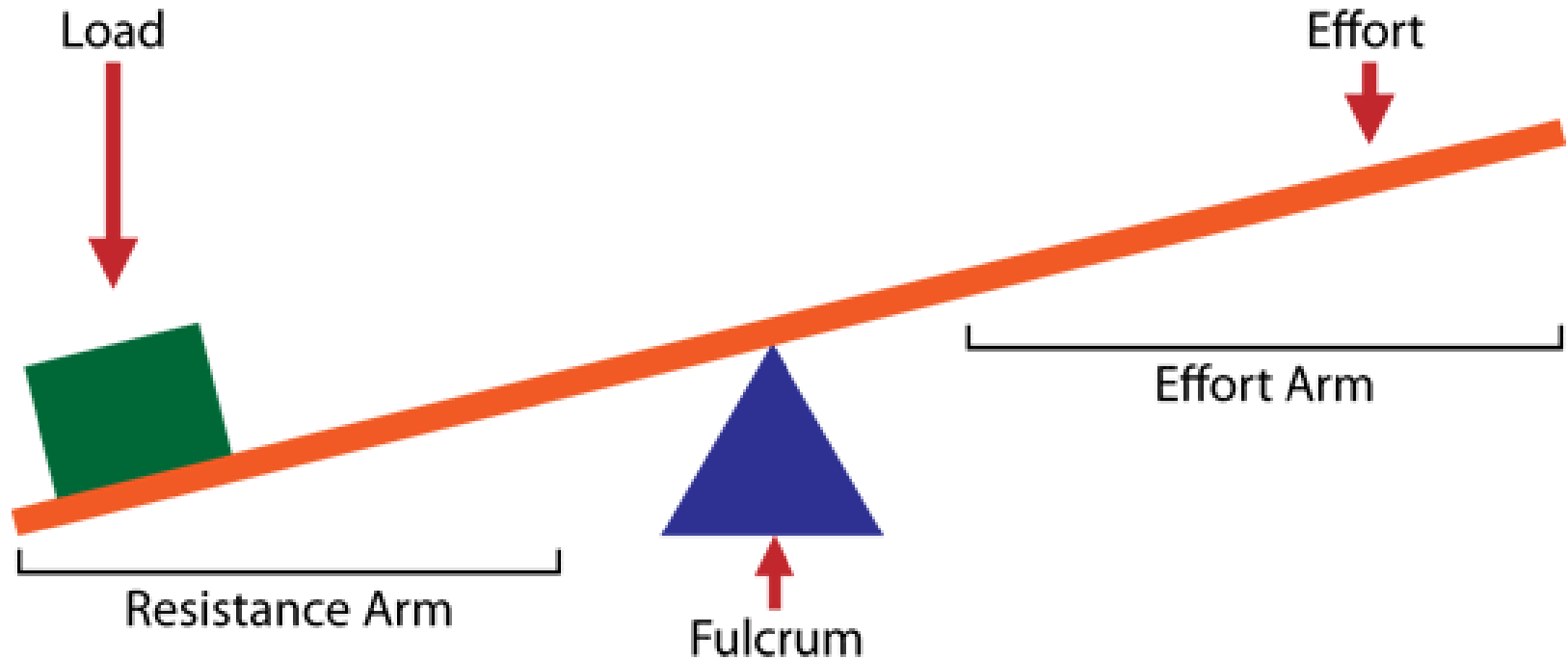
“Access to oral health care across the life cycle is critical to overall health, and it will take flexibility and ingenuity among multiple stakeholders—including government leaders, oral health professionals, and others—to make this access available .”

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# Ways to leverage future policy reform



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# A catalyst for success in Arkansas

- Arkansas' F grade re-energized the state's oral health advocates. They worked with key legislators to pass 3 bills that Gov. Mike Beebe signed into law. These laws expand water fluoridation and address two other issues, helping to raise Arkansas' grade in this year's report.





★ Get the **RIGHT** facts

★ To the **RIGHT** people

★ At the **RIGHT** time

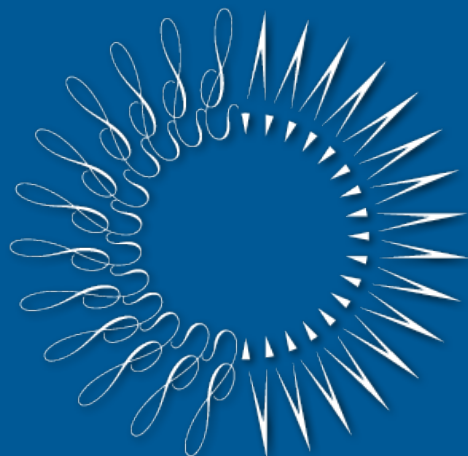
★ In the **RIGHT** way

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- 2 “A United Voice for Oral Health: Final Report and Recommendations from the Michigan Access to Oral Health Care Work Group,” Public Sector Consultants, Inc. (August 2010) 1; Congressional Record, 108th Congress, June 22, 2004, E1204, [http://frwebgate.access.gpo.gov/cgi-bin/getpage.cgi?position=all&page=E1203&dbname=2004\\_record](http://frwebgate.access.gpo.gov/cgi-bin/getpage.cgi?position=all&page=E1203&dbname=2004_record)
- 3 Sara Solovitch, “Dental Health Aides and Therapists in Alaska,” Anthology: To Improve Health and Health Care, Vol. XIV, Robert Wood Johnson Foundation (2011) 21, <http://www.rwjf.org/files/research/chapter.six.pdf>.
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- 5 Thomas M. Leiendecker, Gary C. Martin et al., “2008 DOD Recruit Oral Health Survey: A Report on Clinical Findings and Treatment Need,” Tri-Service Center for Oral Health Studies, (2008) 1 (accessed August 19, 2010); the impact of “dental readiness class 3” on the armed forces is noted in this document: “Dental Readiness and Community Oral Health Protection,” Army Regulation 40–35, Department of the Army, (August 2, 2004) 3, at: [http://armypubs.army.mil/epubs/pdf/r40\\_35.pdf](http://armypubs.army.mil/epubs/pdf/r40_35.pdf).
- 6 “Talking Points: Preventing Dental Decay,” Council of State Governments, [http://www.healthystates.csg.org/NR/rdonlyres/EA8452ED-A4A9-4EF0-AAFC-480DA2105038/0/TP\\_OralHealthREVISED.pdf](http://www.healthystates.csg.org/NR/rdonlyres/EA8452ED-A4A9-4EF0-AAFC-480DA2105038/0/TP_OralHealthREVISED.pdf).

## Sources for the data (cont'd)

- 7 Washington State Hospital Association, *Emergency Room Use* (October 2010) 8-12, <http://www.wsha.org/files/127/ERreport.pdf>.
- 8 U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General," National Institutes of Health (2000), 2, <http://silk.nih.gov/public/hck1ocv.@www.surgeon.fullrpt.pdf>.
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- 10 N. Pourat and G. Nicholson, *Unaffordable Dental Care is Linked to Frequent School Absences* (Los Angeles, CA: UCLA Center for Health Policy Research, 2009) 1-6, <http://www.healthpolicy.ucla.edu/pubs/publication.aspx?pubID=387>.
- 11 The national median charge among general practice dentists for procedure D1351 (dental sealant) is \$44 and national median charge for procedure D2150 (two-surface amalgam filling) is \$134. American Dental Association. "2009 Survey of Dental Fees," (2009), 17, accessed June 30, 2010, <http://www.ada.org/members/1443.aspx>.
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- 13 "Water Fluoridation Costs in Texas: Texas Health Steps (EPSDT-Medicaid)," Texas Department of Oral Health Website (2000). [www.dshs.state.tx.us/dental/pdf/fluoridation.pdf](http://www.dshs.state.tx.us/dental/pdf/fluoridation.pdf).



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