



State
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*More Teeth Means Increased
Need for Dental Care*

**Fewer seniors are losing all their teeth,
but states are not keeping pace with
their dental care needs.**

By Dan Lorentz



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—Arkansas Rep. Tommy G. Roebuck

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ur bodies are not falling apart as quickly as they once did.

For the most part, we're getting chronic diseases such as heart disease and arthritis later in life and—if we're middle-aged—we're likely to

live much longer and with much less physical misery than earlier generations. That's according to research from around the world summarized in a recent *New York Times* series on science and aging.

But we don't have to look far for proof that our bodies are holding together better than before. Consider the teeth of Americans. In the 1950s, more than half of Americans age 65 and older were toothless. Now, fewer than a quarter of older Americans have lost all their natural teeth.

So, more of us are keeping our teeth into old age. While most would agree that's good news, there is a catch—more teeth means continued need for dental care. And that “catch” becomes a major public health policy concern when you take into account that by the year 2030, people 65 and older will comprise 20 percent of the U.S. population and that most seniors have to pay for dental care out of pocket.

A State of Decay?

How is state government responding to this challenge, which developed because we're living longer and healthier lives and keeping more of our teeth?

Not very well, according to a 50-state survey conducted in August 2003 by Oral Health America, a nonprofit advocacy organization dedicated to improving the oral health of Americans.

As Americans retire, most lose employer-based dental insurance. Simultaneously, most see a reduction in their incomes. Medicare, the federal health insurance plan for people 65 and older or younger people with certain illnesses and disabilities, doesn't cover routine dental care. Only 22 percent of seniors are covered by private dental insurance.

Through Medicaid, a program for low-income people who can't afford medical care, states have the option of covering dental services for adults.

According to the survey, however, few states are doing that.

Among other factors, the survey graded each state based on how many of its seniors had private dental insurance, the level of adult Medicaid dental coverage provided, and how close to market prices the state's reimbursement rates were for adult Medicaid dental services.

The grades were dismal: 15 states got Fs; 29 states got Ds and only seven states received Cs. The highest grade went to California—a C plus—largely because many residents have private dental insurance and because the state offers a high level of adult Medicaid dental coverage. According to the survey, “27 states are failing to meet even the most minimal standards of care” for poor seniors.

Elizabeth Rogers, communications director of Oral Health America, said the 2003 survey, titled, “A State of Decay: The Oral Health of Older Americans,” would probably not change much, if at all, if it were conducted again today.

“Barring Medicaid reform, there's not much that states are willing to do right now,” Rogers explained. “And there's nothing much happening with Medicare either.

“There's lots of action (improving access to dental care) for kids right now, but I think doing something about oral health for

older Americans is just one of many, many things that legislators have to consider. It's a very slow moving train for now."

Other Barriers

Limited income and lack of coverage under federal and state programs are only two of the barriers faced by seniors needing dental care.

Other barriers include:

- Not understanding or seeing the need for regular dental care;
- Fear of dentists and dental care;
- Transportation and mobility difficulties;
- Limited availability of dental services in certain urban and rural communities;
- Lack of accessible dental services in nursing homes. (While 80 percent of nursing homes say services are available in their facilities, studies have found that only 19 percent of residents actually received dental care.)

Oral Health at Risk

The policy train for dealing with the oral health needs of older Americans may be moving slowly, but the oral health risks they face are real and present.

According to Dr. Barbara F. Gooch, DMD, MPH, from the Centers for Disease Control and Prevention (CDC), seniors are challenged by an array of oral health problems, including:

Tooth decay. Cavities don't just affect kids. Nearly one in five adults have untreated cavities that in the absence of timely dental care can result in extensive and costly treatment or tooth loss.

Periodontal (gum) diseases. Left untreated, gingivitis—the mildest form of gum disease—may lead to more severe periodontal disease, an infection of the tissues and bones that support the teeth. This can lead to tooth loss.

Loss of teeth. While many older Americans are keeping their teeth, a significant number are still losing all of them. Even with dentures, maintaining good nutrition can become more difficult as those without their natural teeth tend to avoid fresh fruits and vegetables in favor of softer, more chewable foods. Low-income seniors are more likely to lose all their teeth than their counterparts with higher incomes. In Kentucky and West Virginia, about 40 percent of older residents have lost all their teeth—the highest percentages among the states.

Dry mouth. Too little saliva in the mouth, throat and lips will increase risk for tooth decay and mouth infections and may cause difficulties with chewing, tasting, swallowing and even talking. Hundreds of medications, including diuretics and common antidepressants and allergy drugs—can cause dry mouth, as can some medical treatments like chemotherapy and head and neck radiation.

Oral Health for Older Americans: Policy Resources

This CDC backgrounder, developed for the American Society on Aging, provides an overview about how to prevent oral diseases among older Americans. The backgrounder is available for download at www.asaging.org.

Did your state make the grade in terms of providing access to oral health care for seniors through private insurance and Medicaid? Read Oral Health America's 2003 report, "A State of Decay: The Oral Health of Older Americans," at www.oralhealthamerica.org.

In "The State of Aging and Health in America: 2004," the Merck Institute of Aging & Health, the Centers for Disease Control and Prevention, and the Gerontological Society of America assess the health status of the growing number of older Americans and make recommendations to improve their mental and physical health. The report includes a section on oral health for seniors. It can be accessed at: www.cdc.gov/aging.

Read a succinct summary of how demographic trends are intersecting with oral health care realities for older Americans in "Oral Health for Older Americans," part of CDC's National Center for Health Statistics series of publications on aging trends. Find the report at www.cdc.gov/nchs/data/agingtrends.

For access to a variety of resources related to oral health in general, visit CDC's Oral Health Resources Web site at www.cdc.gov/OralHealth/index.htm.

To learn about best practices in state and community oral health, go to the Association of State and Territorial Dental Directors Web site at www.astdd.org.

Oral cancers. Oral cancers, which include cancers of the mouth, tongue, lips and throat, kill about 7,200 Americans every year. If caught early enough, however, there is a five-year survival rate of over 80 percent.

Help for States from the CDC

Even though oral health for seniors may not yet be on the top of the public health agenda for many, states are getting help from the CDC to promote improved oral health for Americans, including older Americans.

In 2005, Arizona, Iowa and Rhode Island received funds from the CDC to implement pilot oral health programs for seniors who get their meals delivered at home or who go to meal centers. With the funds, the states will learn more about the oral health needs of these seniors—most of whom are low income and from minority communities. The pilot programs used a variety of approaches—including the use of fluoride products, health education and referrals to dental care providers—to raise awareness about oral health and effective prevention strategies for older adults.

The CDC has also directed an additional \$3.8 million since 2003 to help strengthen state oral health programs in 12 states—Alaska, Arkansas, Colorado, Illinois, Michigan, Nevada, New York, North Dakota, Oregon, Rhode Island, South Carolina and Texas.

Some state programs provide examples of best practices regarding oral health.



What Works in Oral Health: Proven Prevention Strategies for Kids and Seniors

In Arkansas, for example, the CDC funding is being used to reduce disparities in oral diseases in the state and to promote the expansion of water fluoridation—the most cost-effective way to prevent cavities in both the young and old. Colorado continues to use its funds to implement a preventive oral health program targeting high-risk children and adults, and to work with local programs to establish oral health infrastructure at the community level.

In North Dakota, funds are being used to boost the awareness of both the public and policymakers of the importance of oral health.

Additionally, the CDC supports information-sharing systems. An example is the National Oral Health Surveillance System, www.cdc.gov/nohss, which links oral health data from state systems, such as the adult-focused Behavioral Risk Factor Surveillance System—a database that contains essential information about the oral health of older Americans.

Prospects for the Future

The CDC's efforts to help strengthen state oral health programs promise to generate important information for policymakers to use in developing effective policies to improve the oral health of older Americans. But major state efforts to ensure broad access to needed dental care for all seniors likely won't occur in the near future.

In Arkansas, for example, even a projected \$700 million budget surplus in 2007 isn't getting state Rep. Tommy G. Roebuck too excited about the prospects for swift action to address the oral health needs of seniors.

Roebuck, a practicing dentist and a legislative leader in improving oral health in his state, recognizes that oral

- Drink fluoridated water and use a fluoride toothpaste. Fluoride's protection against dental decay is not just for kids.
- Brush and floss. Take care of your teeth and gums. Thorough tooth brushing and flossing to reduce dental plaque can prevent gingivitis, a gum disease.
- Avoid tobacco. Smokers have seven times the risk of developing gum disease compared to non-smokers. Tobacco use in any form—cigarette, pipes, and smokeless (spit) tobacco—increases the risk for gum disease, oral and throat cancers, and oral fungal infections.
- Limit alcohol. Heavy use of alcohol is also a risk factor for oral and throat cancers. When used alone, alcohol and tobacco are risk factors for oral cancers, but when used in combination the effects are even greater.
- Eat wisely. Avoiding sugars and starches when snacking applies to adults as well as children. Limit the number of snacks eaten throughout the day. The recommended five-a-day helping of fiber-rich fruits and vegetables stimulates salivary flow to aid remineralization of tooth surfaces with early stages of tooth decay.
- Go to the dentist. Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage and in some cases reverse the problem. Professional tooth cleaning also is important for preventing problems, especially when self-care is difficult.

Adapted from CDC's fact sheet on oral health for adults, www.cdc.gov/OralHealth/factsheets/adult.htm.

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health care for seniors is an important issue especially for those with lower incomes. “In Arkansas, the median income is well below the national average,” Roebuck says. “Medicaid in Arkansas does not cover adult dental care, not even for relief of pain, which is ludicrous.”

“If we could get the impetus to try to include some adult dental care in Medicaid (it would be an important first step),” Roebuck says. But he acknowledges that it “would take a pretty good effort to get that passed.”

Oral Health Links for Your Constituents: Help Connect Senior Citizens With Expert Advice

This CDC fact sheet on oral health for older Americans provides easy-to-follow advice on how to prevent oral health problems. Link your constituents to the fact sheet at www.cdc.gov/OralHealth/factsheets/adult-older.htm

For answers to questions about oral cancer, direct constituents to this CDC Web page: www.cdc.gov/OralHealth/topics/cancer.htm

The American Dental Association’s “Your Oral Health” Web page offers useful information for the general public about a wide range oral health topics. Link to this page at www.ada.org/public/index.asp.

“A lot of other groups want that money also,” he explained.

“It would be good for the general health of these patients to receive these services. If you let it go, it gets worse. If we don’t get it early, it’s going to get worse, no question about it.”

At the national level, advocates for dental care have been championing legislation to require states to provide more oral health services to seniors either through the Medicaid program or by adding dental benefits to Medicare. So far, Congress hasn’t taken action.

Rogers, from Oral Health America, however, sees some positive signs for the future, too.

“Health insurance companies are detecting and noticing the links” between providing preventive dental care for seniors and saving on more expensive treatment for preventable oral health problems, Rogers said. “I’d say within the next three to five years, you’ll see a lot more research that will show why and how it pays to address the health care needs of seniors early. That will help legislators defend dental care programs for seniors.”

—Dan Lorentz is editor of *Healthy States Quarterly*, a publication of the Healthy States Initiative.

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Thomas, director of the Southern Regional Education Board. “They can be used to fill gaps in curricula, whether it is with Advanced Placement courses, core subjects or things people refer to as electives.”

Thomas said 12 of the 16 SREB states already provide Web-based courses, with Florida leading the pack. Florida’s program began in 1997, and this year alone, more than 40,000 high school student are taking online courses. The program is funded by the state.

“Schools only get money from the state if a student has successfully completed the course,” said Thomas, noting that Florida requires that students pass the class.

Success rates in Florida range from 90 to 92 percent. Of the 137 students who took Advanced Placement courses through Florida’s virtual school in 2000–2001, more than half earned scores of 4 or 5—on a five-point scale—on the exams. About 65 percent of the students earned scores of 3 or higher—besting the national average of 61 percent.

“We see these programs as good economics,” said Thomas. “Why should everybody create all courses? Once online courses are developed, teachers can teach the same course and make copies of it. You could have five or 50 algebra teachers teaching that course.”

The best part of virtual schools, said Thomas, is that the programs are closely monitored no matter where the students are. “Rural kids or inner city kids who have never had access to a quality teacher can have a nationally board certified teacher,” he said.

‘Just Do It’

To Reg Weaver, president of the National Education Association, it’s as simple as this: If education is a top priority, policymakers have to provide for better technology in the classroom.

“When America decides something is important, they find the money,” said Weaver. “I’d say to policymakers, when it comes to making America strong, when it comes to making sure America has the people to make sure we are the country we are today, to have a quality public education, they need to be like Nike and just do it to make sure schools have the money they need.”

—Laura Coleman is the associate editor of *State News magazine*.

