



STATEMENT OF POLICY

Promote Oral Health

Mission: The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision: Strengthening public health and taking action to make New York the healthiest state.

Problem Statement

Good oral health is integral to physical and mental health and well-being. Oral diseases are numerous of which the most common are cavities, gum disease, periodontal disease, and oral and pharyngeal cancer. These diseases cause pain and disability for millions of Americans and cost taxpayers billions of dollars each year. Many individuals cannot afford to pay out of pocket for dental care and do not have private or public dental insurance. In many communities, especially in rural areas, access to fluoridated water and school sealant programs is not available. Among working-age adults, over 40% of low-income and non-Hispanic Black adults have untreated tooth decay. Many older Americans do not have dental insurance because they lost this benefit on retirement and Medicare does not cover routine dental care. The Medicaid program in New York state provides essential services, however, comprehensive dental care is not covered.

Position Statement

Oral Health is an important health priority and integrated and adequately resourced state oral health programs are needed to improve health, eliminate racial and ethnic disparities, and reduce costs, which will aid in minimizing oral health disparities in New York State.

NYSPHA encourages members and its partners in the health care and public health systems to act collaboratively to address oral health and the prevention and treatment of oral health diseases.

NYSPHA recommends specifically:

1. Develop and support an integrated and adequately funded oral health program infrastructure at the New York State Health Department. Such a program should include a robust state oral health surveillance program and link health promotion and disease prevention activities to

evidence-based interventions, such as community water fluoridation programs and dental sealant programs and combat attempts to roll back community water fluoridation programs. In addition, the oral health program should facilitate access to evidence-based, routine oral disease prevention and culturally appropriate education to improve oral health, support a robust oral health workforce, and encourage early first dental health visits and the creation of dental homes.

2. Incorporate oral health education, prevention, and treatment as standard elements of primary care and chronic disease prevention.
3. Promote oral and oral-pharyngeal cancer prevention activities and build public awareness of the risk factor for oral cancer including alcohol and tobacco use, and advocate for individuals to be vaccinated against the human papillomavirus (HPV) to prevent oral pharyngeal cancers. Enable cancer survivorship initiatives for all cancers to address access to oral health care because cancer treatment often impacts oral health as well as overall well-being.
4. Advocate for comprehensive oral health insurance for all adults, including dental coverage through Medicare, in New York State to increase access to preventative and restorative dental services, as limited availability of dental insurance is a major barrier to oral health for many New Yorkers. In addition, Medicare coverage for comprehensive oral treatment for older adults.
5. Address systemic inequities, including racial and ethnic disparities that affect oral health and preventative oral health behaviors.
6. Advocate for support for an expanded dental workforce that includes dental therapists, dental hygienists, and dentists, especially in areas that are underserved by dental health professionals, and provide incentives for early-stage dental professionals to move to underserved areas.

Justification

Healthy People 2030 states that tooth decay is the most common chronic disease in the United States for both children and adults. Regular preventative dental care can treat problems early before they lead to tooth decay, gum disease, and tooth loss. Dentists can teach patients correct oral health care to prevent oral health problems (Healthy People 2030, 2020).

In the United States, more than nine out of ten adults have experienced tooth decay (dental caries), although most are preventable. For older adults, aged 65 and over, 96% have had a cavity, about 20% have untreated caries, 47% show signs of gum disease and 20% have lost all their teeth. (National Institutes of Health, 2018 & Centers for Disease Control and Prevention, 2021). The consequences of poor oral health affect children's speech, growth, function, and social development. Nutrition is affected by missing teeth, infection, and pain which limit food choices. Tooth decay can cause pain resulting in missed school and workdays. Dental problems can cause poor appearance which can contribute to social isolation, lower wages, and loss of self-esteem. Poor oral health can lead to poor health outcomes, such as diabetes, cardiovascular disease, and respiratory disease (NIH, 2018). In the United States, over 40% of low-income and non-Hispanic Black adults have untreated dental problems. Untreated oral diseases have a large impact on the quality of life and productivity of individuals. Almost 18% of working-age adults and 29% of adults with a lower income state that their appearance due to dental problems is a source of concern when applying for a job. In the United States, over \$45 billion is lost in productivity each year because of untreated oral disease, and over 34 million school hours are lost due to emergency dental care (CDC, 2021).

Oral health is determined by multiple factors that include the individual's oral and nutritional habits and include social determinants of health, such as the conditions in the environment, where people are born, live, learn, work, play, worship, and age. These social determinates of health affect a wide range of overall health, functioning, and quality of life outcomes and risks. Disparities in oral health are seen in the poor and some racial and socioeconomic groups, where high percentages of people are affected by oral diseases. Inequities exist in the number of dental visits and preventative services often due to the inability to find accessible dental care for the uninsured or underinsured. Children who live below the federal poverty level have substantially more untreated dental caries when compared to children living above the poverty level. For those over 65, chronic diseases are more prevalent and make oral hygiene more difficult. Gum disease is noticed in almost half of adults over 30 and in seven out of ten adults aged 65 and older. For adults aged 45 to 65, approximately 30% do not have all their teeth and one in four adults aged 65 and over have no teeth (NIH, 2018).

In 2021, a report by the NIH, *Oral Health in America*, noted that disparities among certain socioeconomic groups persist, especially those Americans living in poverty and those from some racial and ethnic minority groups (NIH, 2021). In 2013, 35% of poor parents and 38% of poor adults did not have dental insurance (National Library of Medicine, 2016). These groups exhibit poorer oral health as children and continue this trend to adulthood. Adults aged 65 and over are three times more likely to lose all their teeth and have low income, have less than a high school education, are non-Hispanic Black or Mexican American, and currently smoke cigarettes (CDC, 2021). Smoking contributes to gum disease, oral diseases, and cancer, and alcohol contributes to oral cancers (NIH, 2021). Adults who smoke are three times more likely to lose all their teeth (CDC, 2021). In rural areas, there are fewer dentists, more people who lack insurance, higher unemployment, and higher poverty rates. According to this report, chronic oral health problems are still prevalent, and improvements are needed in access to care (NIH, 2021).

For many Americans, dental insurance is not part of their health plan, and they cannot afford to pay out of pocket. In 2015, 29% of the people in the US and 62% of older adults had no dental insurance (CDC, 2021). The federal Medicare program does not cover routine dental care for adults and many older Americans lose their coverage when they retire. In New York, approximately 3.7 million people are covered by Medicare, which does not cover routine "care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth" (i.e., anesthesia or diagnostic x-rays) (New York City Department for the Aging, 2018). The Affordable Care Act (ACA) does not include dental care coverage, however, since 2016, dental insurance options are available through health insurance marketplaces. Children up to 19 are required to have dental insurance coverage, but the same is not mandated for adults (Byte, 2021).

Due to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA), states are required to provide dental coverage to children. However, it is up to the individual state whether to provide dental coverage to adults on Medicaid (Centers for Medicare and Medicaid). In New York State, adult Medicaid recipients' dental coverage includes only essential services (New York State Department of Health, 2022). (Center for Health Care Strategies, Inc., 2019).

In New York State, in 2020, over 65 % of adults aged 18 and over visited a dentist or dental clinic in the past year (America's Health Rankings, 2022). In New York City, about one-third of third-grade students

have tooth decay that has not been treated and a quarter of adults aged 65 and older have lost all their teeth (City of New York, 2022).

The practice of water fluoridation is important in preventing dental caries and it is beneficial for normal development, growth, and mineralization, especially in the development of teeth. An alternative way to provide fluoridation in inaccessible locations is through salt fluoridation programs that give individuals fluoride-containing salt for their food and water for personal use (Dhar & Bhatnagar, 2009).

Oral health is an important part of overall health and well-being. Steps can be taken to prevent dental disease by practicing good oral hygiene, such as drinking fluoridated water, brushing twice a day, dental sealants for children to prevent cavities, flossing daily, visiting a dentist at least once a year, stopping smoking, and controlling chronic health problems (CDC, 2021).

REFERENCES

America's Health Rankings. (2022). Annual Report.

<https://www.americashealthrankings.org/explore/annual/measure/dental/state/NY?edition-year=2021>

Byte. (2021). Does the Affordable Care Act Cover Dental Care/Insurance?

<https://www.byte.com/community/resources/article/affordable-care-act-dental-coverage/>

Center for Health Care Strategies, Inc. (CHCS) (2019). Medicaid Adult Dental Benefits Coverage by State.

https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix_091519.pdf

Centers for Disease Control and Prevention. (CDC). (2021). Oral Health.

https://www.cdc.gov/oralhealth/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhealthywater%2Fhygiene%2Fdisease%2Fdental_caries.html

Centers for Medicare and Medicaid Services, (2022). Dental Care.

<https://www.medicare.gov/medicaid/benefits/dental-care/index.html>

City of New York. (2022). Oral Health. [https://www1.nyc.gov/site/doh/health/health-topics/oral-](https://www1.nyc.gov/site/doh/health/health-topics/oral-health.page#:~:text=In%20NYC%2C%20more%20than%20one,health%20problems%20can%20be%20prevented.)

[health.page#:~:text=In%20NYC%2C%20more%20than%20one,health%20problems%20can%20be%20prevented.](https://www1.nyc.gov/site/doh/health/health-topics/oral-health.page#:~:text=In%20NYC%2C%20more%20than%20one,health%20problems%20can%20be%20prevented.)

Dhar, V., & Bhatnagar, M. (2009). Physiology and toxicity of fluoride. *Indian Journal of Dental Research*.

20(3), 350. <https://doi.org/10.4103/0970-9290.57379>

National Library of Medicine. (2016). Dental Disparities among Low-Income American Adults: A Social Work Perspective. *National Institutes of Health*.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4985883/>

New York City Department for the Aging. (2018). Dental Coverage Options for Older New Yorkers.

<https://www1.nyc.gov/assets/dfta/downloads/pdf/reports/DentalCoverageOptionsForOlderAdults1218.pdf>

New York Department of Health. (NY DOH). (2022). New York State Medicaid Program Dental. https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf

U.S. Department of Health and Human Services Oral Health Coordinating Committee (2016). U.S. Department of Health and Human Services Oral Health Strategic Framework, 2014-2017. *Public health reports (Washington, D.C. : 1974)*, 131(2), 242–257. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765973/>

Healthy People 2030. (2020). Oral Conditions. *Office of Disease Prevention and Health Promotion. (2020)*. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>

National Institutes of Health/ (2018). Dental Caries (Tooth Decay) in Adults (Age 20 to 64). <https://www.nidcr.nih.gov/research/data-statistics/dental-caries/adults>

National Institutes of Health. (NIH). (2021). Oral Health in America: Advances and Challenges. *US Department of Health and Human Services, National Institute of Dental and Craniofacial Research: Bethesda, MD, USA*. <https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf>

U.S. Department of Health and Human Services Oral Health Coordinating Committee. (2016). Oral Health Strategic Framework. 2014-2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4765973/>

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Record of Action:

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