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Burden of Oral Disease in Adults

INTRODUCTION

Oral health is an important component of one's overall health that goes beyond preventing tooth decay and gum disease. Oral health affects the health of the rest of the body especially for those with existing health conditions. In adults, oral conditions or diseases not only lead to pain and difficulty eating, but can also affect one's self-esteem, employability and resulting income stability, interpersonal relationships and overall quality of life. Additionally, if left untreated, bacteria from oral infections can enter the bloodstream, affect major organs, and lead to new illnesses like heart disease and stroke. Untreated oral infections can increase complications in existing conditions such as diabetes, respiratory disease, and HIV/AIDS.¹

In the United States, tooth decay remains the most common, most largely preventable condition of children ages five to seventeen, and this problem continues into adulthood. It is estimated that 27 percent of adults aged 35 to 44 years old and 30 percent of adults over 65 have untreated tooth decay.² There are many factors that affect good oral health in adults. Access is a major barrier – access to dental insurance and access to providers, but there are several others including genetics, access to fluoridated water, resources for copayments, diet and nutrition, personal oral hygiene practices, and tobacco use.

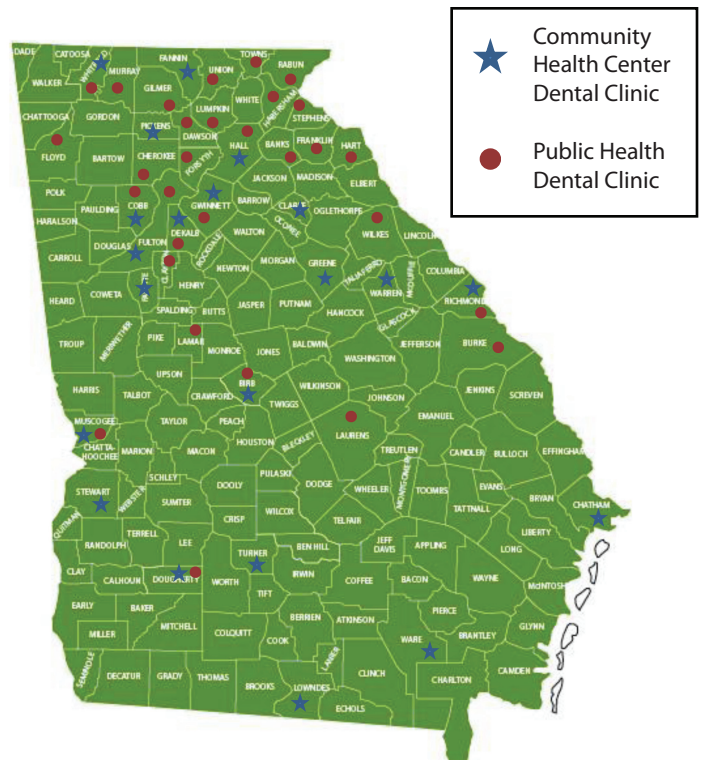
According to the 2008 Georgia Population Survey, one in four Georgians did not receive dental care in the last year. The reason claimed by two percent of those not receiving care was they did not have a dentist or could not find one who would accept public health insurance (Medicaid or PeachCare for Kids™ - Georgia's State Children's Health Insurance Program). However, the main reason given for not receiving dental care was cost.³

Financing dental care services is a significant barrier to accessing care for adults. Dental care is financed through private and public insurance or, paid directly

by those without insurance. Most dental insurance requires large individual contributions, unlike most general health insurance plans, which make it more difficult for some to pay. In 2008, 15.9 percent of Georgians did not have health insurance and almost half – 41.5 percent – did not have dental insurance.⁴

Individuals who do not have dental insurance may receive care from community health centers and local public health departments that house dental clinics. In Georgia, there are 41 counties with one or more free or reduced cost dental clinics (see Figure 1). Additionally, there are 13 schools of dental hygiene throughout the state that offer low cost, basic preventive dental services and 11 Health Districts have 14 mobile dental units.

FIGURE 1: FREE AND REDUCED COST DENTAL CLINICS IN GEORGIA



Source: Georgia Dental Association Dental Clinic Listing and Georgia Department of Public Health, Oral Health Unit

However, even those with dental insurance find it difficult to pay co-payments and contributions which can be as much as 50 percent by procedure on a fee-for-service basis. These costs cause some to forego dental care all together. This is unfortunate given the low costs of preventive care as opposed to care in emergency departments (ED), which by default become the provider of last resort for preventable, non-traumatic dental conditions. A 2009 study in California found that while the average cost of a periodic oral exam or comprehensive oral exam is about \$41 and \$60 respectively, an ED visit for an oral health condition without hospitalization is about three to four times more expensive. An ED visit with hospitalization can be as much as \$5,044.⁵

GEORGIA'S BURDEN

In Georgia, 70 percent of the adult population reported that they had visited the dentist or a dental clinic in the past year and 70 percent also reported having their teeth cleaned by a dentist or hygienist within the past year, in 2008. During the same year, 23 percent of adults 65 and older reported losing all of their teeth and 49 percent reported losing six or more teeth.⁶

In 2000, the first national goals related to oral health were set by the US Department of Health and Human Services and were included in the Healthy People 2010 Objectives. The 2010 national goals have since

been evaluated and Georgia met about half of the oral health objectives. New goals related to oral health have been included in the Healthy People 2020 Objectives. In summary, Georgia meets the target for two of the four objectives listed in Figure 2; however, Georgia did not collect historical data on adults for some measures, including untreated tooth decay, sealants in molar teeth, and exams for oral cancers.

Disparities in oral conditions and disease exist among racial groups in Georgia. Minority racial groups are the most highly affected by oral health problems and are least likely to have access or have utilized oral health care services. This underutilization of oral health care services leads to over and inappropriate ED use for dental conditions in Georgia. In 2008, more than \$28.7 million was charged for ED non-traumatic dental conditions. The largest users of this source of care were adults ages 19 to 34 years old. The conditions most observed in Georgia EDs in 2007 were diseases of the hard tissues of the teeth, diseases of oral soft tissues, gingival and periodontal disease, diseases of the pulp and periapical tissues, and other diseases of the teeth and supporting structures.⁷ Most hospitals do not have dentists/oral surgeons on staff; therefore, many individuals get treatment consisting of antibiotics for infection and analgesics for their pain, and they are referred to busy community clinics for care. These clinics can have long wait periods and often patients may not go back for follow-up care.

OPPORTUNITIES FOR IMPROVEMENT

The new health reform legislation may present opportunities to assist Georgia in improving the oral health of the adult population. If funded, the law increases appropriations for the Centers for Disease Control and Prevention to establish cooperative agreements with additional states to improve oral health infrastructure; establishes a nationwide education campaign to increase the public's understanding of many oral health care issues; provides funding for entities that have programs in dental and dental hygiene schools for provider training; provides funding for new primary care residency programs which can include dental programs; and establishes a community health center fund.

FIGURE 2: SELECT HEALTHY PEOPLE 2020 ORAL HEALTH OBJECTIVES

Healthy People (HP) 2020 Oral Health Objectives	GA 2010	US 2010	HP 2020 Target ⁸
Adults who have had a permanent tooth extracted due to oral disease (45-64 years)	61%	76.4%	68.8%
Older adults who lost all their natural teeth (65-74 years)	23%	18.1%	21.6%
Early detection of oral and pharyngeal cancers	35.1%	35%	35.8%
Population served by fluoridated water systems	95.8%	69%	79.6%

Source: *The Burden of Oral Health in Georgia (unpublished)*, Georgia Department of Public Health, Oral Health Unit; Healthypeople.gov/2020

However, there are additional areas in which the State of Georgia could take action to improve the oral health of its citizens:

Adult Oral Health Benefits

Like many states, Georgia only funds tooth extractions through its public insurance programs for adults. The state could review and consider innovative practices employed by other states to fund adult oral health services.

Oral Health Services in Federally Qualified Health Centers (FQHCs)

With the additional federal funding recently appropriated to create new FQHCs, communities applying for these monies can take full advantage of the scope of services offered by these clinics and incorporate sliding-fee oral health services in new and existing FQHCs in Georgia.

Oral Health Workforce

Data shows Georgia does not have enough dentists per capita, especially in rural areas of the state. In fact, the state ranked 47th among all states in dentists per capita in 2007.⁸ While Georgia performs well with the current number of dentists in the state, with the population of dentists aging, shortages may become noticeable in the future. Presently, of the 159 counties in Georgia, 32 of these counties do not have a dentist who is a member of the Georgia Dental Association.⁹

Additionally, Georgia has strict practice guidelines for dental hygienists, requiring direct supervision for activities that most other states only require general or direct access supervision. In consultation with other interested parties such as dentists and other oral health professionals, the state should examine its scope of practice laws for dental hygienists to bring them in line with other states and current best practices in the provision of oral health services. Dental hygiene services are preventive, making them extremely cost effective while keeping Georgia's citizens healthy.

Single Dental Medicaid/PeachCare for Kids™ Administrator

Currently, the three medical care management organizations subcontract the dental portion of their contracts to two other companies to administer the dental programs. While these care management organizations currently serve children and pregnant women, the Affordable

Care Act creates a new population of eligible adults in 2014. States will be considering the best way to serve this newly eligible population and managed care options will be considered. The State could consider a single administrator for dental services for those covered by public insurance programs. This could increase the amount of money available for reimbursement of dental services by decreasing the administrative costs.

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The Georgia Health Policy Center is a leading independent resource for public and private organizations and government entities seeking evidence-based research, program development, and policy guidance to improve health status at the community level. A research division of Georgia State University's Andrew Young School of Policy Studies, the GHPC focuses on solutions to the toughest issues facing health care today including: insurance coverage, long-term care, health care reform, children's health, and the development of rural and urban health systems. For more information about the Georgia Health Policy Center, please visit www.gsu.edu/ghpc.

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