



## ORAL HEALTH DATA AND STATISTICS

### Children

- ❖ Dental disease is the most common childhood disease— five times more common than asthma.<sup>1</sup>
- ❖ Children under 6 years of age enrolled in Medicaid and treated for ECC in a hospital setting represent less than 5% of those receiving dental care, but consume up to 45% of the dental resources.<sup>2</sup>
- ❖ Among Virginia's Medicaid-enrolled children, 54% of children 0-20 and 61% of children ages 3-20 utilized dental services in 2015.<sup>8,3</sup>
- ❖ 47.4% of 3rd graders in Virginia have or had a (untreated or treated) cavity experience.<sup>4</sup>
- ❖ Virginia Students miss as many as 1 million hours of school each year because of dental problems.<sup>5</sup>
- ❖ Children who have their first preventive dental visit prior to age one have average dental costs roughly 40% lower than those who have their first visit after age one.<sup>6</sup>

### Pregnant Women

- ❖ Pregnant women with periodontal disease may be up to eight times more likely to deliver prematurely, and over 18% of preterm low birth weight babies may be attributable to periodontal disease. More than 25% of all pregnant women have periodontal disease.<sup>7,8</sup>
- ❖ In a study of 3000 women, preterm birth was 3-8x more likely among pregnant women with periodontal disease.<sup>1</sup>
- ❖ Almost 10% of the babies born to a mother receiving Medicaid or FAMIS MOMS in Virginia were of low birth weight.<sup>9</sup>
- ❖ The average costs during the first year of life for a preterm baby were more than ten times that of a baby born at full term; the cost of an average NICU stay is \$100,000.<sup>10</sup>
- ❖ A child is four times more likely to visit a dentist if a parent visits a dentist. If that child begins preventive dental care by age one, dental care costs during preschool years will be 40% lower.<sup>11</sup>
- ❖ Reducing bacteria in a mother's mouth can significantly reduce a child's risk of tooth decay, as bacteria is spread from mother to baby. Reducing tooth decay in early childhood can also reduce the need for children to receive costly dental treatment in the operating room under general anesthesia.
- ❖ In 2011, Virginia Medicaid spent \$7 million treating dental issues in the operating room.<sup>12,13,14</sup>
- ❖ Less than 20% of children enrolled in Virginia Medicaid have a dental visit by age one.<sup>15</sup>
- ❖ Providing dental benefits for the 15,000 pregnant women enrolled in Medicaid and FAMIS Moms is a low-cost investment (\$544,170 million in general funds) and can save future health costs related to prematurity and childhood dental disease.<sup>8</sup>

<sup>1</sup> "A United Voice for Oral Health: Final Report and Recommendations from the Michigan Access to Oral Health Care Work Group." 2013 Update. Retrieved from [http://www.smilemichigan.com/Portals/pro/ProDocuments/DonatedCare/united\\_voice\\_for\\_oral\\_health.pdf](http://www.smilemichigan.com/Portals/pro/ProDocuments/DonatedCare/united_voice_for_oral_health.pdf).

<sup>2</sup> "The Effects of Early Preventive Visits on Use, Costs, and Oral Health Status." October 27, 2011. J. Lee, DDS. Institute for Oral Health. <http://www.iohwa.org/2011-conference-oral-health/speakers/2011-IOHConf-DrLee.pdf>.

<sup>3</sup> Centers for Medicare and Medicaid Services EPSDT 416 Report for SFY 2015.

<sup>4</sup> "Caries Experience." August 2010. Center for Disease Control National Oral Health Surveillance System. Retrieved from <http://apps.nccd.cdc.gov/nohss/IndicatorV.asp?Indicator=2>.

<sup>5</sup> "Oral Health in America: A Report of the Surgeon General." 2000, 2. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved from <https://www.nidcr.nih.gov/datastatistics/surgeongeneral/report/executivesummary.htm>.

<sup>6</sup> "Early Preventive Dental Visits: Effects on Subsequent Utilization and Costs." (2004): 114 418-423. *Pediatrics*. M. Sauvage, J. Lee, J. Kotch, W. Vann, Jr.

<sup>7</sup> "Periodontal Therapy Reduces Hospitalizations and Medical Care Costs in Diabetics." March 2012. M. Jeffcoat, J. Blum, and F. Merkel, School of Dental Medicine, University of Pennsylvania, Philadelphia, PA, United Concordia Companies, Inc. (UCCI), Harrisburg, PA. Based on three years of data.

<sup>8</sup> "Periodontal disease as a risk factor in pre-term low birth weight - An assessment of gynecologists' knowledge: A pilot study." Shenoy RP, Nayak DG, Sequeira PS. *Indian J Dent Res* 2009;20:13-6.

<sup>9</sup> "Improving Access to Perinatal Oral Health Care: Strategies & Considerations for Health Plans," 2010. CDHP.

<sup>10</sup> Retrieved from [http://www.marchofdimes.com/peristats/pdfdocs/cts/ThomsonAnalysis2008\\_SummaryDocument\\_final121208.pdf](http://www.marchofdimes.com/peristats/pdfdocs/cts/ThomsonAnalysis2008_SummaryDocument_final121208.pdf).

<sup>11</sup> "Get It Done In Year One" (July 28, 2010). American Academy of Pediatric Dentistry. Retrieved from <http://www.aapd.org/assets/2/7/GetItDoneInYearOne.pdf>.

<sup>12</sup> "Caries prevention during pregnancy: results of a 30-month study," 1998; 129:871-877. Brambilla E, Felloni A, Gagliani M, Malerba A, Garcia-Goday F, Strohmeier L. *J Am Dent Assoc*.

<sup>13</sup> "Beyond the dmft: The human and economic cost of early childhood caries." Casamassimo PS, Thikkurissy S, Edelstein BL, Maiorini E. 2009; 140(6):650-7. *JADA*.

<sup>14</sup> Department of Medical Assistance Services

<sup>15</sup> 2013 Smiles For Children Annual Report.