Elevating the Importance of Oral Health Awareness

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Agenda

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

"Sire, they also want dental."
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

1. Pre Problem Stage
2. Alarmed and Euphoric
3. Cost Realization
4. Decline of Public Interest
5. Post-Problem
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

“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:

<table>
<thead>
<tr>
<th>Instead of</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caries</td>
<td>Cavities</td>
</tr>
<tr>
<td>Periodontal disease</td>
<td>Gum disease</td>
</tr>
<tr>
<td>Edentulism</td>
<td>Losing one’s teeth</td>
</tr>
<tr>
<td>Amalgam</td>
<td>Fillings</td>
</tr>
</tbody>
</table>
Express data with clarity

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.¹
- Dental disease is the most chronic disease among children in the U.S.—five times more prevalent than asthma.²
- For every child without medical insurance, there are 2.6 children without dental insurance.³
- Nearly 51 million Americans live in an area of the country that is federally designated as having a shortage of dentists.⁴
“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.\(^5\)

- **The workplace:** Adults miss an estimated 164 million hours of work are missed each year because of dental needs.\(^6\)

- **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.\(^7\)
“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.\(^8\)

• 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.\(^9\)

• In California alone, 504,000 children ages five to 17 were absent \textit{at least} one school day in 2007 due to a toothache or other dental problem.\(^{10}\)
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.\(^{11}\)

• 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.\(^{12}\)

• Texas found that its Medicaid program saved $24 per child, per year for every child who had access to fluoridated water.\(^{13}\)
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)
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.
Grades in Pew’s 2011 report

- A: 6-8 benchmarks
- B: 5 benchmarks
- C: 4 benchmarks
- D: 3 benchmarks
- F: 0-2 benchmarks
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.
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.
Virginia: C

### HOW WELL IS VIRGINIA RESPONDING?

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

**Total score**: 4 of 8

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

- Dentist’s exam and direct or indirect supervision required (10)
- Dentist’s exam always required (12)
- Dentist’s exam sometimes required (13)
- Dentist’s exam never required (16)

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.”

-Institute of Medicine Report (June, 2011)
Ways to leverage future policy reform
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 it Right

Get the **RIGHT** facts

To the **RIGHT** people

At the **RIGHT** time

In the **RIGHT** way
Sources for the data


4. As of December 2010, the total number of people living in dental HPSAs was 50,813, 326. See “Designated Health Professional Shortage Areas (HPSA) Statistics,” Health Resources and Services Administration, U.S. Department of Health and Human Services, (December 6, 2010) 2.


Sources for the data (cont’d)


