



Check-Up on Oral Health

A Call to Action

2019





WHY ORAL HEALTH MATTERS

Although we now know that oral health is key to one's overall health, many Wisconsinites still face significant barriers when it comes to accessing dental care — including dental insurance. An inability to afford dental insurance leaves many of our most vulnerable populations without coverage. Gaps in coverage leave many of our most vulnerable populations, such as young adults and the elderly, without insurance. Many young adults lose their dental insurance when they leave college or age out of their parents' plan. Older adults may lose their coverage when they retire — or become Medicare beneficiaries.

INFANTS AND CHILDREN

- Good habits start young. Tooth decay — the result of an oral infection — is Wisconsin's most common chronic childhood disease, with rates up to four times higher than that of asthma. In addition to the needless suffering childhood dental problems cause, they frequently interfere with social development and academic success. Nationally, children miss more than 51 million school hours each year due to dental pain.
- Tooth decay can be prevented, yet 1 in 4 children have had tooth decay by age 5. For children of color, these statistics are even worse.
- Tooth decay is the most common chronic disease of early childhood. In fact, it's a condition that is 2-3 times more common than asthma or obesity.
- Children with cavities in their primary (baby) teeth are three times more likely to develop cavities in their permanent (adult) teeth. The early loss of baby teeth can make it harder for permanent teeth to grow in properly.
- Nearly a quarter of all children ages 2 to 5 — and more than half of all children ages 6 to 8 — have experienced tooth decay. Tooth or gum pain can hurt a child's healthy development,

including the ability to learn, play and eat healthy foods.

- Prevention pays off. The average cost of applying a dental sealant to a child's permanent teeth — a practice that reduces the risk of decay — is roughly one-third the cost of filling a cavity.

ADULTS AND SENIORS

Tooth decay can be a chronic condition that lasts into adulthood. Most adult Wisconsinites suffer from some degree of dental caries or gum disease. In 2010, 75% of Wisconsinites ages 35 to 44 still have all their teeth, while 15% of the population age 65 to 74 years old has lost all their teeth. Although regular dental visits are especially important for people with diabetes, 69% (in 2010) of Wisconsinites with diabetes have not had a dental visit in the past year.

- The Centers for Disease Control & Prevention found that "over 40% of poor adults (20 years and older) have at least one untreated decayed tooth compared to 16% of non-poor adults."
- It even affects national security. Defense department officials have called oral health "essential to readiness" of our military forces. And a 2008 report revealed that 52% of new military recruits had dental problems that delayed their deployment overseas.
- Poor oral health can affect adults' job prospects and social lives. CNBC reported that most employers "make instant judgments based on appearance, including someone's smile and teeth." A 2008 study found that people with missing front teeth were viewed as less intelligent, less desirable and less trustworthy than people with a healthy smile.
- A 2013 study examined nine years of data and found that 66 Americans had died and more than 61,000 were hospitalized due to dental abscesses.

WISCONSIN ORAL HEALTH COALITION

POLICY PRIORITIES

BACKGROUND

The Wisconsin Oral Health Coalition establishes the following priority statements, to fulfill the coalition's historic, long-term commitment to ensuring all Wisconsin residents have access to quality oral health care throughout the lifespan. These statements are organized by the four focus areas identified in Wisconsin's Roadmap to Improving Oral Health and will be updated as needed to reflect emerging issues. Having established priorities will help determine support and guide policy development.

I. INFRASTRUCTURE

- a) Provide resources to build oral health initiatives and linkages within the regional public health infrastructure and support community level programs that link oral health with general health.
- b) Promote and support innovative models of care that link dental providers to community-based settings, such as school-based programs, local health departments and community health centers.
- c) Support partnerships between Federally-Qualified Health Centers (FQHCs) and non-FQHC dental practices, to enhance access to care.
- d) Improve data systems to provide timely and reliable access to oral health surveillance data.

II. PREVENTION AND HEALTH PROMOTION

- a) Maintain or increase the percentage of Wisconsin residents with access to optimally fluoridated water through public water systems.
- b) Support programs and policies that expand the reach of the Wisconsin Seal-A-Smile Program or other school-based programs providing high quality care.

III. ACCESS

- a) Support creative mechanisms to increase access to oral health care for Medicaid/BadgerCare, uninsured and underserved populations, such as rewarding those providers who see a disproportionate share and by expanding community health center and school-based capacity.
- b) Support creative ideas to increase access by providing market-rate reimbursement for services provided through Medicaid.
- c) Support efforts to increase the number of Medicaid certified providers.

IV. WORKFORCE

- a) Expand the capacity of dentists in the state through additional incentives, loan repayment programs or tuition support programs.
- b) Expand dentists and dental hygienists workforce capacity by simplifying the process for qualified dentists and dental hygienists from outside Wisconsin to obtain initial Wisconsin licensure.
- c) Remove regulatory barriers so that dental hygienists may practice dental hygiene or perform remediable procedures without authorization or oversight of a dentist in all practice settings, as described in WI Stat § 447.01(3) and 447.06(2)(d).
- d) Support oral health workforce models that culminate in:
 - I. Graduation from an accredited institution;
 - II. Professional licensure and
 - III. Improved access to patient care
- e) Support interprofessional training, to assure all health care professionals have an understanding of the oral cavity and the importance of oral health.

WISCONSIN ORAL HEALTH COALITION

WHO WE ARE

The Wisconsin Oral Health Coalition is a dedicated group of more than 200 individuals, organizations and agencies addressing oral health access issues and working to improve oral health for all residents statewide. We work to create meaningful change to improve oral health and access to care through diverse public and private partnerships.

STEERING COMMITTEE

Autumn Bickel

Rural Public Health

Ann Boson

Oral Health Financing

Jeff Buchta

Community Health Centers

Patti DeQuardo

Consumer/Advocate

Dr. Russell Dunkel

Public Health

Rep. Mary Felzkowski

Policy Maker

Linda Jorgenson

Dental Hygiene

Charlene Kizior

School Health

Robbyn Kuester

Prevention/Public Health

Kia LaBracke

Medical Providers

Dr. Emilia Arana

Medical Providers

Dr. Bill Lobb

Dental Education

Stacy Nehmer

Social Services

Dr. Jeff Nehring

Dental Providers

Greg Nycz

Policy

Karen Ordinans

Fund Development

Stacey Rudolph

Dental Hygiene Student

Debbie Schumacher

Dental Hygiene Education

Elizabeth Sheehan

Advocacy

Dr. Patricia Sigl

Dentist

**Dr. Tina Sopiwnik,
Chair**

Provider/CHC Affiliate

Elizabeth Zarate

Urban Public Health

STAFF

Rachael Henken, JD

Project Manager

Rosie McGovern

Project Coordinator



WISCONSIN ORAL HEALTH FACTS



25% of Head Start kids have untreated tooth decay and need treatment. **20% of those kids aged 3-5** have early childhood tooth decay.



2,000 3rd graders are suffering with dental pain or an infection and need urgent treatment.



Nearly 50% of 9th graders reported brushing their teeth less than twice per day.



50% of nursing home residents have untreated tooth decay. **33%** are missing all natural teeth and of those, **25%** do not have dentures.



6737 W. Washington St.
Suite 1111
West Allis, WI 53214
(414) 337-4560



STORIES FROM THE COMMUNITY

2019

SALLY, STURGEON BAY

Sally Mae Smith* is a 63-year-old low income woman from Sturgeon Bay with no health insurance. When Sally was diagnosed with cancer, she was not able to proceed with her chemo until her oral health was improved. Oncology called the the Door County Medical Center (DCMC) Dental Clinic to inform them that Sally had a mouth full of infections and needed immediate treatment. This made Sally very anxious as she had not been to a dentist in many years and was nervous of the treatment that she would receive. In order to receive the chemo treatment Sally needed cleanings, root canals and fillings so that her immune system could fight off the cancer and not the oral issues. Without having the access to the dental treatment Sally would not have been able to receive cancer treatment and would not have survived. Sally states, "if I wouldn't have come here, I don't know what I would have done. I had nowhere else to do that I could afford."

Sally was in the 150% for poverty under the federal government guidelines with no health insurance. She had no access to oral health services and her mouth had multiple infections and issues. The DCMC Dental Clinic helped her to gain access to the dental services by putting her on a sliding fee scale and having her make small payments towards the services each month. The different health departments working together to ensure the health of Sally Mae allowed for her to now be on the road to recovery.

Wisconsin Oral Health Coalition policy priority areas:

1. Provide resources to build oral health initiatives and linkages within the regional public health infrastructure and support community level programs that link oral health with general health.
2. Support partnerships between Federally-Qualified Health Centers (FQHCs) and non-FQHC dental practices, to enhance access to care.
3. Support creative mechanisms to increase access to oral health care for Medicaid/BadgerCare, uninsured and underserved populations, such as rewarding those providers who see a disproportionate share and by expanding community health center and school-based capacity.

LISA, WAUKESHA

Lisa*, aged 34, from Waukesha, Wisconsin is developmentally delayed, nonverbal and has seizures. Lisa was referred to the Waukesha County Community Dental Clinic (WCCDC) from Children's Hospital of Wisconsin for their great care in special needs patients. Although Lisa is nonverbal and unable to fully communicate her emotions, she did cry on and off during the appointment which showed that she was nervous about the upcoming visit. The team at the WCCDC decided to papoose Lisa for her appointment as it would allow the patient to be more comfortable and safer. The staff went out of their way to make this visit as easy and accommodating for the special needs patient.

Lisa, her mother and the team at WCCDC were all very pleased with how the first appointment went. Lisa was scheduled to return for a follow up appointment in 3 months; which the staff, team and Lisa were less anxious about after the first appointment went so well. The staff's accommodating to special needs patients allows for a more inclusive environment on who can receive oral health services in a comfortable and safe way.

Wisconsin Oral Health Coalition policy priority areas:

1. Promote and support innovative models of care that link dental providers to community-based settings, such as school-based programs, local health departments and community health centers.
2. Support interprofessional training, to assure all health care professionals have an understanding of the oral cavity and the importance of oral health.