

Fast Facts about Oral Health & Dental Coverage



1. Tooth decay has a significant impact on children and adults

- **It's a disease.** Tooth decay — clinically known as “dental caries” — is the most common chronic disease of children and teens. Tooth decay is four times more common than asthma among teens.¹ By age 5, nearly one in four children (23%) has experienced a dental cavity. By the time they reach their teens, roughly half of kids have had a cavity.²
- **It hurts school performance.** Research shows that children with poor dental health are nearly 3 times more likely to miss school due to dental pain. Urban children with poor oral health are 4 times more likely to earn below-average grades.³
- **It limits economic success.** Good oral health may increase annual earnings by up to 4.5%.⁴ In addition, low-income individuals who receive necessary dental care are twice as likely to improve or maintain their employment status.⁵
- **It affects national security.** In 2012, the Bipartisan Policy Center reported that 62% of US Army new recruits were “not immediately deployable because of a significant dental issue.”⁶ Furthermore, a 2014 report in Military Medicine showed that dental disease was a common cause of non-battle injuries that required evacuation from combat in Iraq and Afghanistan, often requiring expensive and dangerous multi-service-member convoys. Even worse, the vast majority of these cases could have been prevented with timely screenings and care before deployment.⁷



The Children's Dental Health Project is a Washington D.C.-based independent nonprofit that advises state and federal officials on effective policies for improving the oral health of children and pregnant women. Learn more about us by visiting www.cdhp.org

2. Why coverage matters and the barriers of cost

- **Working families want coverage.** Dental coverage is one of the most requested benefits among employees at private companies. Yet less than 1/3 of small businesses offer dental coverage, only about 1/2 of medium-sized firms offer dental benefits, and less than 2/3 of large employers offer dental coverage.⁸ When coverage is offered, it's not always affordable.
- **The cost of dental care is a barrier for many Americans, especially adults.** Adults (ages 19-64) are more likely to cite the cost of dental care as a barrier than they are to cite costs as a barrier for medical care, vision care or prescription drugs.⁹
- **Coverage matters.** As CHIP and Medicaid have covered more kids, the rate of untreated decay has fallen among children — even among low-income kids (see below). Reducing this rate lowers Medicaid costs by reducing the need for expensive dental treatments.¹⁰ Research shows emergency department visits decreased from 2012 to 2013 (the first declines since the early 2000s). This decline was highest for children, probably because they benefited from more comprehensive dental coverage under Medicaid/CHIP.¹¹



PREVALENCE OF UNTREATED CARIES, BY INCOME LEVEL AND AGE GROUP

Untreated caries rates are declining for children, especially low-income children.



Sources:

¹ "Dental Caries (Tooth Decay)." Centers for Disease Control and Prevention. Web page. Updated on Sept. 22, 2016.

² Dye BA, Thornton-Evans G, Li X, Iafolla TJ. "Dental caries and sealant prevalence in children and adolescents in the United States, 2011–2012". *NCHS data brief, no 191*. Hyattsville, MD: National Center for Health Statistics. 2015.

³ S.L. Jackson et al., "Impact of poor oral health on children's school attendance and performance," *Amer J of Public Health*, Oct. 2011; H. Seirawan et al., "The impact of oral health on the academic performance of disadvantaged children," *Amer J of Public Health*, Sept. 2012.

⁴ Glied, Sherry, and Neidell, Matthew. "The economic value of teeth." *J of Human Resources* 45.2 (2010): 468-496.

⁵ Hyde S, Satariano WA, Weintraub JA. "Welfare dental intervention improves employment & quality of life." *J Dent Res*. 2006; 85(1):79-84.

⁶ Bipartisan Policy Center. 2012. *Lots to lose: How America's health and obesity crisis threatens our Economic Future*. Bipartisan Policy Center.

⁷ Simecek JW, Colthirst P, Wojcik BE: "The incidence of dental disease nonbattle injuries in deployed U.S. Army personnel." *Mil Med* 2014; 179(6): 666–73

⁸ Bureau of Labor Statistics Survey on Employee Benefits. The number of employees in each category were as follows: small business (< 100), medium-sized business (100-499), and large business (499+).

⁹ Based on an analysis of 2014 data from the National Health Interview Survey.

¹⁰ S.R. Nagarkar et al., "Early childhood caries-related visits to emergency departments and ambulatory surgery facilities and associated charges in New York state," *J of the American Dental Assoc*, Jan. 2012.

¹¹ Wall T, Vujicic M. "Emergency department visits for dental conditions fell in 2013." *Health Policy Institute Research Brief*. American Dental Association. February 2016. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0216_1.ashx