

# **The Impact of Oral Disease on the Lives of Washingtonians – The Washington State Oral Disease Burden Document July 2007**

Good oral health is important for the maintenance of good general health and quality of life. Oral health affects people both physically and psychologically. It influences how they grow, enjoy life, look, speak, chew, taste food, and socialize. Poor oral health brings unnecessary pain and suffering to children and adults in all settings— home, school, work, and social activities.

Oral diseases, such as dental caries and periodontal (gum) disease, are important public health issues because they are very common and have high socioeconomic costs. They can also impact several systemic diseases, such as diabetes and cardiovascular disease. Many barriers prevent some Washingtonians from having optimal oral health. Fortunately, most oral diseases can be prevented with simple and effective measures.

*The Impact of Oral Disease on the Lives of Washingtonians – The Washington State Oral Disease Burden Document* is a new, comprehensive document that provides an overview of the amount of oral disease among Washingtonians. It also describes existing preventive community measures, as well as resources related to access to dental care and the public infrastructure.

## **Highlights**

- Washington State has been a pioneer in several fronts in terms of oral health, such as in the development of the Smile Survey, the Tooth Tutor curriculum, the State Oral Health Coalition and the “Community Roots for Oral Health Coalition” guide. These initiatives have been adopted by several other states.
- Oral health disparities in Washington persist among minority, low-income, and non-English speaking children; and special populations such as children with special health care needs, individuals with HIV/AIDS, seniors, and Native Americans. These individuals tend to have the highest levels of dental disease and the lowest levels of access to preventive and restorative services.
- The economic impact of oral diseases can be substantial. Data gaps were identified in several areas. Collaborative efforts are being made to overcome these gaps in the future.

## **Children (0-17 years of age)**

- Washington children are significantly affected by tooth decay. White preschool and elementary school children have better access to dental care than other children.
- Dental care is usually the top unmet health care need for children with special health care needs.

## **Adults (18 years of age and older)**

- Dental care is among the top unmet health care needs for low-income adults, including pregnant women.
- Pregnant women more likely to have a dental problem and not visit a dentist include those who were African American or Native American, teen mothers, TANF or S-Women, or with less than a high school diploma. Also pregnant women on Medicaid were less likely to have visited a dentist within the past year than non-Medicaid women.
- Adults with disabilities were less likely to have seen a dentist in the past year than those without disabilities.
- Complete tooth loss is most common among persons with less than a high school education, non-Hispanic, White, and Native Americans, followed by African Americans.
- No tooth loss is very common among adults (71 percent of 35-44 years old; national goal is 45 percent).

## **Prevention of Oral Diseases**

- Evidence-based preventive measures for tooth decay include community water fluoridation and school-based sealants. Approximately 58 percent of the population on public water systems has access to optimally fluoridated water, and 45% of elementary school children have received sealants (national goals are 75% and 50%, respectively).
- The Department of Health’s Bright Futures/Tooth Tutor Oral Health Project will provide basic, consistent and evidence-based

oral health information tailored to different public health programs, such as WIC, HeadStart, ECEAP, First Steps, Child Profile, schools, visiting nurses, and other health professionals.

- Smoking cessation and oral cancer screening activities by dental professionals need to be increased.

## Access to Dental Services

- Forty-six percent of children below five years have never visited a dentist in 2003. Dental visits at one year of age can lead to lower dental treatment costs later in life. About 30 percent of adults had not visited a dentist in 2004.
- There are 4,528 dentists and 5,670 dental hygienists, and 8,420 dental assistants active licensed professionals in Washington. New legislation will license about 10,000 new expanded dental auxiliaries.
- In 2001, 66 percent of Washington dentists were older than 45 years of age, 84 percent were full-time general dentists, and 50 percent planned to retire by the year 2013.
- There were 37 dental health professional shortage areas in Washington in 2006. The largest shortages of dental professionals are in rural areas.
- About 86% of children had dental insurance in 2003, while 70% of adults and 34% of seniors had dental coverage in 2001.
- In 2005, Medicaid enrolled about 1.1 million Washingtonians, 36% of which used Medicaid dental services. The percentage of users has increased over time.
- About 30 percent of Washington dentists are Medicaid providers, with the majority of them seeing a small number of Medicaid patients annually. The numbers of such providers continue to decline in Washington and nationwide.
- Outcome evaluation of oral health programs is needed.

## Public Health Infrastructure

- All 35 local health jurisdictions have a funded oral health program, some led by dental hygienists.
- There are about 62 safety net dental clinics (including community health centers, free clinics, and Seattle King public health clinics) in Washington. Twenty-two tribal dental clinics and 10 correction facilities' dental clinics currently exist.
- Correction facilities and other public health programs are increasingly burdened by the devastating oral health consequences of the meth mouth.
- Several dental mobile services exist in WA State that help alleviate the access problem in rural and underserved areas.
- Despite several efforts, there is a need for more dental and dental hygienist students from minority groups, which are the ones that tend to be more interested in working in rural areas and treating minority patients – population groups that harbor the greatest amount of oral diseases and have lower access to care.
- Washington counts on one state and 32 local oral health coalitions comprised of community members.

This burden document represents an important step toward raising awareness for Washington's oral health problems and seeking collaborative solutions. The recommended next step is to further strategic conversations with the many involved coalitions and organizations at state and local levels. One possible outcome would be the development of a collaborative state oral health plan with defined strategies and sound implementation, evaluation and sustainability components. Such a plan would provide strategic guidance to government, health professionals, educational institutions, businesses, and communities to improve the oral health and, thereby, the overall health of Washingtonians.

The full report and this fact sheet are available on-line at [http://www.doh.wa.gov/cfh/Oral\\_Health/burden.htm](http://www.doh.wa.gov/cfh/Oral_Health/burden.htm).

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