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Update: Oral Health Equity and the ADA

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Update: Oral Health Equity and the ADA

Cover Page Footnote

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Update: Oral Health Equity and the ADA

By Jessica A. Rickert, DDS, with Elizabeth Carmen Lense, DDS, MSHA

The American Dental Association defines “Health Equity” as optimal oral health for all people. We recognize that oral health is an essential part of overall health, and that every individual should enjoy a basic level of oral health that allows them to live, work and play free from pain and dysfunction.

To achieve Health Equity, the dental profession needs to advocate for consistent and equitable access to oral care services, collaborate with other organizations to help address the social drivers of health, and work to increase diversity in health care providers and cultural understanding across dental teams.

Untreated dental disease has a profound impact on quality of life and productivity. Children suffering with dental disease may be afflicted with pain, poor nutrition, delayed speech development, and they may miss school. American Indian/Alaskan Native children have the highest rate of early childhood tooth decay, with 70% of children experiencing decay by age 5, and four times the rate of untreated decay compared to the U.S. general population.¹

Nearly 18% of all U.S. adults and 29% of lower-income adults report that the appearance of their mouth affected their ability to interview for a job. Untreated dental decay results in a \$45 billion/year loss in productivity.²

Various ADA councils are working to address Oral Health Equity:

- The ADA Council on Government Affairs works to increase access to care by advocating for comprehensive Adult Dental Medicaid benefits on the federal level, as well as improving access to dental care for pregnant women, young children, and disabled people at the state level.

- The ADA Institute for Diversity in Leadership is designed to enhance the leadership skills of dentists who belong to racial, ethnic, and/or gender backgrounds who have been traditionally underrepresented in leadership roles.

- The ADA Council on Advocacy for Access and Prevention supports a number of programs that promote health equity, including the Community Dental Health

Coordinators program, which trains dental personnel to aid patients access dental care by making appointments, coordinating child care, and transportation to make sure they can keep dental appointments. The Indian Health Service will be training more tribal citizens who are trusted members of their communities. CDHCs already work within the Indian Health Service’s numerous clinics throughout the United States. More on the CDHC concept is available by contacting Dr. Jane Grover at the ADA; email groverj@ada.org.

The ADA also collaborates with the Society of American Indian Dentists, the Hispanic Dental Association, and the National Dental Association through the Diverse Dental Society to support education and advocacy within those leadership communities to target organizational activities in underserved arenas.

- The ADA Council on Advocacy for Access and Prevention also works with the National Fluoridation Advisory Council and local advocates to promote Community Water Fluoridation throughout the United States. Safe, drinkable water that is optimally fluoridated continues to be the most equitable and cost-effective dental disease prevention strategy, particularly for those children at highest risk.

Also, the National Advisory Council on Health Literacy in Dentistry helps improve oral health outcomes through training of dental students and dental personnel on patient communication skills with webinars, videos, and the development of online health literacy tools that can be used by practicing dentists, hygienists, and dental assistants. It is essential that patients understand the information their dental teams are sharing with them.

The ADA’s newly developed Health Equity Action Team seeks to lessen Early Childhood Dental Disease through the development of webinars, videos, and programs to help increase the number of children visiting a dentist and establishing a dental home by the age of 1 year old.

The ADA also is working with the American College of Obstetrics and Gynecology to update our joint Oral Health-Pregnancy Consensus Statement, first developed

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in 2012. Pregnancy complications and maternal deaths have been climbing in the United States in recent years, and by encouraging mothers to seek oral care (and dental providers to see them) during pregnancy, we hope to improve health outcomes.

We thank readers for this opportunity to inform you about the ADA's efforts to achieve oral health equity for all Americans. You can find more resources on Health Equity at ADA.org, but please feel free to contact the ADA for more information about our programs. Email lensee@ada.org. ●

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2. Disparities in Oral Health. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm.

About the Authors

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Advocacy Spotlight

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federal legislation would be a significant step in the right direction for Michigan dentists.

The Medicaid Dental Benefit Act, introduced by Rep. Nanette Barragán (D-California) in the House and co-sponsored by Michigan's own Sen. Debbie Stabenow in the Senate, would ensure that states provide a comprehensive adult dental Medicaid benefit to ensure that beneficiaries have access to the care needed to maintain good oral health. Such a benefit could help many avoid emergency room visits, improve their ability to participate in the workforce, and likewise improve their overall quality of life. The Medicaid Dental Benefit Act would establish a "floor" for benefits that states would have to offer to qualify for federal funds to support

their programs. This bill would require a net investment of approximately \$836 million per year, including savings of more than \$1 billion in dental care costs and \$270 million in medical care savings. With access to routine dental care, the drop-off of emergency room visits could save taxpayers more than \$2.7 billion annually.

However, as dentists well know, addressing the administrative burdens of participating with Medicaid is essential for providers to be able to see Medicaid patients. The **Strengthening Medicaid Incentives for Licensees Enrolled in Dental (SMILED) Act**, which was introduced by Rep. Mike Simpson (R-Idaho), a dentist, last month, would address burdens in the credentialing process, ensure more fair Medicaid audits by adopting ADA guidelines, and require specialists to be audited by dentists with the same specialty.

Meeting with Michigan's congressional delegation about these bills was essential to explaining how these issues impact our state. However, continued advocacy on these issues from members is also very important, because of the unique perspectives that providers have. Reaching out to senators or your members of Congress to explain how these issues impact your practice and patients is the best way you can help support these bills.

If you have any questions about these bills or want to know how to reach out to your congressperson, please contact Neema Katibai at nkatibai@michigandental.org. ●



Katibai