The Role Of Oral Health in Health Equity

National Association of States United for Aging and Disabilities HCBS Conference
What is Health Equity?

- Attainment of the highest level of health for all people*HP2020
- Assurance of the conditions for optimal health for all people*C. Jones
- Everyone has a fair and just opportunity to be as healthy as possible*RWJ
Equality is not Equity

Social Determinants of Health

- The social determinants of health are the conditions in which people are born, grow, live, work and age.
- These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
- The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries
Equality, Equity and Reality

[Image of children standing on boxes of different heights to reach a baseball game]
The Five Whys

- Why is Brittany in the Emergency Room?
  • *Because Brittany has a swollen face and an abscess in her mouth*
- Why does Brittany have a swollen face and an abscess in her mouth?
  • *Because Brittany has a persistent toothache*
- Why does Brittany have a persistent toothache?
  • *Because Brittany hasn’t been to see a dentist*
- Why hasn’t Brittany been to a see a dentist?
  • *Because . . .*
The Five Whys

- Why is Brittany in the Emergency Room?
  - Because Brittany has a swollen face and an abscess in her mouth . . .
- Why does Brittany have a swollen face and an abscess in her mouth?
  - Because Brittany has a persistent toothache . . .
- Why does Brittany have a persistent toothache?
  - Because Brittany hasn’t been to see a dentist . . .
- Why hasn’t Brittany been to see a dentist?
  - Because . . .

SMALL GROUP ACTIVITY

- Pick up on the series questions by answering the last one “Why hasn’t Brittany been to a dentist?”
- There are no right answers, and there may be multiple answers.
- Ask as many “why” questions until you can’t go any further. The idea is to get to the root cause of Brittany’s issue.
- Then, if time permits, go back to another branch and do the same thing.
The Five Whys

Group Sharing
Achieving Good Oral Health Is a Significant Challenge for Many

Irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving dental care, compared to any other type of health care.

American Dental Association

U.S. Surgeon General “…there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a silent epidemic of dental and oral diseases is effecting some population groups.”

“Individuals who are medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health.”

38% of older adults perceive their oral health as fair or poor; 40% have not seen a dentist in the past year.

National Center for Health Statistics

An estimated 164 million work hours and 51 million school hours are lost each year due to oral disease.

CDC, Division of Oral Health

Lack of access to dental care leads to expensive emergency room care.

Association of Health Care Journalists

American Geriatric Society’s Health in Aging Foundation

Dental problems are among the most common health problems experienced by older adults.
“Oral health disparities are profound in the United States”  

Centers for Disease Control and Prevention

- **Overall.** Non-Hispanic blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.

- **Children and Tooth Decay.** The greatest racial and ethnic disparity among children aged 2–4 years and aged 6–8 years is seen in Mexican American and black, non-Hispanic children.

- **Adults and Untreated Tooth Decay.** Blacks, non-Hispanics, and Mexican Americans aged 35–44 years experience untreated tooth decay nearly twice as much as white, non-Hispanics.

**SOURCE:** Centers for Disease Control and Prevention: [https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm)
Tooth Decay and Education. Adults aged 35–44 years with less than a high school education experience untreated tooth decay nearly three times that of adults with at least some college education.

- In addition, adults aged 35–44 years with less than a high school education experience destructive periodontal (gum) disease nearly three times that of adults with a least some college education.

Adults and Oral Cancer. The 5–year survival rate is lower for oral pharyngeal (throat) cancers among black men than whites (36% versus 61%).

Adults and Periodontitis. 47.2% of U.S. adults have some form of periodontal disease. In adults aged 65 and older, 70.1% have periodontal disease.

- Periodontal Disease is higher in men than women, and greatest among Mexican Americans and Non-Hispanic blacks, and those with less than a high school education.

“Oral health disparities are profound in the United States” Centers for Disease Control and Prevention

SOURCE: Centers for Disease Control and Prevention: https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm
Cost Remains As #1 Barrier to Needed Dental Care

Reasons for Not Obtaining Needed Dental Care

- Office not open at convenient time: 0.5%
- Expected problem to go away: 0.7%
- Unable to take time off: 0.8%
- Too busy: 0.9%
- Afraid/do not like dentists: 1.0%
- Other: 1.2%
- Did not want to spend money: 1.2%
- Insurance did not cover procedure: 3.0%
- Could not afford cost: 11.4%

Note: 0.3% noted dental office is too far away; 0.1% indicated another dentist recommended not doing procedure

Utilization of Dental Services: Low Income Groups Have Far Less Access to Care

Percentage of Adults Ages 19-64 with a Dental Visit in the Year for Select Income Groups, 2000-2014

Utilization of Dental Services by Dental Benefits Status

Percentage of Adults 19-64 with a Dental Visit in the Year by Dental Benefits Status, 2000-2014

As An Optional Benefit, States’ Medicaid Adult Dental Coverage Varies Considerably

Nearly all states that expanded Medicaid under the ACA offer the same adult dental benefits to their expansion population, except North Dakota, which offers no benefits. Delaware passed legislation in 2019 to add dental benefits for Medicaid adults. If signed by the Governor, coverage will become effective April 1, 2020.

Source: Centers for Health Care Strategies, November, 2018: https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_112118.pdf; DentaQuest Partnership for Oral Health Advancement
# Medicaid Dental Benefit Definitions

<table>
<thead>
<tr>
<th>Benefit Level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>No dental benefits</td>
</tr>
<tr>
<td>Emergency</td>
<td>Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.</td>
</tr>
<tr>
<td>Limited</td>
<td>A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of $1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA’s Code on Dental Procedures and Nomenclature.</td>
</tr>
<tr>
<td>Extensive</td>
<td>A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least $1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per ADA’s Code on Dental Procedures and Nomenclature.</td>
</tr>
</tbody>
</table>
State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults

- **California:**
  - Eliminating Medicaid adult dental coverage in California led to:
    - 1,800 additional E.D. visits per year
    - 68 percent increase in average yearly costs associated with dental E.D. visits

- **Maryland:**
  - Medicaid adults constitute:
    - 15.3% of total adult population and 53% of 42,327 E.D. dental visits
    - 44% of $22.7 million in E.D. dental visits
  - Rates of visits for Medicaid adults are more than 3 times higher than total adult population

State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults (cont.)

- **Oregon**
  - Eliminating Medicaid adult dental benefits in Oregon caused a threefold increase in the level of unmet dental care needs and substantially higher likelihood of emergency room visits for oral health issues.

- **Missouri**
  - Medicaid adult dental services started January, 2016
  - By January, 2018, non-traumatic dental visits to E.D. decreased 44%
  - Rate per 100,000 is 38% lower
  - Significant decrease in the percent of E.D. visits with opioids

Source: American Dental Association’s Health Policy Institute; [https://www.ada.org/en/~/media/ADA/Science%20and%20Research/Files/HPRCBrief_0513_1](https://www.ada.org/en/~/media/ADA/Science%20and%20Research/Files/HPRCBrief_0513_1); [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222412/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222412); Missouri Department of Health & Senior Services
Dental Visits to the E.D. Often Result in an Opioid Prescription

- Approximately 50.3% of patients who present with non-traumatic dental pain in the E.D. receive a prescription for opioid drugs
  - In contrast, opioid analgesics were prescribed for just 14.8% of all other E.D. patients
- Uninsured patients had the highest likelihood of receiving an opioid prescription (57.1%)
- The high frequency of recurrent E.D. visits for acute dental pain may be contributing to the increased availability of opioid drugs, addiction, and morbidity and mortality associated with prescription opioid abuse

Evidence of How Oral Health Affects Overall Health Continues to Grow

Medicaid Adults with Preventive Dental Benefits Have Lower Costs for Treating Certain Chronic Conditions

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Cost Reduction</th>
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<tbody>
<tr>
<td>Heart Attack</td>
<td>36%</td>
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<tr>
<td>Diabetes</td>
<td>36%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>31%</td>
</tr>
<tr>
<td>Stroke</td>
<td>52%</td>
</tr>
<tr>
<td>Cancer</td>
<td>67%</td>
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</table>

Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

Source: National Association of Dental Plans; Analysis conducted by Dept. of Public Health, University of Maryland; Nov. 23, 2017

Treating Gum Disease Means Lower Annual Medical Costs

- **Diabetes:**
  - $2,840 (40.2%)

- **Heart Disease:**
  - $1,090 (10.7%)

- **Pregnancy:**
  - $2,433 (73.7%)

Source: Jeffcoat, M., et. al., “Periodontal Therapy Improves Outcomes in Systemic Conditions.” Abstract, American Association of Dental Research; March 21, 2014
### Rural America Faces Significant Oral Health Provider Shortages

#### HRSA’s FY18 Third Quarter report on Dental Health Professional Shortage Areas

<table>
<thead>
<tr>
<th>Rural/Non-rural Designation</th>
<th>Number of Designations</th>
<th>Percentage of All Designations</th>
<th>Population of Designated HPSAs</th>
<th>Dental Practitioners Needed to Remove Designations</th>
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<tbody>
<tr>
<td>Rural</td>
<td>3,494</td>
<td>59.03%</td>
<td>20,582,142</td>
<td>3,533</td>
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<tr>
<td>Non-Rural</td>
<td>2,047</td>
<td>34.58%</td>
<td>29,333,095</td>
<td>5,101</td>
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<tr>
<td>Partially Rural</td>
<td>374</td>
<td>6.32%</td>
<td>13,385,082</td>
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<tr>
<td>Unknown</td>
<td>4</td>
<td>0.07%</td>
<td>38,763</td>
<td>7</td>
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</table>

Traditional Medicare Does Not Cover Dental Services; Disparities Seen in Access to Care

Most People on Medicare Have No Dental Coverage, and Many Go Without Needed Care

- No Dental Coverage: 65%
- Not Been to Dentist in Past Year*: 49%
- Dental users who spent >$1,000 out-of-pocket on dental care: 19%
- No Natural Teeth: 15%

* Black: 71% Hispanic: 65% Low-Income: 70% Rural: 59%

Seniors with a Dental Visit in 2014

- Seniors Living in Poverty: 35%
- Seniors with Income of Roughly $45K or more: 82%

Seniors of Color Are More Likely to Have Untreated Tooth Decay

Rates of Untreated Decay Among U.S. Adults 65 & Older (2011-2012)

- All U.S. Seniors: 19%
- Non-Hispanic Asian: 27%
- Hispanic: 27%
- Non-Hispanic Black: 41%
- Non-Hispanic White: 16%

Lack of Medicare Dental Coverage Negatively Impacts Access to Care

Percentage of Adults Ages 65 and Older with a Dental Visit in the Year by Dental Benefits Status, 2000-2014

Bills Have Been Introduced in Congress to Add Dental Benefits to Medicare

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Title</th>
<th>Sponsor</th>
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<tbody>
<tr>
<td>S. 22</td>
<td>“Medicare Dental Benefit Act of 2019”</td>
<td>Senator Cardin</td>
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<tr>
<td>S. 1423</td>
<td>“Medicare and Medicaid Dental, Vision and Hearing Benefit Act of 2019”</td>
<td>Senator Casey</td>
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<tr>
<td>S.1129</td>
<td>“Medicare for All Act of 2019”</td>
<td>Senator Sanders</td>
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National Network of Oral Health Advocates Continues to Evolve, Grow, and Succeed

- Transition to “OPEN” Through 2-Year Restructuring/Rebranding Process
  - Greater emphasis on health equity and social justice
  - Developing greater independence and an effective governance structure
  - 70% growth in active membership to more than 1,700 members
- Achieved, or on our way, to meeting 75% of milestones identified in 2014 (as of fall 2018)
OPEN: A National Network Working to Improve the Oral Health of All

- 33 statewide networks
- 37 State Primary Care Associations
- 20 “Grassroots” organizations in 6 states
- DentaQuest Partnership grantees in every state
- >1,700 users of OPEN web-based collaboration tool
Healthier mouths mean healthier people. And healthier people mean stronger communities.

**DESTINATION**

**ERADICATE DENTAL DISEASE IN CHILDREN**

**TARGET** With a closing of disparity gaps, 85% of children reach age six without a cavity.

**TARGET** 15% of Title I schools have oral health fully incorporated into their systems.

**DESTINATION**

**BUILD A COMPREHENSIVE NATIONAL ORAL HEALTH MEASUREMENT SYSTEM**

**TARGET** Public and private health systems and payers are aligned in oral health surveillance and measurement priorities so that data are consistently collected and readily accessible at the national, state, and local levels.

**DESTINATION**

**INTEGRATE ORAL HEALTH INTO PERSON-CENTERED HEALTH HOMES**

**TARGET** Oral health is integrated into at least 50% of emerging person-centered care models, through payment/coverage and health care service delivery and coordination.

**DESTINATION**

**INCLUDE AN ADULT DENTAL BENEFIT IN PUBLICLY FUNDED HEALTH COVERAGE**

**TARGET** Medicare includes extensive dental coverage.

**TARGET** At least 30 states have an extensive Medicaid adult dental benefit.

**DESTINATION**

**IMPROVE THE PUBLIC PERCEPTION OF ORAL HEALTH, CREATING A MORE ACTIONABLE POLICY ENVIRONMENT TO ADVANCE ALL OPEN GOALS**

**TARGET** Oral health is increasingly included in health dialogue and public policy advocacy.

**DESTINATION**

**BUILD A COMPREHENSIVE NATIONAL ORAL HEALTH MEASUREMENT SYSTEM**

**TARGET** 2020 DESTINATIONS: MAKING OUR NATION AS HEALTHY AS IT CAN BE

**DESTINATION**

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**TARGET** Oral health is increasingly included in health dialogue and public policy advocacy.
Benefits of Partnership with OPEN

- Network spotlight/network news now
- Participation in action teams for branding, messaging, policy, data/measurement, rural, Latino, Native American and others
- Access to over 1,700 partners across the country using an e-community platform
Virtual Roadmap

• Visit the virtual roadmap to see who is working on what efforts across the country.
www.oralhealth.network

- Join our e-community to find resources, make connections with members, and participate in forums.
Thank You!

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OPEN Network Support Team
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Patrick W. Finnerty
Senior Advisor, DentaQuest
Partnership for Oral Health Advancement
Patrick@pwfconsulting.net
ORAL HEALTH FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

Damon Terzaghi
Senior Director
NASUAD
August 27, 2019
2015 NASUAD I&R Survey Highlights: Most frequent unmet service needs

Most Frequent Unmet Service Needs

[Bar chart showing the most frequent unmet service needs]

- Transportation
- Dental care
- Home modifications
- Utility assistance
- Mental health services
- Homemaker services
- LTSS funding
- Respite care
- Employment
- Adult day services
- Prescription drug assistance
- Personal care
- Other
- Food assistance
- Legal services
- Assistive technology
- Veteran assistance
- Care transitions
- Health insurance
- Benefits analysis/Assistance
- Elder abuse/exploitation
- Health insurance counseling
In 2017, NASUAD fielded another survey to learn more about the unmet needs that I&R professionals saw in their communities.
2019 I&R Report Demonstrates a Continued Trend

Most Frequently Requested Services

- Housing assistance
- Transportation
- Financial assistance
- Community aid programs
- Home delivered meals
- Homemaker services
- Personal care
- Family caregiver support
- Health insurance counseling
- Medicaid
- Benefits Analysis/Assistance
- Assistive Technology
- Utility Assistance
- Case management
- Home modifications
- Medicare
- Food assistance
- SSDI benefits assistance
- Independent living skills
- Legal or advocacy services
- Dental care
- Care Transitions
- Health care services
- Congregate meals
- Respite care
- Prescription drug assistance
- Adult Protective Services
- Employment

Percent of Respondents (N=353)
2019 I&R Report Demonstrates a Continued Trend

Most Frequent Unmet Service Needs

Percent of Respondents (N=343)

- Financial assistance
- Transportation
- Housing assistance
- Mental health services
- Home modifications
- Utility Assistance
- Homemaker services
- LTC/LTSS funding
- Respite care
- Personal care
- Employment
- Adult day services
- Prescription drug assistance
- Health care services
- Family caregiver support
- Care Transitions
- Legal or advocacy services
- Veterans Assistance
- Food assistance
- Assistive Technology
- Health insurance
- Other
- Youth transition services
- Elder abuse/exploitation
- Benefits Analysis/Assistance
- Health insurance counseling
Factors that Contribute to Dental Services being an Unmet Need As Identified by I&R/A Specialists

- Lack of dental coverage in public insurance programs
- Lack of free-care options
- Lack of providers in the geographic area
- Lack of providers accepting Medicaid reimbursement
- Lack of providers willing or able to see older adults and/or individuals with disabilities
- Inability of participants to travel to settings of care
- Other, please specify

Percent
NASUAD’s NCI-AD initiative is a consumer-focused survey that looks at participant experience in publicly-funded aging and disability programs from a systems-level;

Goal of NCI-AD is to measure:
- The quality of publicly funded LTSS; and
- The outcomes experienced by service recipients.

The 2017-2018 national report, due out in September, covered 16 states and captured important information and context about participants’ access to oral health services.
<table>
<thead>
<tr>
<th>State</th>
<th>Overall</th>
<th>Total N (observed)</th>
<th>Overall – HCBS only</th>
<th>PACE</th>
<th>MLTSS HCBS</th>
<th>Combined Medicaid</th>
<th>Aging Medicaid</th>
<th>PD Medicaid</th>
<th>BI Medicaid</th>
<th>OAA</th>
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<tbody>
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<td>NE</td>
<td>62%</td>
<td>627</td>
<td>55%</td>
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<td>n/a</td>
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<td>n/a</td>
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<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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</tr>
<tr>
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<td>29%</td>
<td>n/a</td>
<td>34%</td>
<td>35%</td>
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<td>n/a</td>
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<tr>
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<td>26%**</td>
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<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>20%</td>
<td>n/a</td>
</tr>
<tr>
<td>NCI-AD average</td>
<td>41%</td>
<td>16338</td>
<td>41%</td>
<td>68%</td>
<td>43%</td>
<td>40%</td>
<td>32%</td>
<td>53%</td>
<td>43%</td>
<td>32%</td>
<td>46%</td>
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</tbody>
</table>
41% of surveyed participants across the 16 states had visited the dentist for a routine visit in the past year:
- Ranging from 20% in Georgia to 62% in Nebraska;

Participants in PACE plans (Program of All-inclusive Care for the Elderly for Dual Eligibles) were most likely to report having a visit (68%) whereas individuals receiving OAA services were least likely (32%);

As noted in prior NCI-AD surveys, nursing home residents (46%) were more likely to report a dental visit than individuals in HCBS programs (41%).
## Additional services that might help meet people’s needs and goals

<table>
<thead>
<tr>
<th>State</th>
<th>N (observed)</th>
<th>Health care</th>
<th>Mental health care</th>
<th>Dental care</th>
<th>Housing assistance</th>
<th>Heating/cooling assistance</th>
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<td>NCI-AD Average</td>
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<td>16%</td>
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</table>
Employment is an Important Component of Services/Supports
...and Don’t forget Medicare!

- Medicare is the primary source of health insurance for most senior citizens;
- The absence of a Medicare dental benefit is detrimental to the overall health of seniors and people with disabilities;
- NASUAD’s board voted to endorse adding a Medicare oral health benefit to our association’s policy priorities in 2013
  - NASUAD membership reaffirmed the policy platform, including this provision, in 2015
So...what does this all mean?

We know that:

- Older adults and people with disabilities have disproportionate barriers when seeking oral health services, which can be due to a variety of factors;
- Oral health is essential to overall health and wellness;
- Employment is an increasing area of demand for participants and there are key links between oral health and employability;
- Much of the conversation about SDOH is actually a conversation about poverty.

Therefore:

- It is incumbent upon us to focus our efforts on health equity and on improving the overall health and wellbeing of older adults and people with disabilities.
For additional information:

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