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The Dental Divide and the Health Chasm It Creates for Too Many Children

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Creating a Nation of Happy, Healthy Smiles

Introduction

The dental divide refers to the complete differentiation and structural separation of medical and dental care in the U.S. Despite the intrinsic connections between oral health and medical health and well-being, there are two entirely different systems of professional training schools, insurance coverage, and care networks for dental and medical care. This results in very different levels of access and outcomes.

The forces behind the dental divide are deep-rooted and its repercussions are significant, especially for children in our nation's most vulnerable communities. The dental divide affects different portions of the population in very different ways. For middle- and high-income families with consistent and reliable employer-sponsored health and dental coverage, the divide may be a relatively minor, inconvenient gap. For low-income families who have limited or no dental coverage, however, the divide becomes a chasm.

That chasm exacerbates health inequities and contributes to higher instances of disease and other serious health problems among people living in disadvantaged communities.

Children are particularly at risk, because they are most likely to suffer the long-term consequences of poor oral health.

> **This report examines the challenges associated with the dental divide, including the relationship between oral and medical health, the importance of having good dental care from a young age, the role of Medicaid, and the importance of a future that moves toward closing the dental divide.**

The Impact of Oral Health on Overall Health

The mouth clearly is a fundamental part of the human body, through which we eat, drink, breathe, speak, smile, and otherwise express ourselves. Oral health is innately connected to our broader physical health and well-being.

Oral health conditions can affect many medical health conditions, just as many medical conditions can affect oral health. Our bodies—including our mouths—are naturally filled with bacteria. Most of those bacteria are harmless, but without proper dental hygiene, large amounts of harmful bacteria or other pathogens can build up on teeth and develop into oral infections like tooth decay or gum disease. Because our mouths serve as passageways to our stomachs and lungs, those pathogens can spread to the digestive and respiratory tracts and cause further infection or disease.

Numerous research studies have drawn links among poor oral health and a wide array of medical conditions, including diabetes, cardiovascular or lung diseases, stroke, certain cancers, pneumonia, dementia and Alzheimer's disease, premature births, and other birth-related complications.

At the same time, diseases such as HIV that weaken the immune system can severely worsen oral health problems.[1,2] In examining teeth, it is not uncommon for dentists to identify signs of serious health issues such as heart conditions or diabetes.

For children in underserved communities who are more likely to have poor oral health from a young age, the dental divide represents one more major disadvantage they face. It puts them at higher risk for developing chronic diseases or other serious illnesses as they get older.

How dental health affects general well-being also is important to consider. The condition and appearance of one's teeth influences how individuals perceive themselves and how they interact with others. Children who are ashamed of how their teeth look are more prone to be shy and withdrawn. Studies have shown a lack of good dental care for children makes them more likely to have poor social skills and relationships, and poor academic performance in school.[3]

The Importance of Building Good Oral Health at a Young Age

Having routine dental care and good oral health habits from an early age is essential. It lays the foundation for better overall health throughout life. Unfortunately, far too many children across the U.S. receive inadequate preventive dental care and have poor oral health. Cavities (i.e. tooth decay or caries) are among the most common chronic diseases for children nationwide.[4]

The odds are especially stacked against children from underserved communities. The CDC estimates children from low-income families between ages 5-19 are twice as likely to have cavities compared to children from higher income families.

Childhood Cavities Are All-Too Common

According to the Centers for Disease Control and Prevention (CDC):

More than **50%** of children between ages 6 - 8 will have a cavity in at least one baby tooth

More than **50%** of adolescents between ages 12 - 19 will have a cavity in at least one permanent tooth

Source: CDC website: "Children's Oral Health." CDC Division of Oral Health, April 6, 2022.

If left untreated, the tooth pains and discomfort these children experience as a result of their cavities can make it difficult for them to eat, speak, learn, or focus on their studies.[5] They are more likely to get insufficient nutrition, miss classes, or struggle in school, all of which impede their overall growth and development.[6]

Cavities can be prevented with routine dental care, yet just 1.5% of children receive preventive dental care each year.[7] Children cannot establish good oral health habits on their own without guidance. Families, parents, and guardians must be involved both in teaching their children how to properly and consistently care for their teeth and gums, and in ensuring they receive regular dental care and checkups.

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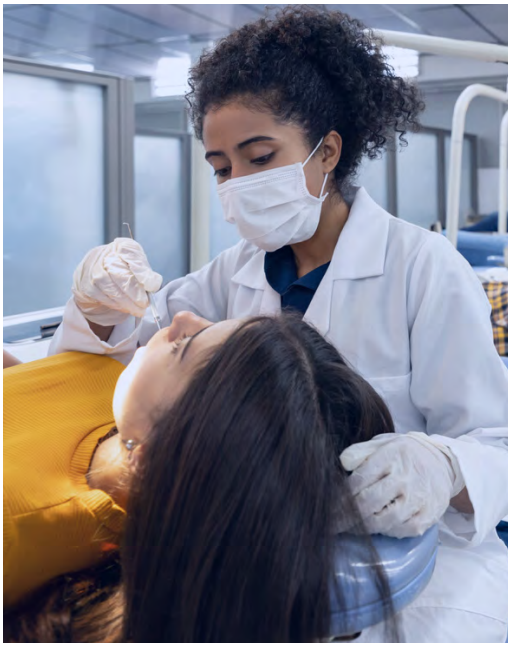
The Dental Divide

While the inherent connections between oral and medical health and well-being are widely known and acknowledged, modern care systems treat oral health as distinctly separate from the broader healthcare system.



The roots of these disparate systems began more than two centuries ago, when dental education was not included as part of the nation's first medical schools built in the late 1700s. This omission led to the establishment of the nation's first professional dental association, journal, and dental school as autonomous entities in 1839 and 1840.

Then in 1926, Columbia University biochemistry professor William J. Gies, Ph.D., published The Gies Report, Dental Education in the United States and Canada. That report is widely credited with providing the blueprint for dental education in the U.S. and solidifying dentistry as a field distinct from medicine.[8]

Numerous reports and research studies in recent decades have highlighted the many problems associated with the dental divide. The most well-known of those reports is the landmark Oral Health in America report published in 2000 by then-Surgeon General David Satcher. The report details the challenges associated with the dental divide and its many consequences, including social inequities in access, dental health, and dental care. Among other things, Satcher's report questioned the quality, effectiveness, and long-term sustainability of the country's current dental care system. Subsequent federal reports have highlighted failures of the dental system to adequately address or curtail common oral diseases such as cavities and periodontal disease.

The dental divide is central to all of these challenges. Because medical care and dental care function as separate silos, the nation's healthcare system bears many of the costs of poor oral health in communities across the country. People suffering severe pain from rotting teeth typically turn to emergency departments, putting the burden of care on hospitals and health systems. This disconnect makes it difficult to incentivize change in healthcare or dental care.

The Role of Medicaid in Children's Access to Dental Care

An estimated 74 million Americans—nearly a quarter of the population—have no dental insurance coverage.[10] For comparison, that is well over double the estimated 28 million Americans who have no health insurance.[11]

For low-income families who are least likely to have dental coverage, the cost of dental care can be a major deterrent. They may avoid or delay seeking care for themselves and their children because they cannot afford to pay for it. Joint federal-state programs help to bridge the gap for many families.

About 40% of children between the ages of 2-18 have dental benefits through Medicaid or the Children's Health Insurance Program (CHIP). These phenomena result in significant deficiencies in access to care.

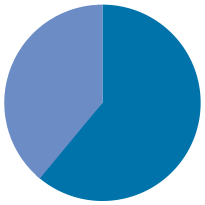
While greater coverage is a positive, the reimbursement rates for dentists are low for these programs. Rates vary widely state by state. On a national average, Medicaid and CHIP programs pay just 61% of rates paid by private insurers for child dental health services.[12] As a result, only 39% of U.S. dentists accept Medicaid or CHIP.[13]

Broad Disparities in Medicaid Payments

Medicaid reimbursement rates for pediatric dental care vary significantly in different states nationwide:

Low
= **27.8%** of private insurance reimbursement rates in Minnesota

High
= **90.5%** of private insurance reimbursement rates in Nevada



National Average

61%

of private insurance reimbursement rates

Source: American Dental Association: Reimbursement Rates for Child and Adult Dental Services in Medicaid by State infographic. ADA Health Policy Institute, October 2021

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Closing the Dental Divide

For the many reasons cited in this report, the importance of oral health cannot be overstated. It is directly connected to a child's physical and mental health and well-being.

The dental divide is an incessant and unrelenting challenge with wide repercussions across the nation's dental and healthcare systems. It contributes to higher healthcare costs, poorer health outcomes, and greater social, economic, and health disparities among communities of different socioeconomic statuses. Ultimately, it affects the overall health status of the nation.

Numerous efforts can help diminish the negative effects of the dental divide. These include initiatives to better educate families about the importance of dental care, inform policymakers and healthcare leaders about the consequences of the dental divide, improve access to high-quality dental care for children in underserved communities, establish dental homes, expand dental insurance benefits, and raise Medicaid and CHIP reimbursement rates for dental services to sustainable levels.

Some efforts seek to bridge the dental divide by better integrating oral health and primary care, or making dental services more accessible by offering them to schools or family health clinics.

The federal Head Start program has established standards for oral health care as part of its broader mission to promote "the school readiness of young children from low-income families by enhancing their cognitive, social, and emotional development." All children participating in the program are required to receive routine dental care to ensure they stay healthy and ready to learn.[14] This commitment to children's oral health needs to be leveraged and also become more ubiquitous in our communities.

What Is a Dental Home?

A dental home is defined as an ongoing relationship between a specific dentist and patient in which the dentist provides all aspects of oral care for that patient "in a comprehensive, continuously accessible, coordinated, and family-centered way," according to the American Academy of Pediatric Dentistry (AAPD).

The AAPD adopted the policy of dental homes in 2001 with the goal of providing a regular source of consistent dental care for children in low-income communities. Children with a dental home are more likely to receive routine dental care to prevent cavities. Dental homes enhance general health and well-being, and reduce the negative impacts of poor oral health on the nation's healthcare system.

Sources: Rural Health Information Hub website: Dental Home Model. Accessed May 2, 2022; Thompson, V.: "Texas Improves Access to Routine Oral Health Services for Very Young Children." National Academy for State Health Policy, Jan. 15, 2021.

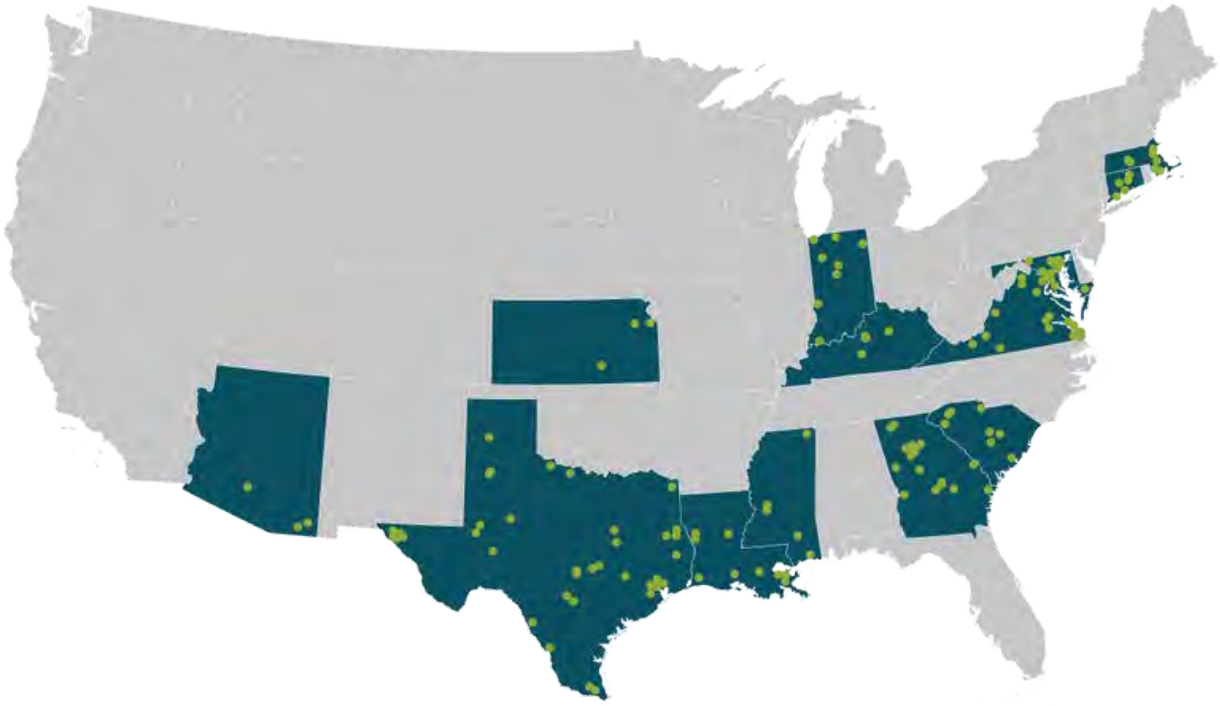
While there is a long way to go and many obstacles to overcome, such efforts are vital to closing the chasm created by the dental divide for children from underserved communities who are the most at risk. With increased awareness and action, all children can have access to high-quality dental care and equal opportunities to develop good oral health habits to help them live healthier lives, grow, and thrive.

About Benevis

In 2002, our founding dentists envisioned a company that could provide needed dental care to often underserved communities, while helping dentists manage the day-to-day administrative burdens of operating a dental office.

In 2004, we created our award-winning DentaPro dental practice management system for large groups. In 2010, we acquired DPMS, Inc. further expanding our non-clinical support abilities. In 2014, we officially changed our name to Benevis to better reflect the company's mission to improve access to dentistry by providing the highest quality non-clinical practices services to some of the nation's leading dental practices.

Over the years, we have grown to over 2 million patient visits per year and expanded our service offerings to become an industry leader in providing non-clinical, business support services to dental practices in 17 states.



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