Although we now know that oral health is key to one’s overall health, many Michiganders still face significant barriers when it comes to accessing dental care — including dental insurance. An inability to afford dental insurance leaves many of our most vulnerable populations without coverage. Gaps in coverage leave many of our most vulnerable populations, such as young adults and the elderly, without insurance. Many young adults lose their dental insurance when they leave college or age out of their parents’ plan. Older adults may lose their coverage when they retire — or become Medicare beneficiaries.

INFANTS AND CHILDREN

- Good habits start young. Tooth decay — the result of an oral infection — is Michigan’s most common chronic childhood disease, with rates up to four times higher than that of asthma. In addition to the needless suffering childhood dental problems cause, they frequently interfere with social development and academic success. Nationally, children miss more than 51 million school hours each year due to dental pain.

- Tooth decay can be prevented, yet 1 in 4 children have had tooth decay by age 5. For children of color, these statistics are even worse.

- Tooth decay is the most common chronic disease of early childhood. In fact, it’s a condition that is 2-3 times more common than asthma or obesity.

- Children with cavities in their primary (baby) teeth are three times more likely to develop cavities in their permanent (adult) teeth. The early loss of baby teeth can make it harder for permanent teeth to grow in properly.

- Nearly a quarter of all children ages 2 to 5 — and more than half of all children ages 6 to 8 — have experienced tooth decay. Tooth or gum pain can hurt a child’s healthy development, including the ability to learn, play and eat healthy foods.

- Prevention pays off. The average cost of applying a dental sealant to a child’s permanent teeth — a practice that reduces the risk of decay — is roughly one-third the cost of filling a cavity.

ADULTS AND SENIORS

Tooth decay can be a chronic condition that lasts into adulthood. Most adult Michiganders suffer from some degree of dental caries or gum disease. Only 66% of Michiganders ages 33 to 44 still have all their teeth, while 13% of the population age 65 and above has lost all their teeth. Although regular dental visits are especially important for people with diabetes, 34% of Michiganders with diabetes have not had a dental visit in the past year.

- The Centers for Disease Control & Prevention found that “over 40% of poor adults (20 years and older) have at least one untreated decayed tooth compared to 16% of non-poor adults.”

- It even affects national security. Defense department officials have called oral health “essential to readiness” of our military forces. And a 2008 report revealed that 52% of new military recruits had dental problems that delayed their deployment overseas.

- Poor oral health can affect adults’ job prospects and social lives. CNBC reported that most employers “make instant judgments based on appearance, including someone’s smile and teeth.” A 2008 study found that people with missing front teeth were viewed as less intelligent, less desirable and less trustworthy than people with a healthy smile.

- A 2013 study examined nine years of data and found that 66 Americans had died and more than 61,000 were hospitalized due to dental abscesses.
Lifelong preventive dental care can reduce the economic burden not just of chronic oral disease, but also of high cost visits to hospital emergency rooms for tooth pain, abscesses, infections and other acute problems. However, studies show that a high percentage of Michiganders are not currently receiving timely preventive care. Only about three-fourths of Michigan adults visit the dentist at least once a year. Racial, economic and geographic factors strongly affect access to timely prevention and treatment. People of color and rural Michiganders receive dental care at rates well below the state average, as do Michiganders at lower income and education levels. Accordingly, rates of tooth decay and gum disease are much higher among these populations. For example, children in the Northern Lower Peninsula had the highest percent of immediate dental needs and a high percent of toothache experience.⁴

Sources
1 - The Cost of Dental-Related Emergency Room Visits in Michigan, Anderson Economic Group, 2014
2, 3, 4 - Burden of Oral Disease, Michigan Department of Health and Human Services, 2016

Poor oral health is linked to an increased risk for cardiovascular and other chronic diseases. The dangers of poor oral health are especially serious for pregnant women and their children, and have been associated with pre-term birth and low birth weight. Access for Medicaid-enrolled adults also remains inadequate due to the low number of dentists enrolled in Medicaid.

Michigan Oral Health Coalition supports policies that ensure all Michigan residents have equitable, affordable and timely access to oral health knowledge and care. Michigan Oral Health Coalition has identified 5 key policy priorities to make that happen by 2020.

GOAL #1: Increase access for Michigan residents by improving payments for Michigan providers. Increasing and standardizing reimbursements for dental care—especially for adult Medicaid patients—will open the door to care for thousands of Michiganders a year.

GOAL #2: Improve integration between medical and dental care providers. Our Michigan Oral Health Coalition members are already hard at work to better ensure coordination of medical, dental and behavioral health communities and will continue to expand this impact by increasing collaboration and educational opportunities by 10%.

GOAL #3: Increase fluoridation across the state. Michigan Oral Health Coalition will work to support efforts to increase the number of communities accessing fluoridated water by 10%, and will publicly engage when needed to protect communities from anti-fluoridation efforts.

GOAL #4: Improve oral health literacy and understanding. Michigan Oral Health Coalition is working to increase the proportion of Medicaid beneficiaries receiving at least a yearly preventative dental visit by 10% or better by providing access to culturally sensitive promotional and educational programs and messages.

GOAL #5: Increasing access to oral health care for at-risk communities. Michigan Oral Health Coalition will build a stronger oral health safety net by securing at least one new funding source or programmatic opportunity for residents with the least access to care.
Michigan Oral Health Coalition is a 501(c)(3) non-profit organization whose mission is to improve oral health in Michigan by focusing on prevention, health promotion, oral health data, access and the link between oral health and overall health. With members throughout the state, the Coalition is composed of primary care clinicians, oral health clinicians, dental benefit providers, advocacy and provider organizations, state and local government officials, and consumers working together to improve oral health in Michigan.

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WHO WE ARE

55.3% of Michigan families earning less than $20,000 annually had no preventative dental care in the last year.

51.9% of kids age 5 and under had no preventative dental care in the last year.

37% of Hispanic adults and 45% of African American adults received no preventative dental care in the last year, compared to only 29% of Caucasian adults.

Low-income seniors are 3x more likely to have lost six or more teeth due to tooth decay and/or gum disease.

ORAL HEALTH FACTS

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