

The Mouth Matters



**REAL STORIES AND
COST-EFFECTIVE
SOLUTIONS TO
WASHINGTON'S ORAL
HEALTH CRISIS**

Introduction

Oral health is vital to overall health and wellness. Too many people throughout Washington state experience poor oral health, and the consequences affect their entire lives, often profoundly. The lack of access to affordable dentistry is the cause of pain and suffering, job loss or unemployment for adults and, for children, adverse effects on their ability to learn, grow, and thrive. For both kids and adults, poor oral health leads to medical problems that could be easily prevented with early treatment.

All Washington residents deserve access to quality, affordable dental care. But there are many obstacles in place that prevent people from receiving the care they need. The dental care workforce is insufficient to adequately provide services to every resident. Dental care is unaffordable. Families who have dental insurance often find that their insurance covers just a fraction of their needs. In Washington State, adult dental care for Medicaid is being proposed for complete elimination in the face of a revenue shortfall. Across the board, Washington residents are struggling.

Fortunately, there are solutions. Maintaining and expanding dental insurance coverage through Medicaid would allow more Washingtonians to receive affordable treatment. Additionally, alternative models for providing oral health care exist and have been proven to improve quality, affordability, and access. One alternative model, the dental therapist, provides a solution for Washington State that lowers costs, expands access, and insures high quality dental care for thousands of people who need it. As the stories in this report make very clear, oral health is essential, not optional.

The Oral Health Crisis in Washington

Thousands of Washington residents lack access to affordable dental care. Washington's children suffer dental decay at a rate that is more than one-third higher than the national average. According to the Children's Alliance of Washington, low-income children, children of color, and non-English speaking children have higher levels of dental disease, untreated cavities, and fewer dental sealants than other children throughout the state.

For many people, the high cost of seeing a dentist poses a major barrier to care. More than half of adults who said they hadn't seen a dentist for five years or more cited high costs as a major reason, according to a 2003 American Dental Association (ADA) survey. And a large number of Washingtonians who have dental insurance find that the coverage is insufficient to meet their needs.

Those who receive dental care through Medicaid will be cut from the state budget. This year, 105,000 Medicaid beneficiaries will lose coverage, leaving more low-income people with untreated dental problems. This will only add to an already alarmingly high number of Washington residents—approximately three million—who lack dental coverage.

Additionally, thousands more Washingtonians, including many who have dental insurance, go without needed dental care because there is a shortage of providers. This problem is particularly acute for rural areas and low-income populations. As of September 2009, 30 of Washington's 39 counties were designated as health professional shortage areas for dental care by the federal Office of Community and Rural Health.

Under the current system, the shortage of dental care providers is likely to worsen. Nationwide, 9,700 new dental practitioners are needed to eliminate the dental care shortage, yet the number of active dentists in the U.S. is projected to decline over the next decade.

Solutions: Preserving and Expanding Coverage, Dental Health Therapists

Recommendation: Preserve and expand dental care coverage for Washington adults and children. The Patient Protection and Affordable Care Act (PPACA), signed into federal law in March of 2010, made oral health a priority. Between PPACA and the reauthorization of the State Children's Health Insurance Program (SCHIP), all children will be guaranteed access to dental insurance coverage.

While this will constitute a step forward for children, proposed budget cuts to dental coverage programs constitute a major step backward for adults. The current programmatic cuts proposed by the Governor include the elimination of adult dental care for 105,000 adults on Medicaid. This cut will lead to tremendous, unnecessary suffering and hardship.

Washington state should preserve funding for adult dental care and use the opportunity provided by federal health care reform to expand dental coverage for children and youth.

Recommendation: Dental Health Therapists. Expanding insurance coverage through PPACA and maintaining public program coverage will be a major step forward, but it is not the only way to improve access. The most cost-effective way to improve quality and access is through the licensing of dental therapists.

Dental therapists offer the opportunity to expand and improve the dental workforce and bring quality, affordable dental care to every community. In 50 countries, dental therapists have provided preventive and basic dental care to families and have expanded high-quality care to underserved children and families for decades, according to the World Health Organization. Alaska has a successful dental therapist program, and Minnesota's legislature approved a dental therapist program in 2009.

Licensed dental therapists do not have the same licensure as dentists, but work within a dental care team under the supervision of a dentist. According to the American Dental Association, 75 percent of services provided by dentists and 79 percent of services provided by pediatric dentists can be done just as effectively by licensed dental therapists. These services include cleanings, fillings, and simple extractions. Just as important, dental therapists play a key role in prevention and education, which are critical in improving oral health outcomes for children and families.

Dental therapists receive intensive clinical training and practice in the field. Dental therapists currently practicing in Alaska complete a two-year course through the University of Washington School of Medicine's Physician Assistant Program, which includes more than 3,000 hours of training and education. After completing this two-year program, dental therapists have gone through as much hands-on training as dental students who spend four years in dental school. Since many dental therapists practice in their own communities, they are more likely to have the language skills and cultural knowledge to provide culturally competent care to their patients.

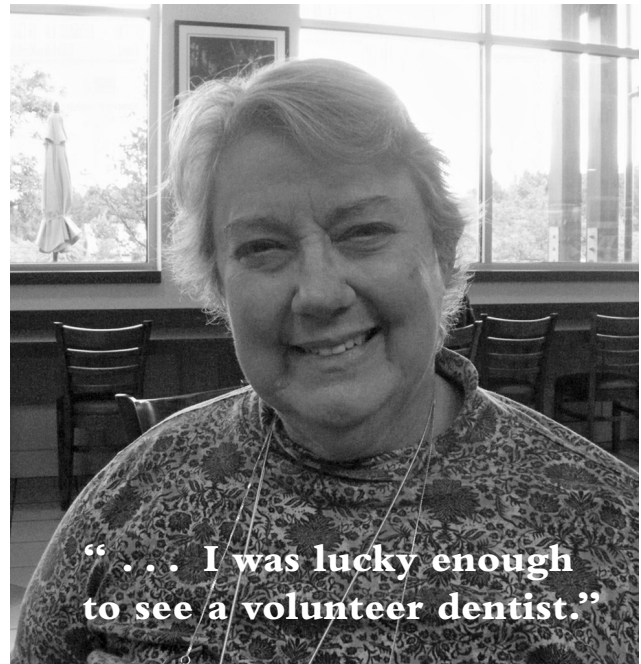
Washington State should address the workforce shortage for dental care professionals and improve the quality and accessibility of dental care by implementing a dental therapist model.

Anne

I am a senior woman with disabilities residing in the Olympia area. I moved to Washington State from Vermont in November 2009. Being here has been anything but easy. Through social security, I am living on a mere \$703 a month, maybe a little more if I manage to get a few piano students or childcare jobs.

Last December, after being in Washington for just a month, I had a crown fall out. I called all over Thurston County looking for a dentist who accepted Medicaid. I could not find any, so I went to the Gospel Mission where I was lucky enough to see a volunteer dentist.

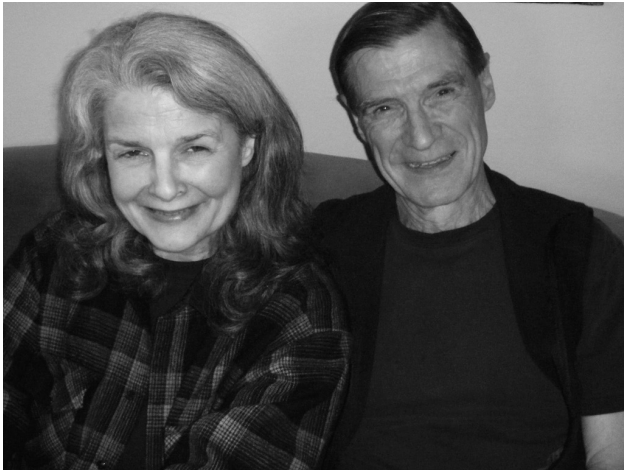
Eventually I found the one dentist in Thurston County who does accept Medicaid, Dr. Holm. I went in for a cleaning, and was told that I have a cavity and that I needed another crown replaced, something that my Medicaid would not cover. I ended up going to the South Puget Sound Community College Dental School, where I had my crown replaced for the discounted price of \$800! I have still been trying to get in for an appointment to fill my cavity, but since Dr. Holm is the only dentist I have access to, I have been struggling to get a spot in his busy schedule.



Paying for dental care out of pocket at a high cost is unfathomable for me as an elder living on a very low fixed income. I know I am not alone in this. Oral health is not “optional,” and there should be more resources for people in my situation in the community.

Rich & Bev

We are two retired professors living in Tacoma and have been very involved in our community our whole lives. We are fortunate to have retired from well paying jobs and have good medical benefits for our retirement, though our income is a fraction of what it was. Unfortunately, we do not have dental coverage and there is no affordable dental care. Paying out of pocket, even for us, costs a fortune.



Bev has always had good teeth, but as she gets older, the cost of care has gone up. When a front tooth cracked recently, her dental bill went up to \$4,000 overnight!

Rich thought about going as far as Seattle to the University of Washington Dental School for treatment to get a bridge replaced. He realized it was nearly impossible to schedule the number of appointments necessary and commute back and forth. Twenty years ago, the bridge cost him \$2,000, and now when the next bridge goes out it will cost him as much as \$8,000 out-of-pocket.

We did the numbers and figured that, in our seven years of retirement, we have already spent \$17,000 on dental care! And we know this will only continue as we age.

In 2009, 30 of Washington's 39 counties were designated by the federal government as dental care shortage areas.

Charles

Even when I had dental insurance through my job, it was so difficult to afford oral care. With all the costs and co-pays with yearly limits, the insurance just didn't cover enough. It's been a lifelong situation of being in and out of pain. Now that I've retired early, I don't have dental or health insurance.

I'm still going to the same dentist in Spokane whom I saw when I was working. Because we've known each other for years, my dentist honors the same discounts from years past. I can get basic cleanings, but I can't get a lot of work done because I can't afford it. I had to pay \$900 out-of-pocket for a root canal and crown because I didn't want to lose a tooth. I can't get dentures because the dentist will not pull out any healthy teeth.

I worked a union labor job for many years, and now have back injuries. I'm basically disabled. It is inhibiting in many ways. After early retirement, there are very few options for health or dental insurance. I just don't have the money. I thought about getting catastrophic coverage, but I'd rather just pass away if something bad were to happen to me. I take every health problem as it comes, and hope each time that it just won't be that serious.

More than 3 million Washingtonians lack dental insurance.

Susan

I'm a single mom living in Seattle. I've worked all my life helping people deal with insurance companies, mostly at Minor & James Medical Clinic, and then at Seattle Arthritis Clinic. I used to teach classes about insurance. I was laid off in June 2010.

I'm not eligible for state programs but my daughter, who is thirteen years old, just got onto Washington State's Apple Health for Kids. Before then, she had never had dental coverage. This is the first time she's been able to go to the dentist. She found out that she needs braces, but there's no coverage for orthodontists.



I had to borrow money from my mother to make the monthly payments for my daughter's braces, which cost a total of \$6000. I pay \$290 each month, but I still have over \$1000 in medical debt. Between paying for my mortgage and being unemployed, it's so difficult to think about ever being able to pay for all of this.

I had dental coverage up until I lost my job. Once, I went to the ER because I was experiencing severe pain, and was diagnosed with toxic shock syndrome. I almost died that night. My body went through drastic changes because of the medicine they gave me and I lost some of my hair, skin, and nails. All the enamel on my teeth came off, and I needed to get a crown for each of them. It cost \$15,000 to get all of those crowns, but did I really have a choice? To make matters worse, the dentist had to fight with the insurance company just to get them to cover a portion of the bill.

Now that I no longer have dental insurance, I can't see a regular dentist. I've been to the University of Washington Dental Emergency Clinic, but there is no option for long-term, affordable care.

Catherine

I am 22 years old and just graduated from the University of Washington last June. I majored in international studies and economics, and am currently looking for work while interning with the Washington State Department of Commerce. I live with my aunt and uncle in Everett where I grew up. In 2008 my father lost his job and my parents, hit hard by the economic crisis, moved back to the Philippines.



As I am unemployed, I am also uninsured. Until last June, I had not been to the dentist in at least two, maybe four, years. It's been long enough that I can't even remember. In June the dentist told me that my wisdom teeth are coming in, and they are coming in sideways. It is really painful. I know that getting them removed is urgent. The pain reminds me everyday.

With my family being overseas and my being unemployed, I have no way of paying for the surgery required to remove my wisdom teeth. I am so busy looking for work that trying to figure out alternative treatments is not an option right now.

There needs to be more accessible ways to get dental treatment. I suffer everyday, as I know many others do. It needs to change.

Carol Tracy

I am 64 years old. I struggle with a number of health issues and am limited to an electric wheel chair after losing my leg to cancer. I moved from Kansas to Kent, Washington in 2005 to be closer to my daughter. I live off of a small social security check each month, but the cost of living in Washington is much higher than in Kansas. I have Medicaid and Medicare, which help cover some of my medical expenses, but it is not enough.

I have had no money to spend on my teeth. I have had the same dentures for over 20 years and am scared to take them out and brush them because they are so thin that they might break. I cannot eat the things I used to. My dentures are so dull that I cannot even chew through bread crust. After losing my leg, I lost a lot of weight. Eating is so difficult for me now that I really don't have much of an appetite. I can't eat the things I used to enjoy. I have not had a steak in years!

In Kansas, there was no funding for dental care. I have heard that in Washington there is, but I don't know how to access it. I have also heard that these dental services are being cut.

It is nearly impossible to live well on my limited income, and especially hard because I am unable to move around freely and do the things I used to be able to do. I have no money to buy new dentures, and being able to eat and enjoy food should not be "optional." There needs to be more support for people like me to receive dental care.

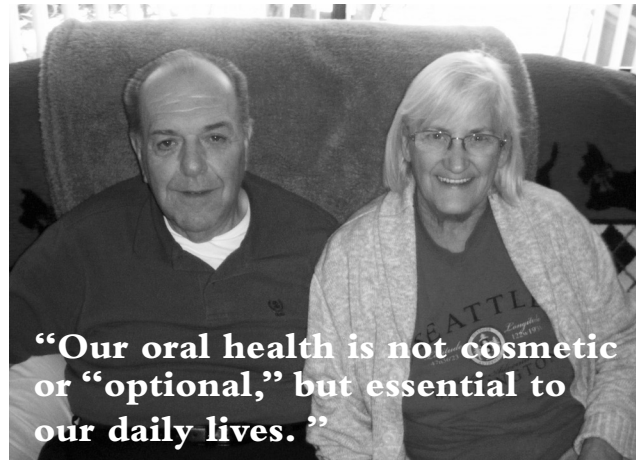


Clarence & Lois

We are a retired couple living in Kent, Washington. We have been married for 46 years and have three children and one grandchild, who we care for often. We are currently living off of our small social security checks and getting by. We're both on Medicaid, and Clarence has some coverage through the VA, though neither includes dental or vision.

We have worked hard our whole lives. Clarence worked in the real-estate industry for most of his career, which often fluctuated, but we made it work. Because he was self-employed, we lived without health or dental insurance for 40 years and always paid out-of-pocket for services.

Now we are live on a very low fixed income, and the price for dental care has skyrocketed. Clarence can not remember the last time he went to the dentist, and now has a painful, rotten tooth, but no place to go for treatment. The estimate for treatment is \$1,200, and the VA will not cover it. We simply cannot afford this on our income.



Lois has had the same dentures for over thirty years. Hopefully they will not need to be replaced, because we know there is no way we will be able to pay. We spent \$4000 out-of-pocket for Lois to have cataract surgery last year, so we really don't have the funds to cover another expense.

There must be affordable options for dental care for people like us. Our oral health is not "cosmetic" or "optional," but essential to our daily lives.

I am a mother of two children, ages 21 and 23, and have lived in the South King County area since my children were born. For the last eleven years I have been working for a dealership in Kent. I work 8 am to 5 pm everyday and receive health care and dental benefits. But even with dental coverage, it is impossible to afford care!

My dental insurance pays up to \$1500 per year, which is barely enough to cover the costs of a cleaning. I pay 20% and the insurance pays 80% until the maximum is reached. But if I need a crown, cap, or any substantial work, my insurance only covers 50% and, again, pays only up to \$1500.

I have genetically troublesome teeth and also suffer from gum disease. My front teeth are about to fall out, and there is nothing I can do. It costs too much and I have no money to pay. The last time I went to the dentist, I had an abscess and was in a

lot of pain. The dentist gave me a prescription mouthwash, but later denied me a refill. I was told that to protect my teeth from falling out, I would need to go through a procedure every three months—a procedure that would cost \$800 after insurance, every time.

Last year, I filed for bankruptcy because of my medical and dental debt that totals over \$14,000. And I have coverage! It is ridiculous.

The current dental coverage that exists is inadequate to actually provide real help to people. The price to see a dentist is so high that anyone who has bad teeth and needs any real work cannot afford it, even if they have “coverage.” I know I am not alone in this struggle. We need more affordable options so that people can take care of teeth without going bankrupt.

A 2003 American Dental Association survey found that more than half of the adults who had not seen a dentist in the past five years said high costs were the major reason.

Frank

Before my retirement, I didn't have any dental insurance for a very long time. I was on Medicaid, but not many dentists in my area accept Medicaid. I'm now on Medicare, but it doesn't include dental insurance, so I have to pay out-of-pocket.

I had been going to the same dentist in South Seattle for many years. At my last check up, I was told that I needed both implants and to get a permanent bridge removed. I was told it would cost me thousands of dollars. I'm on a fixed income, so obviously I wasn't thrilled about it. When they told me I had to pay cash up front, I left and found a new dentist. This dentist is one of the few who treat low-income patients and those of us who use Medicaid. He put me on a

payment program so that I could have the procedure. It was very costly and took me months to pay off, but I really needed to have the work done.

I am a regular volunteer at the food bank at my church on Beacon Hill. I often see youth who are low-income or homeless who have receding gum lines and are missing a lot of their teeth. It really saddens me. If I have had to struggle to get dental care, I'm sure these young people will have an even harder time. Low-income people need dental care as much as anyone else, and there needs to be a way for us to receive it.

Nearly 9,700 new dental practitioners are needed to overcome our nation's dental care shortage. Meanwhile, the number of active dentists in the U.S. is expected to decline over the next decade.

Eduardo

I'm a single Latino man living in Seattle's Central District. I owned a house in Everett for six years, but it was recently foreclosed on and I had to move to Seattle to live in an apartment with friends. I work long and late hours. Life is very tough right now, and I have many things to worry about, including my health.

I hadn't been to the dentist for many years. The last time I went in for a check up, the dentist told me that I had \$10,000 worth of work to be done on my teeth. I had dental insurance at the time, but they refused to cover the procedures, so I never got any of the work done.



Now I don't have any insurance, dental or medical. I am currently below the poverty line so I thought about applying to the Adult Dental Services, a state program for low-income people. But recently I heard that the program is being cut because of state budget problems. I'm disheartened because I thought this was my chance to fix my health problems. I'm worried about the condition of my teeth worsening, but there isn't anything I can do. I just cannot afford the cost of dental insurance or the procedures. This isn't right.

With federal health care reform, Congress created an alternative dental provider pilot program. This program can identify new ways to expand access to people most in need.

Bella

I am a Latino immigrant from Mexico. I came to the U.S. in 1996 and have lived in Bellevue with my family since 2002. I have three children, and a fourth is on the way. My husband works as a carpenter and I work various jobs to support our kids.

Normally I take my kids every six months to see the dentist. This March I decided to see the dentist myself, even though I don't have dental insurance. I felt a pain in one of my molars, so I thought I might be in trouble. It ended up costing me \$150 for a basic cleaning, and they told me I would need a filling. The dentist had advertised free cleanings but I was charged \$150, which was upsetting.

I realized I was pregnant in April, and therefore eligible for health and dental coverage through WIC. This gave me the opportunity to see a dentist and get the filling that I needed. Without this coverage, I wouldn't have been able to afford to fix my teeth. And as soon as I have my baby, I will have no insurance yet again.

There should be more affordable ways for people like me to get basic dental care.

Dental therapists offer the opportunity to expand and improve the dental workforce and bring quality, affordable care to every community.

Washington CAN! is a statewide, grassroots community organization with over 35,000 members across the state. We work on a range of issues with the broad aim of bringing about greater racial and economic justice in our state and the country. Our strength as an organization depends on our members' involvement.



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