

**Testimony before the Appropriations Committee
In Opposition to Proposed Cuts to School Based Health Clinics
February 18, 2010
Gretchen Vivier, MSW**

Good evening. My name is Gretchen Vivier. I am the Interim Advocacy Director for the Connecticut Oral Health Initiative (COHI). COHI is a non-profit organization dedicated to advancing 'oral health for all.' We work with providers, consumers and stakeholders across Connecticut.

COHI is opposed to the Governor's proposal to cut funding for school based health centers (SBHCs). SBHCs provide oral health care to a large number of Connecticut children do not otherwise have access to basic medical care – including those who live in rural areas and inner cities, as well as those who are uninsured or underinsured. 45% of the children seen at SBHC's have HUSKY coverage and 28% are uninsured. Barriers to care for these children could include cost, lack of transportation, and lack of knowledge about available services and the importance of preventive health.

SBHCs eliminate those obstacles and allow all children to receive the physical and mental health services they need-when they need them. Their unique combination of medical care and counseling with strong health education reinforces healthy lifestyles and promotes prevention and early intervention of serious problems.

Some of the advantages to providing oral health care in a school based setting include the following:

- Easy Access to Care
- NO Cost to students or parents
- Parents may be present for treatment but not required
- No lost time from work for parents
- No transportation problems
- Minimal lost school / learning time for students
- Ability to follow-up & complete treatment
- Continuity of Care
- Safe, nurturing environment promoting trust
- Cost-effective – minimal overhead

Good oral health is essential to general health and well-being! Children face increased risks and pain due to poor access to oral health care. SBHCs reduce these risks including pain, suffering and disease, school absences and costly treatment.

- Oral health problems are responsible for more missed school days than any other type of health problem. Three out of 100 children miss school because of dental pain.
- Tooth decay is the single most common chronic disease among children. It is more common than asthma and seven times more common than hay fever in children.

The proposed cut to school-based health center funding in the Governor's budget will result in the loss of staff, reduced hours of operation, and diminished services at a time when families are facing loss of employment and insurance coverage and need the centers more than ever.

Cutting SBHC's is just another example of trying to come up with a short-term fix to Connecticut's budget problems while putting our state in further budget trouble in the long term. The governor is proposing to cut an exceptionally efficient program that keeps children healthy and learning, keeps their parents productive, and provides jobs.

Just as families are looking for ways to tighten their belts and cut waste, they also do their best to provide their families with important services like good health care and education. They find ways to bring in more income by borrowing, using savings, or taking on extra work. They aim to have enough income

- to provide for basic needs,
- to avoid taking short cuts that cost them money in the long run, and
- to put themselves in a position to thrive when the economy turns around.

The same balanced approach is needed for our state budget. While we need to look for efficiencies and other ways to save money, we also need to find revenue. Specifically, we urge you to support the revenue options proposed by the Better Choices for Connecticut coalition, including closing corporate tax loopholes, evaluating corporate tax breaks to see whether CT is actually getting an economic return on its investment, delaying reductions in the estate tax, and increasing income taxes on households most able to pay.

We cannot rely on further spending cuts in this budget. Dollars cut already outnumber revenues raised 3:1.

Please do not let Connecticut's families down when they need help the most.

Thank you for your time.

GOT TEETH? Connecticut's Prescription for Oral Health Policy



Erin Havens, MPA
Connecticut Oral Health Initiative, Inc.
February 2010

"Oral health is essential to the general health and well being of all Americans and can be achieved by all Americans."
~*Oral Health in America: A report of the U.S. Surgeon General.*¹

The Silent Epidemic

In 2000, the U.S. Surgeon General released the report *Oral Health in America*. The 332-page report shed light on the

- ✓ the integral role that oral health plays in general health,
- ✓ the profound disparities in oral health, especially among children, the elderly, and racial and ethnic minorities,
- ✓ the financial and social costs of poor oral health,
- ✓ the underutilization of safe and effective disease prevention and treatment measures that can improve oral health and prevent disease, and
- ✓ lack of public understanding and awareness about the importance of oral health.²

Oral Health and Well-Being

Dental caries, periodontal disease and oral cancers cause pain and disability for millions of Americans each year.³⁻⁴ Progressive oral diseases can cause teeth to become loose, chewing to become extremely difficult and are the most likely cause for loss of permanent teeth.^{2,4} These oral health conditions commonly affect daily life, making eating, speaking, sleeping and going to work or school difficult.^{1,4}

Oral Health & Chronic Disease:

Heart Disease
Stroke
Diabetes
Osteoporosis and Arthritis
Respiratory infections
Chronic Obstructive Pulmonary Disease
Low birth-weight
Premature birth
Lung Disease
Nosocomial Pneumonia

Beyond affecting one's ability to carry out the details of daily life, poor oral health can compromise overall health. Multiple peer-reviewed studies have documented the associations between chronic oral infections and chronic diseases. Poor oral health has been linked to increased risk of heart and lung diseases, stroke, arthritis, osteoporosis,² low birth-weight, premature birth,^{1-2,4} respiratory infections,³ chronic obstructive pulmonary disease, and nosocomial pneumonia.⁴

Associations between periodontal disease and diabetes have also been consistently documented since the 1970s.¹ This oral health and diabetes connection could play a significant role in health complications for Connecticut residents, **where more than 6% of the population has a diabetes diagnosis and even more remain undiagnosed.**

Access to Oral Health Care

Oral Health in America reported that 108 million people lack dental insurance, compared to 44 million who lack medical insurance. Comparing those with and without dental insurance, those with insurance come out ahead for oral health. Among children, those who are uninsured are 2.5 times less likely to receive dental than insured peers and are 3 times as likely to have unmet dental needs compared to peers.¹ **On average 21% of Connecticut adults did not receive routine dental care in the last year.**⁵

The Financial Burden of Poor Access to Oral Health Care

According to the U.S. Surgeon General's 2000 report, poor oral health leads to tens of billions of dollars in direct medical care plus an additional burden of indirect costs caused by chronic pain conditions. For craniofacial disorders, a minimum of \$100,000 is spent on lifetime treatments. Similarly, treatment costs for oral and pharyngeal cancers are increased due to late diagnosis. Medical treatment costs may also be exacerbated by poor oral health for conditions such as diabetes, cardiovascular disease and other chronic disease due to the intertwined nature of oral and overall health. Furthermore, psychological and social consequences and costs exist for poor oral health.¹⁻³

Not surprisingly, the Department of Public Health report, *Oral Health in Connecticut*, states that, "Oral diseases place a significant burden on the healthcare system in Connecticut and on the public in terms of pain, suffering, poor self-esteem, cost of treatment and lost productivity in school and at work." ² When it comes to loss of productivity nationwide millions of school hours and work hours are lost each year due to poor oral health.

The Financial Benefit of Oral Health Care

Early and routine preventive care, fluoridation, and sealants are proven, cost-effective ways to reduce oral disease and associated costs. Instead of using preventive measures, dental care is often sought on an emergency basis at hospitals for painful toothaches or abscesses. Several studies, summarized by the Children's Dental Health Project indicate the cost-effective nature of preventive treatment compared to emergency department treatment for oral conditions. ⁶

Oral Health & Loss of Productivity in the U.S.

- Children lose 51 million school hours each year to dental-related illness.
- 164 million hours of work each year are lost due to dental disease or dental visits.

-U.S. Surgeon General Report, "Oral Health in America"¹

- Preventive treatment in a dental office costs approximately 10 times less (\$660 versus \$6,498) than managing symptoms related to dental carries on an emergency basis. ^{6,7}
- Regular screening and early intervention saves 7.3% of dental costs. ^{5,8}
- "Low income children who have their first preventive dental visit by age one are not only less likely to have subsequent restorative or emergency room visits, but their average dental related costs are almost 40% lower (\$263 compared to \$447) over a five year period than children who receive their first preventive visit after age one." ^{6,9}
- Per tooth surface, \$66-73 can be saved by using interventions to prevent teeth from needing repair among young Medicaid-enrolled children. ^{6,10}
- Applying sealants to permanent molars can successfully prevent tooth decay for an average of 5-7 years. ^{6,11-13}

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Connecticut Oral Health Initiative

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