

# Missing the Mark

## Oral Health in America



The Oral Health America National Grading Project  
Funded in part by the W.K. Kellogg Foundation



# Oral Health Report Card

Fall 2000/United States

GRADE:

C-

PREVENTION:

C

Fluoridation

State Oral Health Program

Sealants

Visits to Dentists

*Adult/Older Persons*

Use of Smokeless Tobacco

ACCESS TO CARE:

D

Prevalence of Dentists

Prevalence Dental Clinics

Medicaid Dental Program

Dental Insurance Status of Adults

Dental Insurance Status of Elderly

HEALTH STATUS:

C

Oral Health of Children

Adult Tooth Loss

Edentulous Elderly

Oral Cancer Rate

*Male/Female*

# Teacher Comments

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When it comes to oral health, America is like a student with straight “A” potential in danger of failure. The nation has made great progress over the decades in improving oral health. The nation’s economy is moving at a record pace. Medical and scientific progress has opened a new understanding of oral health. Yet, serious gaps in prevention and access have halted progress and are putting the health status of the nation at risk.

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**T**his is why America’s overall oral health report card grade is a “C-.” There are ways the nation’s oral health grade can be improved. A national effort to end what the U.S. Surgeon General has described as a “silent epidemic” of oral diseases should be undertaken. Failure to do so will result in serious, long-term health consequences to our nation, especially our children. There is much room for improvement:

- Tooth decay is the single most common chronic childhood disease—five times more common than asthma and seven times more common than hay fever.
- More than 90 percent of all systemic diseases have oral manifestations.
- By the age of 45, more than 99 percent of Americans have experienced tooth decay, which is largely preventable.

- Only 15 percent of the elderly have any type of dental coverage.
- Someone dies from oral cancer every hour in the U.S.

Oral health is the gateway to overall health. Good oral health should begin at birth and last a lifetime. This report card provides baseline measures of how the nation is meeting its oral health needs. It is a direct follow-up to the landmark report, *Oral Health in America*, issued earlier this year by the U.S. Surgeon General. It examines three critical areas: Prevention, Access to Care and Health Status. Looking at these three areas on a state-by-state basis will help to identify where there are strengths and where programs need to be strengthened.

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## PREVENTION

Prevention is the most effective way to maintain a lifetime of good oral health. The national grade of “C” must be improved. The 50 states and the District of Columbia have a very mixed track record. Some states have brought what has been described as the most powerful public health tool—fluoridation of drinking water—to their public water supplies. Other states have failed to bring this cost-effective prevention measure to even 10 percent of their residents. While there is much room for improvement, some states are starting to make a real commitment to establishing oral health programs. Illinois, New York, Hawaii and North Dakota stand out as leading examples of the difference a commitment to oral health can make. These states, among seven that received an “A” for their dental program, have expanded clinics, established school-based programs and initiated other innovative partnerships to improve oral health. Of concern in this category are the number of states that received a grade of incomplete.

## ACCESS

Access to oral health care is a national problem. For this key category, the nation received its worse grade, a “D.” Many states have too few dentists to fill the gap. Dental clinics are too few and far between. The Medicaid dental program is inconsistent from state to state. Perhaps the most significant access problem is the lack of dental

insurance coverage. Private health insurance is designed to be the cornerstone of the American health care system. Dental insurance, however, is not part of that foundation. Over 108 million Americans have no form of dental coverage. For older Americans, the vast majority of states fail in providing even one in four with dental coverage.

## ORAL HEALTH STATUS

Oral health status comprises the overall condition of the mouth and related diseases. For oral health status, the nation receives a “C.” Too many children have too many cavities. Starting a child off with poor oral health can begin a downward health spiral that causes major problems later in life. The poor oral health of children often translates to more cavities for children, increased adult tooth loss and eventually the total loss of teeth as people age.

These trends can be reversed. It will take a national commitment coupled with strong local and state efforts. More attention to state-specific data will help track progress in this area. Some states will need to do more, but no state can afford to sit back and let these trends continue or these grades slide any further. With an increased effort to incorporate oral health as a key part of overall health, needed policy changes and increased public-private partnerships, America can make the grade.

# The National Grades

## Fall 2000 Oral Health Report Card:

	<b>PREVENTION</b>								<b>ACCESS TO CARE</b>						<b>HEALTH STATUS</b>					<b>STATE GRADE</b>
	Fluoridation	State Oral Health Program	Sealants	Visits to Dentists- Adults	Visits to Dentists-Elderly	Use of Smokeless Tobacco	Prevalence of Dentists	Prevalence of Dental Clinics	Medicaid Program	Dental Insurance-Adults	Dental Insurance-Elderly	Oral Health of Children	Adult Tooth Loss	Ederentulous Elderly	Oral Cancer-Male	Oral Cancer-Female				
ALABAMA	C-	B	D	C	C	D	D	D	F	B	F	C	F	C	B	D	D	B	D	D
ALASKA	C-	D	F	I	B	B	D	C	C	C	C	B	D	C	I	B	C	B	F	C-
ARIZONA	C+	D	B	D	B	B	b	D	F	B	F	C	D	B	C	B	B	A	B	C+
ARKANSAS	D	D	D	C	C	D	D	D	D	B	D	D	F	D	D	D	D	I	I	D
CALIFORNIA	C-	F	D	D	C	B	B	C-	C	C	C	C	D	B-	B	B	B	B	D	C
COLORADO	C-	D	C	C	C	C	D	D	C	B	F	I	F	B-	B	B	C	B	C	C-
CONNECTICUT	C+	B	F	C	B	B	B	D	C	B	D	I	F	C-	I	C	B	B	D	C-
DELAWARE	I	C	C	I	I	I	C	D	F	B	F	I	I	I	I	I	I	B	F	C-
DIST. OF COLUMBIA	B-	A	F	I	B	C	B	I	A	I	I	I	I	D	I	B	B	F	F	I
FLORIDA	C+	D	C	I	B	B	C	D	C	D	D	I	F	C	I	C	B	C	D	C-
GEORGIA	C+	A	C	I	B	D	D	C-	C	B	F	B	F	C	I	C	D	B	C	C
HAWAII	B-	F	A	I	B	B	B	C-	F	B	C	I	C	C+	D	B	A	C	C	C+
IDAHO	D	F	D	I	C	C	D	C-	D	B	B	C	F	C	C	C	C	C	C	C-
ILLINOIS	C	A	C	D	F	C	B	C	A	A	C	F	F	B-	B	B	C	B	C	C+
INDIANA	C+	A	B	C	C	C	D	C-	D	B	C	C	F	B-	B	C	C	B	B	C
IOWA	C	A	C	I	C	b	D	C-	D	C	A	C	F	C	I	C	C	C	C	C
KANSAS	D	D	F	I	B	C	F	F	F	C	F	C	F	F	I	C	C	I	I	F
KENTUCKY	C-	A	F	I	C	D	D	F	D	F	C	I	F	D	I	D	D	C	C	D
LOUISIANA	D	D	D	C	C	D	C	D	D	B	C	I	F	C+	A	C	D	C	C	C-
MAINE	C-	D	C	B	C	D	C	C	A	B	B	F	F	C-	I	D	D	B	C	C-
MARYLAND	C+	B	D	C	B	C	B	C+	B	B	I	B	D	C-	C	C	C	C	D	C+
MASSACHUSETTS	C	D	D	C	B	C	B	C-	B	B	D	C	F	C	I	C	B	C	D	C
MICHIGAN	C	B	D	C	B	C	C	C-	C	B	D	I	D	C+	I	C	B	B	C	C
MINNESOTA	C+	A	D	I	B	I	D	C-	D	B	A	D	F	F	I	I	I	B	C	D
MISSISSIPPI	D	F	F	I	C	D	C	D	D	B	D	D	F	C-	I	D	D	B	C	D
MISSOURI	C	C	B	D	C	C	C	D	D	C	F	C	F	C	I	C	C	C	C	C-
MONTANA	D	F	D	I	B	C	F	C-	D	B	B	D	F	C+	I	C	C	A	C	C-
NEBRASKA	C-	D	C	I	B	C	F	C	C	C	A	I	F	C+	I	C	C	B	C	C
NEVADA	D	F	F	I	C	C	C	F	F	D	I	D	D	C+	D	C	C	A	C	D
NEW HAMPSHIRE	C-	F	D	I	B	C	C	C-	C	B	C	C	F	C+	I	C	C	B	C	C-
NEW JERSEY	C-	F	D	I	B	C	B	D	C	B	F	C	F	C+	I	C	B	B	C	C
NEW MEXICO	B-	C	A	B	B	C	C	D	F	A	D	C	F	B-	C	B	B	B	C	C+
NEW YORK	C	C	A	C	F	C	B	D	C	D	D	C	F	C+	I	B	C	B	C	C
NORTH CAROLINA	B-	C	A	C	B	I	C	D	F	B	D	I	I	B	A	C	I	B	B	C+
NORTH DAKOTA	B+	A	A	B	B	C	I	C-	F	A	A	D	F	B-	B	C	C	B	A	B-
OHIO	C+	B	B	C	B	C	C	D	D	B	D	C	F	C+	B	D	C	B	C	C
OKLAHOMA	C-	D	A	I	C	F	C	D	F	A	F	I	F	D	C	D	D	I	I	D
OREGON	C-	F	D	C	B	B	C	C+	C	B	A	C	F	C+	B	C	B	B	D	C
PENNSYLVANIA	C-	D	D	I	B	C	C	D	C	D	D	C	F	C	I	D	C	B	C	C-
RHODE ISLAND	C+	A	F	B	B	C	B	C-	C	B	C	C	F	C+	I	C	C	B	C	C
SOUTH CAROLINA	F	A	F	I	I	I	C	F	F	D	D	C	F	C+	I	B	B	C	D	D
SOUTH DAKOTA	C	A	F	B	B	C	D	C-	C	C	B	D	F	C	C	C	C	I	I	C
TENNESSEE	C+	A	I	I	B	C	D	D	D	I	I	C	F	C-	I	C	D	C	C	C-
TEXAS	C+	D	A	I	C	C	B	D	F	B	D	C	F	C+	I	B	C	B	C	C
UTAH	C	F	D	B	B	C	B	C-	C	B	C	C	F	B	C	B	B	A	B	C+
VERMONT	C	D	C	B	B	C	C	C-	D	I	A	C	F	C	B	C	D	B	D	C
VIRGINIA	C	C	D	C	B	C	C	D	D	C	F	C	F	B-	B	B	C	B	C	C-
WASHINGTON	C	D	F	C	B	C	B	C-	C	B	D	C	F	B-	A	B	B	B	D	C
WEST VIRGINIA	D	B	D	C	C	D	F	D	F	B	C	I	F	C-	C	F	F	B	B	D
WISCONSIN	B-	A	D	I	B	B	C	C-	C	B	C	C	F	B-	I	B	B	B	C	C+
WYOMING	F	F	F	I	C	C	F	C+	B	A	C	C	F	C+	I	C	C	A	C	C-

# Grading Scale

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## METHODOLOGY

Oral Health America gathered available public health information to develop the database for this report card. The most recent primary data sources possible were used. Whenever possible, centralized data sources from the Centers for Disease Control and Prevention, including oral health modules of the Behavioral Risk Factor Surveillance System, were utilized. State data were obtained from state dental directors whenever possible. Information was also obtained through reports of the Surgeon General, the Government Accounting Office, Campaign for Tobacco Free Kids, and the North American Association of Central Cancer Registries.

The grades scales are based upon both obtainable and desired levels of achievement for oral health. As indicated below, the national means for some categories are the basis for the measurement criteria. For other categories, a threshold is used to establish levels aimed at achieving optimal oral health.

The specifics for each category are:

## PREVENTION

### FLUORIDATION

Percentage of U.S. Public Water Supply Population Using Fluoridated Water

- A = 90% +
- B = 80 - 89%
- C = 65 - 79%
- D = 50 - 64%
- F = 0 - 49%

### STATE ORAL HEALTH PROGRAM

Grades are based upon size and scope of programs. Minimal requirements for a passing grade include having a dental director.

### SEALANTS

Sealants are vital in preventing cavities, especially in young people. This category measures the percentage of children with one or more dental sealants. The collection of more consistent data on a national basis would enhance efforts to track this important category.

- A = 70% +
- B = 69 - 50%
- C = 49 - 39%
- D = 38 - 14%
- F = 13 - 0%

# Grading Scale Continued

## VISITS TO DENTISTS

Dental visits are vital to maintaining and preventing good oral health. Although every person is supposed to have a check-up with their dentists every six months, many people do not even make a visit once a year. This category measures the number of individuals, both adults and older persons, reporting a visit to the dentist or dental clinic in the past year.

<i>Adults</i>	<i>Older Persons</i>
A = 100 - 80%	A = 100 - 80%
B = 79 - 66%	B = 79 - 66%
C = 65 - 51%	C = 65 - 51%
D = 50 - 40%	D = 50 - 40%
F = 39 - 0%	F = 39 - 0%

## USE OF SMOKELESS TOBACCO

The use of smokeless tobacco can lead to a life-long addiction to nicotine. This category measures the percentage of high school males who use smokeless tobacco products.

A = 0%
B = 1 - 10%
C = 11 - 19%
D = 20 - 29%
F = 30% +

## ACCESS TO CARE

### PREVALENCE OF DENTISTS

An adequate number of dentists to serve the population of each state are key to providing access to oral health care. The following scale, based upon the ratio of dentists to the state population, provides the basis of measurement for this grading.

A = 1 : 500
B = 1 : 501 - 999
C = 1 : 1,000 - 1,600
D = 1 : 1,601 - 1,999
F = 1 : 2,000 +

### PREVALENCE DENTAL OF CLINICS

The availability of dental clinics is critical in measuring a state's ability to provide care for those who have no other means of obtaining care. For this category the number of community-based, low-income dental clinics is compared to the population of each state.

The result is a ratio of number of people to one clinic.

A = 1 : 99,999
B = 1 : 100,000 - 500,000
C = 1 : 500,001 - 999,999
D = 1 : 1,000,000 - 2,999,999
F = 1 : 3,000,000



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### **MEDICAID DENTAL PROGRAM**

Access to the Medicaid Dental Program in each state is based upon the percentage of dentists accepting Medicaid reimbursement. Understanding that this is directly connected to providing dentists a fair level of compensation for services, grades were increased for higher levels of reimbursement in each state. An additional factor taken into account for this category is the Medicaid dental coverage provided for adults in each state. The level of the existing program, indicated as full, partial, or none, either raised or lowered this grade.

A = 90% +

B = 89 - 79%

C = 78 - 50%

D = 49 - 31%

F = 30 - 0%

### **DENTAL INSURANCE STATUS OF ADULTS**

Private medical insurance is the gateway to care for most Americans. This scale measures the percentage of adults, 18 and over, in each state without dental insurance.

A = 0 - 25%

B = 26 - 36%

C = 37 - 49%

D = 50 - 59%

F = 60% +

### **DENTAL INSURANCE STATUS OF ELDERLY**

Older people often have special oral health needs. As Medicare does not provide dental coverage, this measure examines the percentage of people age 65 and over without dental insurance.

A = 0 - 25%

B = 26 - 36%

C = 37 - 49%

D = 50 - 59%

F = 60% +

# Grading Scale Continued

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## HEALTH STATUS

### ORAL HEALTH OF CHILDREN

Good oral health begins at birth. Proper steps taken early on can ensure a lifetime of positive oral health for each person. However, too often poor dental habits begin in childhood with the pattern continuing to old age. The Oral Health of Children category measures the percentage of children with one or more cavities.

A = 0 - 35%

B = 36 - 46%

C = 47 - 59%

D = 60 - 69%

F = 70% +

### ADULT TOOTH LOSS

Adult tooth loss is a major indicator of a lifetime of poor oral health. This scale is based on the percentage of adults, 18 and older, having lost six or more teeth.

A = 0 - 6%

B = 7 - 17%

C = 18 - 23%

D = 24 - 34%

F = 35% +

### EDENTULOUS ELDERLY

This scale measures the percentage of people 65 and older without any natural teeth.

A = 0 - 14%

B = 15 - 22%

C = 23 - 33%

D = 34 - 44%

F = 45% +

### ORAL CANCER RATES

Based upon the mean for each sex in all 50 states and the District of Columbia, the following scale measures mouth and throat cancer incidence rate per 100,000 people based upon data from the North American Association of Central Cancer Registries.

*Male*

*Female*

A = 0 - 11

A = 0 - 3.8

B = 12 - 14

B = 3.9 - 4.8

C = 15 - 17

C = 4.9 - 5.9

D = 18 - 21

D = 6 - 6.9

F = 22 +

F = 7 +



