

Statement of

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Forum: Senate Special Committee on Aging
“Ageism in Health Care: Are Our Nation’s Seniors Receiving Proper Oral Health Care?”

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Chairman Craig, Senator Breaux, and distinguished Members of the Senate Special Committee on Aging, good afternoon. My name is Robert Klaus, and I am the President and CEO of Oral Health America, the nation’s only independent organization devoted to oral health. Our mission is to raise awareness of oral health’s importance to total health. I join my colleagues in the oral health community today to put the oral health of older Americans on the radar screen.

I wish to thank the Committee for bringing this important, but overlooked health issue to the table. Oral health and overall health have had separate chapters in our nation’s history for far too long. But keeping America healthy will require a more systemic approach. Oral health is a lifetime factor critical to overall health, and as we make decisions about the future of health care, oral health and oral health care must be included.

Good oral health care should begin at birth. This important component of health care should not—and cannot—end at retirement. Proper dental care must be a lifetime commitment. Unfortunately, for far too many older Americans, oral health care is a luxury. Too many of our “greatest generation” suffer from chronic oral pain and periodontal disease, severely limiting regular activities of daily living and impeding their independence. Neglect of oral health may

result in the deterioration of overall physical health. Lack of access to care for even routine dental cleanings and exams can exacerbate serious and complicated overall health problems that increase with age.

Limited access to oral health care poses one of the greatest crises for the health and well being of America's elderly. Oral Health America released a report today titled, "A State of Decay: The Oral Health of Older Americans," which grades states on oral health coverage for older adults. Our national grade is an embarrassing "D." A State of Decay reflects the poor condition of the oral health of older Americans, a state in which approximately one out of every three have no teeth. This report card reflects a misguided system of care that would more readily commit an older person to a nursing home than provide cost-effective routine dental care that would help some continue to live a healthy, independent life.

Why are we doing so poorly? There is, to begin with, the problem of insurance, or more precisely, the lack of insurance.

Less than 20 percent of Americans 75 and older have any form of private dental insurance. Medicare and Medicaid are of no and little hope respectively. Not one older American receives routine dental care under Medicare. Under Medicaid, adult dental care is optional and 27 states are failing to meet even the most minimal standards of care. Often enough, the first casualty of tough times for state governments is the oral health provisions of Medicaid. This year, we have seen a continued erosion of adult Medicaid dental benefits, most recently highlighted by Michigan's decision to cover emergency benefits only. Medigap, used by some older Americans as a supplemental insurance to Medicare, is an expensive cavity when it comes to dental coverage.

Older adults experience the cumulative toll of oral diseases over their lifetime. This results in extensive oral disease. Surveys have shown that nursing home residents with teeth suffer particularly from untreated tooth decay and gum disease, while those without teeth also have a variety of oral health problems. Medications often adversely affect oral health as well.

Some older Americans—especially those with special needs, the frail, and those classified by the Social Security Administration to be aged, blind and disabled—are often plagued with challenging oral health needs. Being disabled, medically compromised, homebound, or institutionalized increases the likelihood of serious dental problems and limited access to dental care. Our national grade may be a “D” for older Americans overall, but when it comes to caring for vulnerable populations the country is flat out failing. Fourteen states and the District of Columbia received F’s for older adult dental coverage and 29 others received D’s. The highest grade was only a C+, shared by California and New York.

In addition to financial barriers, there is a constellation of problems, including the distribution and supply of oral health practitioners, administrative and bureaucratic barriers and the cluster of issues around scope of practice.

Lack of access to oral health care is compounded by a shortage of skilled geriatric dental care professionals, part of a larger national shortage of geriatricians described to the U.S. Senate Special Committee on Aging by the Alliance for Aging Research in their report, *Medical Never-Never Land*. Just finding a dentist can pose a considerable challenge for older Americans and those with a disability. The good work of community health centers is limited to providing preventative and basic dental care to only about one-in-twelve patients who are fortunate enough to have access to such a facility. In many states that provide a dental benefit, reimbursement rates are too low to attract a sufficient number of dentists willing to treat Medicaid patients. The

challenge of finding a dentist in a nursing home is a systematic nightmare, despite an existing federal mandate and standards of care.

Unmet oral health needs for older adults continue to grow. According to the American Dental Association, oral health needs eclipse those of medicine and surgery by over 50% (JADA, June 1998). Oral Health America anticipates that this situation is going to worsen appreciably in the foreseeable future.

Ageism has played a subtle but compelling role in limiting access for older Americans. Many government initiatives and policy solutions in oral health have focused children. At the state level, expanded Medicaid, SCHIP, and EPSDT services have provided more opportunity for low-income children to see a dentist, and receive the routine and preventive care they need. Children's oral health has been the focus of well-crafted national legislation.

But it has been harder to engage people on the oral health of older adults. Why? There very well may be a societal acceptance that senior citizens do not need their teeth, or can or should have a healthy mouth. Vulnerable older adults are not always the best self advocates. Oral health is at best a secondary health consideration by caretakers, and when no insurance coverage exists to provide even basic procedures, when there's no infrastructure to support routine and preventive care, millions suffer in silence.

This forum is a major step in overcoming perhaps the greatest barriers to improved oral health: silence and indifference. Former U.S. Surgeon General Dr. David Satcher has called the oral health crisis a "silent epidemic." This forum and the good work of this Committee, Senator Breaux and other leaders are positive steps in finding solutions.

Yet, it's not just legislators who are unaware of this problem. The Frame Works Institute (December 1999) put it more baldly and boldly: "You cannot solve a problem that is not

perceived to exist by the public. To say that this issue has not emerged in public discourse is to greatly understate the issue; it is invisible.”

Emergent in this vacuum of silence and visibility is a failure of imagination and leadership for which we must all be held to account, both as representatives of organizations or institutions that can do something about it, and as individuals as well.

For me, the silence of this epidemic was broken almost 15 years ago when I would visit my late father, an Alzheimer’s victim, in the nursing home. It was enough to bear the twilight of his personality and identity without having it so graphically manifest in a mouth that expressed pain even as it spoke of indignity.

Despite America’s improving oral health, it is likely that all of us have been touched by the unmet oral health needs of a family member, friend, colleague, or acquaintance. I ask you to keep those stories, and the stories you will hear today from Dr. Greg Folse close at hand as we consider solutions to problems of access to oral health for our nation’s elders.

Prevention plays a significant role in keeping Americans healthy and happy, but we must also recognize that unmet treatment needs of our population are not going to go away, and are costing the country billions of dollars annually. The price to fix them is relatively small, and well within our capabilities.

Thank you for your time.