

Dental is Fundamental—Ensuring the Smiles of All New Yorkers

Good oral health is essential for a healthy life.

Healthy teeth are essential for good overall health. Poor oral health causes pain and missed days of work for adults and missed days of school for children.

Is tooth decay really a problem?

Yes. Tooth decay remains the most common chronic childhood disease in America.¹

What's happening in New York?

51% of New York adults said that they have lost one or more teeth to decay or gum disease and one in four third-graders has untreated decay.^{2,3} Children from low-income families in New York State are more likely to have untreated decay than their more well off peers. 61% of children on Medicaid were not able to see a dentist in 2012.⁴

What are the costs associated with tooth decay?

Poor oral health has human, financial, and social costs. Treatment costs for children who had extensive decay totaled \$31 million in one year alone.⁵ Young children suffering from this type of severe decay may have problems with speech development and transitioning to solid foods. A 2010 study found that Medicaid enrollees in less fluoridated counties of New York needed 33% more fillings, root canals, and extractions than those in counties where fluoridated water was much more prevalent.⁶ Currently less than 50% of residents in upstate New York have access to fluoridated water.

What are some options for preventing decay?

Unlike many diseases, tooth decay is preventable. Here's a comparison of costs for a few different prevention strategies:

- ▶ Community water fluoridation: 72 cents per child per year;
- ▶ School-based fluoride rinse programs: \$1.41 per child per year;
- ▶ School-based programs providing fluoride supplements: \$3.52 per child per year;

- ▶ Fluoride toothpaste: \$6–\$12 per child per year;
- ▶ Prescribed fluoride supplements: \$37 per child per year;
- ▶ Professionally applied fluoride gel (for older children): \$66 per child per year;⁷ and
- ▶ Professional applied fluoride varnish (for children ages zero to seven): up to \$120 per child per year.⁸

Recommendation: Invest in preventing decay now to help reduce costs later.

Prevention is the best medicine. Stopping decay before it starts will help reduce costs for the State, individuals and families.

Endnotes

¹ “Hygiene Related Diseases”, Centers for Disease Control and Prevention, accessed February 4, 2014, http://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html.

² New York State Department of Health, Behavioral Risk Factor Surveillance System, “Prevalence of Tooth Loss by Race/Ethnicity, Education, Income and Age”, 2010.

³ New York State Department of Health, 2012 NY Oral Health Surveillance Project.

⁴ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, *Annual EPSDT Participation Report, Form CMS-416 (State) Fiscal Year: 2012*, Accessed January 31, 2014. Analysis by the Pew Charitable Trusts.

⁵ S. Nagarkar, J. Kumar, M. Moss. (2012) Early Childhood Caries-related Visits to Emergency Departments and Ambulatory Surgery Facilities and Associated Charges in New York State. *Journal of American Dental Association*, 59-65.

⁶ Kumar J.V., Adekugbe O., Melnik T.A., “Geographic Variation in Medicaid Claims for Dental Procedures in New York State: Role of Fluoridation Under Contemporary Conditions,” *Public Health Reports*, (September-October 2010) Vol. 125, No. 5, 647-54.

⁷ Centers for Disease Control and Prevention. “MMWR: Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States.” August 17, 2001. Accessed November 5, 2012 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>.

⁸ New York's Medicaid Agency will reimburse providers \$30 for up to four fluoride varnish applications in one year, from ages 0 to 7. October 1, 2009. Access February 21, 2014 from http://www.health.ny.gov/health_care/medicaid/program/update/2009/2009-09.htm#den.