

Access to Oral Health Care

Whereas, oral health is an important part of overall health and well-being throughout life and dental caries (tooth decay) is the single most common chronic childhood disease; and

Whereas, the US Surgeon General's Report on Oral Health, states that tooth decay, although preventable, is a chronic disease impacting children's ability to learn, speech development, eating habits, activities and self-esteem; and

Whereas, among adults, diet, nutrition, sleep, psychological status, social interaction and career achievement are affected by impaired oral health. Acute dental conditions contribute to a range of problems for employed adults, including restricted activity, sick days and work loss; and

Whereas, dental disease is not uniformly distributed in North Dakota:

- Minority children have more untreated tooth decay and urgent dental needs.
- Native American children experienced more dental caries (81% vs. 49%) than whites and also had more untreated dental decay (39% vs. 17%).
- Children in rural areas have more untreated tooth decay compared to children in urban areas (28% vs. 17%).
- Children in schools with high rates of poverty were more than twice as likely to have untreated tooth decay (32% vs. 15%) In 2011, only 28.6 percent of North Dakota children on Medicaid age 1-20 received preventive dental services and only 15.2 percent received any dental treatment services
- More than one-fourth (29%) of ND adults had not visited the dentist within the past year and nearly one-fifth (19%) of adults age 65 and older had lost their natural teeth due to tooth decay or gum disease and

Whereas, oral health care is not universally available for all populations in North Dakota and many individuals, including older adults, populations of lower socioeconomic status, racial, cultural or linguistic minorities, migrant workers, people with special health care needs, rural populations, homeless individuals and very young children; and

Whereas, numerous barriers exist that prevent access to oral health care, including:

- Lack of knowledge,
- Cultural values and beliefs.
- Inability to take time off from work,

- Lack of transportation and dental insurance
- Lack of available providers, providers that accept Medicaid insurance, public health programs and community health centers that provide dental services,
- Underutilization and underfunding of federal and state oral health programs, and
- A state dental practice act that restricts scope and practice for allied dental health professionals; and

Whereas, more than one-fourth of North Dakota Counties are designated as Dental Health Professional Shortage Areas (HPSAs); and

Whereas, all individuals should have access to needed oral health prevention and treatment services.

Therefore, be it resolved that the North Dakota Public Health Association supports policy efforts to:

- Build an effective health infrastructure that meets the oral health needs of all North Dakotans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services
- Promote medical dental collaboration to improve oral health.
- Expand the scope of practice to allow dental professionals to practice to the full extent of their education and training.
- Develop and implement new innovative workforce models and effective programs to expand access to oral health services that can reduce disparities.
- Adequately fund public programs to allow equitable access to services.

Signed:	
---------	--

References

Surgeon General's Report on Oral Health 2000. http://www.surgeongeneral.gov/library/reports/

North Dakota Oral Health Program, http://www.ndhealth.gov/oralhealth/

Oral Health in North Dakota Burden of Disease and Plan for the Future 2012 – 2017, http://www.ndhealth.gov/oralhealth/Publications/2012-2017 Oral Health State Plan.pdf

ND Area Health Education Center http://www.ndahec.org/

Health Resources and Services Administration. State Health Professions Shortage Areas http://hpsafind.hrsa.gov/HPSASearch.aspx