



**TESTIMONY TO: SENATE COMMITTEE ON HEALTH AND WELFARE
JANUARY 24, 2019**

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**PRIMARY
HEALTH CARE
FROM
TRUSTED
FRIENDS**

Summary of Remarks Regarding Oral Health Concerns in Vermont

Dear Senators Lyons, Cummings, Ingram, and McCormack:

Thank you for this opportunity to provide testimony on this important issue. I have outlined below the remarks that I presented orally at the 1/24/2019 committee meeting.

Needs

Overall, the unmet oral health needs in our region can be categorized into 3 areas:

1. Access to dental services, especially for adults
2. Education/information and implementation of strategies aimed at prevention
3. Support for workforce to provide oral health and dental care

Costs of Poor Oral Health

Poor oral health has direct and indirect effects on physical and mental health, social and economic well-being, and the quality of life in general. Some of the more serious impacts that drive the costs of NOT addressing this issue include:

1. An increase in incidence and severity of chronic conditions, including mental health problems. New evidence also implicates gum disease as a risk factor for Alzheimer's disease.
2. Poor nutrition due to limited food choices
3. Poorer outcomes in pregnancy
4. An increase in visits to emergency departments due to dental pain
5. Opioid use for dental pain that has subsequently led to addiction to opioids
6. Decreased work productivity due to pain, absenteeism
7. Decreased employment options in a service economy due to poor dentition
8. Social isolation and feeling left out due to appearance

Barriers to Accessing Dental and Oral Health Care

The disparities between those with good oral health and those without are largely affected by income, and are driven specifically by:

1. Cost
2. Availability of dentists, especially those who accept Medicaid beneficiaries
3. Transportation problems
4. Lack of knowledge/information

Recommendations for Improvement

The following are in line with Healthy People and Healthy Vermonters 2020 goals:

1. Adopt a more integrated approach to dental/oral health care with medical services, for example, provide training to primary care and emergency department providers to enable them to be extensions of dental offices by offering nerve blocks and extractions in urgent cases.
2. Increase the dental benefits cap, or eliminate it entirely, for adult Medicaid beneficiaries.
3. If eliminating or increasing the cap on adult dental benefits is not immediately feasible, consider adopting a rolling 3-year benefit of \$1530 instead of the annual \$510.
4. Support the expansion of dental residency programs in the state.
5. Increase loan repayment opportunities for dental professionals.
6. Support community fluoridation efforts in municipalities with public water supplies and assist in testing well water for residents with private wells.
7. Expand Tooth Tutor programs across the state to prevent dental caries in the next generation by offering education, fluoride varnish, and dental sealants.
8. Support/promote behavioral health professionals in schools to, among many other benefits, address the self-esteem and anxiety issues that can be due to poor oral health, and in turn exacerbate it.
9. The two previous points in #7 and #8 will have the added benefit of providing role models in the schools that encourage students who might have an interest in health careers.

I realize that the legislature cannot address all of the above alone. But leadership and support are key elements to make the right things happen. Speaking at least from this health center, the health care community stands ready to partner with our state government to leverage the best of what we each have to offer.

Thank you again for listening. Feel free to contact me with questions. I look forward to hearing about next steps and assisting in solutions.

Sincerely,



Gail Auclair, MSM-HCA, BSN, RN
Chief Executive Officer

