



Impact of Poor Oral Health Care on Overall Health, Especially Among Adults With Disability

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The Problem

Lack of access to preventive oral health care among adults with disability can lead to poor overall health, increased risk for chronic disease, decreased quality of life, poor self-esteem, and greater pain and suffering.

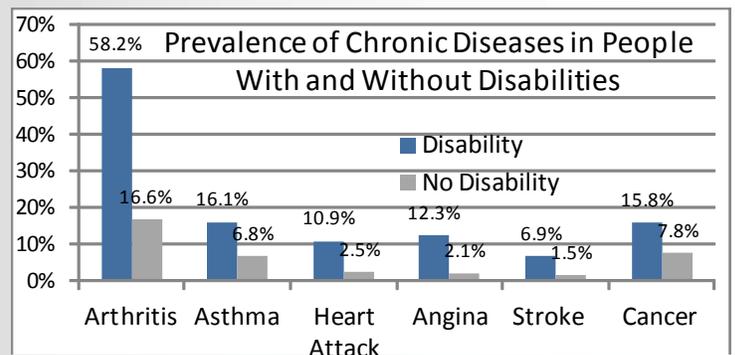
Preventive care can reduce the need for emergency care, thus reducing health care costs and increasing quality of life for persons with disability.

Background

Poor oral health can lead to increased risk for chronic diseases. Illinois residents with disability could be at even greater risk because they are less likely to visit the dentist than those without disability due to financial or other access barriers.

More than 1 in every 5 (21.1%) adults in Illinois has a disability ([ILBRFSS, 2012](#)). The prevalence of disability increases with age to 40 percent among those age 65 and older. According to the [2012 Illinois BRFSS](#), 57.7 percent of Illinois adults with disability visited the dentist within the past 12 months, compared to 69.5 percent of those without disability. Similarly, Illinois adults with disability are less likely to access oral hygiene services than those without disability. Only 59.4 percent of adults with disability had their teeth cleaned within the past 12 months, compared to 68 percent of those without disability.

As seen in the chart to the right, rates of chronic disease are higher among adults with disability than adults without disability. ([ILBRFSS, 2012](#)).



Research has indicated that periodontal disease increases the risk of heart disease and stroke, and scientists now believe that inflammation caused by periodontal disease may be responsible for the association. Respiratory diseases, such as pneumonia, may be caused by bacteria that grow in the oral cavity, especially in people with periodontal disease, being aspirated into the lungs. Cancer risk also may be increased. One study found men with gum disease were 49 percent more likely to develop kidney cancer, 54 percent more likely to develop pancreatic cancer, and 30 percent more likely to develop blood cancers ([American Academy of Periodontology](#)).

Why It Matters

Not receiving or delaying preventive oral health care can lead to serious oral health conditions that may need to be treated in the emergency department (ED). Preventive care is much less costly than emergency care and could lead to decreased health care costs, better health, reduced risk for chronic disease and better quality of life among persons with disability. In fact, according to the Illinois Primary Health Care Association, every averted dental-related ED visit saves approximately 10 times the cost of preventive care delivered in a dentist's office. ED treatment for dental complications averages \$6,498, compared to the cost of preventive care in a dentist's office that averages \$660 ([HealthSource, January 2014](#)).

Besides financial barriers, other barriers to receiving oral health care can include cultural, linguistic, and structural or physical barriers, as well as attitudes of the health care providers ([Dolan, et al, 2005](#)). A study completed by [Special Olympics](#) in 2005 found 52 percent of medical school deans, 53 percent of dental school deans, 56 percent of students and 32 percent of medical residency program directors responded that medical and dental school graduates were "not competent" to treat people with intellectual disability. A survey of dental school seniors in 2006 ([Chmar, et al](#)) found only 6.2 percent of graduating dental students reported they felt well prepared to treat patients with disability. Another study ([Dehaitem, et al](#)) found only 42 percent of dental hygiene programs required students to gain clinical experiences with patients with special needs.

Strategies

The following strategies may help increase access to oral health care for people with disabilities and reduce health care costs, improving health, preventing chronic disease and improving quality of life for persons with disability.

- Emphasize prevention throughout the life span for children and adults with disability.
- Coverage of adult oral health services under public and private health insurance plans is vital for maintaining health and preventing disease.
- Coverage levels need to be at an adequate level for the services provided. People with developmental disability often require advanced anesthesia care in the hospital to be safely treated.
- Establish funding options (grants or interest-free loans, for example) to enable dental offices to become physically accessible.
- Provide practicum opportunities for dental students and dental hygiene students to work with children and adults who have a variety of special health care needs and/or disabilities.