

Presentation made by Nancy Martin RDH MS, NH Division of Public Health Services, Oral Health Program Manager

- 163 school programs.
- Dental hygienists go into schools for sealants and preventive services like fluoride varnish.
- Two best evidence based prevention strategies are dental sealants and community water fluoridation.
- Community based programs. Supported by hospitals, FQHCs, or unaffiliated not for profits. Need to add new clinics in Bristol and Littleton to the map.
- 2014 data for 3rd graders shows 35% have decay experience; 8.2% have untreated decay, 32% have treated decay, 8% needed treatment and <1% with urgent dental needs. Overall the state is doing well. City of Nashua (17.3%), Coos (14%) and Strafford County (14.2) had greatest level of untreated decay.
- NH vs other states in the country. NH is in top 3, or at least top 5.
- Older adults - Dental disease among older adults is problem. 2014 assessment of 610 seniors in centers statewide found only 18.4% had insurance paying for regular care; 25.4% with untreated decay and 38 seniors with urgent needs; BEAS funded treatment via 5 Health Centers.
- ED data reviewed between 2001-07 showed only asthma outpaces dental care issues in state's ED's. Visits increased 47% over 7 years, costing \$26.9M.
- Medicare has no dental benefit
- Veterans have no dental benefit outside hospitals
- Medicaid has only a limited benefit - extraction/ relief of pain and infection,
- Challenges: Coverage. No Medicaid, no Medicare, no Veterans benefits
- Limited public transportation,
- Dental visits to Emergency Departments: only asthma outpaces dental visits to NH hospital EDs; most frequent users are self-paying adults 25-44; between 2001-2007, 47% increase in dental visits
- Few dentists to treat people with disabilities
- Few dentists speak other languages than English