

# Equipping Texas Faith Communities for Oral Health Leadership

a policy primer and planning guide by Texas Impact

Oral health is part of overall human health. As such, it is a concern for faith communities. Congregations wishing to impact health and health care in their local communities should consider engaging oral health, including:

- Learning about their county's oral health profile.
- Meeting with public officials to learn about local oral health programs.
- Assessing the congregation's existing ministries and capacities to identify possible points of attachment with oral health.
- Setting goals for congregational impact.



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Oral health is a serious, often overlooked area of health disparities. As is typically the case with disparities in human needs, faith communities often assist in providing services to individuals with unmet needs on an ad hoc basis—either directly through volunteer work or indirectly through funding of providers like clinics.

However, most faith communities provide this assistance without gaining understanding of underlying systemic issues. In the parlance of mainstream faith communities, the distinction between ad hoc provision of services and advocating for systems change is referred to as “charity versus justice.”

With respect to oral health, the distinction between charity and justice is amplified because oral health is a determinant of so many other disparities, ranging from educational attainment and employability to longevity and lifelong health status. Addressing disparities in oral health could reduce other disparities that are more costly and complex to remedy, so oral health disparities are

an issue of both justice and resource stewardship.

## Oral Health in Texas

Children in Texas experience tooth decay and dental problems at elevated rates compared to the rest of the nation. Rates of adult oral health problems in Texas more closely resemble national averages, but still reflect a great burden of chronic or severe oral health deterioration with age. More than half of Texans age 45-64 have had tooth loss due to oral disease, and about one in eight Texans age 65 and older have none of their natural teeth remaining.

Lack of access to care is one major factor in poor oral health outcomes. Texas has the highest health uninsured rate in the nation (17%) and the dental uninsured rate, while not publicly tracked, is almost surely higher. Forty percent of the nation’s dental care is financed out-of-pocket, yet one-third of Texas households earn incomes at or near the federal poverty level. Families who lack the resources to meet their basic needs are unlikely to be able to bear the full cost of dental services.

Texas’ oral health burden splits unevenly across urban/rural and border/non-border regional divides. Rural and border regions are home to high proportions of low-income and food insecure populations, with adult health uninsured rates as high as 42% in the border regions.

While 81% percent of Texas children ages 1-17 have made a dental visit in the past year, only 69% of children in Texas’ Medicaid and CHIP programs make annual dental visits. This is the highest rate of any state in the country, which should make Texas proud, but considering that the state is covering dental care



for all Children's Medicaid and CHIP recipients, utilization should be higher. Children's oral health is a factor not only of their own insurance status, but also their parents': a recent study in Colorado found that that state's new law providing dental coverage to low-income parents ended up also improving their children's dental health.

Children whose parents or caregivers received oral health care:

- Are more likely to have excellent, very good or good teeth.
- Are more likely to have seen a dentist for preventive care in the past year.
- Are less likely to delay or go without needed dental care.

In addition to lack of insurance and lack of parental leadership, four other factors have been identified as major drivers of oral health in Texas.

1. Lack of fluoridated water.
2. Food insecurity.
3. Use of tobacco, alcohol, and opioids.
4. Consumption of sugary drinks.

While use of intoxicants and consumption of sugary drinks are largely personal choices, fluoride and food security involve community policy decisions. Therefore, it is especially important for local faith communities and their members to understand these issues and to advocate for policies that support oral health.

## Lack Of Fluoridated Water

Community water fluoridation is the process of adjusting the amount of fluoride found in water to

**Because of its contribution to the dramatic decline in tooth decay over the past 70 years, the Centers for Disease Control named community water fluoridation as 1 of 10 great public health achievements of the 20th century.**

achieve optimal prevention of tooth decay. Although other fluoride-containing products, such as toothpaste, mouth rinses, and dietary supplements are available and contribute to the prevention and control of tooth decay, community water fluoridation has been identified as the most cost-effective method of delivering fluoride to all, reducing tooth decay by 25% in children and adults. Fluoride benefits both children and adults. For young children, fluoride helps strengthen the adult (permanent) teeth that are developing under the gums. For adults, drinking water with fluoride supports tooth enamel, keeping teeth strong and healthy.

Community water fluoridation saves teeth, and it also saves money both for families and for the whole health care system. According to the Texas Health Institute, community water fluoridation costs Texas communities less than a dollar per person, while the return on investment is about \$38 in savings for every dollar invested.

The United States has a national goal for 80% of

## What is Fluoride and How Does it Help Our Teeth?

Source: *Centers for Disease Control*

The mineral fluoride occurs naturally on earth and is released from rocks into the soil, water, and air. All water contains some fluoride. Usually, the fluoride level in water is not enough to prevent tooth decay; however, some groundwater and natural springs can have naturally high levels of fluoride.

Fluoride has been proven to protect teeth from decay. Bacteria in the mouth produce acid when a person eats sugary foods. This acid eats away minerals from the tooth's surface, making the tooth weaker and increasing the chance of developing cavities. Fluoride helps to rebuild and strengthen the tooth's surface, or enamel. Water fluoridation prevents tooth decay by providing frequent and consistent contact with low levels of fluoride. By keeping the tooth strong and solid, fluoride stops cavities from forming and can even rebuild the tooth's surface.

Americans to have water with enough fluoride to prevent tooth decay by 2020, but in Texas rates of fluoridation actually have declined in the past five years. As of 2017, 19.4 million Texas residents receive fluoridated water from their public water system, fewer than 69% of the state's population. Worse, this represents a decrease of 13% since 2014.

## Food Insecurity

Food insecurity refers to limited or unreliable availability of nutritious food. According to the Texas Health Institute, food insecurity is associated with poor oral health in children and adults, and children from food-insecure households have significantly higher rates of untreated dental caries and dental pain resulting from caries. Not surprisingly, these children also end up receiving more costly restorative dental services than children in food-secure homes.

Some of the link between food insecurity and poor oral health probably is simply lack of income, which leaves families both unable to afford food and also unable to afford dental care. However, other factors also revolve around types of food consumed. Low-income families may live in areas where fresh foods are not available ("food deserts"), and/or they may choose starchy, sugary foods because those foods are relatively cheap.

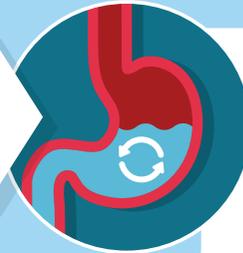
The federal government's most recent state-level data show that more than 14% of Texas households (one in seven) experienced food insecurity in the years 2014-2016. According to Feeding Texas, Texas was one of just fifteen states with higher food insecurity than the nation during this period. In raw numbers, 1.4 million Texas households were food insecure, more than almost any other state.

# How Community Water Fluoridation Prevents Tooth Decay

## For children



When children are young fluoride that is swallowed enters the bloodstream.



It combines with calcium and phosphate as the tooth is formed under the gums.

These teeth are more resistant to decay throughout childhood and the teenage years.



## For people of all ages



Fluoride in beverages and foods mixes with the saliva.

Saliva neutralizes acid produced by bacteria on teeth.



the fluoride heals the teeth and protects them from further decay.



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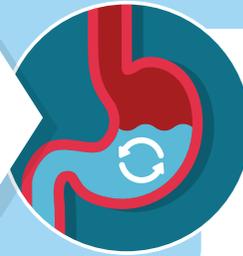
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# Como la Fluoración de la Agua Comunitaria Previene Caries Dental

## Para los niños



Cuando los niños son pequeños, el fluoruro que se toma penetra en el torrente sanguíneo.



Se combina con el calcio y el fosfato a medida que el diente está formando debajo de las encías.

Estos dientes son más resistentes a las caries durante toda la niñez y en los años de la adolescencia.



## Para las personas de todas las edades



El fluoruro en las bebidas y los alimentos se mezcla con la saliva.

La saliva neutraliza el ácido producido en los dientes por las bacterias.



El fluoruro fortalece los dientes y los protege contra futuras caries.

[ILikeMyTeeth.org](http://ILikeMyTeeth.org)

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# Texas Oral Health Fast Facts

- ❶ Tooth decay is the most common chronic disease of children and teens—and even more common than asthma.

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- ❷ Young children with a lot of cavities generally need to be treated under general anesthesia in hospital operating rooms. Data shows this kind of hospital treatment costs between \$5,000 and \$15,000 per child.

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- ❸ Texas is one of only 13 states that limit adults' Medicaid dental coverage to only emergency care, meaning low-income adults aren't covered if they need to get a cavity filled or to fix a chipped or cracked tooth that was caused by an accident.

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- ❹ By the time U.S. children reach the 3rd grade, roughly half of them have had at least one cavity. But in Texas, two-thirds of kids have had a cavity by this point.

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- ❺ In a 2015 survey, 3 in 10 low-income adults in Texas said the condition of their teeth and mouth affects their ability to interview for a job.

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- ❻ Research shows that children with poor oral health are nearly 3 times more likely than their peers to be absent from school. And teens with poor oral health are 4 times more likely to earn below-average grades.

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- ❼ Gum disease during pregnancy may be linked to low-birthweight babies and other adverse birth outcomes. Yet only 1 in 9 Texas women have a dental visit during pregnancy.

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- ❽ During a two-year period, more than 9,400 soldiers had dental emergencies that delayed or disrupted their deployment in Afghanistan. The Defense Department identified tooth decay as “a significant reason” why some military personnel are non-deployable.

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- ❾ Health economists found that adults with better oral health earn 2% more than their peers—and the wage “bump” is even higher for women.

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- ❿ Children with cavities in their baby teeth are 3 times more likely to develop cavities in their permanent (adult) teeth.

Source: Children's Dental Health Partnership and Texas Health Institute

# Becoming an Oral Health Leader in Your Community

The following pages are designed to guide a congregation through a research and discernment process toward the goal of making a positive impact on oral health in the local community. This work planning document could be used by a whole congregation, or by a subgroup like a women's circle or youth group. It could also be helpful for school groups, civic clubs, or other local groups.

## STEP 1 Analyze Your Local Context

What are conditions like in your community with respect to oral health? Divide up the research among members of your group and develop a snapshot to guide your work.

### **1. Using the Texas Health Institute's "Oral Health In Texas" report, what are the current oral health statistics for your county and region?**

- What percentage of your county's population is on Medicaid or CHIP?
- What is the biggest socioeconomic factor affecting your county?
- What is the biggest risk factor affecting oral health in your county?
- What statistics or key points stand out as particularly important to your community?

### **2. Interview local leaders about oral health needs and programs in the community.**

#### **Health Department Officials**

- Is your community's water fluoridated? If not, what are the obstacles preventing it?
- What programs and services are available in the community to make dental care accessible to individuals without insurance or with other special circumstances?
- Describe any preventive dental health outreach programs available in the community, such as a mobile dental screening program.

### **Local Hospital Staff**

- How significant a factor are oral health emergencies in the emergency room?
- Describe the ways the hospital has help those without insurance. (Such as sliding scale fees)
- What opportunities exist for community volunteers to help improve conditions for those affected by oral health struggles?

### **School District Officials**

- Describe any oral health programs that the school district runs or participates in.
- How significant are oral health issues for the children in the school district?
- What opportunities are there for community volunteers to help improve oral health conditions for children?

### **Area Agency on Aging or Other Senior Resource Staff**

- How significant are oral health concerns for seniors in the community?
- What opportunities are there for community volunteers to help improve oral health conditions for seniors?

### **Workforce Development Board Officials**

- To what extent has oral health come up as an impediment to employment or a barrier to hiring for job-seekers in the community?
- What opportunities are there for community volunteers to help improve oral health conditions for those who are struggling with unemployment?



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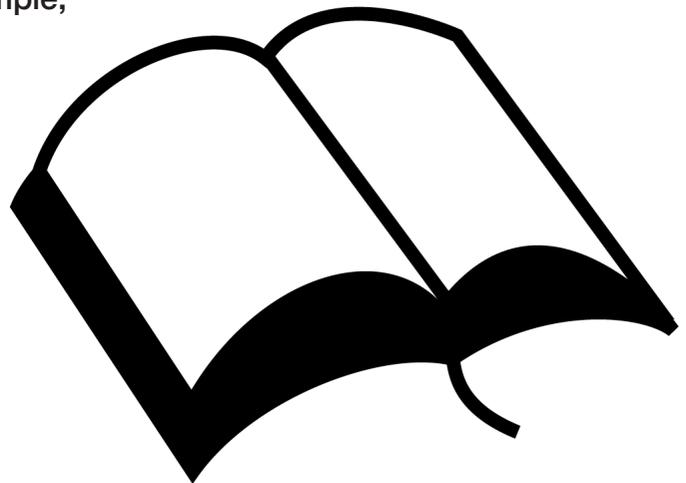
## STEP 2

### Examine Your Faith Teachings and Current Ministries

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After your group has prepared a snapshot of the oral health conditions in your area, you should consider what guidance your faith tradition offers, as well as making an inventory of current ministries and expertise within your congregation.

- 1. What does your faith tradition or denomination say about oral health? (This may be in the context of broader statements about human health.)**
- 2. In what ways does your congregation support oral health? For example, do members of your congregation volunteer with a dental mission, or does your congregation financially support a clinic?**
- 3. In what ways might your congregation's mission statement guide your actions and programs in regards to oral health? For example, does your mission include a focus on a particular population?**
- 4. What programs that might interact with oral health does your faith community support/engage in? For example, do you operate or help staff a food pantry?**
- 5. Are any members of your congregation, church, or faith community oral health providers?**
  - Dentists
  - Dental hygienists
  - Orthodontists
  - Oral Surgeons
  - Other



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## STEP 3

# Plan for the Future

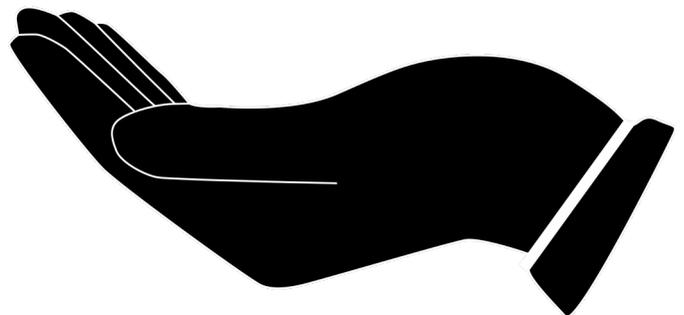
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Finally, based on the resources of your congregation, your mission goals, and the needs of your local community, identify one or more activities you can undertake to support oral health. For example:

- Provide congregational support or raise money for local charitable oral health programs.
- Hold a supply drive or putting together dental hygiene kits to give out to your community.
- Volunteer at a local clinic.
- Survey clients of your existing outreach programs, such as a food pantry, about how oral health affects their daily lives and what challenges they face to getting dental care. Share those results with local leaders and service providers.
- Advocate for fluoride in the community water. If it is already there, educate the community on why it is important.
- Consider providing transportation to and from oral health appointments.
- Consider providing scholarships for oral health appointments and procedures.
- Advocate for dental insurance for adult Medicaid recipients.

To help ensure your project or program is a success, consider the following questions as you move toward implementation:

- Who in your faith community can be set as the primary contact/coordinator for your plan?
- How much money will you need to budget for this plan?
- Does an event need to be scheduled?
- How will you maintain records of your program/actions?



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