The US is graying. We are often reminded that this oncoming gray tsunami will impact the US in a multitude of ways, affecting nearly every aspect of our economy, social programs, and public health. As US residents age and live longer, we will live with more chronic health conditions and require more care. Currently, 85% of older adults in the US have a chronic disease and 3 of every 5 have 2 or more chronic conditions. Moreover, our lifelong exposures to the ongoing, negative influence of a variety of health determinants and risk factors will exacerbate these conditions. Poor oral health and living with chronic diseases are frequently interrelated because of shared risk factors, similar social determinants, and familiar economic barriers to accessing care. The study by Chamut and colleagues is an important reminder to all of us of this connection, the disproportionate prevalence experienced by older adults, and why we must work toward correcting an inequity that has stood since 1965.

Medicare was implemented in 1965 to provide universal health coverage to older adults, facilitating access to health care for many who were unable to acquire health insurance because the US health insurance market was mainly connected to employment status. Dental insurance is also tightly linked as an employer benefit. However, there is no universal dental coverage for Medicare beneficiaries. The lack of access to affordable dental coverage for older adults stands in stark contrast to the youth in the US, and the resulting oral health outcomes are predictable.

More than half of older adults have no dental insurance, while at least 90% of children have coverage through a patchwork of private and public insurance plans. This is juxtaposed to out-of-pocket dental expenditures that have been decreasing for children but increasing for older adults over the past 2 decades. Interestingly, policy actions requiring the expansion of dental insurance coverage in the 2000s for children have helped to engineer historic declines recently observed in untreated dental caries among children, including those living in poverty. More importantly, decades-long disparities for untreated caries have been significantly reduced or eliminated in some cases for most children. However, during the same timeframe, the prevalence of untreated oral diseases has remained high among older adults, with substantial disparities persisting, especially among older adults living in poverty.

Chamut and coauthors reported that among 6 dental problems assessed among Medicare beneficiaries living in nursing homes, prevalence rates were significantly higher for all 6 problems among those living in rural communities compared with those in urban areas. It is well known that significant health disparities exist between rural and urban residents, and this could be associated with higher rates of smoking, hypertension, obesity, and poverty, coupled with lower rates of health insurance coverage and health care unavailability among rural residents. These risk factors and social determinants are substantially associated with chronic diseases. The study by Chamut et al also informs us that Medicare beneficiaries with more chronic diseases were more likely to experience complete tooth loss, intraoral ulcers and lesions, problems with their dentures, oral pain, and difficulty chewing. There is an important association between tooth retention and overall health. As older adults age, the more teeth they retain, the less likely they are to have adverse health outcomes.

During the past 25 years, our understanding of the association between oral health and overall health has significantly evolved. For several decades prior to the beginning of the 20th century, we generally believed that oral infection was mostly a localized concern (except with diabetes and periodontitis), and from a public perspective, good oral health was equated to having healthy teeth. In 2000, the US Surgeon General released an Oral Health in America report, which presented
emerging evidence advocating that oral health was more than just healthy teeth but integral to overall health. The report suggested that poor oral health, mainly periodontal disease, was associated with cardiovascular diseases, some respiratory diseases, and adverse birth outcomes. More than 20 years later, an updated Oral Health in America report, which was initiated by the US Surgeon General and published by the National Institutes of Health, has substantially strengthened our understanding of the connection between oral health and overall health. Today, we know that poor oral health is associated with more than 57 systemic conditions, and the evidence continues to grow.

The provision of dental care in the US has been separated from medical care since the founding of the first dental schools more than 150 years ago. Consequently, policy initiatives affecting financing, education, and research activities around oral health have also largely been compartmentalized. While there have been substantial advances in the provision of dental care, driven by scientific and technological advances during the past few decades, important oral health disparities persist, with this persistence often fueled by challenges people encounter with accessing dental care.

As US residents age, rates of untreated oral diseases among older adults will remain high and oral health disparities will continue to exist, possibly increasing among the oldest demographic groups unless we can implement processes that substantially improve access to dental care. Improving access to care can also facilitate care coordination across the medical-dental divide, favoring interprofessional approaches to the management of many diseases, especially for the older adult with a medically complex condition. As Chamut and coauthors have suggested, the high prevalence of dental problems among Medicare beneficiaries living in nursing homes should be addressed to improve their overall health and well-being. Incorporating a dental benefit into Medicare could be a mechanism to mitigate continuing and disproportionate challenges that most older Americans encounter with accessing dental care compared with medical care. Indeed, nearly 2 decades after guiding the release of the first Surgeon General’s report on oral health, David Satcher, MD, PhD, articulated the importance of implementing a dental benefit in Medicare to help older adults achieve better health. Lessening financial barriers that affect access to dental care, just as Medicare has for medical care, will advance health equity and improve quality of life for all older adults, redressing a problem that has existed since 1965.

ARTICLE INFORMATION
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