

Priscilla Peters; Manpreet Kaur; Sangeeta Gajendra, DDS, MPH, MS; Holly Widanka, MS; Deborah J. Ossip, PhD; Scott McIntosh, PhD
Department of Public Health Sciences, University of Rochester Medical Center, Rochester, NY, USA

BACKGROUND

- Despite the passage of the Affordable Care Act, Medicaid does not guarantee dental insurance coverage.¹
- For example, Tennessee's TennCare and Alabama's form of Medicaid do not cover any dental care.¹
- Preventive approaches to protect oral health are essential, particularly for those with limited access to dentists.
- One evidence-based strategy to support oral health is smoking and vaping cessation.²
- Tobacco product use and vape flavor inhalation are risk factors for oral health concerns, such as periodontitis and oral cancer.^{2,3}
- While use of traditional cigarettes is decreasing in the US, vaping is increasingly popular.⁴
- Education on the oral health risks associated with smoking and vaping is essential to motivate current users to quit.
- Identification of evidence-based information and cessation resources for dental, medical and self-referral is needed.

RESEARCH QUESTION

Do US Smokers' Quitline's "Quitsites" provide sufficient resources and information to support smoking/vaping cessation from an oral health standpoint?

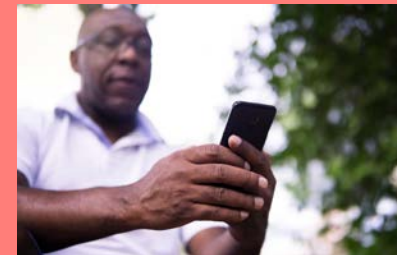
METHODS

- North American Quitline Consortium (NAQC) was used to locate state-level Quitline-associated "Quitsites".
- Each Quitsite was evaluated using an "audit checklist" to assess the presence, amount, and quality of information about the oral health risks of smoking and vaping, including vape flavors.
- Findings were re-examined to check for errors.

DISPLAY OF DATA

| State | Smoking | Vaping | Flavors | More info | State | Smoking | Vaping | Flavors | More info |
|-------|---------|--------|---------|-----------|-------|---------|--------|---------|-----------|
| AL | No | No | Yes | Yes | MT | Yes | No | No | Yes |
| AK | No | No | No | Yes | NE | No | No | Yes | Yes |
| AZ | Yes | No | No | Yes | NV | No | No | Yes | No |
| AR | No | No | No | Yes | NH | Yes | No | Yes | Yes |
| CA | No | No | No | Yes | NJ | Yes | No | No | Yes |
| CO | Yes | No | No | Yes | NM | No | No | No | No |
| CT | No | No | Yes | Yes | NY | No | No | No | Yes |
| DE | Yes | No | Yes | Yes | NC | No | No | No | Yes |
| FL | Yes | No | No | Yes | ND | No | No | No | Yes |
| GA | No | No | No | Yes | OH | Yes | No | No | Yes |
| HI | Yes | No | No | No | OK | Yes | No | Yes | Yes |
| ID | Yes | No | No | Yes | OR | No | No | Yes | No |
| IL | No | No | No | No | PA | Yes | No | No | Yes |
| IN | No | No | No | Yes | RI | Yes | No | No | Yes |
| IA | Yes | No | No | No | SC | Yes | No | No | Yes |
| KS | Yes | No | No | Yes | SD | Yes | No | Yes | Yes |
| KY | Yes | No | No | No | TN | Yes | No | No | Yes |
| LA | Yes | Yes | No | No | TX | Yes | No | No | Yes |
| ME | No | No | No | Yes | UT | Yes | No | No | Yes |
| MD | No | No | Yes | Yes | VT | Yes | No | Yes | Yes |
| MA | No | No | Yes | Yes | VA | No | No | No | No |
| MI | No | No | No | Yes | WA | No | No | No | No |
| MN | No | No | No | Yes | WV | No | No | No | Yes |
| MS | No | No | No | No | WI | No | No | No | Yes |
| MO | No | No | No | No | WY | Yes | No | No | Yes |

Table I. State Quitsite data are shown in the table above. The column with the heading "Smoking" displays whether or not a site mentioned the link between smoking and poor oral health, the "Vaping" column corresponds to the relationship between vaping and oral health, and "Flavors" is for vape flavors and oral health. "More info" indicates whether or not a site provided additional resources related to smoking, vaping, and/or oral health.



Supported by the National Cancer Institute (NCI) and the (FDA) #U54CA228110.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH or the FDA.

RESULTS

- 22 of 47 (46.8%) State Quitsites conveyed that tobacco use is associated with oral health concerns.
- Only 1 of 47 (2.1%) associated such concerns with vaping.
- 12 of 47 (25.5%) noted that vaping flavors can be hazardous to users. However, none indicated specific oral health concerns.
- Most states (n=35, 74.5%) provided links to outside resources containing more detailed information about tobacco use, including oral health concerns.

DISCUSSION

- State Quitsites in NAQC currently offer little information on the oral health risks of smoking and vaping.
- Although 24 states did indicate that smoking can increase the chance of developing oral cancers or other diseases in the mouth, such descriptions were brief.
- As information on the hazards of vaping increasingly becomes available, states are encouraged to update their quitlines to provide more information on the risks to one's oral health associated with vaping, and to accordingly tailor their cessation materials and resources.

REFERENCES

1. (2019, September). *Medicaid Adult Dental Benefits Coverage by State* [Review of *Medicaid Adult Dental Benefits Coverage by State*]. Center for Health Care Strategies. https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix_091519.pdf
2. Habibagahi, R., Navabi, N., Alsatat Hashempour, M., & Hashemzhi, A. (2020). Does Smoking Cessation Improve Oral Health-related Quality of Life? A Pilot Study. *Addiction & Health*, 12(3), 167-174. <https://doi.org/10.22122/ahj.v12i3.273>
3. Iruka, K. F., Vence, B., & Donovan, T. (2020). Potential oral health effects of e-cigarettes and vaping: A review and case reports. *Journal of Esthetic and Restorative Dentistry*, 32(3), 260-264. <https://doi.org/10.1111/jerd.12583>
4. SingleCare. (2020, July 17). *E-cigarette and Vaping Statistics 2020*. The Checkup. <https://www.singlecare.com/blog/news/vaping-statistics/>