

Oral Health in Washington State

 **DELTA DENTAL®**
Washington Dental Service
Foundation

Community Advocates for Oral Health

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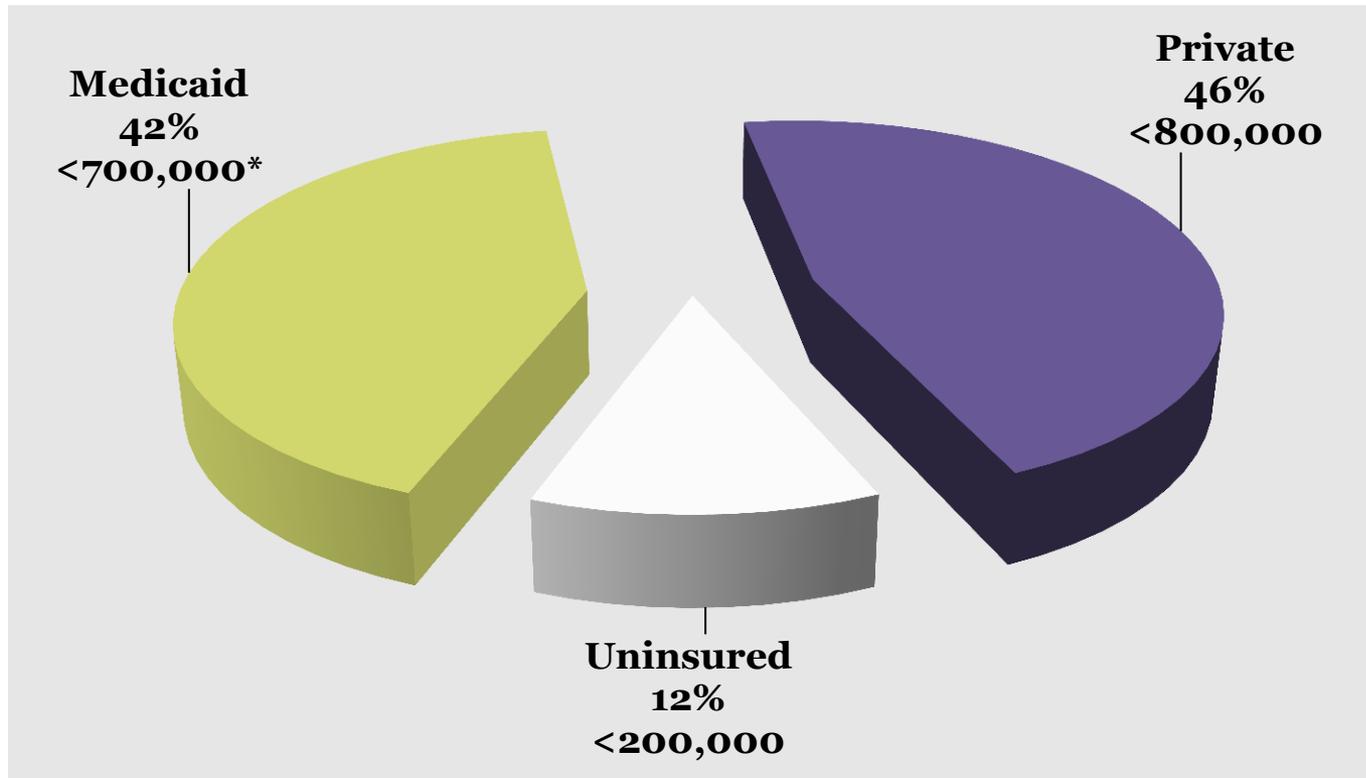
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Overview

- Washington's Oral Health Status
- Prevention Strategies



Dental Coverage - Children



*Note: Data based on analysis conducted in 2010

Good News!

- Under the Affordable Care Act (ACA), state health insurance exchanges will be required to provide children's oral health coverage as an essential benefit (section 1302)



Utilization of Dental Services

Children

- Rate of Medicaid-insured birth to 6 years accessing care has doubled
 - 21% in 1997
 - 49% in 2011
- Nearly half of Medicaid-insured children birth-20 years did not get dental care in 2011
- Oral health disparities persist—children of color, low-income and non-English speaking continue to receive dental care at lower rates
- Uneven utilization throughout the state, some rural counties have low rates



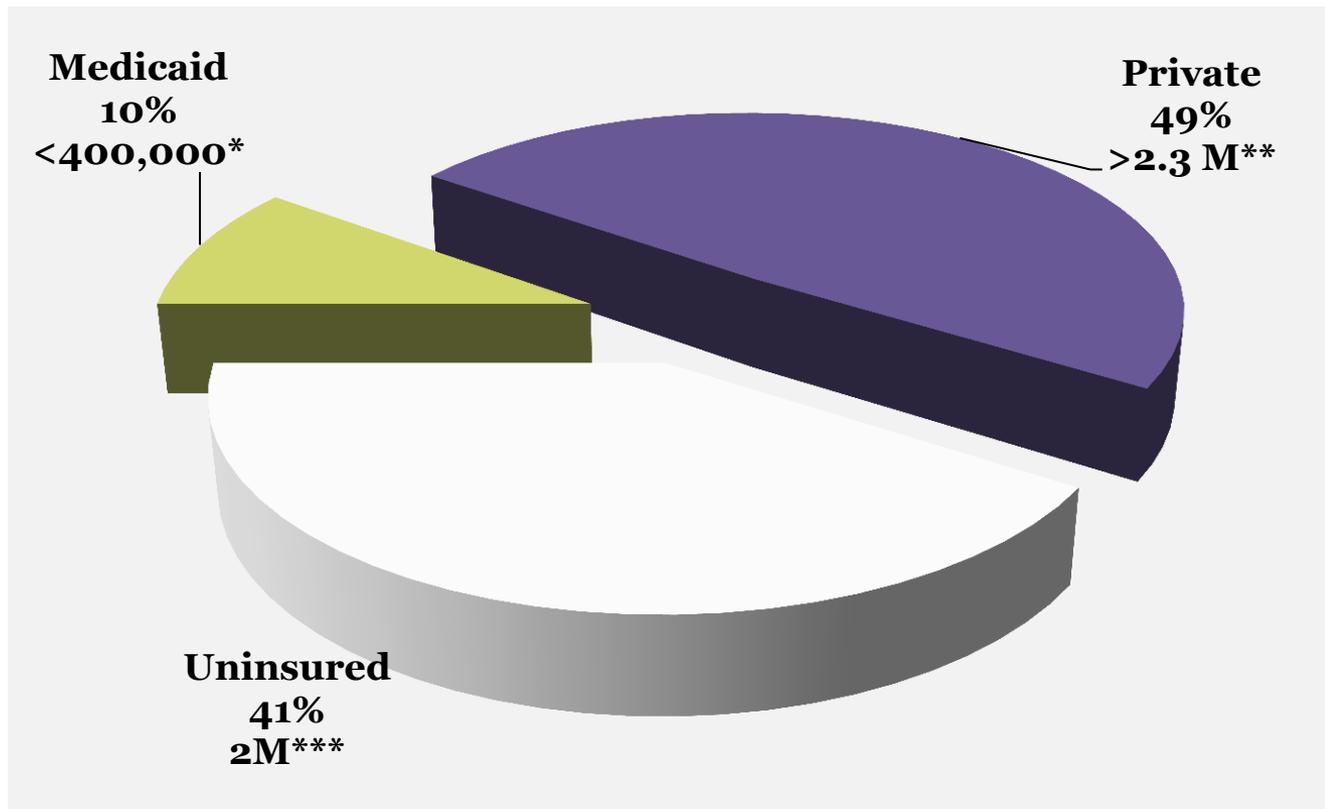
Oral Health Status - Children

2010 Smile Survey Results:

- Rates of untreated decay among low-income preschoolers have been cut in half – from 26% to 13%
- Nearly 40% of Kindergarteners and nearly 60% of 3rd graders have experienced cavities
- Minority and low-income children had higher than average levels of decay experience and untreated decay



Dental Coverage - Adults



*All eliminated January 2011 except emergency services, some coverage was restored for pregnant women, people in long-term care, served by community based waivers and for some developmentally disabled people.

**Includes baby boomers; will lose coverage upon retirement

***>75% of seniors=no dental coverage

Utilization of Dental Services

Adults

- Overall, access for Medicaid-insured adults was <30% in 2009:
 - Ages 55+: 21%
- #1 reason uninsured adults seek non emergent care in an ER is for a dental complaint
- #5 reason Medicaid insured adults seek non emergent care in an ER is for a dental complaint



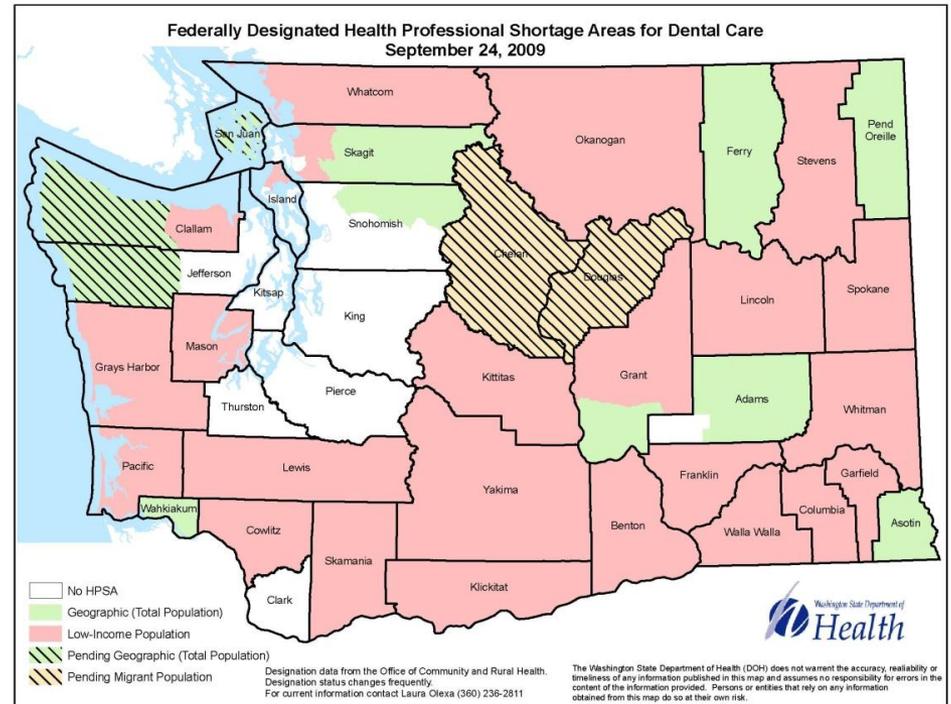
Oral Health Status – Adults

- Approximately 38% of adults have had teeth removed due to tooth decay or gum disease
- 14% of adults 65-74 years of age have lost all their teeth
- Nearly 1/3 of seniors (approximately 218,000) are estimated to have untreated decay
- An estimated 30% of seniors have dry mouth, which leads to increased oral disease
- Nationally, over 70% of seniors have some level of periodontal disease



Workforce

- 35 of 39 counties = dental shortage areas
- Insufficient dental workforce beyond Seattle area
- Roughly 27.5% of dentists treat Medicaid-insured children
- 72.6% of Medicaid-insured children are served by private dental offices
- Since economic downturn, community health centers have had success in recruiting dentists



Workforce

- The number of dental professionals has increased from 2003 to 2009 in overall numbers:
 - Dentists: 5,585 to 5,819
 - Hygienists: 4,359 to 4,973
- Based on a 2007 survey, 35% of dentists planned to retire by 2017*
 - Average age of dentists is 49 years
- The current workforce of dentists and dental hygienists is not as diverse as the state's population

*WA State Dept of Health Dentist Survey

Workforce

- Expansion of dental training programs:
 - UW Dental School – The RIDE program is designed to strategically expand the dental workforce in rural areas and underserved areas, particularly in Eastern Washington
 - Increase access to dental services in areas with too few providers
 - Expanded Function Dental Auxiliaries (EFDA)- New provider authorized 2008, first graduates of the new education programs entered practice in 2009
 - Increase access and lower costs for restorative dental services

Community Health Center Expansion

- In the last 10 years, Community Health Centers (CHCs) with dental clinics have expanded:
 - Dental visits have more than doubled since 2000
 - More than 600,000 dental patients served in 2010
- Dental Directors already are taking action to:
 - Increase children ages 0-2 receiving dental care
 - Engage pregnant woman to see the dentist before they give birth
- CHCs in Washington are accessing National Health Care Reform funds for expansion and ongoing operations

Prevention

- **The True Cost Of A Cavity**
 - A study conducted by the Delta Dental Data and Analysis Center found that the average cost to maintain a restored cavity in the molar of a 10-year old reaches \$2,187 by the time he or she is age 79
 - Over 18 months (January 2008 – June 2009) the cost of 54,000 dental related visits to ERs in Washington exceeded \$54 million
 - Children with severe dental decay often need to be treated in a hospital operating room, costing about \$5,000 to \$7,000 per child – and placing the child under anesthesia
 - Poor oral health has been associated with diabetes and heart disease

Prevention

Pain caused by untreated dental disease can lead to:

- absence from and difficulty concentrating in school and work
- poor eating habits and nutrition
- reduced self-confidence because of decayed or missing teeth
- infections that must be controlled with antibiotics
- severe problems that require children to need anesthesia and surgery

Tooth decay is preventable

Prevention That Works

- Prenatal
- Early Intervention
- School Aged Children
- Seniors
- Fluoridation – Population Based Prevention
- Oral Health in the Health Home

Prenatal Oral Health

Dental Care is Safe and Important During Pregnancy

- 42% of women overall reported receiving dental care during pregnancy (WA DOH PRAMS)
- 26% of women enrolled in Medicaid received care in 2009
- **Mothers with tooth decay** are likely to transmit cavity-causing bacteria to babies
 - Increase access – train dental and medical providers to address pregnant women's oral health
 - Increase demand – educate pregnant women about their and their baby's oral health

Early Intervention – Primary Care

- **Engage and incentivize primary care medical providers** to deliver oral health preventive services as a part of well-child check-ups; about 1/3 of providers in Washington are trained



- Delivered 40,000 procedures in 2011
- Provided oral health education and dental referrals

Early Intervention - ABCD



- **Access to Baby and Child Dentistry (ABCD) –**
Local programs that:
 - Engage and incentivize dentists to serve Medicaid- insured children ages 0-6
 - Outreach to families with children eligible for Apple Health to ensure they receive needed dental care

Early Intervention – Early Learning

- **Provide oral health education in Head Start, child care, and home visiting**
- **Goals:**
 - Help parents prevent dental decay in their children
 - Identify at-risk children and connect them to care



School Age Children

- Increase provision of **dental sealants in school-based programs**

- Sealants
- Fluoride varnish
- Screenings
- Referral for treatment as needed



- In 2010, 51% of Washington 3rd graders received dental sealants, exceeding the National Healthy People 2010 objective of 50%

Seniors

- **Increase education and access for seniors** through work with community partners, including health providers and advocates
 - By 2030 and through 2040 nearly 1/5 of Washington's population will be seniors
- **Strategies**
 - Collaborate with the Area Agency on Aging
 - Dry mouth awareness campaign
 - Oral health education for caregivers



Fluoridation – Population Prevention

Benefits everyone:

- Reduces tooth decay by between 25 to 40 percent
- Does not require behavioral change to improve health
- Benefits everyone: children, seniors, low-income and underserved
- Reduces the disparities in tooth decay rates that exist by race, ethnicity and income



Fluoridation – Safe & Effective

- Between 2000 and 2008, an additional 34 million Americans gained access to fluoridated water



- The American Academy of Family Physicians, the World Health Organization, the Institute of Medicine and many other respected health and medical authorities have endorsed water fluoridation as a safe and effective practice

Fluoridation - Cost Savings

- **Greatest return-on-investment** of any public health strategy:
 - Costs about \$0.50 per person in communities > 20,000
 - Every \$1 invested in water fluoridation saves \$38 in dental treatment costs
 - A Texas study showed the state saved \$24 per child, per year in Medicaid expenditures in cavities prevented by drinking fluoridated water

Fluoridation - Status in WA

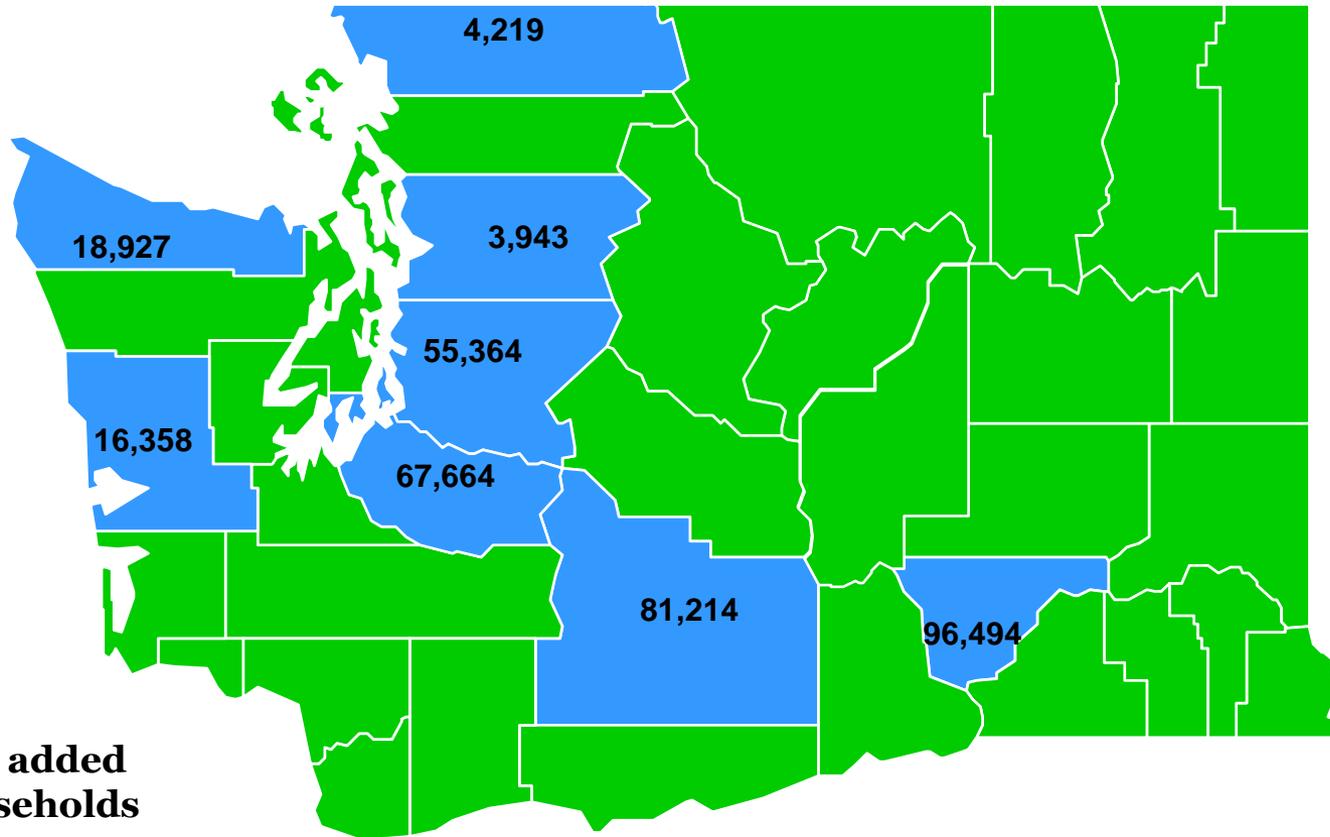
Fluoridation is the single most effective public health measure to prevent tooth decay and improve oral health over a lifetime, for both children and adults.

David Satcher, MD, PhD

Surgeon General (1998-2002)

- 65% of Washington's residents on public water supplies receive fluoridated water (74% nationally)
- Washington ranks 35th in the nation for communities receiving fluoridated water

Fluoridation - WA Successes



**Since 1999 – added
344,183 households**

Blue shaded counties = success area

Oral Health in the Health Home

Ideal place to:

- Monitor medical conditions such as Diabetes that affect both oral and systemic health
- Screen for oral disease, identify at-risk patients and refer
- Provide patient education on how to prevent oral disease
- Evaluate and initially manage oral emergencies
- Apply fluoride varnish for prevention of caries, particularly in locations where dental access is not available

Oral Health in the Health Home

Benefits

- Patients understand the connection between poor oral health and other chronic diseases
- Able to catch disease early, early treatment = reduced cost and care
- Reduced dental related ER visits
- Reduced medical costs - savings from reduced diabetic complications
- Widespread access to preventive oral health care

List of Key Sources

- Washington State's Oral Health Workforce (2009)
- The Impact of Oral Disease on the Lives of Washingtonians- The Washington State Oral Disease Burden Document (2008)
- Smile Survey (2010)
- Medicaid Dental Data

For More Information

Questions?

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