The Dental Safety Net and Access to Oral Health
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#DentalSafetyNet
ADEA Leading Conversations Webinar Series
Today’s Host

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Today’s Conversation Leaders

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Dean
Missouri School of Dentistry & Oral Health
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#DentalSafetyNet
objectives

• Identify the systemic barriers that individuals, communities and populations face when accessing oral health services and the current measures used to define the problem.

• Describe the complexity of the dental safety net and its role in providing care to the underserved.

• Explore the role of the academic dental institutions in the dental safety net.

#DentalSafetyNet
A Tragic Death
How is access to oral health care measured?
HEALTHY PEOPLE 2020 TARGET

Proportion of Children, Adolescents, and Adults Who Used the Oral Health Care System in the Past Year

41.8% of persons age 2 and older had a dental visit in the past 12 months (age adjusted).

41.8%  49.0%
2011  2020 TARGET

17.6% increase needed

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.
Persons Without a Dental Visit by Education

45.4% at least some college (age adjusted)

83.2% less than high school (age adjusted)

Data source: Medical Expenditure Panel Survey (MEPS), AHRQ.
Progress in Numbers*

<table>
<thead>
<tr>
<th>Status</th>
<th>Leading Health Topic and Indicator: Oral Health</th>
<th>Baseline (Year)</th>
<th>Most Recent (Year)</th>
<th>Target</th>
<th>Progress Toward Target</th>
<th>Movement Away From Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>OH-7 Persons who visited the dentist in the past year (age adjusted, percent, 2+ years)</td>
<td>44.5% (2007)</td>
<td>41.8% (2011)</td>
<td>49.0%</td>
<td>—</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Percentage of the Population with a Dental Visit in the Year, 2000-2011

Source: Medical Expenditure Panel Survey, AHRQ. Courtesy of the American Dental Association’s Health Policy Institute

Source: National Health Interview Survey.

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Source: National Health Interview Survey
Percentage of Dental Sealants Among Children and Adolescents, by Age, Race and Ethnicity, and Poverty Level: United States, 2009-2010

Ages 6–9 years

Total: 32.1%
- Non-Hispanic white: 35.5%
- Non-Hispanic black: 27.3%
- Hispanic: 26.8%
- Below 100% of federal poverty level: 25.5%
- Above 100% of federal poverty level: 34.3%

13–15 years

Total: 50.5%
- Non-Hispanic white: 56.0%
- Non-Hispanic black: 32.2%
- Hispanic: 45.7%
- Below 100% of federal poverty level: 40.1%
- Above 100% of federal poverty level: 53.1%

1Reference group.
2p < 0.05.


Dental Emergency Department Visits as a Percent of Total Dental Visits by Age in the United States, 2000 to 2010

Source: National Hospital Ambulatory Medical Care Survey, NCHS; Medical Panel Survey, AHRQ. Dental Related Emergency Department Visits on the Increase In the U.S. Wall T, Nasseh K, ADA HPI Research Brief, May 2013
Percentage Indicating they Needed Dental Care but Could Not Get It in the past 12 Months by Age

![Bar chart showing percentages indicating dental care needs by age group and survey year (2003-2004 vs. 2011-2012).](chart_image)

**Source:** 2003-2004 and 2011-2012 NHANES. Notes: Change from 2003-2004 to 2011-2012 was statistically significant at the 1% level for total and for adults 21 to 64 years of age. Change from 2003-2004 to 2011-2012 was statistically significant at the 5% level for children 2 to 20 years of age.

*Courtesy of the American Dental Association’s Health Policy Institute*
Reasons for Not Obtaining Needed Dental Care

- Could not afford the cost: 11.5% (2011-2012), 12.7% (2003-2004)
- Insurance did not cover procedures: 2.7% (2011-2012), 3.4% (2003-2004)
- Afraid or do not like dentists: 1.0% (2011-2012), 1.8% (2003-2004)
- Did not want to spend the money: 1.0% (2011-2012), 2.2% (2003-2004)
- Too busy: 1.6% (2011-2012), 7% (2003-2004)
- Unable to take time off: 1.1% (2011-2012), 7% (2003-2004)
- Office not open at convenient time: 1.1% (2011-2012), 4% (2003-2004)
- Expected problem to go away: 1.6% (2011-2012), 3% (2003-2004)
- Dental office is too far away: 1.9% (2011-2012), 3% (2003-2004)
- Another dentist recommended not doing: 0.1% (2011-2012), 0% (2003-2004)
- Other: 2.0% (2011-2012), 1.0% (2003-2004)

Source: 2003-2004 and 2011-2012 NHANES.

Courtesy of the American Dental Association’s Health Policy Institute
Adult Dental Benefit Provided in State Medicaid Programs

Courtesy of the American Dental Association’s Health Policy Institute
Adult Medicaid Dental Reimbursement as a Percentage of Commercial Fees

Courtesy of the American Dental Association’s Health Policy Institute
What is the Impact of the Affordable Care Act on Medicaid expansion?
More Than 8 Million Adults Could Gain Dental Benefits Through Medicaid Expansion

INCREASE IN THE NUMBER OF LOW-INCOME NON-ELDERLY ADULTS WITH DENTAL BENEFITS IN 2014

ADULT DENTAL BENEFITS PROVIDED IN STATE MEDICAID PROGRAMS

35 PERCENT

Estimated reduction due to the ACA in the number of low-income adults who lack dental benefits

Courtesy of the American Dental Association’s Health Policy Institute
Where can vulnerable and underserved populations access dental care?
Millions face persistent barriers that limit their access to oral health care.
Oral Health Delivery System

Private Delivery System

Dental Safety Net
Polling Question

How many Americans Access the Dental Safety Net?

• 7 to 8 million
• 10 to 12 million
• 20 to 25 million
• 30 to 40 million
The Dental Safety Net
The Dental Safety Net

Private Practice Dentists

Federally Qualified Health Centers

Supportive Services

Non-Dental Health Providers

Free Clinics & Charitable Programs

School-Based Oral Health Services

Mobile Dental Vans or Units

Emergency Room Departments

Academic Dental Institutions

Local Health Departments

Facilities Operated by Tribal Organizations

Federal & State Loan Repayment Programs

Rural Health Clinics

Facilities Operated by Tribal Organizations

Free Clinics & Charitable Programs

School-Based Oral Health Services

Emergency Room Departments

Academic Dental Institutions

Local Health Departments

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Rural Health Clinics

Supportive Services

Non-Dental Health Providers

Federally Qualified Health Centers

Private Practice Dentists

The Dental Safety Net
Federally Qualified Health Centers (FQHCs)

- 92 percent of those served at these centers live below the Federal Poverty Line (FPL)
- 1,200 health centers
- 820 health centers offer dental services
- All FQHCs are required to provide basic preventive dental services to children or refer for treatment to local providers
School-Based Oral Health Services

- Currently serve nearly 800,000 children
- 27% of SBHCs are in rural schools
- Of the 1,900 SBHCs, only 10% have the capacity to provide comprehensive dental services
• Dental home to a broad array of vulnerable and underserved patient populations

• Key referral resource for specialty dental services not generally accessible to Medicaid and low-income uninsured patients

• Initiatives to increase diversity, inclusion and cultural competency
IT’S GOOD TO SEE THE SAFETY NET STILL FUNCTIONING.
Notable Affordable Care Act Investments

- $11 billion - Community Health Center Fund
- $1.5 billion - National Health Service Corps
- $30 million - Academic Dental Institutions and Advanced Dental Education Programs
- $230 million - Teaching Health Centers
- $200 million - School-Based Health Centers
Transforming the Organization and Delivery of Care

A Dental Home is care delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist.

- American Academy of Pediatric Dentistry

Functions and Attributions of Patient-Centered Medical/Health Home:

- Comprehensive Care
- Patient-Centered
- Coordinated Care
- Accessible Services
- Quality and Safety

- Agency for Healthcare Research and Quality
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Dr. Lucas-Perry

Dr. Halliday

#DentalSafetyNet
How many are participating in today’s webinar?

#DentalSafetyNet
How is one academic dental institutions addressing the access to care challenge?
Missouri

- Ranked 46th nationally in the percentage of adult residents who visit a dentist annually.

- Missouri experiences both a lack of and a maldistribution of dentists.

Missouri: 63 dentists per 100,000 residents in 2008

National Average: 78 dentists per 100,000 residents in 2008
Missouri’s Dental Workforce

• Approximately 70 dentists leaving full-time practice each year

• 45 to 50 new graduates entering dental practice each year
Missouri’s Access to Care Challenge

• 101 of the state’s 114 counties have been designated by HRSA as Dental Health Professional Shortage Areas (DHPSA).

• It has been estimated that 250 additional dentists are needed to address the shortfall.

• Six counties in Missouri without a practicing dentist.
The Ramifications of Poor Oral Health

- Relationship to Chronic Diseases
- Physical Development
- Nutrition
- Behavioral Health
- Social Development
- Self-esteem
- School Performance
- Employability
- Economic Impact
MOSDOH Curriculum Model

Genesis of curriculum
ADEA Competencies for the New General Dentist (2008)

Integrative theme
Learning activities interweave material

Systems approach

Immersion courses/modules
Module sequencing
The core disciplines and systems courses are offered in mostly one but up to three week emersion courses.

Use the systems to integrate the disciplines with medical and dental principles.

After short introductory courses tie in as applicable social science, public health, ethics, professionalism and interprofessionalism.
MOSDOH Curriculum Model

- All courses will interweave material from previous courses and add to an expanding foundation of understanding and application to medical and dental principles.

- The material covered will prepare students to understand, analyze and make decisions regarding the best interests of their cliental, clients’ families and community.
St. Louis Clinical Facility

- Years 1 & 2 will be in Kirksville, with didactic and pre-clinical simulation lab training.

- Years 3 & 4 will be in St. Louis, with rotations to additional community health centers during the fourth year.
The full spectrum of care, from emergency treatment and preventive services, through complex rehabilitation will be provided.

Clinic operated in partnership with Grace Hill Health Centers, Inc.

ATSU responsible for overall education, while Grace Hill will manage the day to day operations of the clinic.
St. Louis Clinical Facility

- Designed to address access to care challenges and oral health disparities experienced by urban and rural populations in Missouri.

- The program has been reviewed extensively and awarded initial accreditation without further requirements by the Commission on Dental Accreditation (CODA).
St. Louis Clinical Facility

- The clinic operate approximately 92 chairs on the first two floors, most of which will be dedicated to general dentistry.

- The clinic will also support all dental specialties and urgent care.
How are you measuring your school’s impact?
## Health Impact

<table>
<thead>
<tr>
<th>MOSDOH Students in St. Louis Clinic</th>
<th>Total Active Patients to Satisfy MOSDOH Educational Requirements</th>
<th>Total Patient Encounters</th>
<th>Adult Patients with No Medicaid/Other Coverage (~ 35% of Total)</th>
<th>Adult Patient Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 D3 Students</td>
<td>5,250</td>
<td>22,680</td>
<td>1,838</td>
<td>7,938</td>
</tr>
<tr>
<td>42 D4 Students</td>
<td>4,148</td>
<td>16,590</td>
<td>1,452</td>
<td>5,807</td>
</tr>
<tr>
<td><strong>Total Impact</strong></td>
<td><strong>9,398</strong></td>
<td><strong>39,270</strong></td>
<td><strong>3,290</strong></td>
<td><strong>13,745</strong></td>
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</tbody>
</table>
St. Louis Facility Rendering
What action can our members take to improve the dental safety net?
THANK YOU!