State of Oral Health in Oregon

September 23, 2019

Oregon Health Authority

Foundational Oral Health Work

- Oral Health Integration in Oregon: Environmental Scan & Recommendations
- Oral Health Toolkit: Resources for Supporting Oral Health Integration in Oregon
  - Collection of resources to help CCOs, oral health providers, primary care providers, etc. increase oral health integration
- Strategic Plan for Oral Health in Oregon: 2014-2020
- State Health Improvement Plan (SHIP) 2015-2019
- OHA Oral Health Roadmap
  - Internal strategic tool that aligns all of the oral health strategic plans towards improving oral health equity, access, integration and population health

# Status of Oral Health in Oregon

2017 Oregon Smile & Healthy Growth Survey

- Describes the extent of oral health problems and overweight/obesity among Oregon children in 1-3 grades.
  - Data collected during the 2016-17 & 2017-18 school years.
  - 7-region sampling approach versus 6 geographic regions.
  - Random cluster sampling
- Collaborated with Oregon Department of Education (ODE) to get some demographic data directly from them.
- Limitations:
  - Representative of the state and specific regions of the state.
  - Only captures 6- to 9-year-old children.
  - Does *not* show the effect of any particular intervention.

2017 Oregon Smile Survey Data

Cavities* among children 6-9 years old, Oregon, Smile Survey 2017

30% Treated cavities

51% Cavity-free

19% Untreated cavities
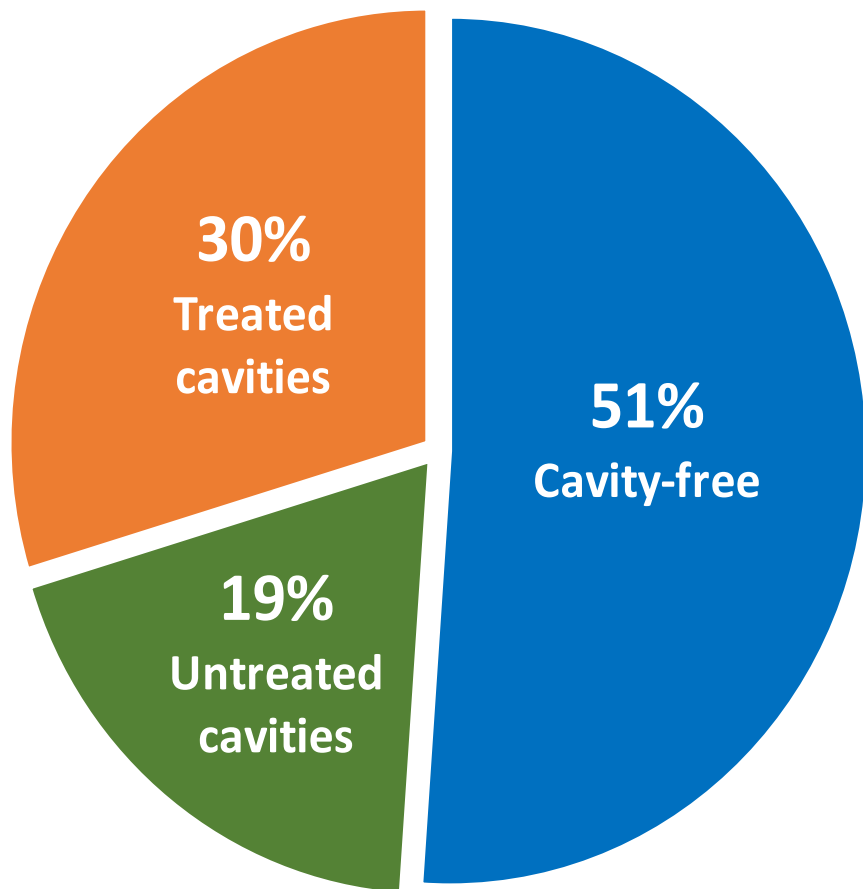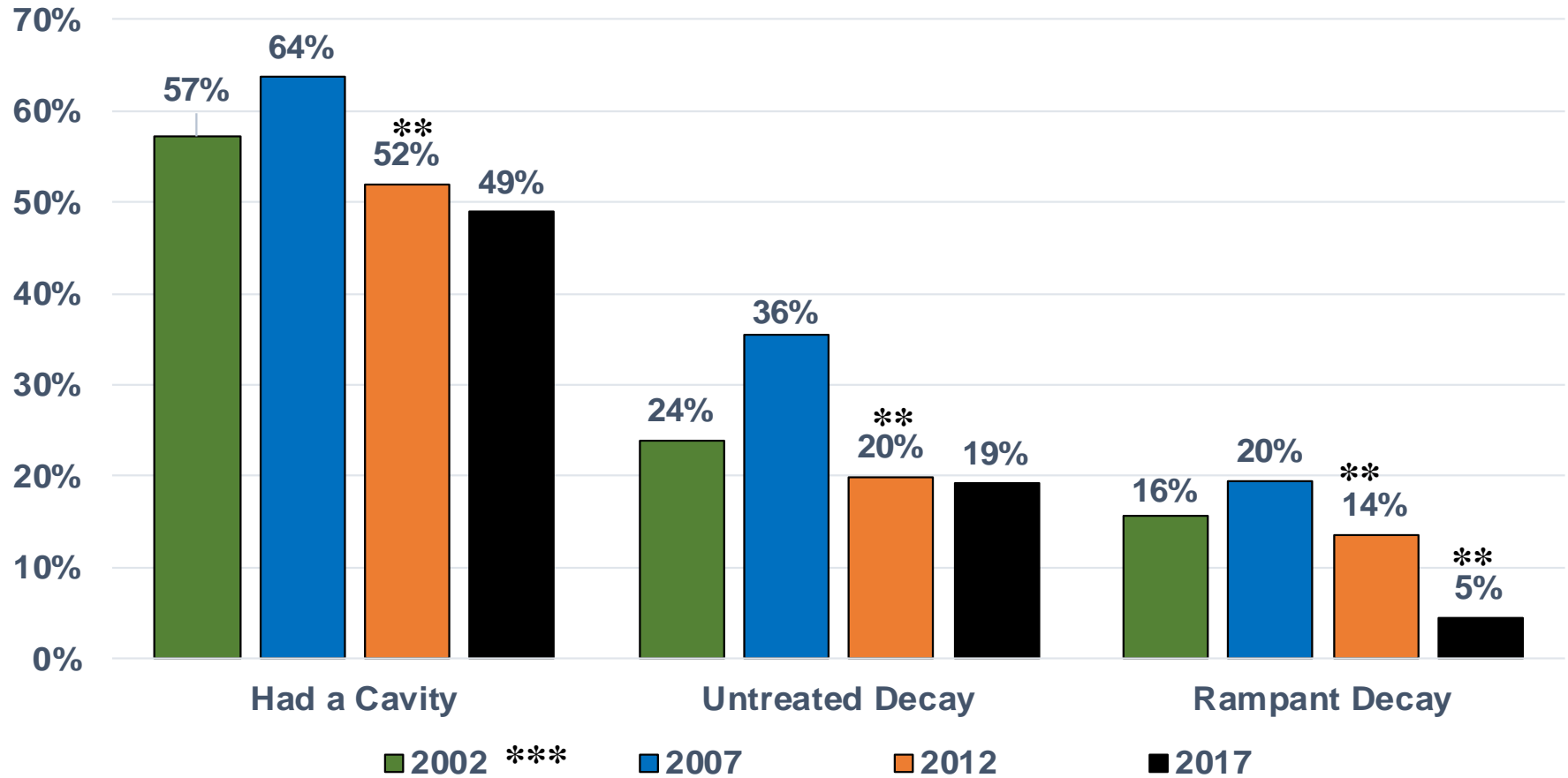
49% HAD A CAVITY

1 in 2
CHILDREN AGE 6 TO 9 YEARS OLD HAVE ALREADY HAD A CAVITY

CAVITIES ARE **100%** **PREVENTABLE**

* Primary and permanent teeth

2017 Oregon Smile Survey Data

Oral health status,* children 6-9 years old, Oregon, 2002 – 2017 Smile Surveys
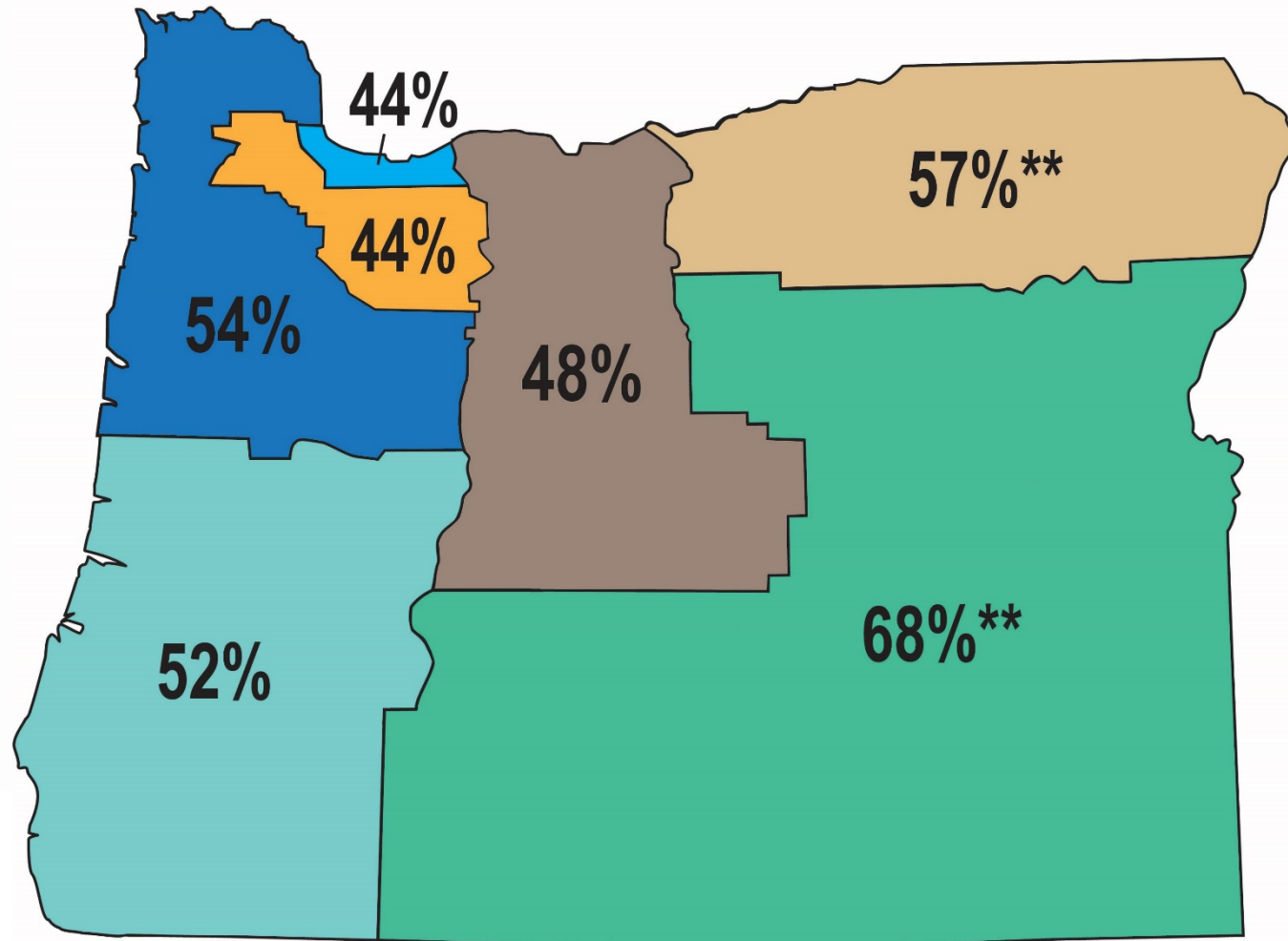

* Primary and permanent teeth

** Statistically significant change from previous survey
*** Methodology was different (opt-in versus passive)

2017 Oregon Smile Survey Data

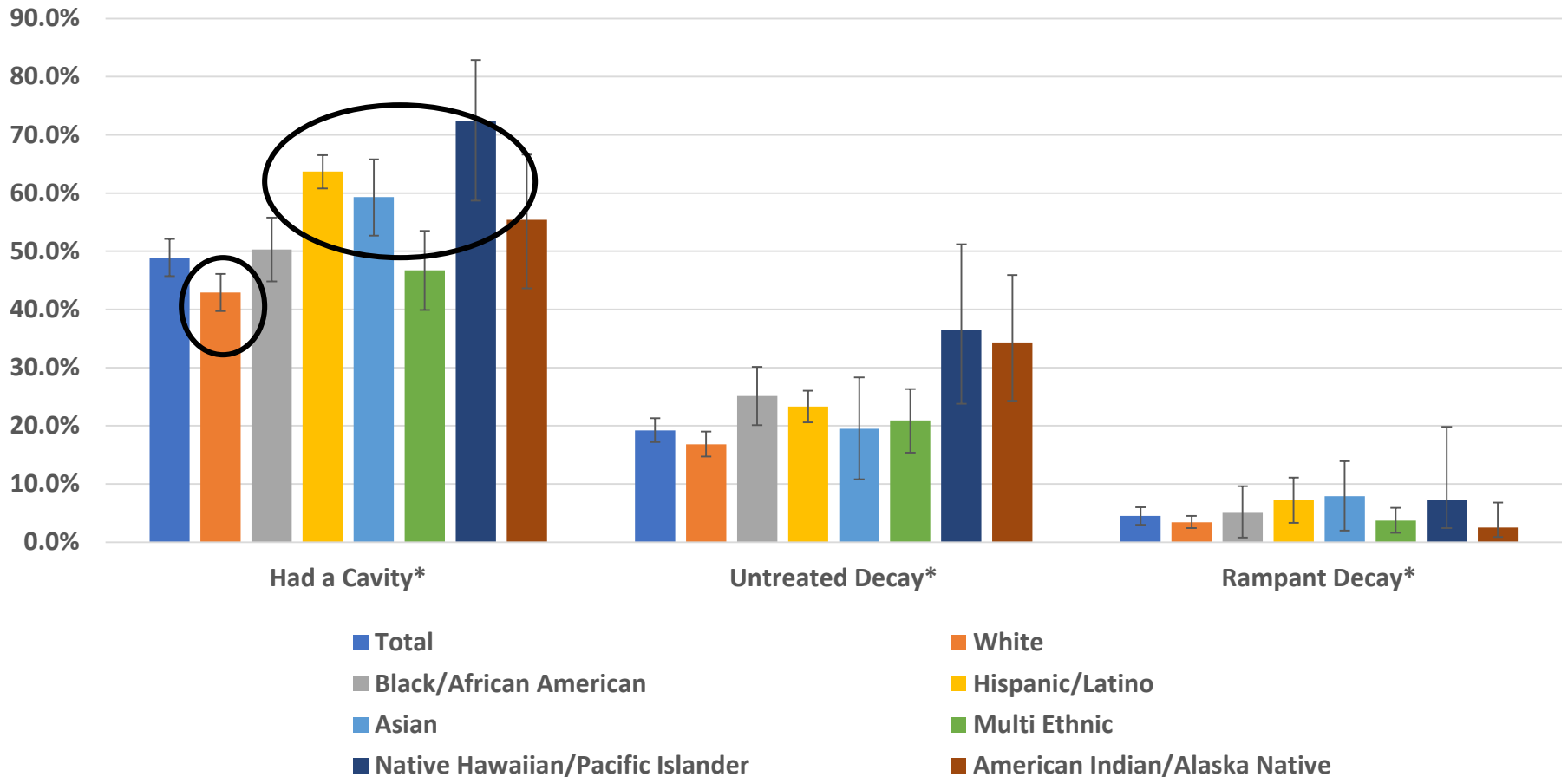**Cavity rates* by geographic region, Oregon, Smile Survey 2017**

* 6- to 9-year olds, primary and permanent teeth   ** Statistically different from the statewide average of 49%

2017 Oregon Smile Survey Data

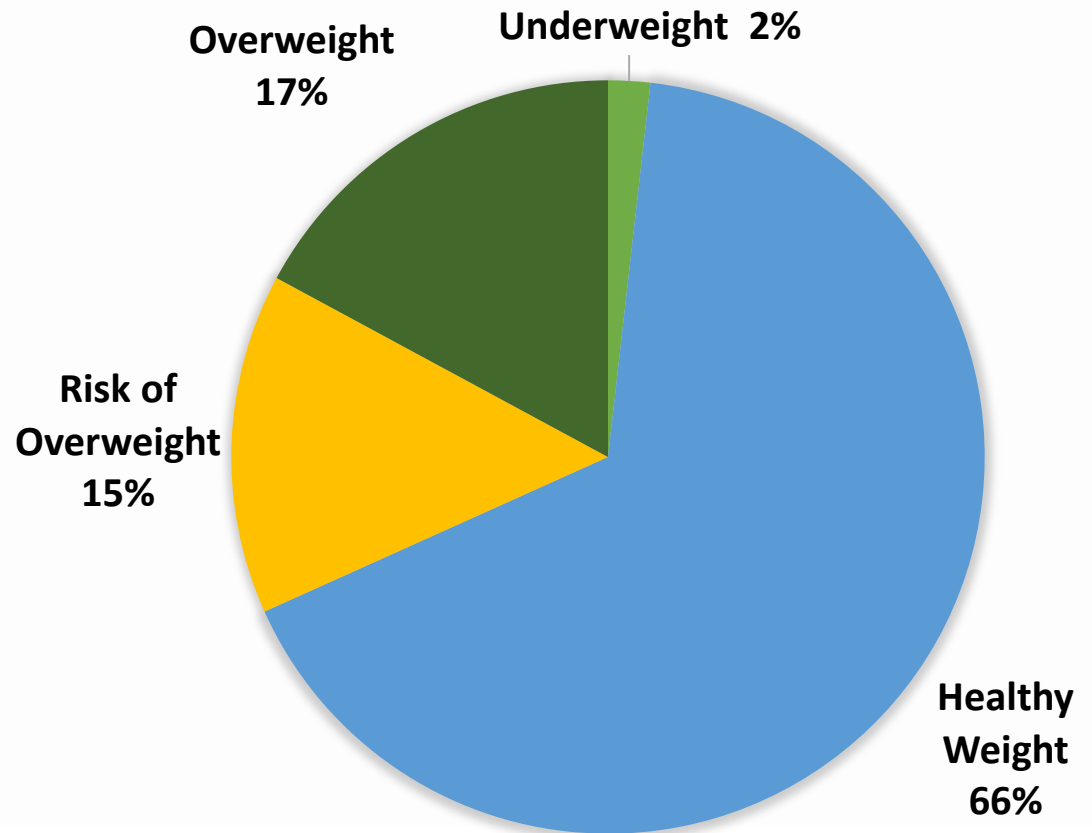

Race/Ethnicity Alone, 2017

Legend:
- Total
- White
- Black/African American
- Hispanic/Latino
- Asian
- Multi Ethnic
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native

Categories: Had a Cavity*, Untreated Decay*, Rampant Decay*

2017 Healthy Growth Survey Preliminary Data

> 95th percentile – Overweight

85th to < 95th percentile – Risk of overweight

> 5th to < 85th percentile – Healthy weight

< 5th percentile – Underweight

Overweight 17%

Underweight 2%

Risk of Overweight 15%

Healthy Weight 66%

2017 Healthy Growth Survey Preliminary Data

BMI-for-age, Oregon 1st - 3rd Graders

	2012			2017		
	Males	Females	All	Males	Females	All
Obese	15.6%	15.7%	15.6%	18.3%	15.9%	17.1%
Overweight	15.8%	14.3%	15.1%	14.2%	15.0%	14.6%
Healthy Weight	67.0%	68.1%	67.5%	65.8%	67.1%	66.4%
Underweight	1.6%	1.9%	1.7%	1.7%	1.4%	1.8%

Underweight ■ Healthy Weight ■ Overweight ■ Obese
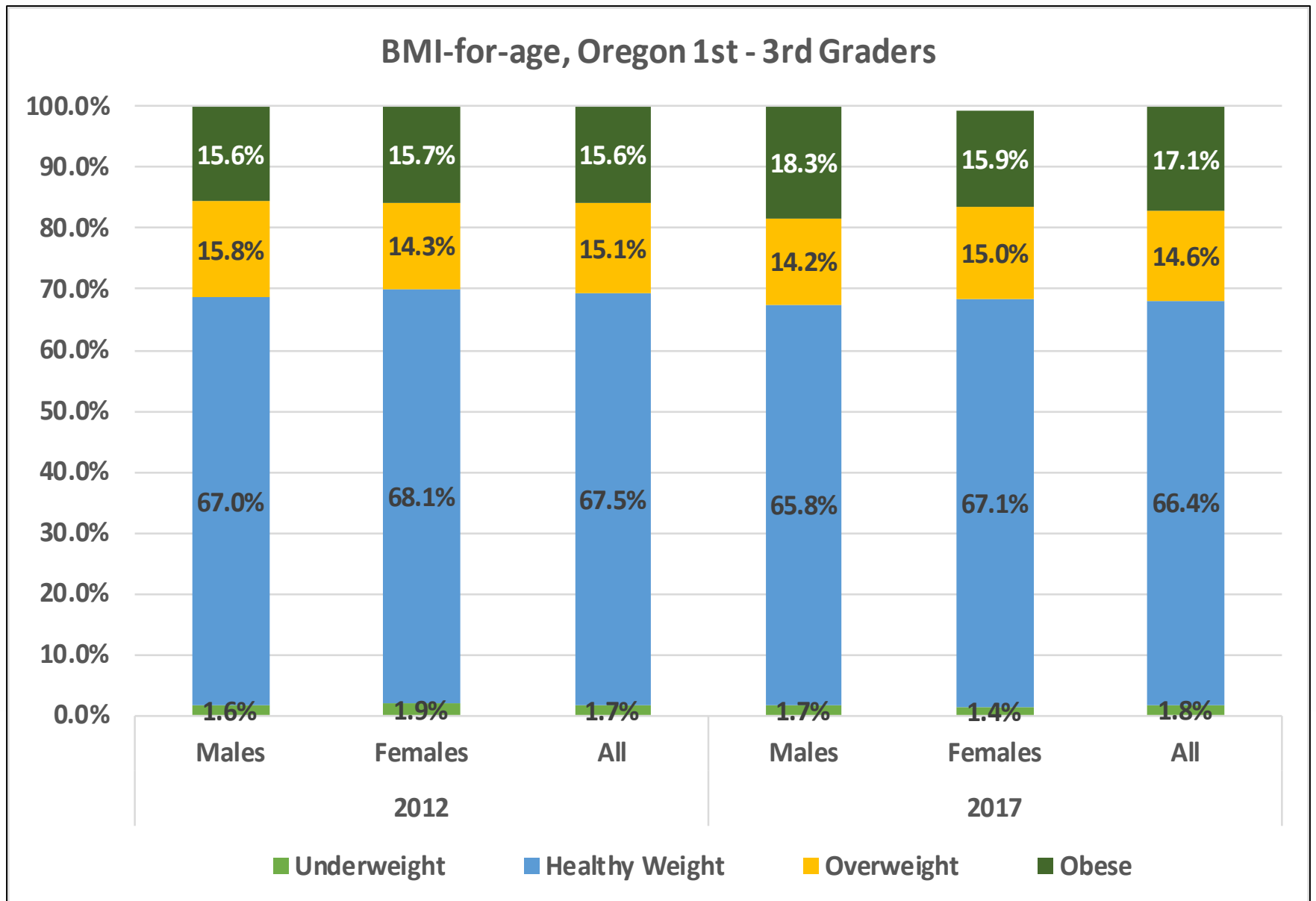
2018 CCO Incentive Metric: Dental Sealants on Permanent Molars (ages 6-14)
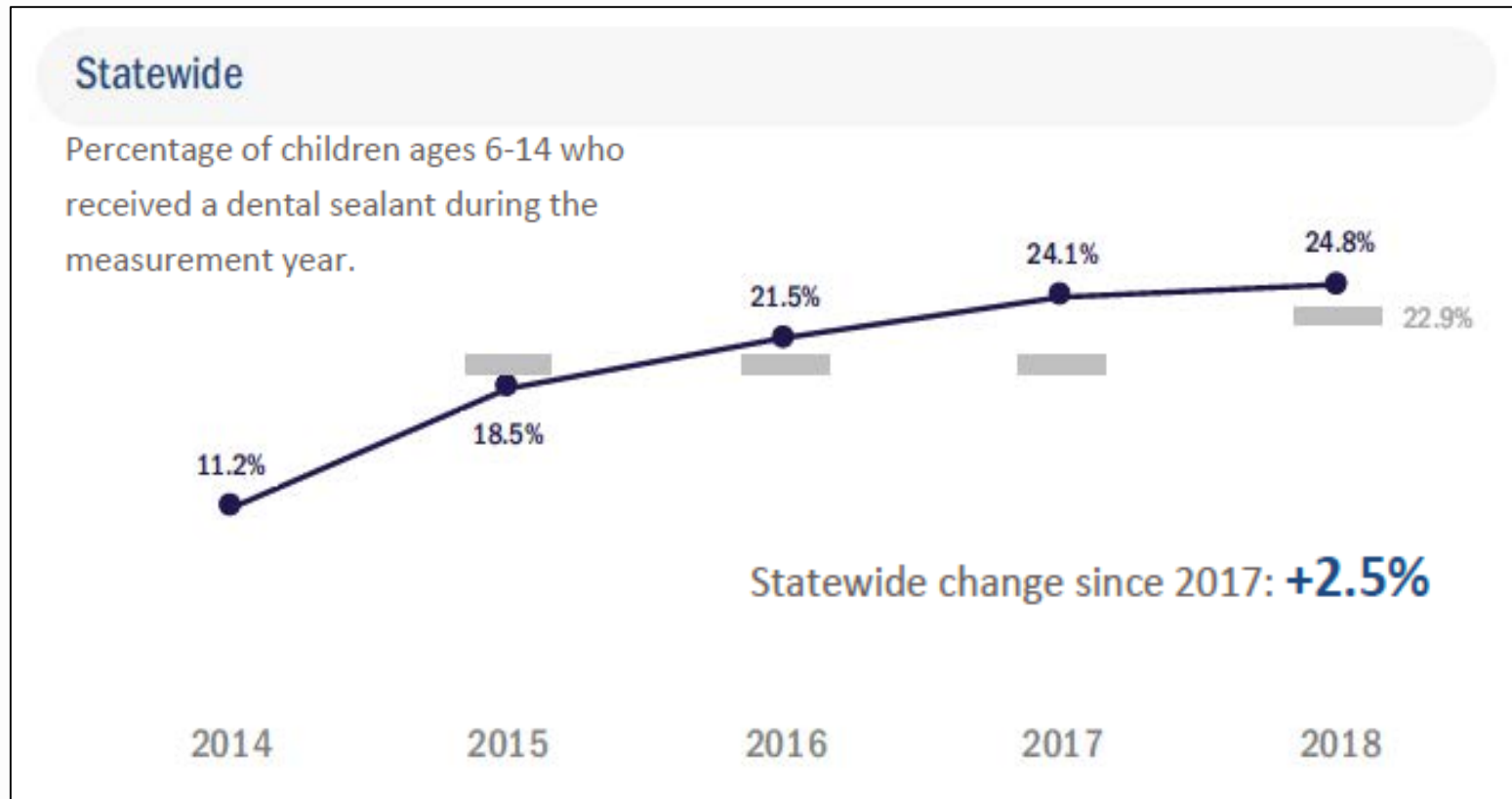
Statewide

Percentage of children ages 6-14 who received a dental sealant during the measurement year.

11.2% — 2014
18.5% — 2015
21.5% — 2016
24.1% — 2017
24.8% — 2018

22.9%

Statewide change since 2017: **+2.5%**

2014   2015   2016   2017   2018

Oregon Health Authority

2018 CCO Incentive Metric: Assessments for Children in DHS Custody

Percentage of children ages 4+ who received a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). Physical and dental health assessments are required for children under age 4, but not mental health assessments.
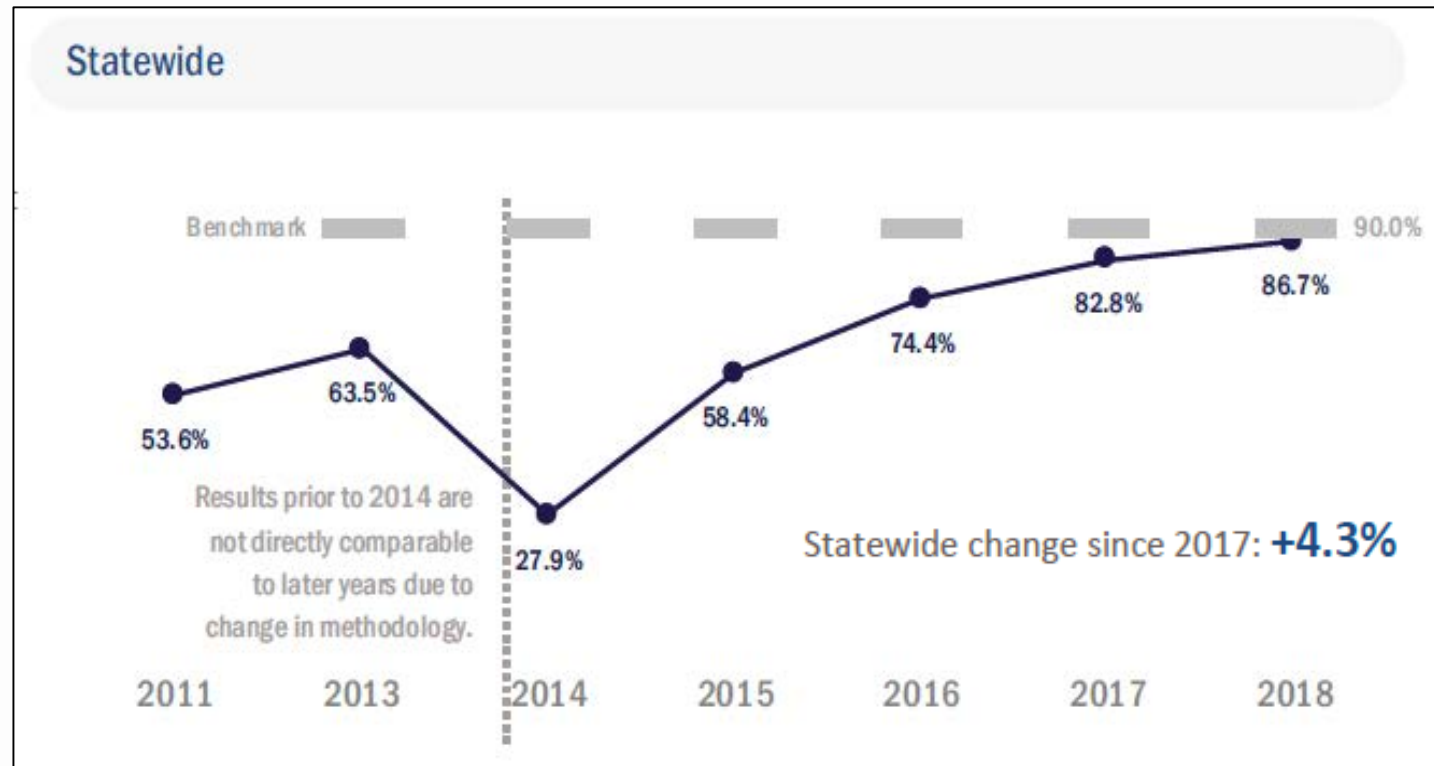
Statewide

Benchmark ▬▬ ▬▬ ▬▬ ▬▬ ▬▬ ▬▬ 90.0%

53.6%

63.5%

27.9%

58.4%

74.4%

82.8%

86.7%

Results prior to 2014 are not directly comparable to later years due to change in methodology.

Statewide change since 2017: **+4.3%**

2011   2013   2014   2015   2016   2017   2018

Oregon Health Authority

CCO Incentive Metrics – Oral Health Related

- 2019 Incentive Metrics:
  - Children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth
  - Mental, physical, and dental health assessments within 60 days for children in DHS custody
  - Oral evaluation for adults with diabetes

- 2020 Incentive Metrics:
  - Preventive dental visits for ages 1-5, 6-14 (kindergarten readiness metric)
  - Mental, physical, and dental health assessments within 60 days for children in DHS custody
  - Oral evaluation for adults with diabetes

Oregon Health Authority

Challenge: Community Water Fluoridation

Challenge: Community Water Fluoridation

- Oregon ranks 48th among the states in percentage of residents who have access to optimally-fluoridated water.

- Community water fluoridation is the adjustment of existing fluoride in water to a level that helps prevent dental decay (cavities).
  - While fluoride occurs naturally in water, it is usually lower than the optimal concentration.

- Population-based intervention, but is also a significant health equity intervention.

- Proven to reduce dental cavities and disease across the entire population, regardless of age, race or ethnicity, insurance coverage, access to a dentist, or the ability to pay for care.
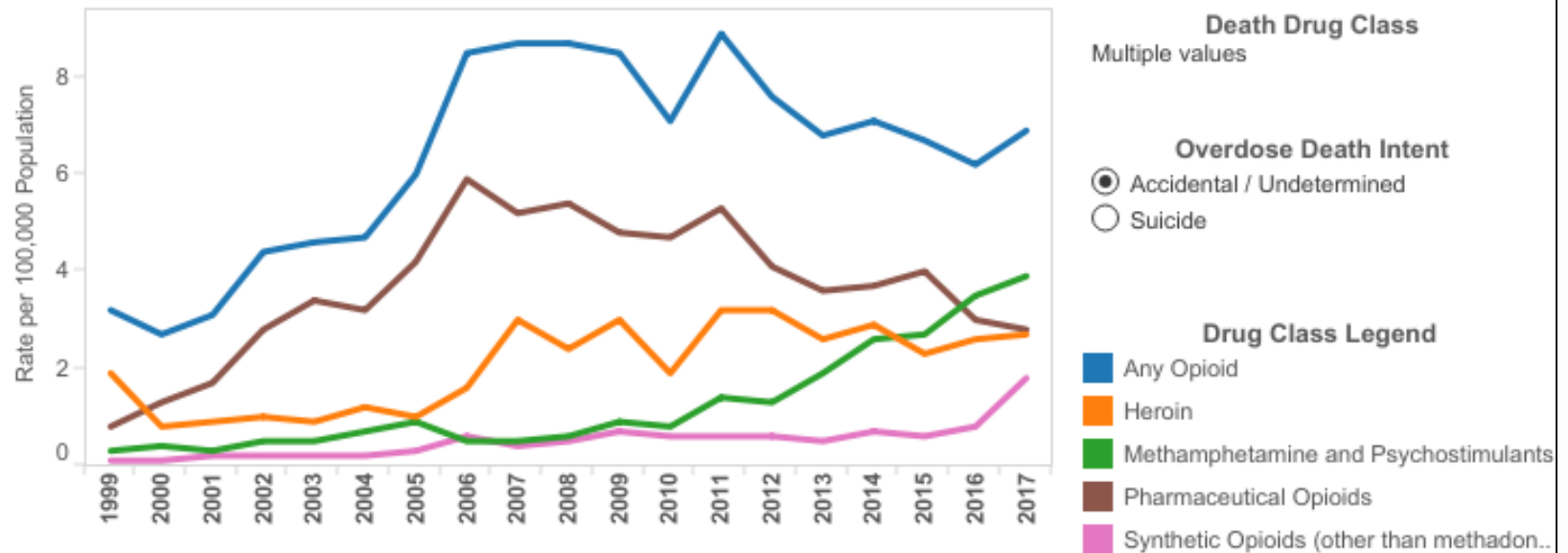
Oregon Health Authority

Challenge: Community Water Fluoridation

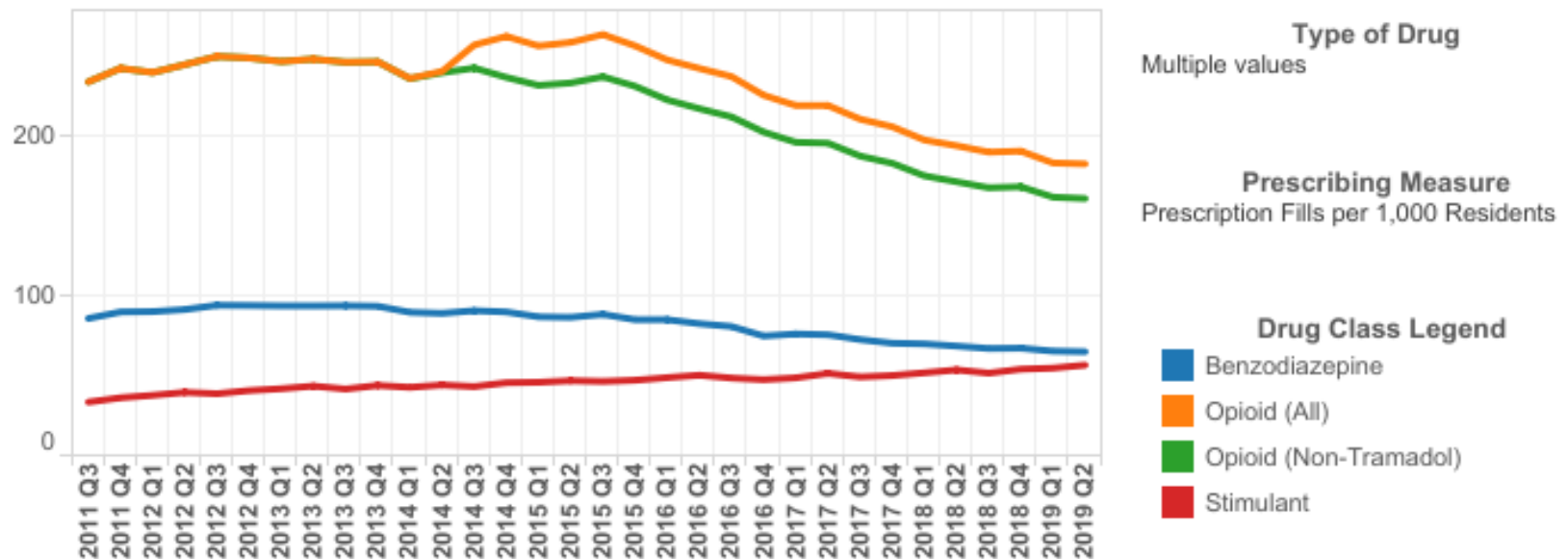| Water Fluoridation in the U.S. & Oregon, 2010–2018						
	2010	2012	2014	2016	2017	2018
Percentage of U.S. population on public water systems receiving fluoridated water	73.9%	74.6%	74.7%	n/a	n/a	n/a
Percentage of Oregon population on public water systems receiving fluoridated water	22.6%	22.6%	22.2%	21.8%	22.0%	21.9%
Oregon fluoridation compared to other states	48th	48th	48th			
Source: CDC Water Fluoridation Reporting System and Oregon Drinking Water Services						

Recognized as one of the 10 greatest public health achievements of the 20th century.

Oregon Health Authority

Addressing Oregon's Opioid Epidemic

Oregon Drug Overdose Deaths

Death Drug Class
Multiple values

Overdose Death Intent
◉ Accidental / Undetermined
○ Suicide

Drug Class Legend
- Any Opioid
- Heroin
- Methamphetamine and Psychostimulants
- Pharmaceutical Opioids
- Synthetic Opioids (other than methadon..

Oregon Controlled Substance Prescribing

Type of Drug
Multiple values

Prescribing Measure
Prescription Fills per 1,000 Residents

Drug Class Legend
- Benzodiazepine
- Opioid (All)
- Opioid (Non-Tramadol)
- Stimulant

Dental Care and the Opioid Epidemic

- As recent as 2011, dentists were the leading prescribers of narcotics to young people (ages 10-19).

- The Acute Prescribing Guidelines for Dentists promote responsible and compassionate prescribing.

Dental Care and the Opioid Epidemic

- In 2017, approximately one-third of Oregon's prescribing dentists were registered with the Prescription Drug Monitoring Program (PDMP).

- In 2018, HB 4143 passed the legislature requiring health care professionals licensed to prescribe opioids and opiates to register with the PDMP by July 1, 2018.

- Approximately 70% of prescribing dentists are now registered, but numbers of queries in the PDMP have not risen significantly.

OHSU Project ECHO©

- OHA is partnering with OHSU School of Dentistry to pilot the Project ECHO© health education model to see if it will increase Oregon dental providers' self-efficacy in effectively managing dental pain using evidence-based guidelines.

  – Project ECHO (Extension for Community Healthcare Outcomes) uses teleconferencing to connect health care providers across multiple settings to an interdisciplinary team of experts.

- OHSU interdisciplinary team includes an emergency medicine physician, addiction medicine expert, pharmacist, social worker, and dental specia

OHSU Project ECHO©

- Interested dental providers are being recruited for 4 identical Project ECHOs.
  - First cohort (n=25) launched in September 2019.
  - Second, third and fourth cohorts will launch in 2020.

- Each Project ECHO will consist of six, one-hour long sessions connecting providers with each other and the expert interdisciplinary team.

- Each interactive session will include a de-identified patient case coupled with a short (15 minute) expert presentation. Each participant will complete a pre- and post-survey.

Oral Health Workforce

Oral Health Workforce Challenges

- There is a lack of access to oral health care among low-income, rural, and other underserved population groups.

- Certain counties in Oregon have fewer dentists compared to the number of residents they serve.

- Only about two of every five dentists report seeing Medicaid patients.
  - Depending upon the region:
    - 19.7% to 34.5% accept new Medicaid patients
    - 55.2% to 70.1% accept no Medicaid patients
    - Many limit Medicaid caseload to <25% of practice

Oral Health Workforce Challenges

Oregon Health Authority Primary Care Office

2017 Oregon Dental Health
Health Professional Shortage Areas

HPSA by Type
- HPSA Geographic
- Low Income
- Low Income/Migrant Farmworker
- Low Income/Migrant Farmworker/Homeless
- Not HPSA
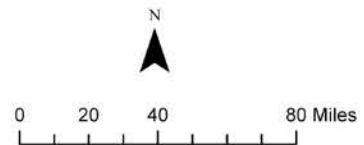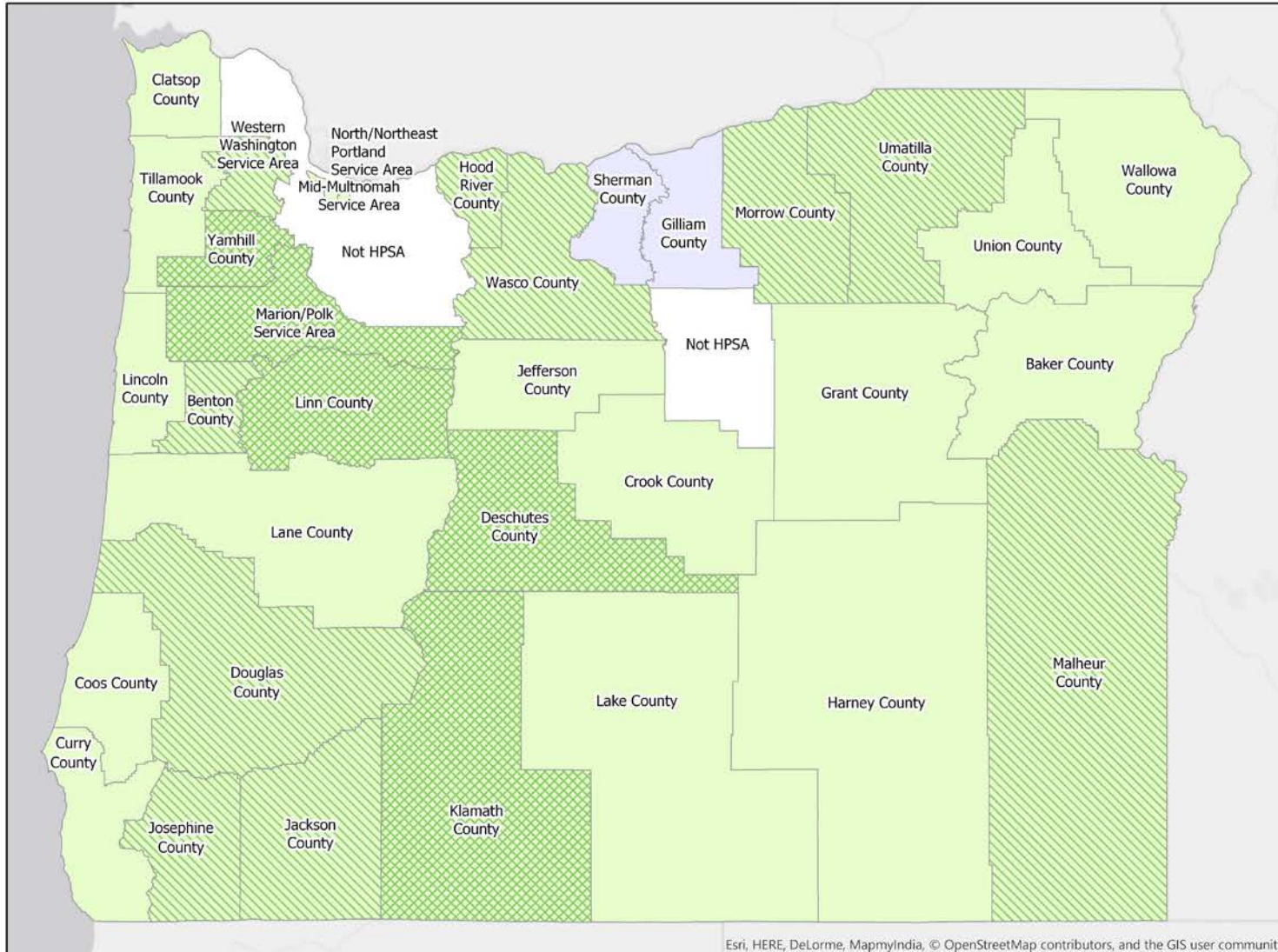
HRSA Oral Health Workforce Grant (2018-2022)

Objectives:

- Expand the pipeline of oral health professionals willing to practice in underserved counties across Oregon.

- Introduce teledentistry services for seniors in long-term care facilities in Sherman and Gilliam counties.

- Measurably increase the retention of providers in oral health workforce shortage areas.

- Develop an innovative, community-based approach to recruitment of oral health providers in areas of Oregon with the greatest unmet health care need.

- Overall, use a multifaceted approach to improve access and quality of oral health care across Oregon.

HRSA Oral Health Workforce Grant (2018-2022)

Strategies:

- Expand OHSU student clinical rotations to clinics in Coos, Curry, and Josephine counties to eight weeks.

- Collaborate with Advantage Dental to provide teledentistry services to residents of long-term care facilities in Sherman and Gilliam counties.

- Deploy a recruitment and retention toolkit to oral health clinics around the state.

- Establish relationships with local stakeholders to engage the local populace on the necessity of preventative care.

- Incentivize providers to work in underserved areas through the Health Care Provider Incentive Fund and NHSC Loan Repayment.

Oregon
Health
Authority

Dental Pilot Projects

- Encourages the development of innovative practices in the oral health care delivery system.
  - Focus is on providing care to populations that have the highest disease rates and least access to dental care.

- Current Projects:
  - #100 Oregon Tribes Dental Health Aide Therapist (DHAT)
    - Sponsor: Northwest Portland Area Indian Health Board
  - #200 Training Dental Hygienists to Place Interim Therapeutic Restorations
    - Sponsor: OHSU School of Dentistry
  - Under Review: Dental Hygiene Restorative Function Endorsement Model
    - Sponsor: Willamette Dental

Oregon Health Authority

Community Dental Health Coordinator (CDHC)

- Current pilot project began in spring of 2019 between Washington County, Pacific School of Hygiene, and the Oregon Oral Health Coalition.

- Oregon's first CDHC, Dora Sandoval, works with Providence's Promotores volunteers to help educate and coordinate care through parish and school-based health promotion activities and mobile dental van outreach.

- Program tracks data and closed loop referrals of patients to a dental home, using a growing network of dentists to provide continuing care.

- Interest in the CDHC model continues to grow with education institutions, dental care organizations and FQHCs.

oregon dental
A S S O C I A T I O N

Expanding Scope of Practice

HB 2220 – Dentists Providing Vaccines

- Passed into law with overwhelming support in 2019, making Oregon the first state to allow dentists to administer all types of vaccinations to any patient of record.
  - Dr. Phillip Marucha, Dean of the OHSU School of Dentistry was a vital part of this effort.
- Rule making process is underway through the Oregon Board of Dentistry and OHA.
- Dental students at OHSU received their first training on administering vaccines on September 20, 2019.
- At least a dozen other states are interested in pursuing similar legislation in near future.

oregon dental ASSOCIATION

School of DENTISTRY
OHSU

Oral Health Integration

Oral Health Integration Challenges

- Defining and setting expectations for true oral health integration.

- Common barriers:
  - Primary care and behavioral health providers are extremely busy - "adding one more thing they must do".
  - It takes time to get all the pieces in place.
    - Agreements must be in place between all the different players.
  - Interprofessional medical-dental training is needed.
  - Electronic health systems may not talk to each other.
    - Causes establishing bi-directional referral systems more challenging.

Example: AllCare CCO

- Providing prevention and education services onsite at the behavioral and physical health clinic.
  – Currently piloting the project in Josephine County and plan to roll it out in Jackson and Curry Counties this year.

- Steps necessary to achieve this plan:
  – Identify a willing partner.
  – Train the providers and staff.
  – Give providers resources to educate clients on the importance of good oral health for chronic disease management.
  – Empower patients to take control of their dental health, which is such an important part of overall health.
  – Promote oral health integration between physical, behavior and dental.

Integrating Oral Health into School Settings

- OHA operates three statewide programs:
  - School Fluoride Tablet or Rinse Program
  - School-based Dental Sealant Program
  - Certification Program for School Dental Sealant Programs
- Some local school sealant programs are providing additional services such as fluoride varnish and silver diamine fluoride.

Certification Program Preliminary Data, 2018-19 School Year All Schools Served				
Program	# Schools Served	# Children Screened for Dental Sealants	# Children Who Received at Least 1 Dental Sealant	# of Dental Sealants Placed
OHA	17	1,331	879	2,907
Local	691	67,369	24,477	75,278
Statewide	708	68,700	25,356	78,185

Questions?