



Rural Oral Health

Looking at Oral Health Through a
Rural Lens:
With a Focus on Oklahoma

Oklahoma Oral Health Coalition
Marcia K. Brand, Ph.D.
DentaQuest Partnership for Oral Health
Advancement

This Presentation

- Setting the Stage For Our Discussion
 - A really quick overview of **oral** health disparities: a *national* perspective (so you have the data)
 - An really overview of **rural oral** health disparities: a *national* perspective (so you have the data)
- Now the good stuff: **oral** health in **rural Oklahoma**
- Opportunities and challenges to advancing **oral and rural** health: *nationally* and in **Oklahoma**

Oral Health: The National Perspective



Nationally, Achieving Good Oral Health Is a Significant Challenge for Many

Irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving dental care, compared to any other type of health care

American Dental Association



Lack of access to dental care leads to expensive emergency room care

Association of Health Care Journalists

U.S. Surgeon General "...there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a **silent epidemic of dental and oral diseases** is affecting some population groups."

"Individuals who are **medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health.**"

38% of older adults perceive their oral health as fair or poor; 40% have not seen a dentist in the past year

National Center for Health Statistics



Dental problems are among the most common health problems experienced by older adults.

American Geriatric Society's Health in Aging Foundation

An estimated 164 million work hours and 51 million school hours are lost each year due to oral disease

CDC, Division of Oral Health



“Oral health disparities are profound in the United States” *Centers for Disease Control and Prevention*

- **Overall.** Non-Hispanic blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.
- **Children and Tooth Decay.** The greatest racial and ethnic disparity among children aged 2–4 years and aged 6–8 years is seen in Mexican American and black, non-Hispanic children.
- **Adults and Untreated Tooth Decay.** Blacks, non-Hispanics, and Mexican Americans aged 35–44 years experience untreated tooth decay nearly twice as much as white, non-Hispanics.



SOURCE: Centers for Disease Control and Prevention: https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

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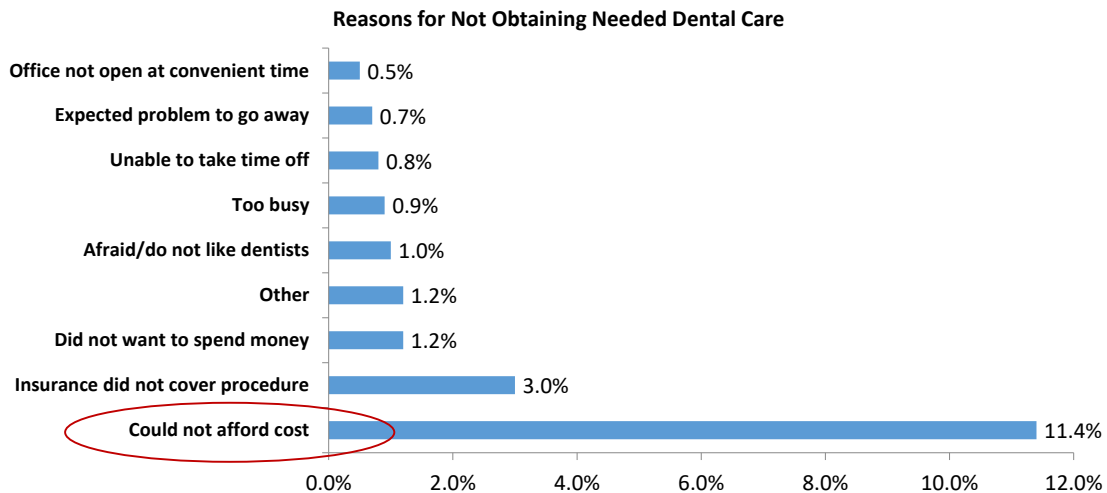
“Oral health disparities are profound in the United States” *Centers for Disease Control and Prevention*

- **Tooth Decay and Education.** Adults aged 35–44 years with less than a high school education experience untreated tooth decay nearly three times that of adults with at least some college education.
 - In addition, adults aged 35–44 years with less than a high school education experience destructive periodontal (gum) disease nearly three times that of adults with a least some college education.
- **Adults and Oral Cancer.** The 5–year survival rate is lower for oral pharyngeal (throat) cancers among black men than whites (36% versus 61%).
- **Adults and Periodontitis.** 47.2% of U.S. adults have some form of periodontal disease. In adults aged 65 and older, 70.1% have periodontal disease.
 - Periodontal disease rates are higher in men than women, and greatest among Mexican Americans and Non-Hispanic blacks, and those with less than a high school education.

SOURCE: Centers for Disease Control and Prevention: https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

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Cost Remains As #1 Barrier to Needed Dental Care



Note: 0.3% noted dental office is too far away; 0.1% indicated another dentist recommended not doing procedure

SOURCE: American Dental Association's Health Policy Institute, https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0419_1.pdf?la=en

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Adult Medicaid Dental Benefits Vary - Definitions

Benefit Level	Definition
None – 2 States	No dental benefits.
Emergency – 9 States	Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations. Includes OK.
Limited – 16 States	A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of \$1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA's Code on Dental Procedures and Nomenclature.
Extensive – 20 States	A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least \$1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per ADA's Code on Dental Procedures and Nomenclature

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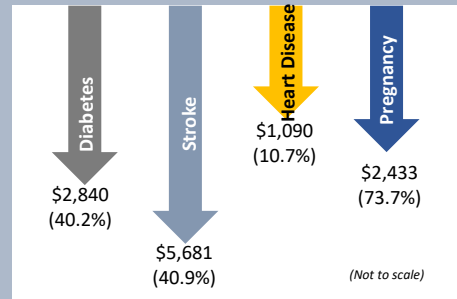
Evidence of How Oral Health Affects Overall Health Continues to Grow – And the Economic Impact

Medicaid Adults with Preventive Dental Benefits Have Lower Costs for Treating Certain Chronic Conditions

Chronic Condition	Cost Reduction
Heart Attack	36%
Diabetes	36%
High Blood Pressure	31%
Stroke	52%
Cancer	67%

Source: National Association of Dental Plans; Analysis conducted by Dept. of Public Health, University of Maryland; Nov. 23, 2017
<https://www.nadp.org/PressReleases/2017/11/23/nadp-analysis-shows-adults-with-medicaid-preventive-dental-benefits-have-lower-medical-costs-for-chronic-conditions>

Treating Gum Disease Means Lower Annual Medical Costs



Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et al., "Periodontal Therapy Improves Outcomes in Systemic Conditions." Abstract, American Association of Dental Research; March 21, 2014

Oral Health: The National Rural Perspective



Quick Rural Refresher: Where is it, who lives there, and what difference does it make?

- Rural – multiple definitions (USDA Rural/Urban Commuting Areas, OMB)
 - When in doubt, go to RHI Hub Am I Rural? Tool.
- 60 million people; roughly one in five Americans.
 - 78% white and non-Hispanic, but regional variations
- 60% live east of the Mississippi, almost half in the South
- Nearly 10 million live in poverty, highest among racial and ethnic minorities
- Higher percentages of elderly
- Higher rates of chronic disease (diabetes, CVD)
- Declining populations, limited infrastructure, transportation, employment, educational attainment...



How does “rurality” impact oral health care access and outcomes?

- **Provider availability** (limited number, willingness to take Medicaid)
 - Of the 5,866 Dental HPSA, nearly 66% are in rural or partially rural areas
 - High emergency department use for dental emergencies in rural hospitals; results in lost revenue, potential impact on small rural hospital closures
- High **dental care costs**, compounded by lack of dental insurance (i.e., employer)
- Lack of **transportation**
- Lack of **fluoridated water**
- Limited **oral health literacy**
- As a result:
 - Rural adults, ages 18 – 64 are 2X likely to be **edentulous**
 - Rural adults are more likely to have **untreated dental decay** (32.6 compared to 25.7% urban)
 - **Seniors** living in rural areas are **less likely to have a dental visit** in the past year; 20% have not had a dental visit for more than 5 years; 23% have had six or more teeth pulled; 20% are edentulous



Rural Oral Health In Oklahoma

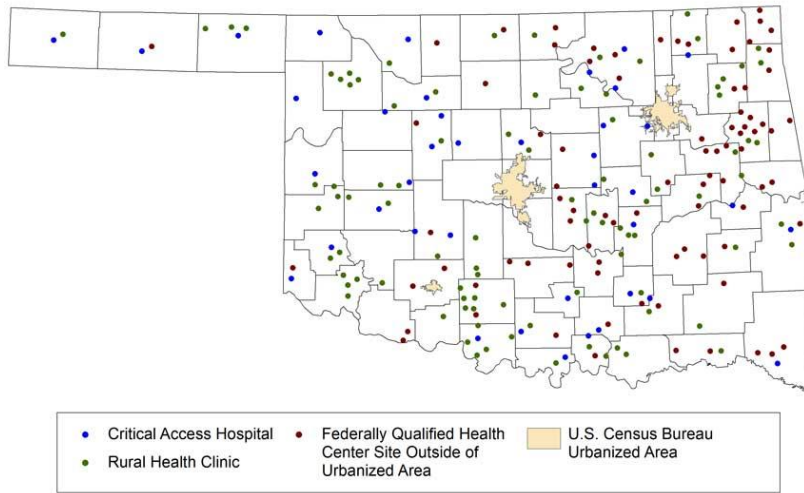
(Photo by David Waters)



What We Know About “Rurality” in Oklahoma

- Of Oklahoma’s population of 3.9 million, 1.3 million live in rural areas (USDA-ERS)
- Social Determinants of Health in OK:
 - Race and ethnicity – 74.2% white, 7.8% African-American, 2.3% Asian, 9.3% AI/AN, 10.9% Hispanic, 2.3% Asian (US Census Bureau)
 - Average income for Oklahomans in 2018 was \$46,233 for urban residents and \$38,714 for rural residents (USDA-ERS)
 - The rural poverty rate was 17.9%, compared to 14.4% in urban areas (ERS-ACS data)
 - 14% of the rural residents have not completed high school, compared to 11.2% of urban residents

Selected Rural Healthcare Facilities in Oklahoma



Source(s): data.HRSA.gov,
U.S. Department of Health and Human
Services, January 2020

Opportunities for Improving Oral Health in Rural America – and Oklahoma!

Opportunity.

How has the **health care environment** changed in ways that support improving oral health in **all** rural communities?

- **Evolving policy environment** for both **oral health** and **rural health** creates opportunities for improving rural oral health outcomes, working at state and national levels
 - Growing body of **clinical research** demonstrates the relationship between general health and oral health
 - Growing body of **economic research** demonstrates costs savings by patient and across populations when oral health needs are addressed
 - New **dental delivery and payment models** and health care redesign
- Efforts to **integrate oral health into overall health** increases the rural health workforce engaged in their patients oral health
- **New technologies** – telehealth, mobile dentistry expand access
- **Efforts to improve data collection** – “cutting” data rural and urban to better understand rural oral health challenges



Improving Rural Oral Health: Opportunities For **All** Rural Communities

- Partner with the **National Rural Health Association** (23,000 members, state affiliates) on their Rural Oral Health Initiative
- Continue to provide input into the new **Surgeon General's Report**, asking the SG to consider the unmet oral health care needs of rural communities
- Review a **new report** to the HHS Secretary on rural oral health – strategies?
- Grow support for coverage of medically necessary and dental care coverage through **Medicare** (rural populations tend to be older)
- Continue efforts to expand **Medicaid dental coverage for adults**
- Work with states to expand the **oral health workforce, scope of practice**
- **New Executive Order** related to Rural Health by the Trump Administration



Improving Rural Oral Health: Opportunities For **All** Communities

- Make the connection between **opioid and substance use disorder** and unmet dental needs to policymakers
- Create community-based programs that **limit wasted ER use** for dental problems
- Promote the relationship between oral health and **employability**
- Promote oral health and **student performance**
- Create new **dental care delivery models**
 - Link rural health clinics to include on-site or partnership with dental providers
 - Increased reimbursement for patient-centered care strategies



Oral Health: All Those, and More! Opportunities and Challenges **for Oklahoma**

- OK's Medicaid expansion doesn't expand adult dental coverage. Keep working!
- Recruiting dental providers – graduating dentists are reluctant to locate in a rural area. Compounded by educational debt (\$237,000) for an in-state student. What can OK do to attract new dental providers? NHSC!
- Promoting the public health dental hygienist and expanded scope of practice, practice in school-based and community settings.
- Oral health surveillance – data to drive decision-making always a challenge - can you cut Oklahoma data rural/urban?
- Medical/dental integration – e.g., a prenatal “to-do” checklist should include a dental exam and prophylaxis. Leverage through Medicaid?
 - Engaging other health care providers “expands” the rural oral health workforce.

Oral Health: Opportunities and Challenges for Oklahoma

- OK's oral health strategic plan – update in response to OK Oral Health Report Card?
- Key issues/opportunities could include:
 - improving data collection
 - expanding the dental workforce in underserved areas through economic incentives
 - expanding public health dentistry throughout the state
 - enhancing prevention through policy action and improved oral health literacy – **all important for rural areas.**
 - employ new technologies, like telehealth!

Discussion and Questions?

