



**Oklahoma
Oral Health
Coalition**

Raising the Grade on
Oral Health in
Oklahoma
WEBINAR SERIES

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Working-Age Adults

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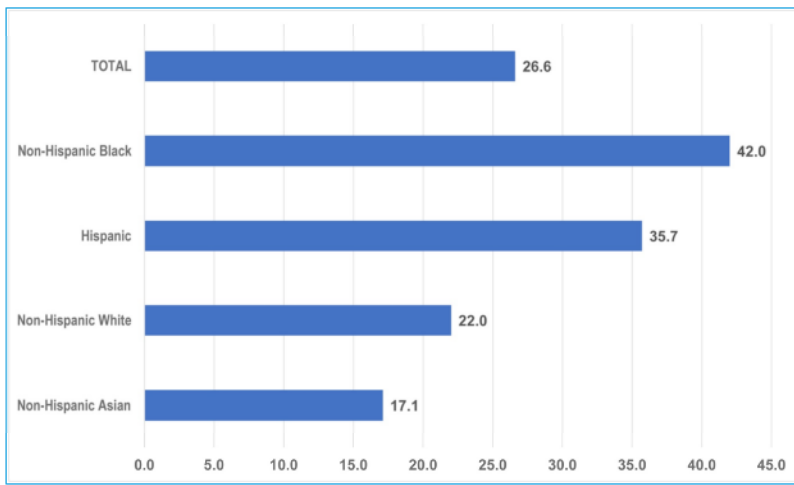
This webinar focuses on low-income, uninsured Working-age Adults in Oklahoma and the challenges they face in accessing dental care.

In this overview I'll quantify the scope of the problem and define the oral health safety net that works to address it.

After that, you'll hear directly from some of the organizations who are a part of the safety net and how they help their patients or clients. At that time, I'll also report on the experience our Foundation has gained by conducting the COVID-19 Pandemic Dental Emergency Response Program since April 2020.

The goal is for you to gain some fresh insight and ideas for how you can serve your constituents or collaborate with other organizations to expand your reach.

Untreated caries in adults ages 19-64



Working-age adults

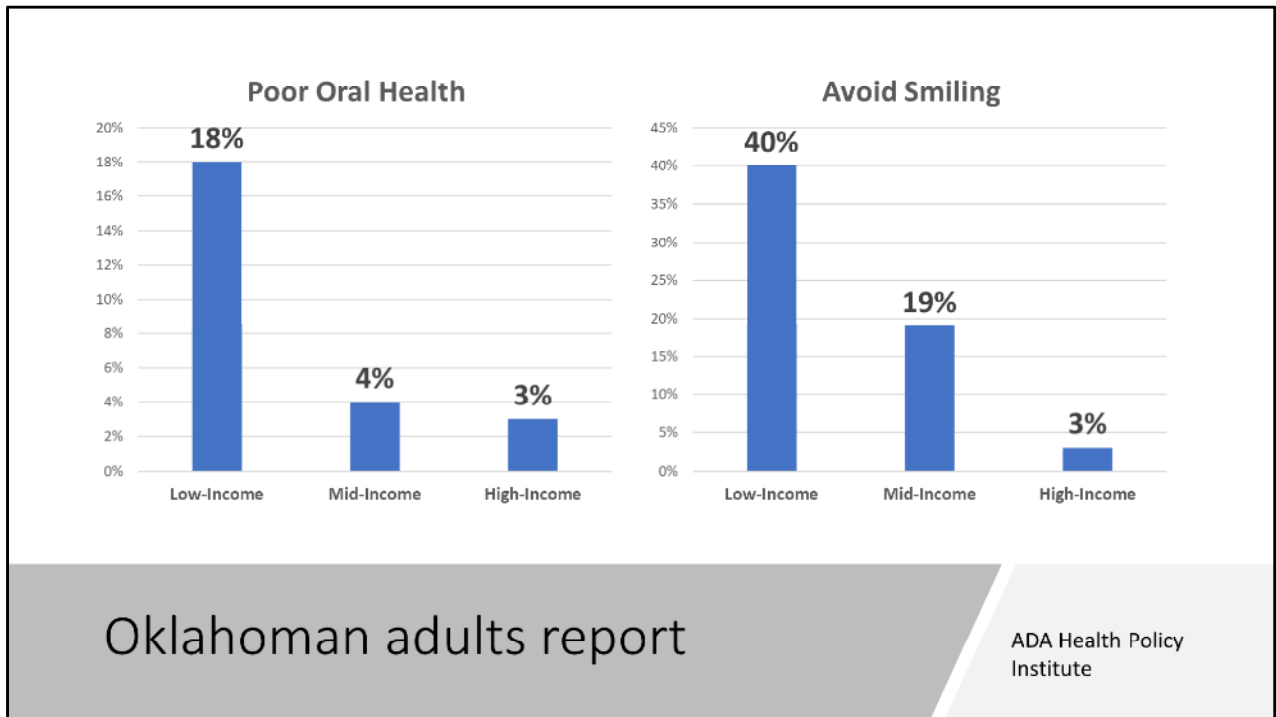
CDC National Center for Health Statistics

There is not a great deal of Oklahoma-specific research available but here is what we know about working-age adults in the U.S. –

As a whole, regardless of income and race, adults ages 19-64 have the highest rate of untreated dental decay of any age group at an overall rate of 26.6%.

There is significant disparity correlated to race, but that is another webinar!

Source: CDC, National Center for Health Statistics Data Brief No. 197, May 2015



The lack of access to dental care greatly impacts working-age adults.

18% of low-income Oklahomans self-report having poor oral health and 40% report avoiding smiling due to the condition of their mouth.

Oklahoma Oral Health Report Card 2020 Comparison Chart



% of adults ages 18-64 who visited the dentist in the last year

Data Year	OK%	US%	% Difference	Grade
2016	58.2	65.7	12.1 worse	D
2018	60.4	66.5	9.7 worse	C

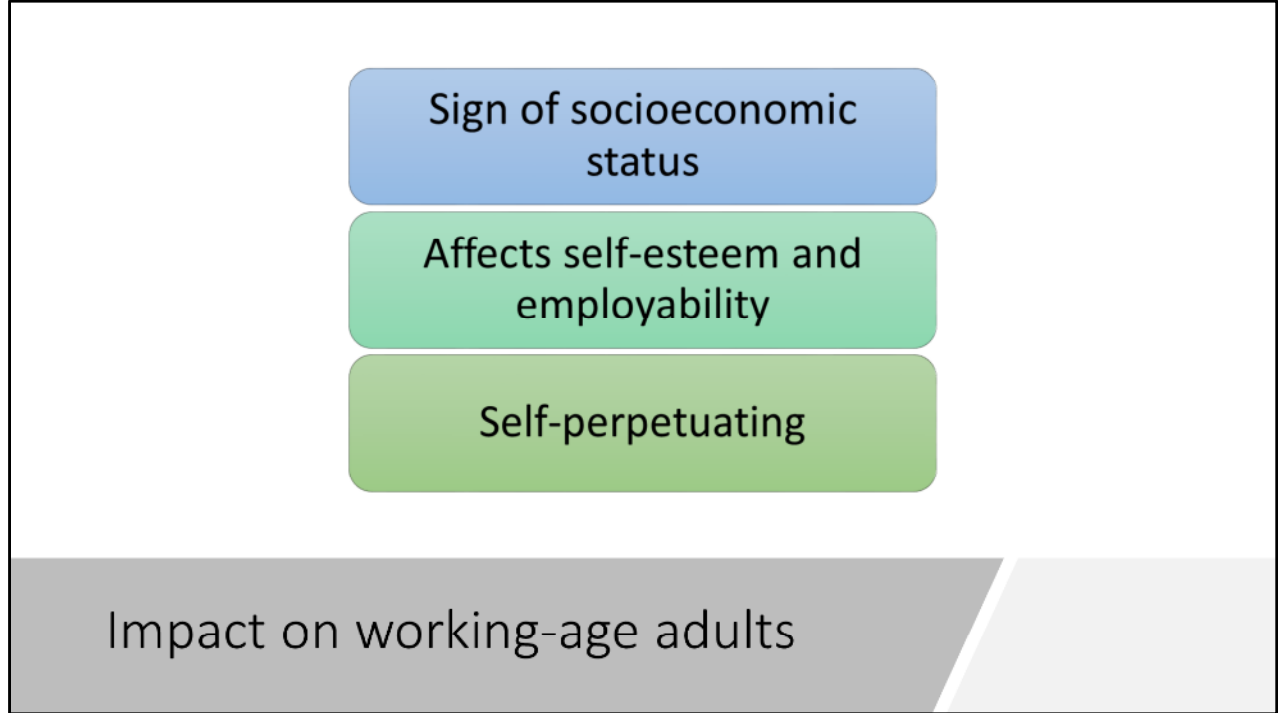
Oral Health Indicator

CDC Division of
Oral Health

One of the indicators on our own 2020 Oklahoma Oral Health Report Card measured the % of working-age adults who visited a dentist in the past year. The Report Card used the most recent CDC data available at the time (data year 2016) and we scored a D in relation to the rest of the nation.

The CDC recently released 2018 data, and I'm very pleased to say that we improved to a C for this indicator! (I have a feeling all that ground was lost in 2020. But we'll take the win for now!)

Source: <https://www.cdc.gov/oralhealthdata/index.html>



Untreated dental decay is particularly damaging when it shows. Some would say poor dental appearance is the last tolerated form of classism in the U.S., and perhaps no segment of the population is impacted by this aspect more than working age adults.

Dental appearance is a **powerful sign of socioeconomic status** and research indicates that visibly poor oral health **negatively affects self-esteem and employability** -- and is **self-perpetuating**.

For example, Bob has missing and decayed front teeth because he doesn't have a good-paying job with dental benefits. And he doesn't have a good-paying job with benefits because he has missing and decayed front teeth.



Cost



**Time Off
Lost Wages**



**Access to
dentist**



Transportation



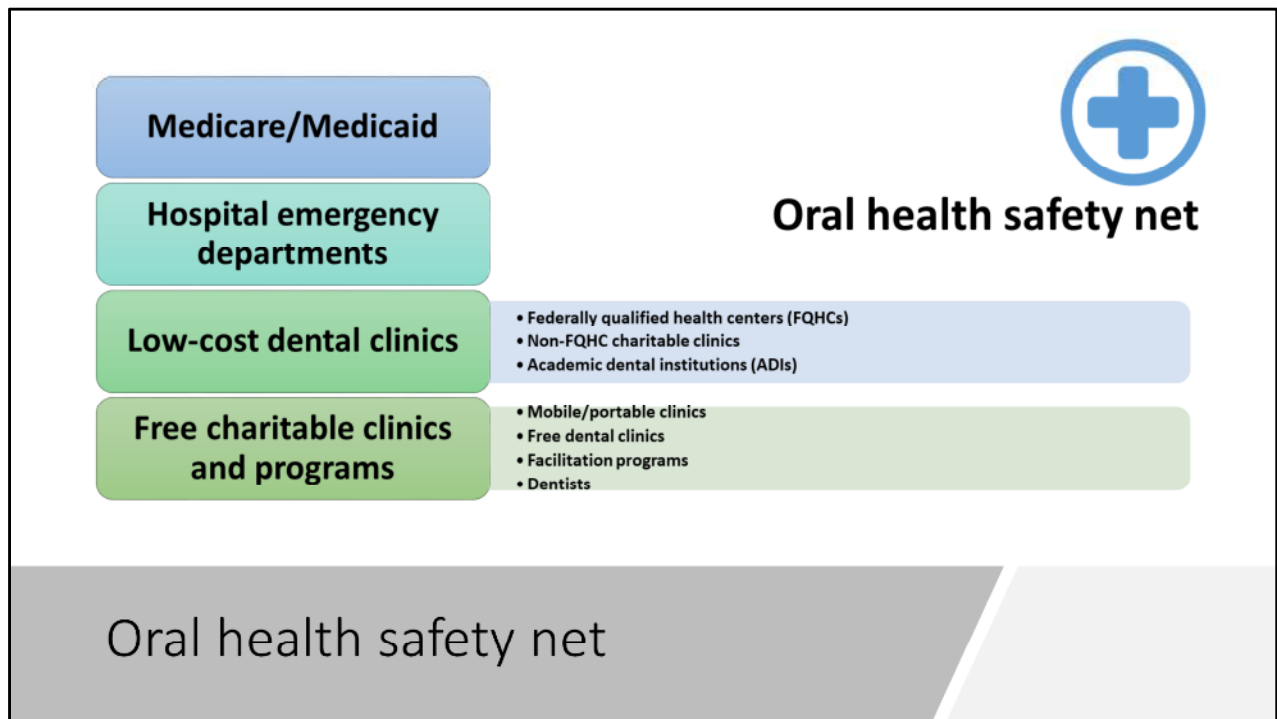
Childcare

Barriers to care: Working-age Adults

Cost may be the most obvious barrier to dental care, but it's certainly not the only barrier.

Other barriers include :

- The inability to take time off from work or the wages lost when they do;
- Access to a dentist – either geographical or availability of appointments, especially in regard to Soonercare providers;
- Transportation;
- Childcare or other responsibilities also interfere with this group's ability to visit a dentist.



The Oral Health Safety Net exists to help meet the needs of people unable to access dental care on their own through the private practice sector.

The safety net is not a formal, organized system, but instead a collection of highly diverse components:

Medicaid/Medicare, Hospital ED, Low-cost clinics, Free clinics & programs.

Dr. Luce will discuss SoonerCare, Oklahoma’s Medicaid program next.

Hospital Emergency Departments are a de facto component of the safety net, but frankly should not be. I’ll talk more about that later when I present findings from our pandemic ED diversion program.



**Federally qualified
health centers (FQHCs)**



**Non-FQHC
charitable clinics**



**Academic dental
institutions**

Low-cost dental clinics

Examples of low-cost dental clinics include:

Federally Qualified Health Centers (FQHCs) – also known as Community Health Centers (CHCs) – which are 501(c)3, nonprofit dental clinics with sliding fees scales.

Non-FQHC nonprofit clinics, like NSO Dental Clinic in OKC, and

Academic Dental Institutions:

- OU College of Dentistry and dental hygiene programs – which provide reduced-fee quality care & indigent care funds.
- Dental Hygiene Programs such as those at Rose State College and Tulsa Community College.

Mobile/Portable Clinics

- MobileSmiles Oklahoma
- Oklahoma Mission of Mercy
- Remote Area Medical

Free clinics and programs



Charitable mobile and portable dentistry components of the oral health safety net utilize volunteer dentists and include programs like:

- MobileSmiles Oklahoma, a program of Oklahoma Dental Foundation
- Oklahoma Mission of Mercy, a partnership program of Oklahoma Dental Association, Oklahoma Dental Foundation and Delta Dental of Oklahoma Foundation
- Remote Area Medical (RAM) Oklahoma, a program of the Oklahoma Rural Health Network

There are also mobile units operated by Community Health Centers and Tribes.

Fixed (Brick & Mortar) Clinics

- Broken Arrow Neighbors
- Catholic Charities - Tulsa
- Crossings Clinic – OKC
- Good Shepherd Clinic – OKC
- Ministries of Jesus – Edmond
- Morton Homeless Clinic – Tulsa
- Hearts that Care– Lawton
- Christian Clinic of Grand Lake – Grove
- Hope Dental Clinic – Elk City
- King’s Klinik – OKC
- Open Wide Clinic – OKC
- Green Country Clinic – Bartlesville

Free clinics and programs

Numerous free dental clinics deliver direct care throughout the state year round. Generally, the **need** for services far exceeds the **capacity** of these clinics.

Volunteer Care Facilitation

- D-DENT and EODDS
- Recruit/maintain roster of dentists
- Process applications
- Match patients to dentists
- Comprehensive dentistry including dentures

Free clinics and programs

Volunteer Care Facilitation has been around for more than 20 years. D-DENT (Dentists for the Disabled and Elderly in Need of Care) and EODDS (Eastern Oklahoma Donated Dental Services) are administrative programs that recruit and maintain a roster of dentists who volunteer to treat one or more patients per year in their own private practices. D-DENT and EODDS process the applications and match the patients to volunteer dentists. The programs provide comprehensive dentistry, including dentures. But there is generally a significant wait list for these services.

Compensated Care Facilitation

- City Rescue Mission
- Heart & Hand Ministries Fund
- Red Rock Jordan's Crossing
- ReMerge of Oklahoma County
- Women in Recovery – Tulsa County
- Charitable Funds at Community Health Centers

Free clinics and programs

Compensated Care Facilitation is a newer concept, that was born from the need to expand capacity beyond what volunteer dentists alone can provide. In this model, Delta Dental of Oklahoma Foundation provides a grant to an organization that is already providing wrap-around services to a particular population. The organization uses this Compensated Care Fund to pay for dental care either through one of the low-cost dental clinics I mentioned earlier, or through a private practice dentist who is willing to deliver the care at Medicaid rates.

2019 Capacity

- 27 free clinics & programs
- Served **12,762** adults over 19

Free clinics and programs

Delta Dental of
Oklahoma Foundation

Let's talk about output... in 2019, the 27 free clinics and programs I just mentioned served 12,762 adults over age 19. The value of the care delivered was more than \$10 million! That's awesome!

To clarify: this is the capacity of the **free** clinics and programs only. The low-cost clinics have their own capacity.

Dental Coverage

Working-age adults in Oklahoma		2,366,269
With private dental insurance	46%	1,086,000
With Medicaid (SoonerCare) coverage	10%	227,000
Total with dental coverage	56%	1,313,000

44% of working-age adults are dentally uninsured: 1,052,000

Scope of Need

Census Fast Facts
CDC

Now, let's look at the **scope of the need....**

Just over a million working-age adults in Oklahoma are dentally uninsured.

Now, theoretically, just because you don't have dental insurance doesn't mean you can't afford dental care, right?

So, let's look at income now...

(Note: These figures are pre-Pandemic and regional. The number of dentally uninsured individuals in Oklahoma is likely higher.)

Sources:

<https://www.census.gov/quickfacts/fact/table/OK/PST045219>

<https://www.cdc.gov/nchs/products/databriefs/db336.htm>

Income

Federal Poverty Guidelines	100%	150%	200%
Individual	\$12,760	\$19,140	\$25,520
Family of 4	\$26,200	\$43,020	\$52,400

Working-Age Adults			Excluding SC
Living at or below 100%	15%	359,673	132,130
Living below 200%	34%	808,616	581,073

Scope of Need

Census Fast Facts

About 15% of working-age adults in Oklahoma– that’s about 360,000 – live at or below the **poverty level**.

Just to be nice, we’ll **exclude** the SoonerCare adults from that figure. I say that because – spoiler alert – SoonerCare currently only covers extractions. That means SoonerCare adults need safety net resources for all other care. But I’ll let Dr. Luce elaborate on that! Even if you assume 227,000 SoonerCare adults are getting the dental care they need, we still have 132,130 adults **at** the poverty level.

Keep in mind, the poverty level is just \$12,760 for an individual and \$26,200 for a family of four. Even if an individual is living at **200%** of the poverty level – making \$25,520 – cost is still going to be a huge barrier to care. Can we agree on that? Unfortunately, **808,616 working-age adults** in Oklahoma are living **under 200%** of the Federal Poverty Level. If you exclude SoonerCare adults, we still have 581,073 working-age adults who most likely cannot afford dental care.

Remember that number of adults served by all those free dental clinics & programs in 2019?

12,762 vs. 581,073

That’s quite a gulf. Now, to be clear, free dental programs are **not** the answer. They are the **last resort**. One key is to **help patients afford** their own care at low-cost clinics. Another possible key is SoonerCare expansion.



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*I am a perpetual student of this subject and
welcome your questions, feedback and corrections!*



Contact Me

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