



Oral Health 101

April 22, 2024



Schuyler
Center

Statewide, nonprofit, policy analysis and advocacy organization working to shape policies to improve health, welfare and human services for all New Yorkers, especially children and families experiencing poverty and impacted by inequity.

Future Oral Health Workforce: Oral Health Equity Through Workforce Design

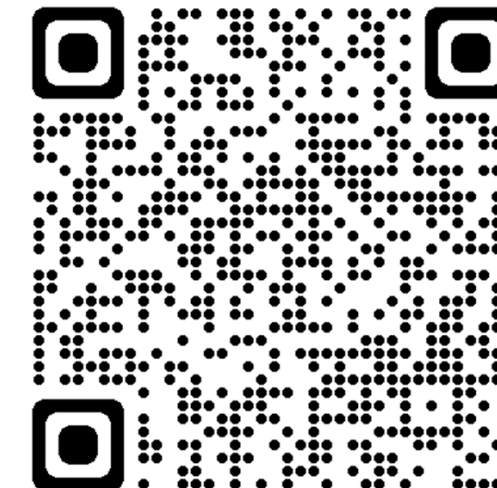
Workgroup Groups

- **Explore topics with broad audience**
- **Learn from those experiencing unmet oral health needs**
- **Organize & synthesize what we are learning**

Data Informed

Report in December

- **Consumer informed policies to provide care for those with unmet need**



Oral Health Workforce

The Future Oral Health Workforce Project: Oral Health Equity Through Workforce Design

Schuyler Center has been awarded a grant from CareQuest Institute for Oral Health to develop recommendations addressing the tremendous unmet need for preventive and routine oral health services in New York populations, especially New Yorkers with low income. The focus will be on increasing the availability of care by identifying comprehensive changes to policies that address the state's significant oral health workforce shortage.

[Learn more about the project.](#)



Data Dashboard coming soon.

To join our email list:
oralhealth@scaany.org

Upcoming Webinars

Project Kick-Off – *The Future Oral Health Workforce Project: Oral Health Equity Through Workforce Design*

Thursday, March 14

2:00 – 2:30 PM



We're a national organization dedicated to building the power of people to create a health system rooted in race equity and health justice and a society where health is a right for all. Together with partners, we're building a powerful, united movement with a shared vision of and strategy for a health system accountable to all people.

300+ partner organizations at the local and state level

45+ states where we do our work

9 states where we've incubated health advocacy organizations





Community Catalyst created the Dental Access Project to address inequitable access and other barriers to care. We partner with community advocates to identify and implement community-based solutions. We've built a national network of local, state, and tribal partners that have joined together to offset the power balance in dentistry, putting community voices and community interests first—even in the face of special interest groups.

14

years of work on oral health

40+

states where we've provided technical assistance

5

staff focused on oral health



**For the Chat: When you hear the words
"oral health" what comes to mind?**

“ Poor teeth, I knew, beget not just shame, but more poorness: people with bad teeth have a harder time getting jobs and other opportunities. People without jobs are poor. Poor people can’t access dentistry – and so goes the cycle. ”

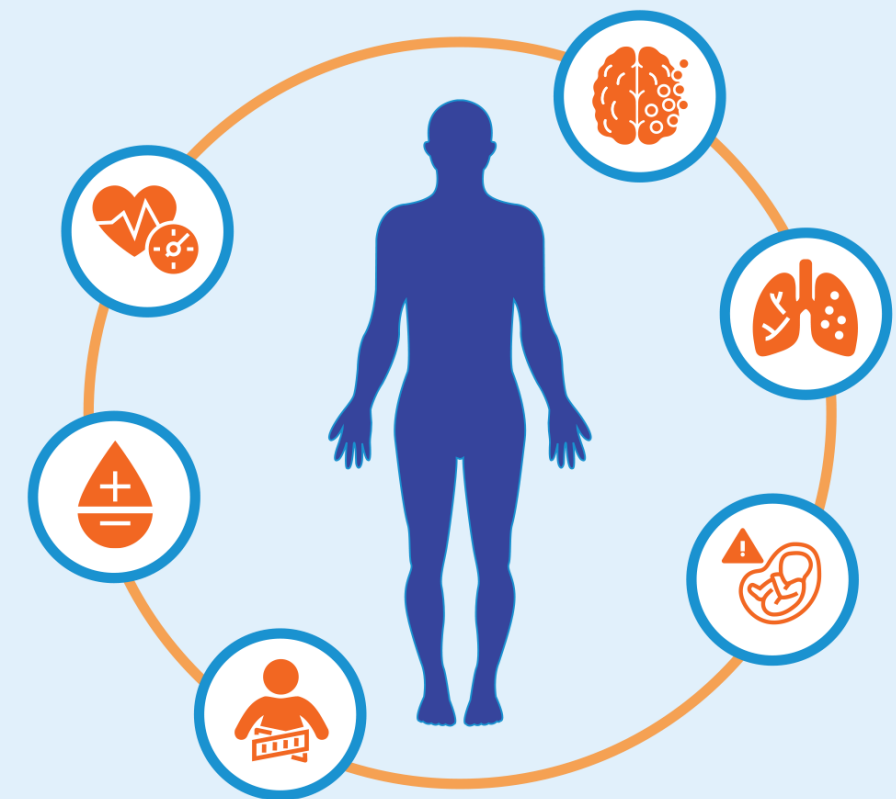
–Sarah Smarsh, “Poor Teeth”



Physical & Mental Health

- The health of your mouth impacts the health of the rest of your body. Poor oral health is connected to...
 - Difficulty eating and malnutrition
 - Diabetes
 - Heart & lung disease
 - Dementia
 - Adverse birth outcomes
- There is a heavy stigma against ‘bad teeth’ in our society. This stigma combined with the physical effects of dental disease can be a factor in depression and low self-confidence.

Oral health is associated with several systemic conditions, including cardiovascular disease, diabetes, and adverse pregnancy outcomes.

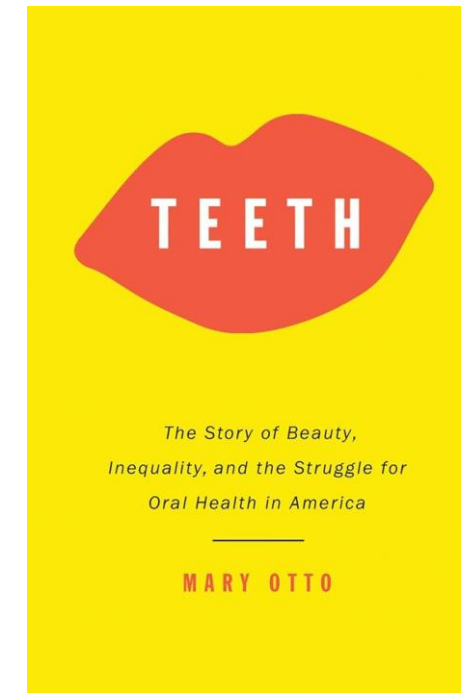


Credit: CareQuest Institute for Oral Health



Economic Wellbeing

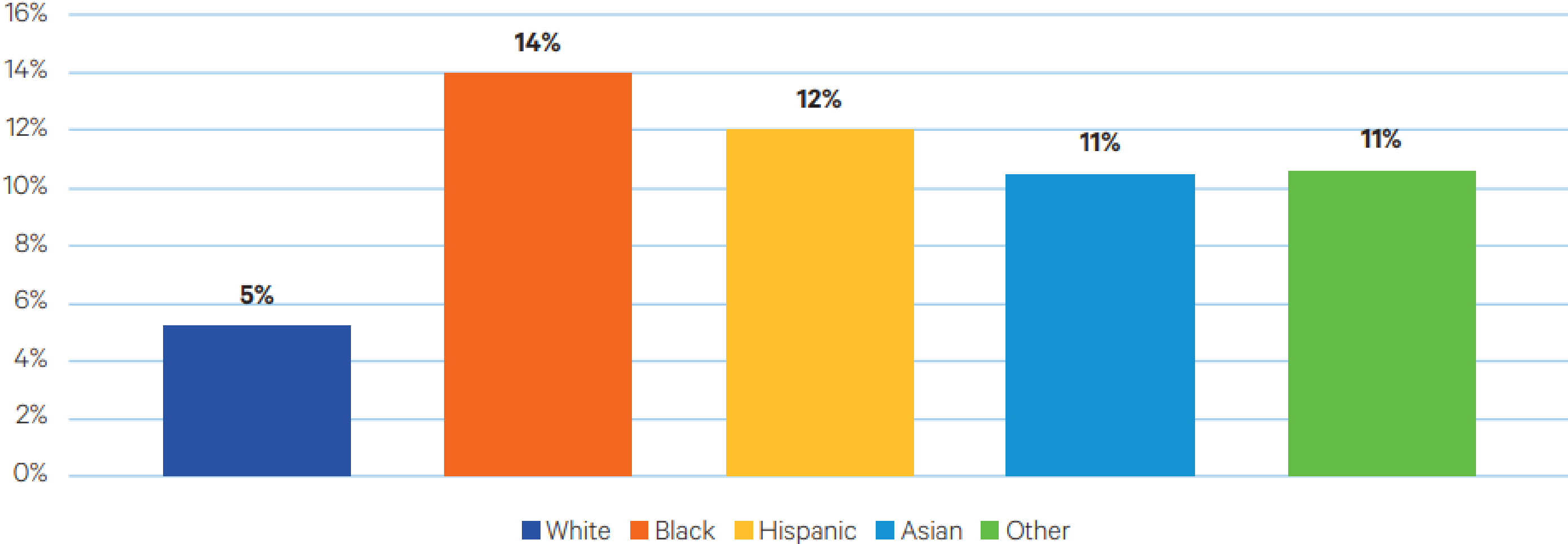
- Untreated dental disease can cause missed work and school and pain can make it hard to focus, impacting scholastic achievement and professional success.
- Due to social stigma, people with visible dental disease or missing teeth have fewer job opportunities and earn less money over their lifetimes.
- ‘Bad’ teeth are one of the most visible class symbols in America



“The teeth are made from stern stuff. They can withstand floods, fires, even centuries in the grave. But the teeth are no match for the slow-motion catastrophe that is a life of poverty.”



Missed Work/School Due to Oral Health Problem



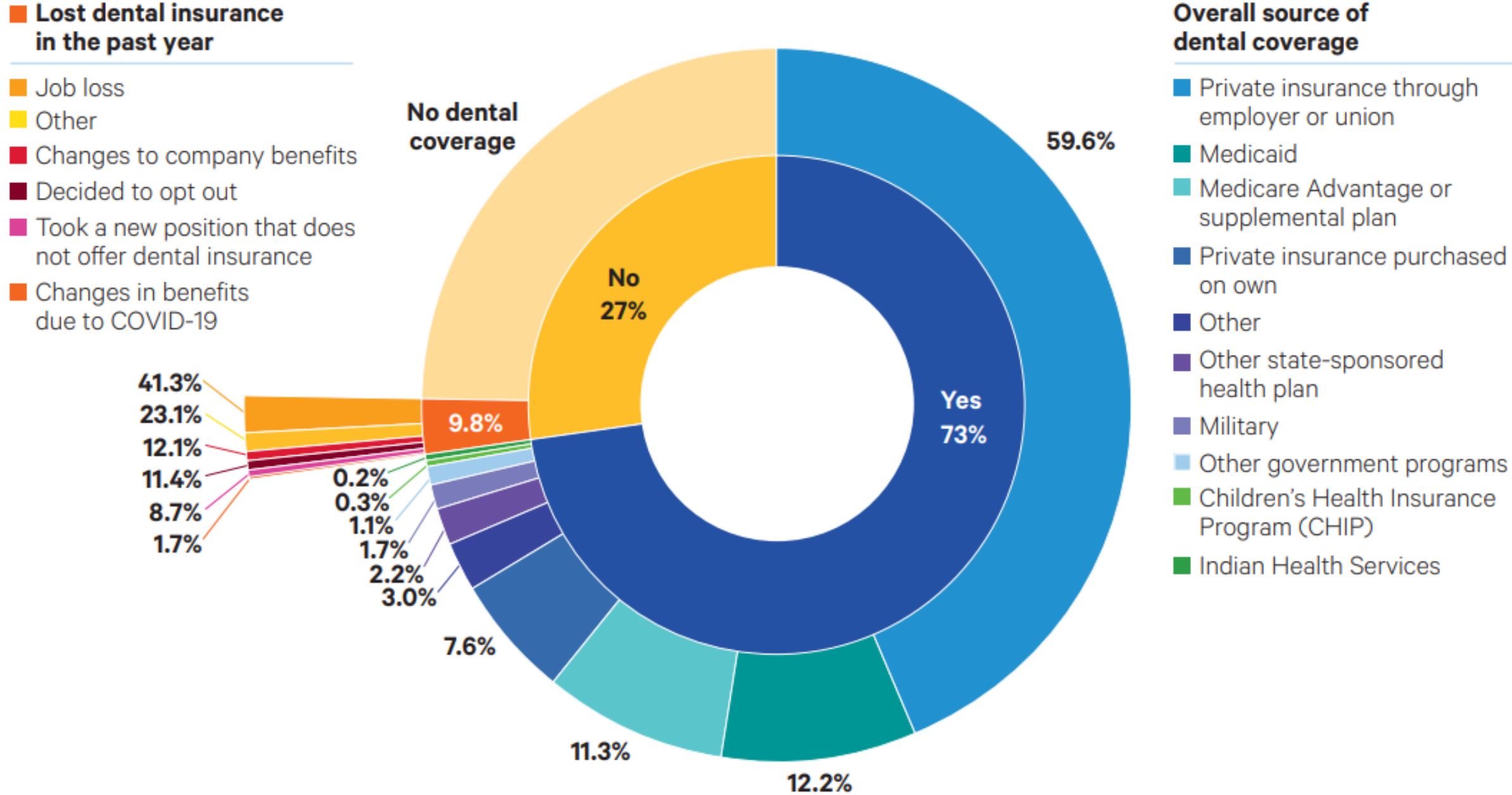
Source: CareQuest Institute for Oral Health, Cost, Race, and the Persistent Challenges in Our Oral Health System (2023)

Coverage

- Coverage for dental care is treated as optional in the U.S.
 - Medicare doesn't include dental benefits
 - Medicaid isn't required to cover routine dental care for adults and only about half of states do
- 27% of Americans lack dental coverage (3x the number who lack health insurance)
- With 14 million people losing Medicaid due to redetermination, many newly lack coverage



Do Americans have dental coverage? Where do they get it? Why do they lose it?

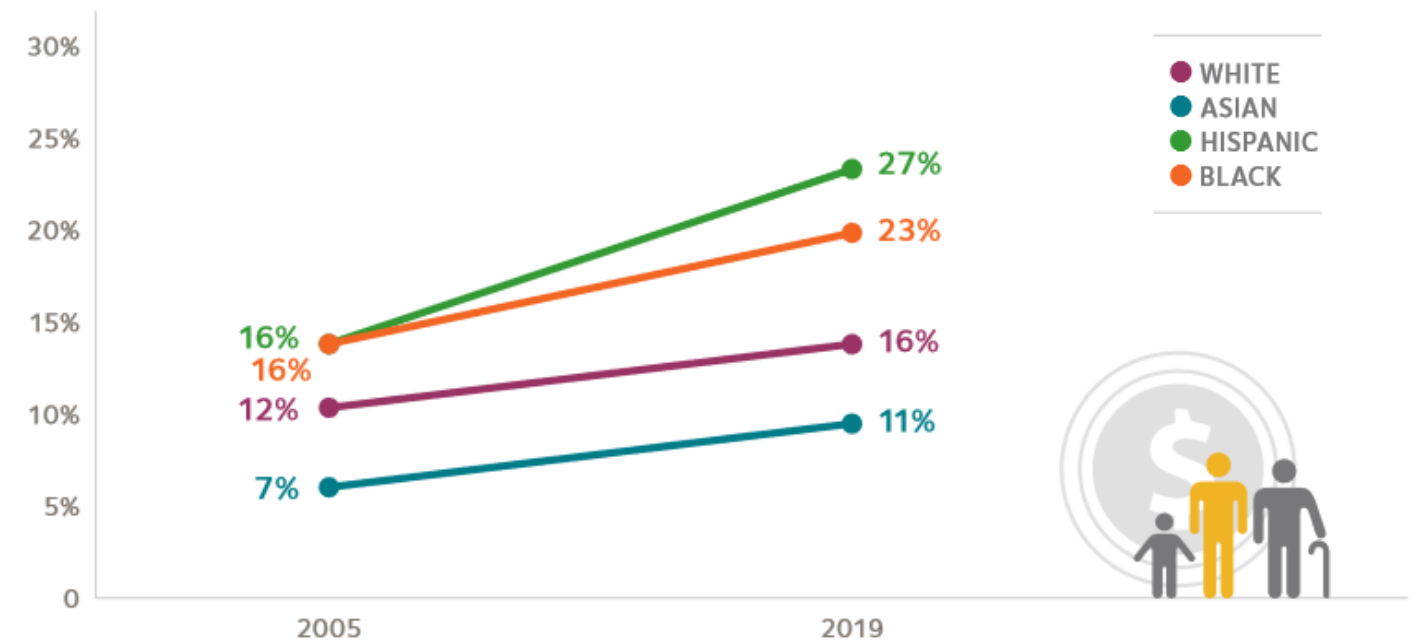


Source: CareQuest Institute for Oral Health, Uninsured and in Need (2023)

Coverage ≠ Care

- Care is often inaccessible for even people with dental benefits
- Most private plans have maximum benefits of \$1,000-\$2,000 and high cost sharing for advanced care
- 2/3 of dentists don't accept Medicaid
- Safety-net clinics are overstretched and often have long wait times for appointments
- Over a quarter of U.S. adults have put off dental care due to cost

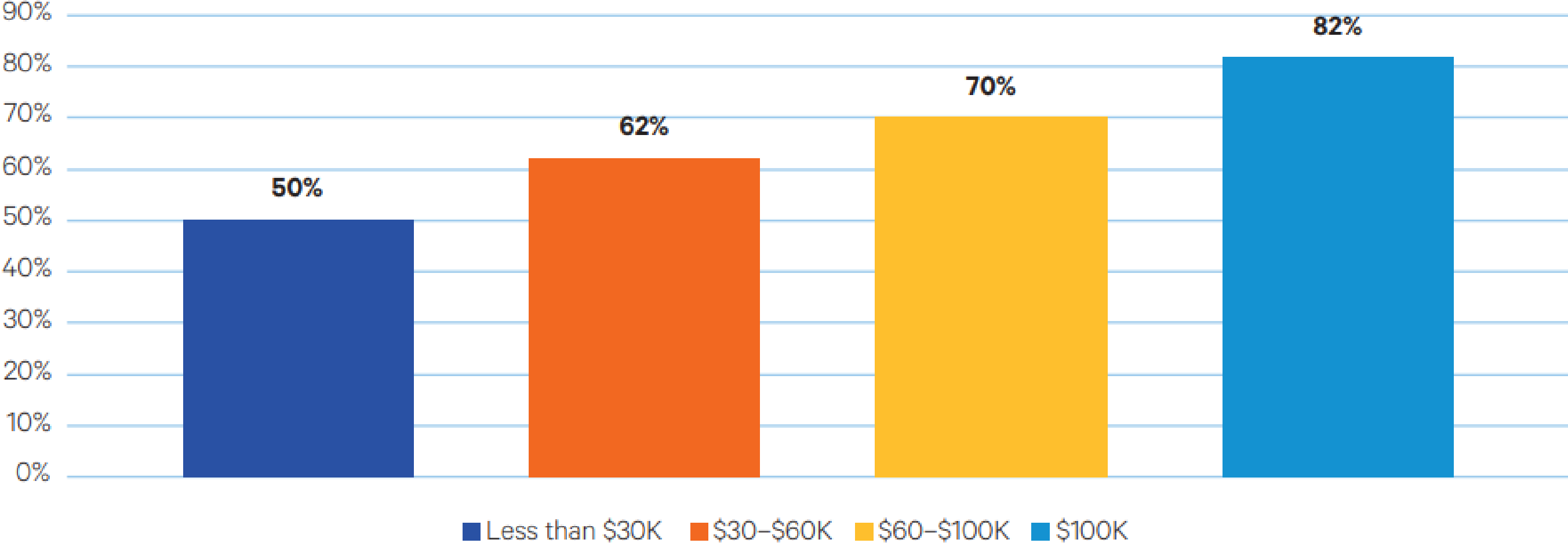
PERCENTAGE REPORTING COST BARRIERS TO DENTAL CARE – ADULTS



Source: ADA Health Policy Institute.



Dental Visit Within the Last Year by Income



Source: CareQuest Institute for Oral Health, Cost, Race, and the Persistent Challenges in Our Oral Health System (2023)

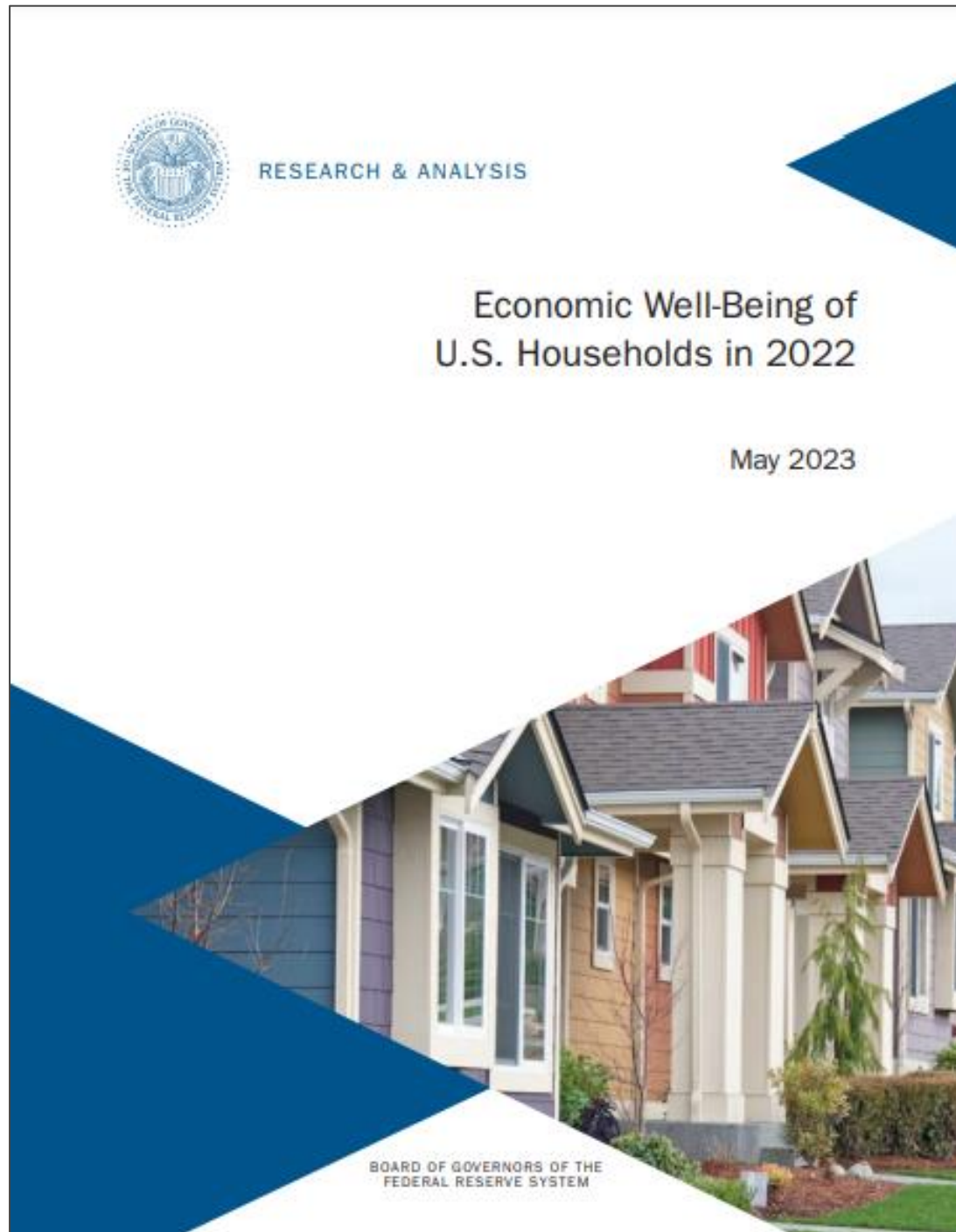
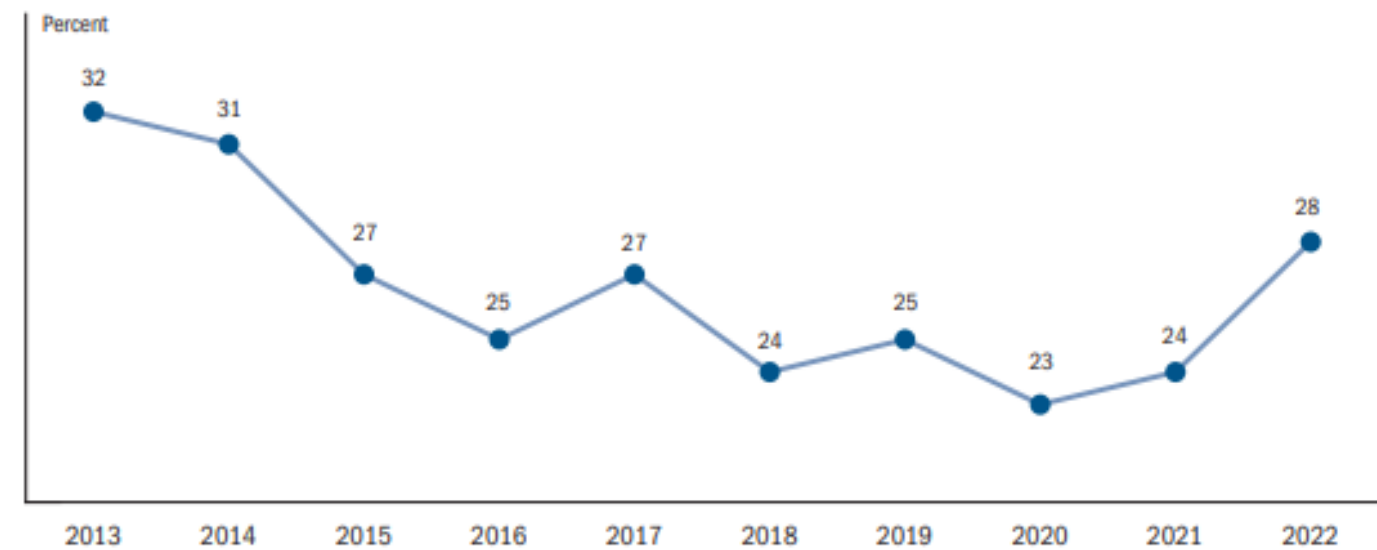


Table 13. Forms of medical treatment skipped because of cost in the prior 12 months

Type	Percent
Dental care	21
Seeing a doctor or specialist	16
Prescription medicine	10
Follow-up care	10
Mental health care or counseling	10
Any treatment	28

Note: Among all adults. Respondents could select multiple answers.

Figure 20. Skipped medical treatment because of cost (by year)



Note: Among all adults.



One result... debt

- Dental debt is one of the leading drivers of medical debt in the U.S. (50% of people with medical debt report that dental care contributed)
- Recent increases in dental offices offering “care credit,” which is an interest deferred loan. Much like payday loans, care credit can come with hidden fees and high interest rates that patients may not understand and can trap them in a cycle of debt

41%

**of U.S. adults have
medical or dental debt**



IBISWorld

INDUSTRY REPORT

Medical Patient Financing in the US

Sep 2023

“Rising national healthcare expenses alongside declining private insurance coverage are driving consumers to seek medical patient financing services to cover their medical expenses.”

“Dental care financing is a crucial sector of the medical financing industry. This is because of its **assistance in managing the costs of standard dental procedures that traditional insurance doesn’t cover.**”

“**Dental financing comprises 59% of industry revenue.**”

“Poor and near-poor households earn below or slightly over the Federal Poverty Level (FPL). **These households contribute considerably to industry revenue.**”



Cost of the status quo

- Lack of access to care leads to emergency room (ER) use
 - ~2 million ER visits for dental pain every year
 - \$2 billion annual cost
 - People with disabilities 3x more likely to visit ER for dental pain
 - And care provided can't treat the underlying problem... patients still need a dentist!
- Much of this cost is paid for by counties, states and the federal government via Medicaid and public hospitals



Current Oral Health Workforce

57 million

people are living in areas without enough dentists

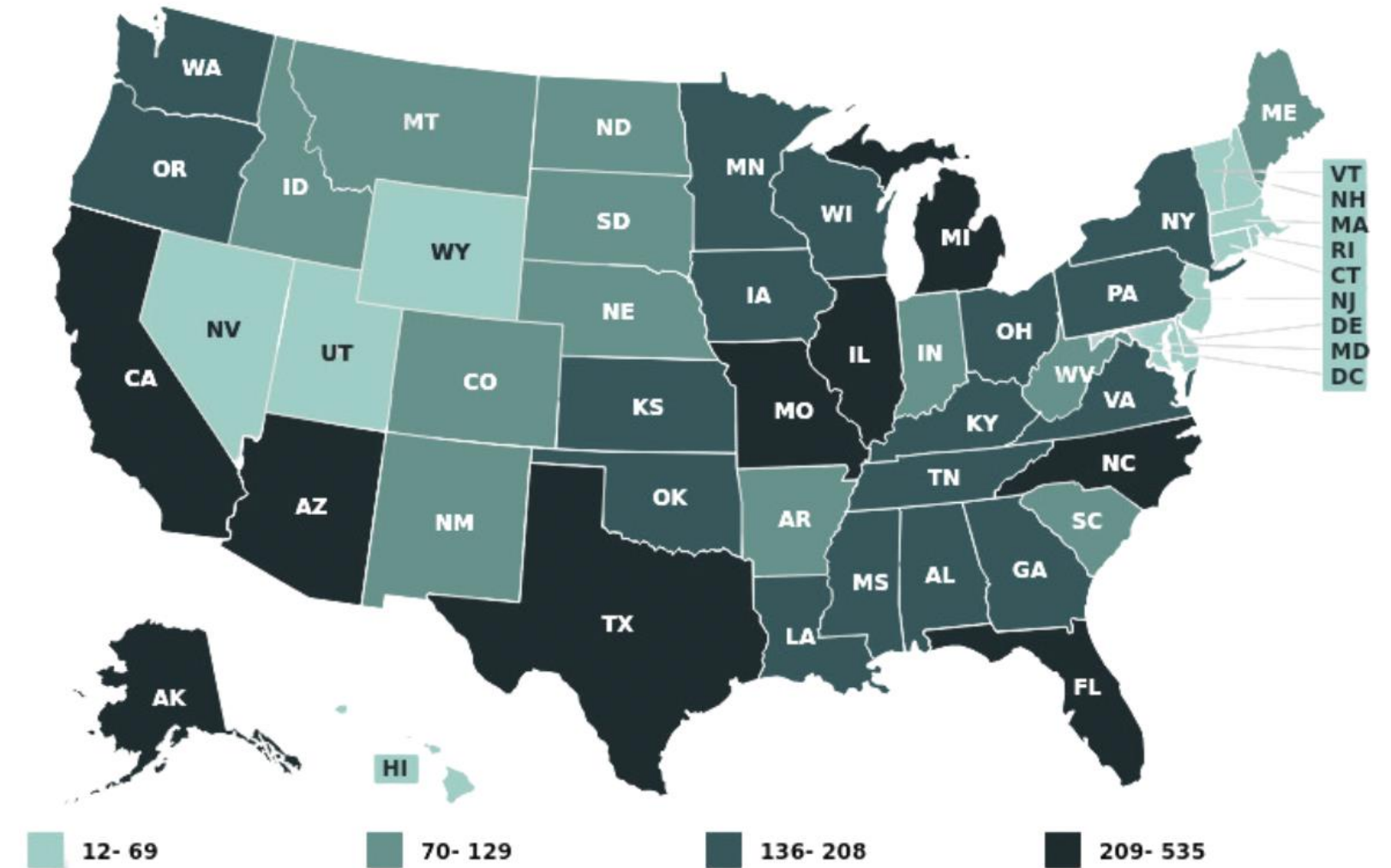
95%

of dentists report recruiting dental hygienists is extremely or very challenging

84%

of dentists report recruiting dental assistants is extremely or very challenging

Dental Care Health Professional Shortage Areas (HPSAs): Total Dental Care HPSA Designations, As of November



SOURCE: KFF's State Health Facts.



Workforce vs. Population

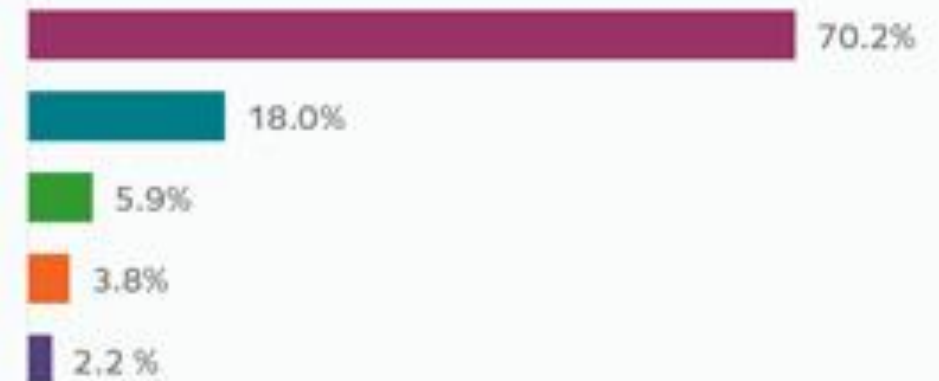
RACIAL AND ETHNIC MIX OF THE DENTIST WORKFORCE IN THE U.S.

- WHITE
- ASIAN
- HISPANIC
- BLACK
- OTHER



DISTRIBUTION OF DENTIST WORKFORCE, BY RACE

2020



DISTRIBUTION OF U.S. POPULATION, BY RACE

2020



The dental team is changing...

Traditional team:

- Dentists
- Dental hygienists
- Dental assistants



New team can include:

- Dentists (including more specialization and new specialties)
- Dental hygienists (w/ more duties)
- Dental assistants
- Expanded function dental assistants
- Dental therapists
- Community health workers
- Care coordinators
- Medical providers



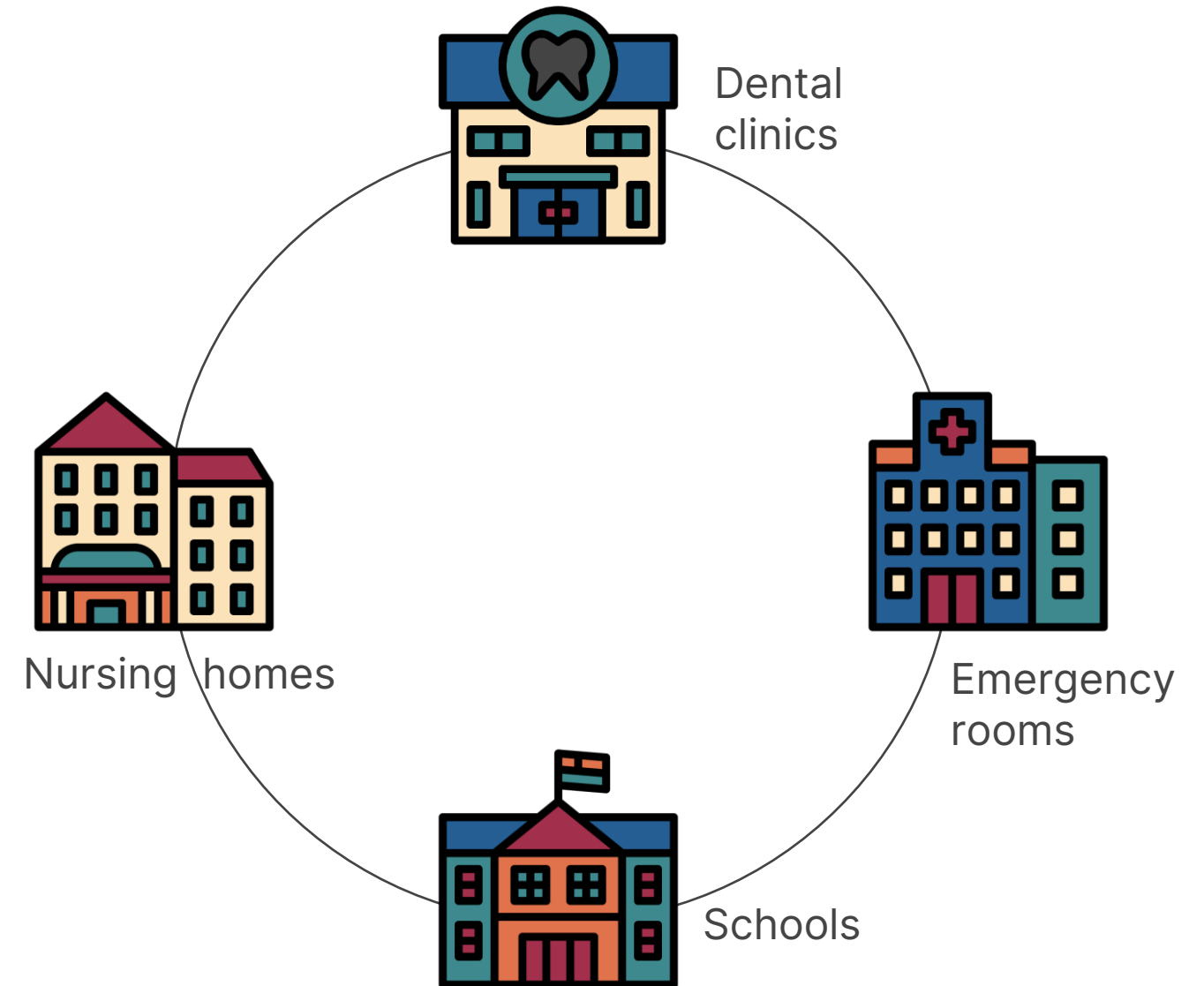
Reconnecting the dental and medical fields

- Traditionally the medical and dental systems have been fully separate (providers, clinics, insurance, health records)
- But increasing push for more integration
- More dental providers in medical settings (e.g. a dental hygienist in pediatrician's office, a dental therapist in emergency department, etc.)
- Medical providers able to do some oral health services (e.g. fluoride varnish, SDF, oral health education)
- New federal rules allow states to add adult dental coverage to their lists of Essential Health Benefits (EHBs), which would require health plans sold on the Marketplace to include routine dental benefits

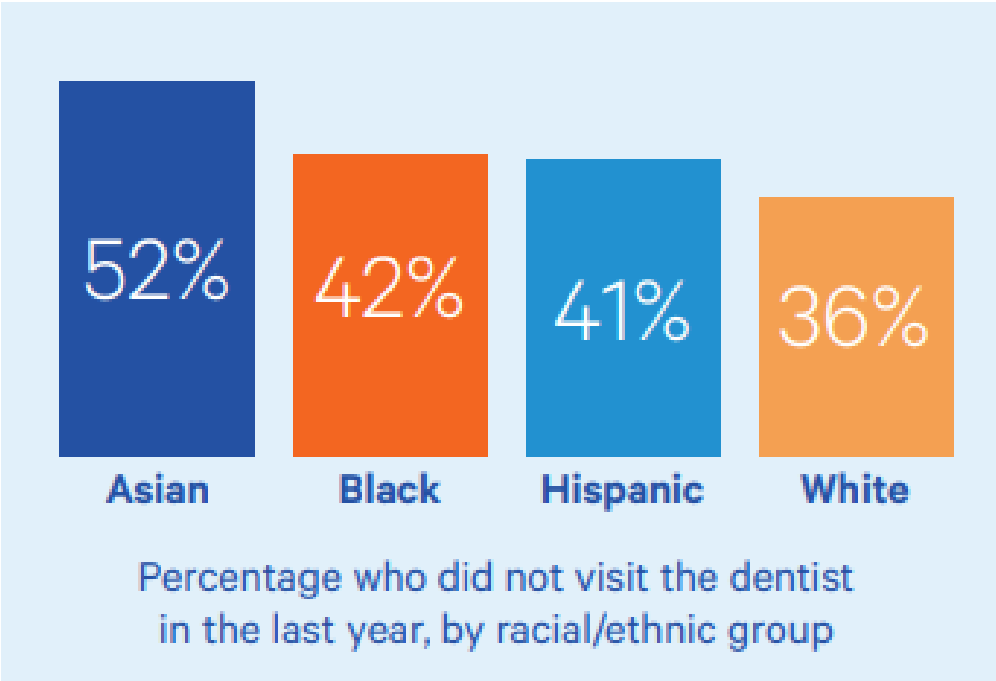


How care is provided

- Most dental care is provided in traditional, brick-and-mortar private dental offices and public/nonprofit clinics
- Frequent transportation barriers, limited hours, inaccessibility for people with disabilities
- Growing efforts to bring care (mostly preventive) to patients
- Telehealth is creating new opportunities



State of Oral Health Equity in America (2021)



Black and Hispanic respondents reported that they had **never been to a dentist** at **more than 3x** the rate of white respondents.

4% of respondents visited the ED in the past year for dental care or pain/discomfort in their mouth.

Black respondents were **almost 3x more likely to have visited an ED for dental care** for pain/discomfort in their mouth than the next most frequent group.

Black (67%), Asian (67%), and Hispanic (71%) respondents **are less likely to have a dental home** than white respondents (77%).

The higher someone's income was, **the more likely** they were to say they had been to the dentist in the last six months.

Respondents making less than \$30,000 per year reported that they had **never been to a dentist** at **more than 10x** the rate of those making \$60,000 or more.

- 3% of those who make less than \$30,000 a year said they had never been to the dentist as opposed to 0.3% of those who made \$60,000 or more.



Summing up

- Our dental care system is built for privately-insured patients with disposable income and without disabilities, in middle to high income urban and suburban areas, with good transportation and flexible jobs
- The dental professions are not representative of the broader population
- Many patients experience discrimination and trauma when interacting with the dental care system
- BIPOC communities, low-income people, people with disabilities, seniors, and people in rural communities are all less likely to get care and more likely to experience dental disease



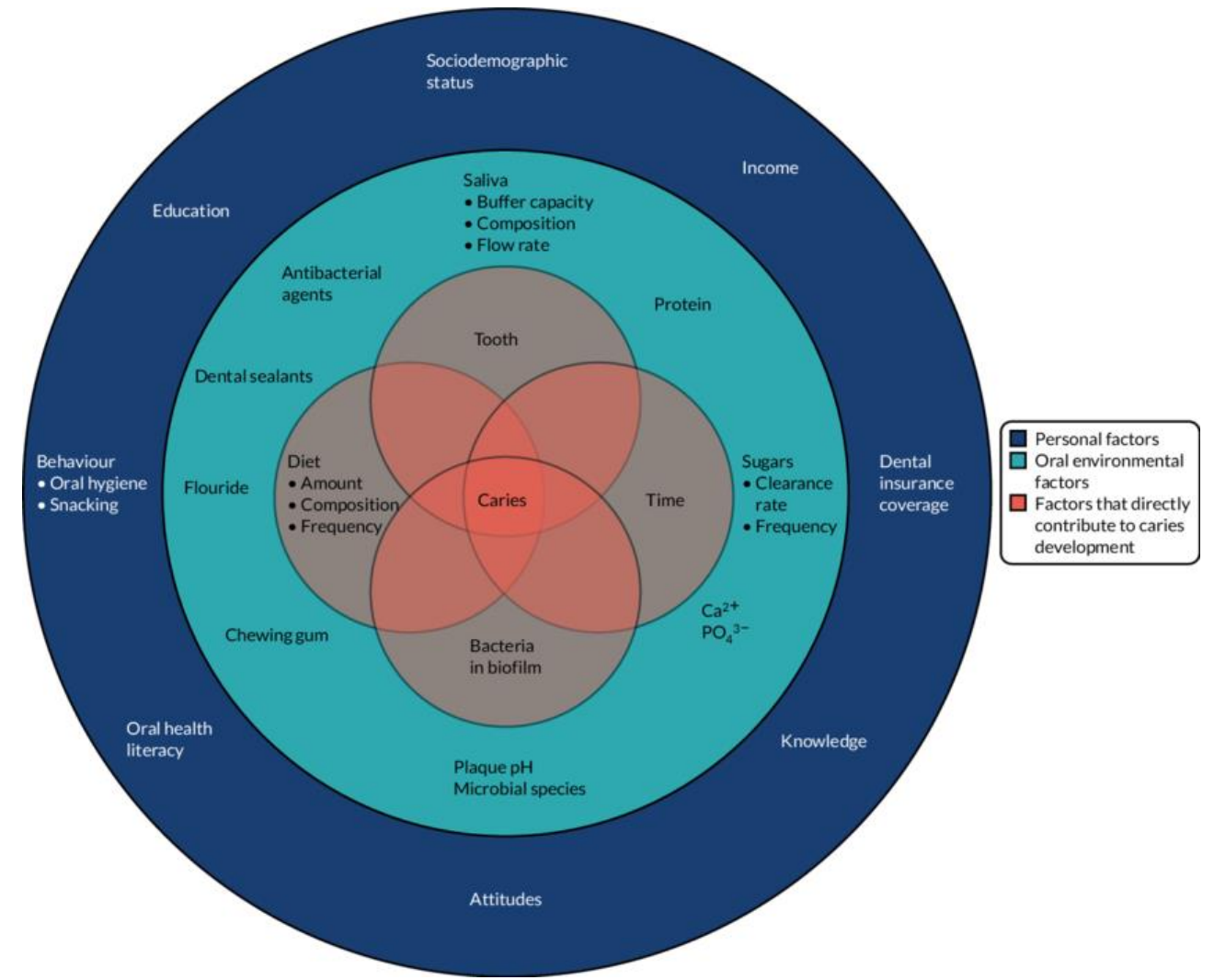
“ People who are not poor don’t understand that when your priority every day is putting food on the table and finding a place to live, other issues that are not pressing you at the moment, sometimes get pushed to a back burner. ”

–Community member in 2023 community listening session



Communities care about oral health

- People understand their oral health is important — barriers to care are structural and systems-based
- Impact of social determinants of health
 - Access to healthy food & clean, fluoridated water
 - Racism, discrimination, violence & trauma
 - Language and literacy
 - Housing, transportation & geography
 - Education, job opportunities, and income



Thank you!

Please feel free to reach out:

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