Unmet Dental Needs in a Rural Oregon Community

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Baker City Stakeholders
Background

- Oral health is an essential component of general health, yet...

- Dental access barriers are pronounced
  - ~47 million U.S. residents lack medical insurance
  - ~150 million U.S. residents lack dental insurance

- Oral health is often an unmet need
  - Dental caries is 5X more common in childhood than asthma
  - 30% of adults > 65 have untreated dental caries.
  - 40% of adults > 65 have untreated periodontal disease.
Background

- **Baker City dental profile**
  - 10% higher lack of dental insurance in Baker County
  - Only one local dentist accepts Oregon Health Plan (low income) patients.
  - No alternative venues for urgent/emergency dental care

- **Community activity to address**
  - Baker CHIP: ‘05 Dental as Priority, ‘07 receives Dental Transportation Grant
  - Baker HD: ’07 begins fluoride varnish program
  - Community-PBRN partnership: Summer ‘07
Stage 1 Stakeholders

- Baker City
  - Eastern Oregon Medical Associates, LLC
    - Jon Schott, MD & Cindy Denne, Office Manager
  - Sean Benson, DDS
  - Baker County Health Department

- Oregon Health & Science University PBRNs
  - Oregon Rural Practice-based Research Network (ORPRN)
  - OHSU Practice-based Research in Oral Health (PROH) Network
Stage 1 Project Goal

To determine the prevalence of unmet dental needs in a rural Oregon community as they present in primary care practice
Participants & Setting

- Eastern Oregon Medical Associates, LLC
- Federally Certified Rural Health Clinic
- 8 clinicians (4MD, 1PA, 3FNP)
- Patient Panel of 9,948
  - 46% female
  - 22% < 14 years of age; 33% over 65
  - 42% Medicaid, 37% Commercial, 17% Medicare, 4% Other
Methods

Clinician Oral Health Screening Training

6 Week Study Period

Oral Health Screens

Dental Access Survey

Clinician Follow up Survey & Data Analysis

Community Meeting: What Next?
Oral Health Screen Results

- 1647 unique visits by patients >1 year old
- 40.9% (674) received oral health screens
  - 46.0% had significant oral health conditions
  - Patients over 65 y.o. were more likely to screen positive
Results: Identified Oral Health Conditions in the Positive Screens

- 42% Partial Edentulism
- 15% Dental Caries
- 17% Complete Edentulism
- 3% Cracked Tooth
- 1% Unspecified Disorder
- 1% Abscess
Distribution of Patients Presenting to Primary Care by Age Category and Oral Health Screen Status

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Unique Patients Presenting to EOMA</th>
<th>Patients Receiving Oral Health Screens</th>
<th>Patients with Positive Oral Health Screens</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ≤ x &lt; 5</td>
<td>5.0%</td>
<td>5.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>5 ≤ x &lt; 15</td>
<td>10.0%</td>
<td>10.0%</td>
<td>10.0%</td>
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<tr>
<td>15 ≤ x &lt; 45</td>
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<td>45 ≤ x &lt; 65</td>
<td>20.0%</td>
<td>20.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>65 ≤ x</td>
<td>25.0%</td>
<td>25.0%</td>
<td>25.0%</td>
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</tbody>
</table>
Dental Access Survey Results

- 71.0% (1107) response rate
- 8.1% reported no health insurance
- 45.9% reported no dental insurance
- 59.4% saw dentist in the past year
- 27.7% reported unmet dental needs
<table>
<thead>
<tr>
<th>Unmet Need Category</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cavities/crowns</td>
<td>9.8</td>
</tr>
<tr>
<td>Dentures</td>
<td>5.2</td>
</tr>
<tr>
<td>Exam/cleaning</td>
<td>5.1</td>
</tr>
<tr>
<td>Extractions</td>
<td>3.3</td>
</tr>
<tr>
<td>Broken Tooth</td>
<td>2.6</td>
</tr>
<tr>
<td>Lack of money</td>
<td>2.3</td>
</tr>
<tr>
<td>Other</td>
<td>5.3</td>
</tr>
</tbody>
</table>
Dental Access Survey: Who seeks dental care?

- 59.4% had seen a dentist in the past year
- 40.6% had NOT seen a dentist in the past year
- Dental visit were not made by:
  - 30.1% of those with dental insurance
  - 49.5% of those without dental insurance
Clinicn Perspectives

- Challenging
- Thankful
  - Quantifying dental conditions
  - Improved oral health exam ability
- Role of primary care:
  - Identify problems
  - Reinforce importance of regular dental care
  - Refer patients for appropriate dental care
Stakeholder Perspectives

- “Data confirms that unmet dental needs are substantial in Baker City.”
- Interventions needed
- Community Dialogue planned
Stage 2 Project Goal

Engage the local community to identify feasible and sustainable strategies for reducing oral health disparities in Baker City in the short and long term.
Please Join Us for a Dialogue to Address Unmet Dental Needs in our Community

Wednesday June 25, 2008
5:30pm – 7:00pm
Eastern Oregon Medical Associates Lobby
(3950 17th St., Suite A)

What’s missing in Baker City, Oregon?
Stage 2 Stakeholders

- Baker City
  - Stage 1 Stakeholder (EOMA, Dr. Benson, Baker HD)
  - St. Elizabeth Health Services
    - Bob Borders
    - Amy Dunkak
- ODS School of Dental Hygiene (La Grande)
  - Suzanne Hopper
  - Ed Studeli
- Oregon Health & Science University PBRNs
  - ORPRN & PROH
What are the solutions?

- Enhance access for acute treatment
- Improve prevention programs
  - Fluoridation, sealants
  - Community educational campaign
- Teamwork
  - Local collaboration, existing resources
  - Utilize students and outreach opportunities
Short term solutions:

- Secure ODS dental van for Spring ’09 visit
- Coordinate dental student rotations in Baker
- Explore local resources:
  - Which dental providers see un/under insured?
  - Do local monies exist to support activities?
- Standardize oral health screens used in community & across state
- Engage other community players
Long term solutions:

- Secure support for a project coordinator
- Increase dental prevention education (use standardized message in multiple settings)
- Increase access to care across lifespan
  - Local operatory?
  - Community oral health center?
  - Government level action?
  - Outreach in retirement homes?
Conclusion/Next Steps

- **Stage 1:** Preliminary understanding of unmet dental needs and oral health conditions in rural primary care

- **Stage 2:** Community Dialogue to address disparities and develop interventions

- **Stage 3:** Implementation of Intervention & Program Assessment
Discussion Questions

1) What unmet dental needs exist in your community?

2) When obtaining dental care in your community what:
   * Barriers exist?  * Resources exist?

3) How are disparities in access to oral health addressed in your community?

4) What is the best balance between access and prevention?
Thank you