



Executive Summary of Oral Health in Missouri - June 2012

Authored by Wendy Frosh



Executive Summary

In January of 2012, three Missouri foundations launched an initiative to assess the impediments to improving oral health for the state's population. The REACH Health Care Foundation, the Missouri Foundation for Health and the Health Care Foundation of Greater Kansas City undertook an in-depth examination of the state of the state's oral health. Their intent was to develop a deeper understanding of what inhibits Missourians from achieving optimal oral health, and to use that understanding to inform and guide future funding decisions.



Missouri's Oral Health Report Card: A Passing Grade of C

64.3% of adults reported a dental visit within the last 12 months

19.5% of adults have had all of their natural teeth extracted

24% of adults in skilled nursing facilities reported having seen a dentist in the past year

22% of adults in skilled nursing facilities have severe periodontal disease.

30% of Medicaid children received any dental service from Medicaid

18.1% of school children had "unsatisfactory oral hygiene"

27.1% of school children had untreated decay.

10.8% of all dentists licensed in Missouri participate in Medicaid

80% of Missouri residents are receiving fluoridated water

Pew Charitable Trust's Center on the States

Oral Health in Missouri

The State of Oral Health in Missouri

According to the US Census Bureau, in 2010 the state of Missouri had a population of 5,988,927, 19% of whom lives in poverty. The Surgeon General's report, *Oral Health in America* indicates that individuals in families living below the poverty level experience more dental decay than those who are economically better off.¹ While Missouri's children have access to dental care through Medicaid, in 2005, Missouri legislation eliminated comprehensive dental benefits for most adults in the state. Only pregnant women, the blind, and residents in nursing facilities retained comprehensive benefits.

Unfortunately, reliable, comprehensive data documenting the oral health status of the Missouri population are difficult to obtain. The state has no all-inclusive surveillance system that routinely collects, analyzes and reports data on either the incidence of oral disease, or the utilization of services for prevention and/or restorative treatment, so we look to other sources for an assessment of the state's oral health.

- The Pew Charitable Trust's Center on the States graded all 50 states based on benchmarks that they consider important steps to improve and expand access to dental health. While 27 states merited grades of B or above, the state of Missouri received a grade of C, having met or exceeded only half of those benchmarks.
- The Centers for Disease Control's Behavioral Risk Factor Surveillance System found that 64.3% of Missouri adults reported having a

dental visit within the last 12 months, less than the national average of 69.7%. Of that same group, 19.5% have had all of their natural teeth extracted, slightly higher than the national average rate of 17%.

- A Missouri Department of Health and Senior Services (DHSS) survey of the oral health status of the adult population showed only 24% of older adults residing in skilled nursing facilities reported having seen a dentist in the past year, 44% were assessed as having untreated decay, and 22% having severe periodontal disease.²
- In FY 2010, less than 30% of Missouri's Medicaid children received any dental service and only 4.5% received a sealant on a permanent molar tooth.³
- The rate of Head Start children receiving needed dental treatment lags behind regional and national averages.
- In 2011, Missouri's Preventive Services Program reported that 18.1% of school children had "unsatisfactory oral hygiene" and 27.1% had untreated decay. Among third graders, only 28.3% had sealants.
- Approximately 10.8% of all dentists licensed in Missouri participate in Medicaid, which reportedly reimburses 46.7% of dentists' median retail fees, well below dentists' overhead costs.
- The Missouri DHSS reports that approximately 80% of Missouri residents are receiving fluoridated water through community water systems.⁴

¹ US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. 2000. <http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/chap4.htm>. Accessed April, 2012.

² MO Department of Health and Senior Services. *Office of Primary Care and Rural Health. Oral Health*

³ Program. *Adult Oral Health Assessment: Executive Summary*. http://health.mo.gov/living/families/oralhealth/pdf/Adult_Oral_Health_Assessment_Executive_Summary.pdf. Accessed April, 2012

⁴ [Medicaid.gov. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/2010-State-Data.pdf](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/2010-State-Data.pdf). Accessed April, 2012.

⁵ Personal communication from Ken Tomlin, MO DWR to Wendy Frosh. May, 2012.

Dental Professionals

Missouri's Oral Health Workforce

Workforce statistics are also difficult to pinpoint with accuracy.

- The Missouri Dental Board reports there are 2,471 licensed dentists with Missouri addresses, 86.8% of whom practice full-time.
- An analysis conducted for the DHSS showed that in 28 of Missouri's counties, over half of the practicing dentists plan to retire within 10 years.⁵
- According to the Dental Board, there are 2,622 licensed dental hygienists with addresses in Missouri.
- While typically, a hygienist practices under the General Supervision of a dentist, a hygienist who has three years of practice may provide fluoride treatments, cleanings and sealants to Medicaid eligible children in certain settings, without the supervision of a dentist.

- It is estimated that there are approximately 6,000 dental assistants working in the state, who perform basic supportive dental procedures under the direct supervision of a dentist.⁶ Certified assistants who have met specific requirements may perform expanded functions, although their utilization is not universal across the state.

The US Department of Health and Human Service's Health Resources and Services Administration (HRSA) reports that 101 of Missouri's 114 counties are designated as dental health provider shortage areas (DHPSAs), affecting 21.6% of the population.⁷ According to the Kaiser Foundation, a total of 218 dentists would be required to remove Missouri's DHPSA designations.⁸ The distribution of dentists across the state, the actual number of hours they work, and their availability to individuals who do not have adequate resources to pay for care serve as barriers to access.



⁵ Missouri Department of Health and Senior Services. Update of Area-Wide Need-Based Planning Model for Oral Health Services. 2009. http://health.mo.gov/living/families/oralhealth/pdf/Update_Oral_Health_Planning_Model.pdf Accessed May, 2012.

⁶ Missouri Expanded Function Dental Assistants. <http://moefda.org/programoverview.html>. Accessed, April, 2012

⁷ US DHHS. HRSA. <http://hpsafind.hrsa.gov/HPSASearch.aspx>. Accessed April, 2012.

⁸ Kaiser Family Foundation. State Health Facts. <http://www.statehealthfacts.org/profileind.jsp?rep=114&cat=8&rgn=27>. Accessed April, 2012.

Findings

Results from Interviews with Key Stakeholders

Over the course of this project, a series of interviews was conducted to gain a richer understanding of the barriers to oral health care in Missouri. Among the barriers to care identified were the following: a lack of financial resources; limitations in the Medicaid program; lack of access to providers; Missouri's statutes and regulations; oral health literacy; travel time and transportation; cultural competence; the culture of dentistry; inadequate training to address the needs of children and populations with special needs; practitioners are not consistently used to the full extent of their training; and oral health is not integrated into the health care system.

An overwhelming sentiment expressed by Missouri stakeholders was that care needs to be directed to and delivered in venues frequented by target populations. These individuals suggested a very broad range of solutions, including a variety of workforce initiatives, systems changes and programmatic interventions. Many of these approaches have been used in other states and/or countries with good success.

Among them were:

- Utilize dental workforce members to fullest extent of their training;
- Expand the dental hygiene public health scope and site of practice;
- Create licensure for dental therapists and/or advanced dental hygiene practitioners;
- Train and license medical mid-level practitioners to provide restorative care;
- Standardize protocols for dental clinic set-up and care;
- Create a system of care coordination and case management;

- Develop community dental health coordinators;
- Increase Medicaid reimbursement;
- Streamline the administrative systems of Medicaid;
- Implement a comprehensive, statewide oral health literacy program;
- Build a network of mobile dental programs;
- Implement a statewide school-based sealant program; and
- Increase and improve training regarding the provision of care to high risk populations including children, developmentally disabled, elderly and others with special needs.

It is generally accepted that there are barriers to access to appropriate oral health care across the state of Missouri. While there is controversy regarding the most effective way(s) to eliminate those barriers and increase access to care, stakeholders increasingly verbalize the urgency of addressing the issue. The creation of a multi-faceted array of solutions will require creativity, courage, and above all, a commitment to meeting the needs of the public, rather than protecting the status quo.



