

2016

ORAL HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

DELTA DENTAL OF ARIZONA
FOUNDATION 

EXECUTIVE SUMMARY

Delta Dental of Arizona (DDAZ), the Board of Directors and the employees, fulfill the organization's mission to promote optimal oral health by providing high quality dental benefit plans for Arizonans. Additionally, the commitment of the organization to investing in and serving Arizona communities is long and distinguished and indeed, is one of the core values of the corporation. In keeping with that core value of social responsibility, the Delta Dental of Arizona Foundation, founded in 1997, is the charitable arm of the corporation, focusing expertise, funding and time into improving the oral health of uninsured, underinsured and vulnerable residents facing significant barriers to dental care and services.

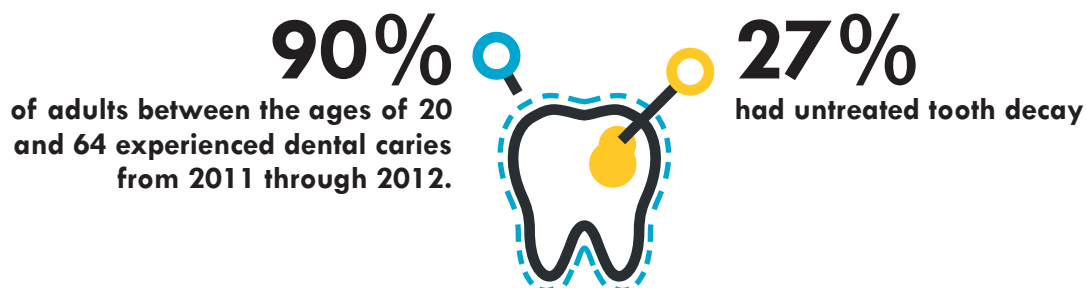
A model best practice in charitable giving is utilizing a community-based needs assessment to guide the development, implementation and evaluation of community interventions, initiatives, and oral health efforts. A needs assessment can illuminate areas needing attention with the potential to result in significant impact and outcomes. Conversely, it can highlight a well-known issue and catapult it to even greater importance based on the qualitative and quantitative data findings. The DDAZ and Foundation Boards of Directors are committed to ensuring the finite charitable resources are deployed in the most effective way and will use this Oral Health Needs Assessment Report as a roadmap in those efforts.

This Executive Summary is a condensed version of the findings of the Report followed by the themes and recommendations discussed during a Foundation Board of Directors Retreat. Final agreement over the direction and focus of the oral health efforts of the Foundation from 2017-2020 is yet to be determined.

The Foundation hired Community Alliance Consulting to complete a statewide needs assessment of Arizona's oral health status. The process included primary data collection via key informant interviews of subject matter experts, review of primary epidemiological and socioeconomic data sources. Local data on the adult population in Arizona is limited due to the fact there is no oral health surveillance system. In cases where local information was unavailable, reliable national level data is presented in its place, in order to provide baseline information and allow for future comparison.

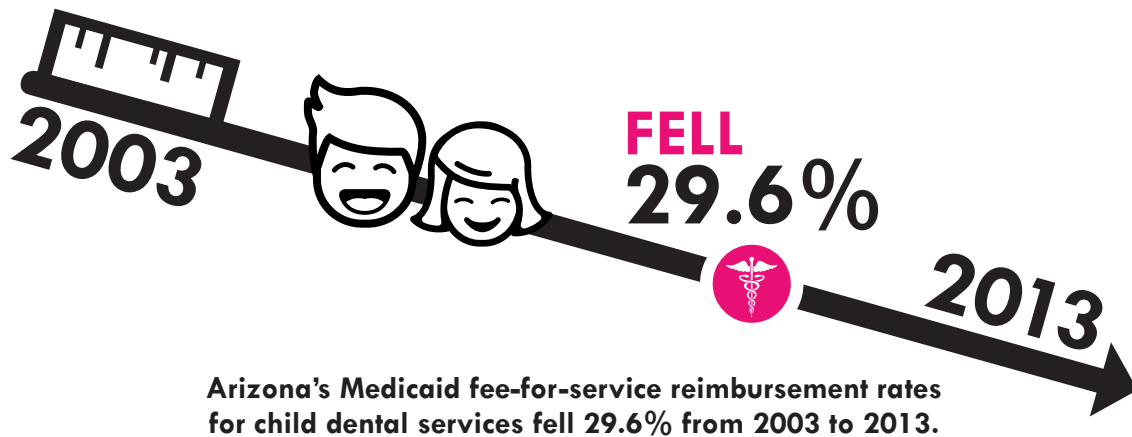
ORAL HEALTH STATUS

- Over half of Arizona kindergartners (52%) reported having had tooth decay, compared to the national average of 36%. The situation worsens among groups; Hispanic (56.2%) and American Indian (75.5%) children are affected at a greater rate than whites (34%)ⁱ.
- 90% of adults in the United States between the ages of 20 and 64 experience cavitiesⁱⁱ.
- Nearly half of adults in the U.S. over 30 years old suffer from periodontal disease according to the American Dental Associationⁱⁱⁱ.
- Arizona oral cancer rates (8.7 per 100,000) are lower than the national rate (11.3), but in Mohave County it is disproportionately high (14.3)^{iv}. Nearly three-quarters of Arizona's oral cancer diagnoses were among males^v.



ACCESS TO ORAL HEALTH CARE

- An estimated three quarters of Arizona children and adolescents aged one to 17 years attended a preventive dental visit in the previous year^{vi}.
- 42.6% of Arizona children eligible for Medicaid ages one to 20 years old received preventive dental services in fiscal year 2015^{vii}.
- 61.1% of adults in Arizona aged 18 and older reported visiting the dentist (for any reason) in the previous year, compared to 66.8% nationally^{viii}.
- 13.2% of Arizona's Federally Qualified Health Center patients accessed dental care, compared to the national rate of 20.1% in the same year^{ix}.



DENTAL CARE PROVIDER COVERAGE

- Most Primary Care Areas in Arizona have a Dental Health Provider Shortage; there are currently 176 shortage areas in Arizona, leaving over 2.35 million Arizona residents (one-third of the state's population) with very limited access to oral health care^x.
- There are approximately 54.5 dentists per 100,000 in the Arizona population, compared to 60.5 per 100,000 in the U.S.^{xi}.
- Tribal communities have the most limited access to dental providers, ranking with the highest scores of health provider shortage areas in Arizona^{xii}.
- Due to the very small number of dental care providers in Arizona's rural counties, residents experience a lack of access to oral health care regardless of income^{xiii}.



176 Dental Health Provider Shortage in Arizona, leaving 2.35 million with limited access to oral health care.

ORAL HEALTH ENVIRONMENT & INFRASTRUCTURE

- Less than two thirds, 57.8% of the population in Arizona, is served by community water systems with optimally fluoridated drinking water, compared to 74.6% in the United States^{xiv}.
- A major gap in Arizona is the lack of an oral health surveillance system^{xv}.
- Current policy goals in Arizona include working toward population-level coverage through Medicare. Dental insurance benefits for expectant mothers is a 2017 legislative priority.
- The dental health provider workforce is growing at a rate slower than that of the population of Arizona, contributing to limited access to oral health care^{xvi}. This problem is especially great in rural areas, where populations are severely underserved^{xvii}.



RESULTS OF THE KEY INFORMANT INTERVIEWS

Areas of opportunity – Limited access to oral health care is due to cost, un dependable and limited transportation systems to reach appointments, and limited number of dentists accepting AHCCCS insurance. Adults were mentioned as the most overlooked population in need, with American Indians and rural communities frequently cited as areas of opportunity.

Positive momentum – The First Things First collaboration, restoration of the oral health benefit for individuals eligible for Arizona Long Term Care/Department of Developmental Disabilities, oral health coalition growth and efforts, and expanded practice scope for oral health professionals were identified as evidence of positive steps.

Interviewees rated these as the top three strategies:

- Early childhood awareness, screenings, dental visits, and prevention
- Advocating for dental benefit programs for uninsured adults
- Funding school-based dental sealant programs

i Arizona Department of Health Services. Healthy Smiles Healthy Bodies Survey: The Oral Health of Arizona's Kindergarten and Third Grade Children. 2015.
ii Association of State and Territorial Dental Directors. Guidelines for State and Territorial Oral Health Programs. 2015.
iii American Dental Association Health Policy Institute. Gum Disease. 2015.
iv National Cancer Institute Surveillance, Epidemiology, and End Results Program. SEER Stat Fact Sheets: Oral Cavity and Pharynx Cancer. 2015.
v Arizona Department of Health Services. Arizona Cancer Registry. 2015.
vi US Department of Health and Human Services. Medical Expenditure Panel Survey. 2012.
vii Centers for Medicaid and Medicare Services. CMS-416 Report. 2016.
viii Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance Survey. 2012.
ix U.S. Department of Health and Human Services. Health Center Program Comparison Data. 2014.
x Arizona Department of Health Services. Primary Care Area Statistical Profiles. 2014.
xi American Dental Association Health Policy Institute. Oral Health Care System: Arizona. 2015.
xii Health Resources and Services Administration. Health Provider Shortage Area Data Warehouse. 2016.
xiii Pew Charitable Trusts. In Search of Dental Care: Two types of dentist shortages limit children's access to care. 2013.
xiv Centers for Disease Control and Prevention, Division of Oral Health. Water Fluoridation. 2012.
xv Association of State and Territorial Dental Directors. Guidelines for State and Territorial Oral Health Programs. 2015.
xvi Arizona Board of Dental Examiners. Annual Report to the Governor. 2015.
xvii University of Arizona. University of Arizona Center for Rural Health 2015 Safety Net Health Care in Arizona Report. 2016.

FINAL REPORT RECOMMENDATIONS

The following groups demonstrate a high need for oral health intervention and investment (in no particular order): Low-wage and AHCCCS Eligible adults, American Indians, pregnant women, children, older adults, and rural residents. All these populations could, or can be, addressed and incorporated into the many strategies identified below.

Prevention of oral health problems should remain a focus. Research demonstrates the long-term cost effectiveness of prevention efforts over restorative approaches. By focusing on primary or secondary prevention strategies, the Foundation's limited dollars can extend further and more importantly target the root causes of dental disease.



ORAL HEALTH ENVIRONMENT & INFRASTRUCTURE

- Explore the many barriers to dental care for patients including strategies around transportation assistance through vouchers, vans, ride sharing or other means; consider a grant cycle focused on innovative transportation efforts.



SCHOOLS AND COMMUNITIES

- Continue funding screening programs, fluoride treatments and school-based dental sealant applications, evidence-based strategies demonstrated to work. The Foundation should continue to expand their partnerships with governmental agencies such as Indian Health Services, First Things First, public schools, and FQHCs to reach more people.
- Consider Health Loan repayment programs for dentists to increase the number of oral health care providers in rural Arizona, explore the use of technology and teledentistry to expand care, consider programs with expanded functions and scopes of practice and types of providers, in addition to using community hubs and co-location of providers. A multi-prong approach to addressing inadequate access to care and barriers will likely be most impactful.
- Fund promising integrated models of care, including co-located services, such as those in the Federally Qualified Health Centers, or invest in pilot programs such as the one funded by Delta Dental of Colorado Foundation where solo and small group dental practices and safety net clinics are employing dental hygienists. These models may increase the number of visits among patients, increase and improve treatment planning, referrals and communication between disciplines and providers, demonstrate how oral health care can be integrated into whole health care settings, and raise the public's understanding of oral health's connection to overall health.



STATEWIDE SYSTEM CHANGE

- Support advocacy and policy change as an effective way to impact the whole population. Expanding access to oral health care is one of the most impactful options available for improving Arizona's oral health. While a general adult dental benefit is a long-term goal, this legislative session (2017) will focus on coverage for pregnant women.
- Statewide issues must be addressed in concert with the other major organizations working on oral and physical health issues such as the Arizona Oral Health Coalition, the regional oral health coalitions, the Governor's Office, and policy makers.
- Finally, Arizona's lack of an oral health surveillance system compounds the problem, as the state does not have a clear, consistent, and reliable means to measure the oral health status of communities now and in the future.



GOAL #3

TARGETED FLUORIDE STRATEGIES

Support and advocate for preventive programs and policies increasing fluoride use across the state.



GOAL #2

INCREASED TRIBAL ACCESS POINTS

Increase dental services in a Tribal community by partnering and piloting mobile, school-based and home visiting programs.



GOAL #1

INCREASED DENTAL VISITS

Address barriers to oral health care, including transportation, for children, expectant mothers and older adults in underserved communities.



Over half of AZ kindergartners have tooth decay, compared to 1/3 nationally.³



Only 58% of AZ has Community Fluoridated Water, compared to 3/4 of the US.²



WE ARE HERE

CURRENTLY IN 2016

OUR MISSION:

TO SUPPORT THE IMPROVEMENT OF ORAL HEALTH

There are 176 dental health provider shortage areas in Arizona, which means 2.35 million residents have very limited access to care.¹



2017 STRATEGIC VISION

¹ HRSA Data Warehouse. Health Resources & Services Administration. 2016.
² My Water's Fluoride. Centers for Disease Control & Prevention. 2012.
³ Healthy Smiles, Healthy Bodies Survey. Arizona Department of Health Services, 2015.