



## Oral Health in the Southern Willamette Valley: A Community Resources Scan and Needs Assessment



### The Oregon Community Foundation Regional Action Initiative

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**Executive Summary**  
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## **EXECUTIVE SUMMARY**

### **Background**

The Centers for Disease Control and Prevention claim that children in the United States are affected by tooth decay (or dental cavities) to a greater extent than other chronic infectious disease.<sup>1</sup> According to the Oregon Department of Health and Human Services, five times the number of children suffer from tooth decay than asthma, putting dental health as a priority concern for Oregonians. In Oregon, oral disease is on the rise and is not limited by socio-economic status, race or ethnicity, or age.<sup>2-3</sup> Among oral health indicators available in Oregon, Oregon falls below the national average for percent of dental cavities among children (ages 6-8, 56%) and untreated cavities (ages 6-8, 24%).

Childhood dental health challenges include early child cavities, rampant cavities, and untreated cavities. These can lead to the beginning of chronic oral disease that can include tooth loss, periodontal disease, gingival disease, and oral cancer.<sup>3</sup> Serious untreated tooth decay can also affect children in varied ways, including normal growth, learning ability, appearance, low self-esteem, and poor sleep patterns, among others.<sup>3</sup>

The mission of The Oregon Community Foundation (OCF) is to improve life in Oregon and promote effective philanthropy. In May 2008, The Oregon Community Foundation announced the Statewide Regional Action Initiative (RAI). Seven regions each were awarded a one-time allocation of up to \$1 million to address a regional need and create beneficial, long-lasting change in their communities, through innovative RAI projects.

The Southern Willamette Valley (SWV) Regional Action Initiative (RAI) Committee has chosen to focus on Children's Dental Health for their region, which is comprised of Benton, Linn, Lane and Douglas counties. The three-year Initiative will focus on addressing four areas critical to improving children's oral health in this region: Prevention, Education, Advocacy and Treatment.

County-specific data on the dental needs of Oregon's children are limited. In order to better identify the needs, assets and resources available in Benton, Linn, Lane and Douglas counties, The Oregon Community Foundation commissioned HPRN to conduct the Needs Assessment and Community Resources Scan. The assessment is designed to provide a local overview of the four counties with a particular focus on oral health activities, oral health barriers and local priorities according to the leaders and service providers in the schools, business, and agencies in the communities that make up the four county region. The five goals of the project are:

- 1) Conduct an assessment of the resources available and resource needs in the education system in the Southern Willamette Valley
- 2) Conduct a scan of the resources available in the Southern Willamette Valley
- 3) Conduct an assessment of the provider community
- 4) Conduct an assessment of OHP enrollment gaps and the ability of OHP agencies to enroll more children
- 5) Assess the oral health priorities in the Southern Willamette Valley

## Methods

In collaboration, The Oregon Community Foundation (OCF) and Health Policy Research Northwest (HPRN) developed the interview and survey tools used to complete this assessment. The staff at HPRN administered the surveys using *SurveyMonkey*, a web based administration service. Non-respondents received additional requests for participation by phone and/or fax. The key informant interviews were conducted by HPRN and consultant Susan Stearns, MBA, MA from the Center for Evidence-based Policy at Oregon Health & Sciences University. Additionally, staff at HPRN conducted internet searches, literature reviews, and report summaries.

The target populations included in the survey administration include:

- Education community (310 individuals targeted; 27% response rate)
- Agencies (82 agencies representatives targeted; 48% response rate)
- Pediatricians and Obstetricians (203 individuals targeted; 7% response rate)
- Dentists (366 individuals targeted; 12% response rate)
- Medicaid health plan and dental plan administrators (8 individuals targeted; 62% response rate)
- State of Oregon Division of Medical Assistance Program; program managers and client caseworkers (9 managers targeted with snowballing referrals to caseworkers). DMAP requested State approval prior to survey administration; therefore, no additional surveys were collected following completion of the first eleven.

### *Grantors*

Community resources for dental include grantors. A systematic web search was conducted to determine resources are being committed or may potentially be committed for dental-related initiatives in South Willamette Valley (SWV). For each funding source, the grant focus (e.g. dental, health, youth), the geographic focus, range of funding (if available), type or organization, deadlines and timeline for submission (if available), contact information, and description of the grantmaking organization were identified.

### *Dental Programs*

The information of interest with regard to dental education programs in the four counties included: program location, number of students accepted/not accepted, required clinical practice for degree completion, number of students graduating, accreditation, program of study, and on-site public dental clinic and cost. After this information was compiled from the web sites, the directors of each program were contacted for further information not acquired from the web.

### *Medicaid-Eligible Children*

The Oregon Community Foundation requested an estimate the number of children between the ages of 0-12 years old that qualify for the Oregon Health Plan (OHP) but are currently not enrolled in the program. A described methodology was developed to estimate the number of potentially eligible children (described in the body of the current report).

## Results

A total of 208 surveys were completed and are reported according to the five goals of the project. In each section, the results are presented in tables, graphs and narrative formats. Where possible, the results are stratified by county. However, where there are too few respondents by County, results are reported in aggregate. HPRN compiled population estimates to target accurate representation of survey respondents and interviews. The representative population estimates for the four counties are Benton (19%), Linn (13%), Lane (52%) and Douglas (16%).

*Goal #1: Conduct an assessment of the resources available and resource needs in the education system in the Southern Willamette Valley*

Representatives of the school districts in Linn-Benton, Lane and Douglas counties were surveyed to assess the resources available and resource needs in the various school districts. In total there are 12 school districts in Linn-Benton County, 16 school districts in Lane County, and 13 school districts in Douglas County.

Lane County public school representatives have the greatest access to School Based Health Centers, fifty percent of representatives from Linn and Benton Counties have access to a SBHC, and Douglas County expressed the least amount of access. The most frequent activity taking place in the four counties is annual dental screenings. Additionally, the most perceived need reported are annual dental screenings and nutritional education to promote oral health. Across the four counties, the top three ways school representatives are made aware of barriers to accessing necessary dental services were through school staff, child complaints, and parents seeking assistance from schools.

The top three most frequently rated highest priorities for the school districts are:

- Linn-Benton County:
  - 1) Improving coordination between providers and services
  - 2) School based dental screenings
  - 3) Providing supplies
- Lane County
  - 1) School-based dental screening
  - 2) Improving coordination between providers and services
  - 3) Providing more information on brushing and flossing
- Douglas County
  - 1) School based dental screening
  - 2) Providing more information on brushing and flossing
  - 3) Increasing the number of dentists who accept OHP patients

*Goal #2 Conduct a Scan of the Resources Available in the Southern Willamette Valley*

Grant funding and grant awards research, as well as surveys and interviews were completed with agencies representing the four counties.

There are many foundations in Oregon that make charitable giving or grant funding an integral piece of their organization, and although the organizations do not direct funds for dental specifically, their missions appear open to dental-related projects and programs. However, despite the growing need of oral health resources, major grant contributions to the four county region of Benton, Douglas, Lane, and Linn counties to support children's dental health initiatives have been limited.

To understand additional activities that were taking place, interviews and surveys were completed that revealed a range of activities occurring across Oregon that aim to improve the oral health of children.

#### Statewide:

- The American Academy of Pediatric Dentists launched the Head Start Dental Home Initiative (DHI).
- The Give Kids a Smile program is operational for dentists to donate care.
- The Oregon State Office of Dental Health identified is addressing workforce training.
- The Oregon Oral Health Coalition (OROHC) is addressing oral health at the county level.
- The Oregon Educators Benefit Board (OEBB) negotiated a program with The ODS Companies' (ODS).

#### County Specific:

- Lane County has multiple agencies that work together to assist children who need dental care, and is home to several clinics that provide free or low cost dental care.
- The Benton County Health Department has collaborated with the Corvallis Boys and Girls club and established clinics to serve low-income, uninsured, and homeless populations.
- Capital Dental, Willamette Dental, and Medical Teams International (MTI) are responsible for a majority of the direct provision of dental health services to underserved populations in Douglas County.

Surveys were completed with 35 agencies from an original contact list of 13 agencies in Benton County, 11 agencies in Linn County, 12 agencies in Lane County, and 5 agencies in Douglas County, yielding a response rate of 92%, 73%, 100%, and 60%, respectively.

Agencies differ in the types of dental health support each provides. Supplies and volunteers are provided more than any other type of support, along with coordination of dentists, volunteers, and patients; and funding of dental health programs. Additionally, agencies most commonly distribute lists of referral sources, information on teeth brushing and flossing, and they assist with educating parents on when their child/children should see a dentists, providing education on dental providers, and providing education to OHP families on their dental benefits.

When asked about the most frequent barriers to accessing care for children and mothers, agencies reported that lack of money and inadequate insurance were the most frequent barriers, and the priorities for the counties are school based dental screening and school based flossing and brushing.

*Goal #3: Conduct an assessment of the provider community in the Southern Willamette Valley*

Information from the provider community, which includes pediatricians, obstetricians, the future dental workforce, and dentists was compiled. Due to the low response rate (7% of targeted providers and 12% of targeted dental providers), data is collapsed across the counties and key differences are highlighted in the narrative when applicable. Efforts are underway to collect additional responses from the provider community in May.

When asked whether offices donated care in their office or at an off-site location, 83% of the responding providers donate care in their office, while 63% of the respondents donate care at an off-site location.

Respondents indicated that the questions most commonly asked children and/or parents of children who are seen in the physician, or physical health provider office include:

- *Do you brush and/or floss? How often?*
- *When was the last time you saw a dentist?*
- *Do you take fluoride or live in a fluoridated water district?*
- *How much juice/soda do you consume?*
- *For infants, have parents started brushing the infant's teeth?*

All of the pediatrician and obstetricians respondents prioritized increasing the number of dentists willing to take OHP and providing information on tooth decay in infants. The dental providers prioritized providing information on tooth decay in infants, providing more information on nutrition, and increasing the rate of reimbursement for dentists taking OHP.

Finally, a detailed assessment of the educational opportunities for dental training programs (e.g. dental hygienists) was conducted, yielding information on program scope, cost, recent enrollment volume and ways in which training programs are striving to meet the needs of underserved populations.

*Goal #4: Conduct an Assessment of OHP Enrollment Gaps and the Ability of OHP Agencies to Enroll More Children in the Southern Willamette Valley*

To address goal four, surveys and interviews were conducted with physical health and dental health administrators, Oregon Health Plan (OHP) program managers and caseworkers to assess any enrollment gaps and the ability of agencies to enroll more children.

Of the physical health administrators that answered the survey (62% response rate), 100% of them stated that the Oregon Health Plan in their region currently reimburses for fluoride varnish when it is administered by a Family Physician or Pediatrician. The same individuals that answered this question also stated that they would be willing to work with The Oregon Community Foundation to develop a targeted outreach program to encourage families and providers to utilize this particular medical benefit.

The administrators reported that the priorities for the physical and dental health plans include:

- Increasing the number of dentists willing to take OHP
- Providing information on tooth decay in infants
- Increasing the rate of reimbursement for dentists taking OHP
- Providing information on dental sealants
- Providing information on nutrition
- Providing supplies

Program Managers and Caseworkers were asked about barriers to accessing OHP dental benefits, outreach activities, perception of the current waiting period, types of activities that could help OHP enrollment sites participate to enroll OHP children, and local priorities for improving children's oral health. The program managers and case workers reported that the priorities for improving children's oral health include:

- Providing more information to families on dental sealants;
- Increasing the number of dentists willing to take OHP children;
- Increasing the rate of reimbursement for dentists that provide services to OHP children;
- Supporting school based dental screening and referral programs;
- Providing education on maternal oral health;
- Providing information on preventing tooth decay in infants;
- Provide supplies; and
- Improving coordination between providers and services.

In total, there are currently an estimated 3,074 children potentially eligible for the Oregon Health Plan but not currently enrolled in the South Willamette Valley.

#### *Goal #5 Assess the Priorities in the Southern Willamette Valley*

Across all counties, the most frequently highest ranked priority among all respondents (n=199) is school based dental screening. Over half of the respondents also rank providing more information on brushing and flossing and providing information on tooth decay in infants as the highest priorities. The most frequently reported low priorities among all respondents are supporting school based anti-bacterial wipes and varnish program and requiring dental examinations at school enrollment.



## Recommendations and Next Steps

The following recommendations are intended to guide the RAI Committee in making informed decisions about prioritizing next steps and investments that could have the greatest impact:

- 1) Increase coordination to improve continuity of care for oral health needs.
- 2) Create a centralized dental information and referral resource
- 3) Increase access and affordability of dental health services through Medicaid programs and services
- 4) Increase the number of dental activities taking place in the schools
- 5) County-specific investments
  - a. Linn-Benton; school based dental screenings, brushing and flossing programs.
  - b. Lane; programs that provide education on tooth decay, maternal oral health and nutrition.
  - c. Douglas; efforts to increase the number of dentists trained to address children's' oral health needs.

As OCF considers additional investments into the Southern Willamette Valley, it is important to help expand existing efforts, to link disjointed programs, and to assist by helping to fill programmatic and service gaps, rather than start new discrete efforts that only add another siloed effort. OCF can play an important role in amplifying efforts underway and bring new resources to provide more seamless education and service delivery across the dental, education, and human service sectors that serve SWV children.

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<sup>1</sup> Centers for Disease Control and Prevention, Division of Oral Health (2009). *Children's Oral Health*. Retrieved from: <http://www.cdc.gov/OralHealth/topics/child.htm>.

<sup>2</sup> Office for Oregon Health Policy and Research, Medicaid Advisory Committee Staff Summary and Recommendations (2009). *Oregon Health and the Oregon Health Plan*. Salem, Oregon.

<sup>3</sup> Oregon Department of Human Services Public Health Division (2006). *The Burden of Oral Disease in Oregon*. Salem, Oregon.