



2017

Idaho Oral Health Environmental Assessment Report

What are the PERCEPTIONS around opportunities, barriers, and collaborative efforts for improving the oral health, and thus whole health of Idaho's citizens?

Presented by: 

With support from:



DELTA DENTAL

To read the full report, visit idahooralhealth.org

Introduction

This report presents highlights of a 2017 survey that was designed to assess perceptions of barriers, opportunities, and collaborative efforts focused on improving oral health in Idaho. The goal for the survey was to gain a better understanding of the perceptions around various components of oral health in the state. It was developed independently by the Idaho Oral Health Alliance (IOHA) in partnership with stakeholders from across the state interested in oral health. The expectation of all involved is to utilize the information collected to help shape future community education and outreach activities, inform policy efforts, and assist in developing action plans for any number of organizations that strive to provide optimal oral health for Idahoans. Ideally, future surveys will see a positive shift in both perceptions and actual support for oral health.

Hopefully constituents will become more educated and will develop a stronger understanding of the need for support and policies that enhance the oral health of Idahoans. Delta Dental of Idaho has provided significant support in the production of this report and accompanying infographic.

Process

This survey, distributed in August 2017, was the second iteration of an initial statewide assessment that was compiled in 2013. The previous report was written in 2014 by Idaho State University on behalf of the Idaho Oral Health Program within the Idaho Department of Health and Welfare (IDHW). The IOHA undertook this current effort because of its role of unbiased convener of oral health stakeholders within the state and because it is common practice across the United States for state oral health nonprofit coalitions to undertake such projects. The intent of the survey was to collect perceptions of respondents on barriers, supportive entities, opportunities for collaboration, and issues as they relate to access to care for Idahoans. The desired action for the casual reader is to become an oral health champion and help disseminate the importance of oral health for Idahoans.

The survey was distributed electronically to approximately...

2,000

email addresses including Idaho dental providers, medical providers, educators, insurers, IOHA members, and IDHW employees. A total of 405 individuals responded.

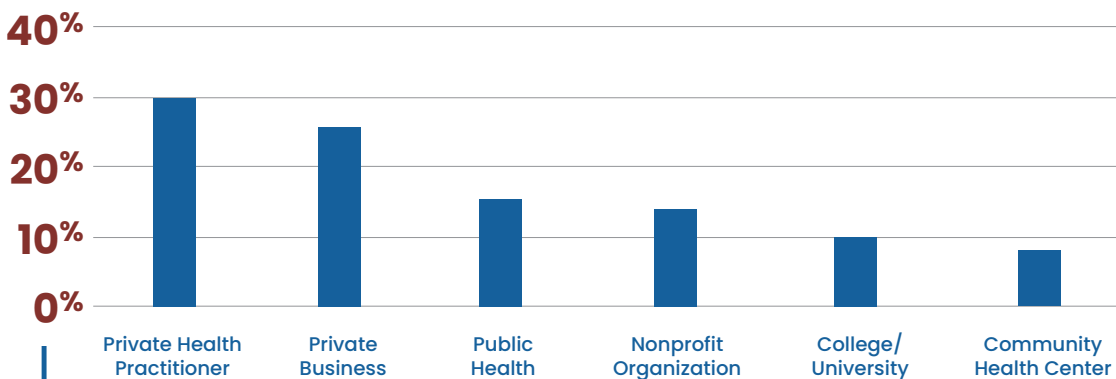


Demographics of Respondents

While participation in the survey was anonymous and voluntary, the non-identifiable demographic information collected painted a picture of fairly broad geographic participation that mirrors Idaho's general population distribution. Of the 44 counties, respondents represent 33 counties with the largest participation coming from Ada, Bannock, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties.

The highest ranked sectors of employment of respondents were Dental, Public/Community Health, Medical, Government/State Agency, and Nonprofit. Respondents provided insight on their current occupations with the highest selections listed as Practitioner then Management/Professional. Of the 86 respondents who selected "Other" as an occupation and reported specific occupation titles, the majority listed were, in order, Dental Hygienist, Student, Nurse, and Retired.

When asked for a description of the workplace/organization, respondents represented:



Dental Insurance Perceptions and Facts

All 405 respondents weighed in on the question of personal dental benefits. When asked, *"Do you currently have dental benefits?"*

66% reported that they have coverage

34% have no dental insurance

Sixty-five percent of survey respondents answered a follow-up question about how they are insured:

93% are covered by their employer

7% participate in an individual plan

The survey was not issued to children, nor did it ask questions about family dental coverage. Respondents were also, in general employed, retired, or working on a post-secondary degree.

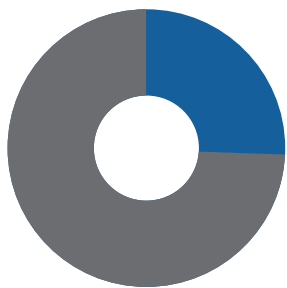
Idaho Facts:

The Idaho Behavioral Risk Factor Surveillance System (BRFSS) 2016 survey, delivered by IDHW, indicates that 44.1%¹ of Idaho adults did not have dental insurance. (Dental insurance defined as “traditional dental insurance, prepaid plans such as HMO’s, and government plans such as Medicaid that paid for some or all routine dental care.”) The report also notes that “Not having dental insurance” was associated with:

- ✔ **Age:** 65.3% for those age 65 and older vs. 38.3% for ages less than 65
- ✔ **Household incomes:** 26.3% for incomes \$50,000 or greater vs 57.4% for incomes less than \$50,000
- ✔ **Employment status:** 56.7% for unemployed adults, students, retirees, homemakers, and those unable to work vs. 34.2% for employed adults
- ✔ **Lower levels of education:** 68.6% for less than high school, 44.7% high school graduates or some college, and 30.7% for college graduates
- ✔ **Hispanic Ethnicity:** 58.4% for those reporting Hispanic ethnicity vs 42.4% for non-Hispanic respondents

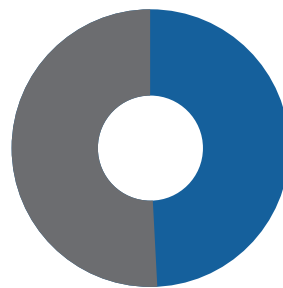
According to the U.S. Census Bureau, Idaho’s population in 2017 was estimated at

1,716,943²



25.8%

of the population was age 18 or younger, which equals approximately 442,972 children



49.9%

of children 18 or younger qualified for Medicaid dental benefits.³

According to the Medical Care Bureau, Division of Medicaid, within IDHW.

In addition to these children in need, approximately 76,000 Idaho adults were eligible for Medicaid dental benefits in 2017. While 47,000 adults had some form of enhanced Medicaid dental coverage, only 38% of Idaho’s adult Medicaid population (29,000 individuals) had basic emergency dental benefits. They had no preventive dental benefits.

In February 2018, the Idaho State Legislature passed House Bill 465 to restore preventive (non-emergency) dental benefits⁴

29,000

adults, who previously only had dental emergency coverage, now have benefits.

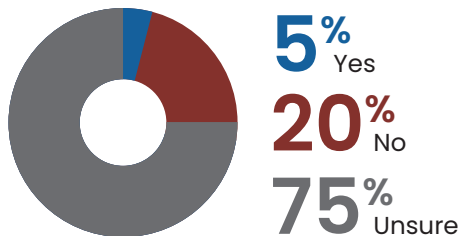


Policy Makers as Champions

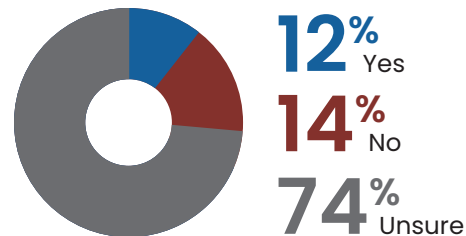
Respondents were asked several questions about Idaho policymakers and whether or not these groups are perceived to be champions of an oral health agenda for the state. Options for answering were Yes, No, and Unsure.



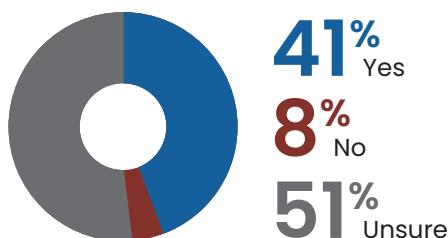
When asked whether or not there are champions for oral health in each of the specified offices/groups, participants responded as follows:



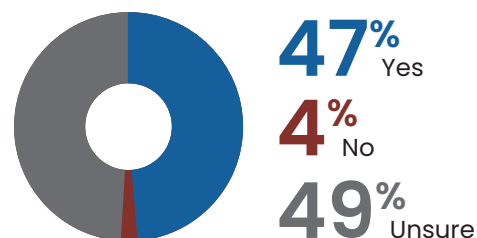
Idaho's Governor's Office



Idaho Legislature



Idaho Department of Health & Welfare



Local Public Health Districts

Governor's Office and Idaho Legislature: Sixty-two percent of respondents were unsure as to whether or not the Governor included oral health in the state health agenda, and 58% were unsure whether or not there was support for promoting oral health initiatives in Idaho. Perspectives on support for oral health in the Idaho Legislature showed similar percentages of 62% and 56%, respectively. (Note: The survey was completed prior to the 2018 legislative action that restored preventive dental care coverage for 10% of Idaho's adult Medicaid basic plan recipients.)

Idaho Department of Health & Welfare: Forty-six percent of respondents indicated that they perceive that the IDHW includes oral health in statewide initiatives, and 57% ranked the support of oral health initiatives as "slightly supportive," "moderately supportive," or "extremely supportive."

Local Public Health Districts: Forty-nine percent of respondents indicated that they perceive that their local public health districts include oral health initiatives in their region, and 57% ranked the support of oral health initiatives as "slightly supportive," "moderately supportive," or "extremely supportive."

Idaho Facts:

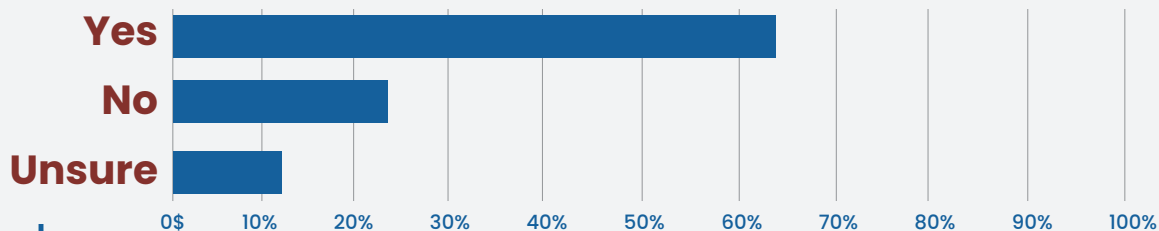
- ✔ **Governor's Office:** In January 2018, "Idaho's Governor issued an executive order directing the Idaho Department of Insurance (DOI) to 'seek creative options' that would produce cheaper coverage options on the state's insurance markets, even if doing so would violate Affordable Care Act provisions such as EHBs (essential health benefits)⁵." The DOI responded to the Governor's request by issuing a bulletin that outlined the types of insurance products that would be approved as "state-based plans" in Idaho. None of the proposed options made mention of dental benefit plans.
- ✔ **Idaho Legislature:** In 2018, both the Idaho House and Senate passed legislation along with the necessary funding to restore non-emergency dental benefits for adult Medicaid basic plan recipients. This action restored coverage that was cut in 2011.

Access



The question asked of respondents was, "Do you know anyone in your area that is having difficulties in accessing oral health care?" While 13% were Unsure, and 23% said "No," 64% of respondents answered "Yes," they did know of people who had issues in accessing care. If respondents selected "Yes," they could add comments. Of the 100 individuals who shared their perspectives in regard to this question, 45 cited either lack of insurance or financial barriers to accessing care and another 31 noted the lack of access to Medicaid providers. Other answers included issues around lack of transportation, cultural barriers, lack of oral health care options for the elderly, and the rural nature of our state where dental providers may not live close to the local community.

When asked "Do you know anyone in your area that is having difficulties in accessing oral health care?", respondents answered:



Reasons given by respondents for lack of access included:

- ✔ lack of insurance
- ✔ lack of transportation
- ✔ Idaho's rural nature
- ✔ long waits for help
- ✔ no Medicare dental coverage
- ✔ lack of care options for the elderly
- ✔ financial barriers
- ✔ lack of access to Medicaid providers
- ✔ distance to providers
- ✔ care is expensive
- ✔ fixed income - no assistance
- ✔ cultural barriers

Idaho Facts:

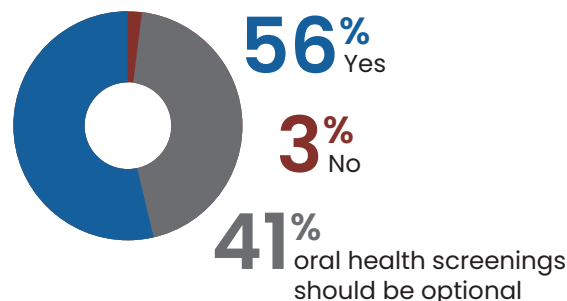
- ✓ According to the 2016 Idaho Primary Care Needs Assessment, there are 43 Dental Health Professional Shortage Area (HPSA) designations for geographic areas and populations across the State of Idaho. These designations cover a total of 97.01% of the state's land area: approximately 78.18% of Idaho's geography is designated as a population group HPSA, while 18.83% is designated as a geographic HPSA in the dental discipline⁷.
- ✓ Further qualitative research conducted in partnership with the Idaho State Dental Association acknowledges that the issue is less about the number of practicing dentists in the State of Idaho and more about the availability of hours designated to serve underrepresented populations, specifically Medicaid patients. One significant issue surrounding the service of Medicaid populations continues to be low reimbursement rates for Idaho dentists. In 2016, Idaho's rate for Medicaid Fee-For-Service Reimbursement was 46.5%, and according to the American Dental Association (ADA), the national average was 49.4%⁸. While Idaho's Medicaid reimbursement rate is below the national average, the percentage of Idaho dentists who accept Medicaid is on par with the national average (Idaho: 38.2%; national 39%), and utilization is above the national average⁹.

Idaho is fortunate in that it has 14 Community Health Centers (CHCs) with a total of 89 clinic sites in 46 communities. CHCs throughout the state offer a variety of ways to access dental services including co-located, stand-alone, and contracted offsite care. CHCs are a critical access point for health care services provided on a sliding-fee scale. They are locally operated healthcare systems that offer affordable care to their citizens. In 2017, Idaho's CHCs delivered primary medical, dental, and behavioral health care services to more than 183,000 Idahoans¹⁰. CHC staff provides assessments, treatment, and management of health problems and engage patients in health education and disease prevention through a team-based approach. Several CHCs across Idaho have also implemented oral health integration or medical-dental collaboration projects where both the medical and dental health care teams are working closely together to improve the overall health of their patients they serve.

Oral Health Screenings for Children Prior to Entrance into Elementary School



When asked their perspective on whether or not oral health screenings should be mandatory in Idaho prior to entrance into elementary school, respondents answered:



Idaho Facts:

- ✓ In an effort to quantify the oral health of Idaho's children, the Idaho Oral Health Program within the IDHW contracts with the state's seven Public Health Districts and partners with Delta Dental of Idaho to monitor and collect data on the oral health status of Idaho's children. The *Idaho Smile Survey Report* presents key findings every four years regarding the oral health status of third grade children enrolled in public schools across the state. The Idaho Smile Survey 2017 Report examined 3,687 students from 68 randomly selected schools for the prevalence of untreated tooth decay (cavities), treated tooth decay or missing permanent teeth due to tooth decay (caries experience), the presence of dental sealants, and need for restorative dental care¹¹.

The key findings from the 2017 Idaho Smile Survey include:

65.5%

Nearly two-thirds of Idaho third graders had some caries experience. This rate is essentially unchanged since the 2001 survey rate of 65.4%. The Healthy People 2020 (HP2020) goal for children aged six to nine is a rate of caries experience of 49 percent or less. Idaho has not met this goal across the history of all the surveys conducted and is an area where oral health prevention efforts should be focused.

67.2%

More than two-thirds of Idaho third grade students had dental sealants on at least one tooth recommended for sealants. The HP2020 goal for children aged six to nine years is a rate of 28.1% or better on one or more of their permanent first molar teeth¹². Between 2001 and 2017, the rate has improved with a statistically significant increase of 13.6%.

17.1%

Fewer than one in five third grade students had untreated tooth decay, which is lower than all previous surveys. The HP2020 goal for children aged six to nine years is a rate of untreated decay of 25.9% or less.

1.9%

The rate of third grade students needing urgent restorative dental services due to pain, infection, inflammation, or bleeding. This is significantly lower than the 2001 survey rate of 5.4%.

36.4%

More than one in three third grade students had severe tooth decay (defined as four or more teeth with untreated or treated decay.)

11.1%

Slightly more than one in ten third grade students had active tooth decay with no indication of any dental treatment history (no fillings or dental sealants). This rate was significantly lower than any previous survey and nearly one-half the rate from the 2001 survey of 21.2%.

Disparities between Hispanic and non-Hispanic third grade students were detected. However, the differences have generally improved during the history of the surveys. For example, active tooth decay survey results from 2001 and 2017 are as follows:

46.3% Hispanic students

24.5% Non-Hispanic students

2001 SURVEY RESULTS
Numbers are statistically significant.

19.4% Hispanic students

16.6% Non-Hispanic students

2017 SURVEY RESULTS
Numbers are not statistically significant.

Oral Health Education in Early Childhood Curriculum

96% of respondents believe that oral health education should be included in both early childhood education curriculum and elementary school curriculum.



Idaho Facts:

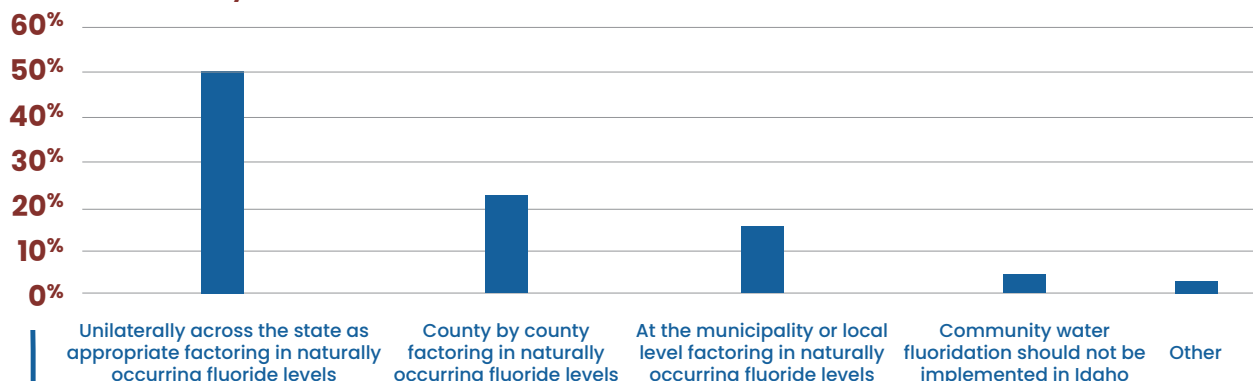
- ☑ Unfortunately, Idaho has no mandate for oral health education as part of the public school health curriculum, nor does the state mandate oral health education or oral hygiene practices as part of early childhood education. Individual schools or teachers could be sharing messaging for oral health, but nothing is required or reported except in Idaho Head Start and Early Head Start programs. Even though the National Association for the Education of Young Children includes references to oral health within accreditation standards¹³, Idaho does not require early childhood education centers to be licensed or accredited. Individual communities may decide to require licensure, but even then, Idaho has no requirements to include oral health education or oral hygiene practices.
- ☑ The Idaho Head Start Association has adopted a model for preventive action. According to the 2017 Idaho Head Start Association Annual Report, 13 Idaho Head Start and Early Head Start programs served 5,154 children aged 0-5 and 114 pregnant women and their families¹⁴. Thanks to comprehensive services and federally-required mandates¹⁵, 88% of children served in Idaho Head Start and Early Head Start programs had received a mandatory oral health screening within 90 days of starting the program.

Community Water Fluoridation



When asked, "How should community water fluoridation be implemented to follow national recommendations on the prevention of tooth decay?," 50% of respondents believe that community water fluoridation should be implemented unilaterally across the state as appropriate factoring in naturally occurring fluoride levels; 43% believe that such community water fluoridation should be implemented either at the county or municipality level factoring in naturally occurring fluoride levels; 4% did not believe that community water fluoridation should be implemented in Idaho, and 2% did not feel they had enough information to provide a perspective.

From your perspective, how should community water fluoridation be implemented to follow national recommendations for the prevention of tooth decay?



Idaho Facts:

- ✓ According to the Centers for Disease Control and Prevention (CDC) Community Water Fluoridation Statistics, in 2014, Idaho ranked 47th in the nation regarding the number of citizens with access to fluoridated water. Only 31.9% of Idahoans have access to fluoridated water¹⁶. This percentage is almost wholly due to naturally occurring fluoride. As of 2018, only the Mountain Home Airforce Base and the City of Lewiston actively fluoridate their water systems to make sure that the fluoride levels meet the scientific recommendations from the U.S. Department of Health and Human Services Federal Panel. As of 2015, the Panel recommends an optimal fluoride concentration in drinking water for the prevention of dental caries in the United States be 0.7 mg/L¹⁷.

The American Dental Association, the CDC, and the American Academy of Pediatrics all support community water fluoridation as well as other national healthcare organizations¹⁸.

General Perceptions of Respondents

In general, respondents believe that...



58% of Idahoans do not value oral health

59% do not view oral health as part of overall health

69% of Idahoans are not educated on the connection between oral health and oral disease

48% value preventive actions to help fight oral disease

44% of Idahoans take ownership of their own oral health

When asked about where respondents turn for their own education on oral health issues, the top avenues for education were their own dentist or dental hygienist and the internet.

The general perception from stakeholders is that the roles of both the Idaho Oral Health Program and the Idaho Oral Health Alliance are to communicate with policy makers, garner resources, and develop new partnerships, all in support of oral health for Idahoans.

When respondents were asked to list the top names of agencies/organizations that they feel are important in addressing oral health issues in Idaho, entities included (in ranked order):

- 1) The Idaho Oral Health Program/Department of Health and Welfare
- 2) The professional or regulatory organizations including the Idaho State Dental Association, the Idaho Dental Hygienists' Association, the American Dental Association, and the Idaho State Board of Dentistry
- 3) Idaho Oral Health Alliance
- 4) Healthcare providers including those at Community Health Centers
- 5) Idaho Governor/Legislature
- 6) Medicaid
- 7) Dentists/Dental Hygienists
- 8) Insurance companies

Opportunities for Engagement

To seek optimal oral health for Idahoans, oral health champions, policy makers, and dental and medical professionals must work together to affect large scale change. Policy makers and insurers must work hand in hand to address the financial need and financial burden both for insurance and preventive benefits for citizens and reimbursement issues for providers. Our adult citizens need education on the connection of their oral health to the health of their bodies, but we also must work tirelessly to ingrain good oral health habits and impart oral health values to Idaho children. With a stronger focus on preventive oral health services and more accessible care for our underserved populations, our emergency room expenses should drop. In turn, other health issues like diabetes, obesity, heart disease, and oral cancers could be detected earlier and managed more efficiently, and our children could learn and live their best lives because they are not experiencing unnecessary mouth pain. Ultimately, by implementing and focusing on more oral health prevention efforts in both the public and private care sector, we can ensure Idahoans are on the path to good oral health which, in turn, will result in reduced overall costs, healthier communities, and improved local economies.

In Closing

While this report is intended to highlight perceptions of Idahoans regarding oral health issues and address some of the state facts related to those perceptions, we hope that readers also gain a stronger awareness of some of the reasons for becoming an oral health champion. We hope you will become an oral health advocate for yourself, your fellow citizens, and for the state.

To view the Infographic for this report, visit idahooralhealth.org

For more information about the 2015–2020 Idaho Oral Health Action Plan, visit: healthandwelfare.idaho.gov/Portals/0/Health/OralHealth/IOHA%20Strat%20Plan%20-%20FINAL-AUG%202015.pdf

For more information about the Idaho Smiles Program (Idaho Dental Medicaid) visit: healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCare/DentalServices/tabid/696/Default.aspx or MCNA, Idaho's Dental Medicaid Provider at <https://www.mcnaid.net/en/home/>

To join as an individual or organizational member of the Idaho Oral Health Alliance, visit idahooralhealth.org/membership/

About the IOHA

The Idaho Oral Health Alliance (IOHA) started in 1998 with a vision of optimal oral health for Idahoans. Over the years the statewide nonprofit has built a membership base that includes dental professionals, insurers, educators, government officials, policy champions, and citizens all working toward the IOHA mission which is to drive unbiased communication and collaboration among a diversity of stakeholders to improve oral health for all Idahoans.

Mission: To lead collaborative efforts to bring optimal oral health to Idahoans through education, advocacy, and program development.

Vision: Optimal oral health for Idahoans

Membership: All oral health champions are welcome and encouraged to pay annual membership dues to the IOHA. Both individual and organizational memberships are available. For more information, visit idahooralhealth.org/membership/

Contact

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Chair: Samantha Kenney, RDH-EA
Chair Elect: Troy Clovis, DMD
Secretary: Linda Swanstrom, MBA
Treasurer: Graham Paterson
Executive Director: Jennifer Wheeler

Acknowledgments

On behalf of the IOHA Board of Directors, we thank Delta Dental of Idaho for publication support, and we thank our sister organizations who are oral health champions and helped distribute the survey to their constituents.



¹ Idaho Health Behaviors 2016: Results from Idaho's BRFSS: healthandwelfare.idaho.gov/Portals/0/Health/Statistics/BRFSS%20Reports/Idaho_BRFSS_Annual_Report_2016.pdf

² U.S. Census Bureau 2017 Quick Facts: [census.gov/quickfacts/fact/table/id/AGE295217#viewtop](https://www.census.gov/quickfacts/fact/table/id/AGE295217#viewtop)

³ Idaho Department of Health & Welfare, Medical Care Bureau, Division of Medicaid staff

⁴ House Bill 465 Statement of Purpose: legislature.idaho.gov/wp-content/uploads/sessioninfo/2018/legislation/H0465SOP.pdf

⁵ Children's Dental Health Project Blog: cdhp.org/blog/496-idaho-s-order-puts-dental-coverage-at-risk

⁶ State of Idaho, Department of Insurance, Bulletin No. 18-01: doi.idaho.gov/DisplayPDF?id=4712

⁷ 2016 Idaho Primary Care Needs Assessment Report prepared for the Bureau of Rural Health and Primary Care, Division of Public Health, Idaho Department of Health and Welfare, p. 23: healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/2016%20IDAHO%20PRIMARY%20CARE%20NEEDS%20ASSESSMENT.pdf

⁸ ADA Health Policy Institute, Medicaid Fee-For-Service Reimbursement Rates for Child and Adult Dental Care Services for All States, 2016: ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf

⁹ ADA Health Policy Institute: Dentist Participation in Medicaid or CHIP, 2016: ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0318_1.pdf?la=en

¹⁰ Idaho Primary Care Association: idahopca.org/page/community-health-centers

¹¹ Idaho Smile Survey 2017 Report: healthandwelfare.idaho.gov/Portals/0/Health/OralHealth/Documents/Smile_Survey_20181003.pdf

¹² Healthy People 2020: healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives

¹³ National Association for the Education of Young Children: naeyc.org/sites/default/files/globally-shared/downloads/PDFs/accreditation/early-learning/Standard%205_Sept%202017_0.pdf

¹⁴ Idaho Head Start Association Annual Report, Program Year 2016-2017: static1.squarespace.com/static/56a6964e5827c30d9e0a278b/t/5a655104ec212d8a1b9a667a/1516589318483/IHSA+-+2017+Annual+Report.pdf

¹⁵ Subchapter B – The Administration for Children and Families, Head Start Program: 1302.42 Child health status and care, requirements for oral health screenings: eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-42-child-health-status-care

¹⁶ CDC 2014 Fluoridation Statistics: cdc.gov/fluoridation/statistics/2014stats.htm

¹⁷ Federal Register, The Daily Journal of the United States Government: Public Health Service Recommendation for Fluoride Concentration in Drinking Water for Prevention of Dental Caries; Notice by the Health and Human Services Department on 5/1/15: federalregister.gov/documents/2015/05/01/2015-10201/public-health-service-recommendation-for-fluoride-concentration-in-drinking-water-for-prevention-of

¹⁸ American Academy of Pediatrics website: healthychildren.org/English/healthy-living/oral-health/Pages/Water-Fluoridation.aspx