

## Oral Health

### Definition

Surgeon General David Satcher's report on "Oral Health in America" refers to a "silent epidemic" of oral disease, restricting activities in school, work, and home, often diminishing the quality of life. The mouth for children and adults is vital to everyday life, serving to nourish our bodies, communicate, and as an early predictor of problems elsewhere in the body, such as infection, disease, immune disorders, nutritional deficiencies, and cancer (DHSS, 2012).

### Rationale

- Children and adults with disabilities are an at-risk group for a wide variety of conditions because of specialized medications, sensory issues affecting hygiene habits, and features of their disability.
- Access to dental care is influenced by a number of factors including: an individual's insurance coverage for dental services; dentist participation in Medicaid; routine dental services not being covered in Medicare; availability of dental services in rural/remote regions of the state; and transportation and other factors which are barriers to making or keeping dental appointments.
- Access to dental care is a common unmet need for children and adults with disabilities as conditions also may present physical barriers to dental care (e.g., dental office wheelchair accessibility). Additionally, dentist/dental hygienist experience or comfort level in treating patients with more complex medical or developmental conditions may pose a barrier. In addition to the unmet need of workforce development, a 2007 Oral Health Forum on "Access to Care," identified the following as most urgent unmet Oral Health Need in Alaska –
  - finding providers who accept Medicaid,
  - difficulty coordinating appointments and long waits, and
  - reliance on pediatric dentists for ongoing care of children/youth with disabilities through adolescence and adulthood.
- At an oral health planning meeting in 2012, two of five priorities addressed individuals with disabilities.

- Support the “creation of a state loan repayment/incentive program for dentists and dental hygienists for practice in underserved populations.”
- The “improvement [of] oral health care and dental treatment by supporting a provider training program and/or development of incentives in Medicaid reimbursement for treatment in the dental clinic setting” (Alaska Dental Action Coalition, 2012).
- 57.6% of Alaskan adults with disabilities have had at least one tooth removed due to tooth decay or gum disease during 2008 – 2011, compared to 35.7% of Alaskans without disabilities (Alaska BRFSS, 2012).
- Only 57.8% of Alaskan adults with disabilities have had their teeth cleaned in the last year, compared to 63.5% of Alaskans without disabilities (Alaska BRFSS, 2010).

### Vision

Alaskans with disabilities have access to quality oral health care.

### Access

#### ACTION STEPS

- 5.1.1 The Alaska Dental Coalition (ADAC) will support the state loan repayment/incentive program for dentists and dental hygienists to serve underserved populations along with provisions for dental hygienist practice under collaborative agreement(s) (Alaska Statute 08.32.115) with a dentist(s).
- 5.1.2 The Alaska Native Tribal Health Consortium will continue to support the Dental Health Aide Therapist Program, which provides services in rural/remote regions of the state to underserved populations – the population served includes individuals with fetal alcohol spectrum disorder, sensory sensitivity and other conditions falling under children/adults with disabilities.
- 5.1.3 The State of Alaska DHSS SHARP Program (SHARP) will ensure language defining underserved populations includes children and adults with disabilities for workforce development in the state loan repayment/incentive program for dentists and dental hygienists.

- 5.1.4 The ADAC will identify a dental champion, agency, or professional organization to design, program, and supervise start-up for the development of specialized dental hygienists, who meet collaborative agreement criteria, to perform allowable services for children and adults with disabilities.
- 5.1.5 The ADAC will highlight the Alaska Native Medical Center beneficiary disability dental clinics in other venues. For example, initiate inclusion and targeted promotional materials for children and adults with disabilities at UAA's annual Alaska Cares Dental Days or in new venues like United Way's Mission of Mercy.
- 5.1.6 The ADAC will continue to monitor and explore the implementation of use of diagnosis codes on dental claim forms as an opportunity for discussion of Medicaid providing additional reimbursement for treating certain conditions which typically would require more time for dental treatment in the dental office setting. The Alaska Oral Health Program will conduct an annual provider community needs assessment and train dentists and hygienists on evidence-based techniques for working with people with disabilities.
- 5.1.7 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of oral health related services.
- 5.1.8 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of oral health related services.
- 5.1.9 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of oral health related services.

## **Data/Surveillance**

### **ACTION STEPS**

- 5.2.1 The SHARP Program will monitor progress on legislative and programmatic efforts for a loan repayment incentive program for dental professionals, specifically benefiting Alaskans with disabilities, and report results annually to the Alaska Dental Coalition.
- 5.2.2 The Alaska Oral Health Program will monitor trends in Medicaid dental reimbursement rates and report results to the Alaska Dental Coalition.
- 5.2.3 The Alaska Oral Health Program will examine and report on annual Medicaid claims reflecting dental treatment under general anesthesia for children and adults with disabilities that are enrolled in the Medicaid program.
- 5.2.4 The AHDP will utilize data to identify and prioritize oral health disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.

## **Education and Awareness**

### **ACTION STEPS**

- 5.3.1 The AHDP will distribute and promote free documents from the National Institute of Health on oral conditions and interventions for children and adults with disabilities through outreach clinics, health fairs, public health nursing, etc.
- 5.3.2 The Alaska Oral Health Program will work with the Alaska Dental Society, dental offices, and stakeholder groups representing children and adults with disabilities to develop a resource to identify dentists experienced and willing to treat children and adults with specified disabilities in their dental office (e.g., dentist survey).
- 5.3.3 The Alaska Oral Health Program will promote resources on oral health that are accessible and inclusive of people with disabilities using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.

## Collaboration

### ACTION STEPS

- 5.4.1 The Alaska Oral Health Program, Division of Public Health Section of Women's, Children's, and Family Health, Alaska Dental Society, and Alaska State Dental Hygienists' Association will report annually to the ADAC and Federal funding sources (e.g., CDC) on developments, successes, and challenges identified in underserved populations.
- 5.4.2 The Alaska Oral Health Program, Stone Soup Group, and other stakeholder groups representing children and adults with disabilities will examine strategies to reduce "no-show/failed" dental appointments and short-notice cancellation of dental appointments for Medicaid recipients including recipients with disabilities.