# Oral Health in Massachusetts

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## **Surgeon General's Report on Oral Health – May, 2000**

- Focused on the relationship between oral health and overall good health throughout life
- Identified a "silent epidemic" of dental and oral diseases that burdens some population groups
- Significant disparity between racial and socioeconomic groups in regards to oral health and ensuing overall health issues

#### **Surgeon General's Report**

- Lack of awareness of the importance of oral health among the public
- The association between oral health problems and other health problems
- Mouth as a mirror for general health and well-being

#### **National Call for Action**

The Surgeon General called for action to promote access to oral health care for all Americans, especially the disadvantaged and minority children found to be at greatest risk for severe medical complications resulting from minimal oral care and treatment

#### **National Call for Action**

- Change Perceptions of Oral Health
- Overcome Barriers by Replicating Effective Programs
- Build Science Base and Accelerate Transfer
- Increase Oral Heath Workforce Diversity, Capacity and Flexibility
- Increase Collaborations

#### Massachusetts Oral Health Report October 2006

- Many Massachusetts residents lack easy access to routine dental care
- Profound impacts on overall health and social functioning
- The greatest barriers to access to dental care are experienced by minorities, the poor, the uninsured, and persons in relatively poor health

## Massachusetts Oral Health Report - 2006

- Access to dental care may also be powerfully impacted by
  - the availability of dentists
  - the geographic distribution of dentists
  - number and distribution of dentists who accept MassHealth(Medicaid)

## Massachusetts Oral Health Report - 2006

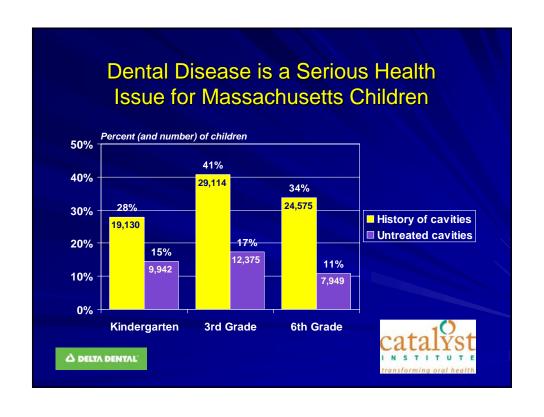
- Many rural areas of Massachusetts lack easy access to dental care providers.
- 30% of cities/towns in Massachusetts don't have enough dentists to care for the people who live there.
- 69 cities/towns in Massachusetts have NO dentist.
- 58% of cities/towns in Massachusetts have no dental specialists.

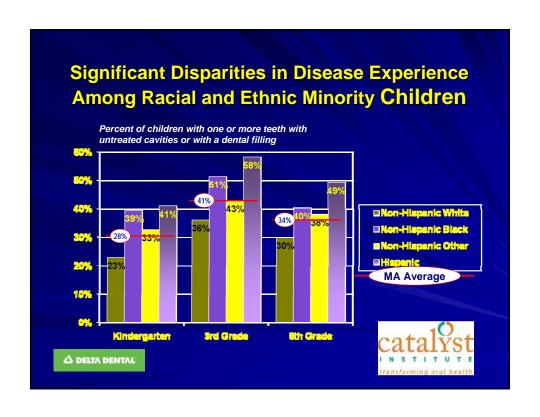
## Massachusetts Oral Health Report - 2006

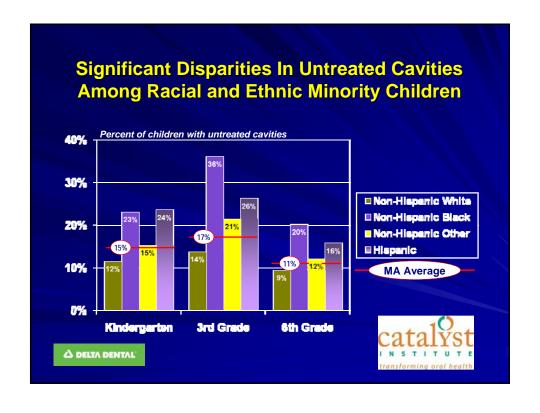
- 65% of cities/towns in Massachusetts have no pediatric dentist.
- More than 50% of cities/towns in Massachusetts have no dentist that accepts MassHealth (Medicaid).
- The majority of MassHealth dentists in Massachusetts are clustered in urban areas.

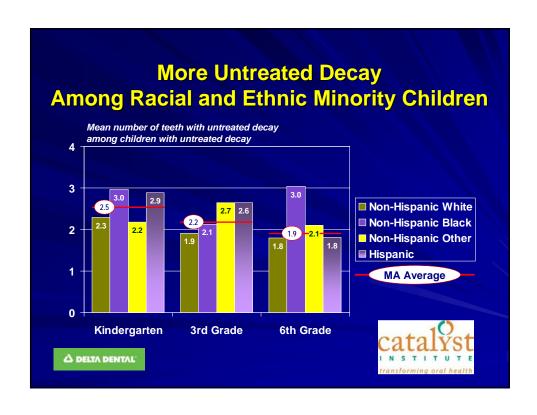
## The Oral Health of Massachusetts Children - 2008

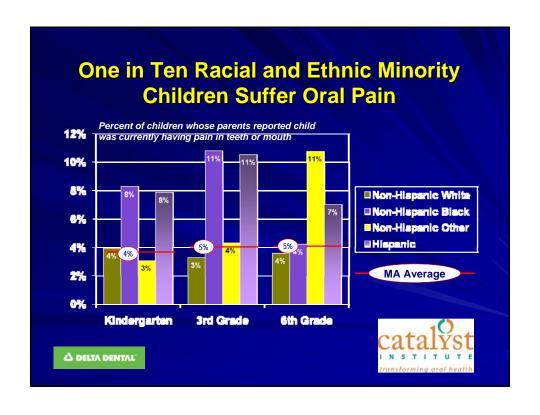
- Overall we have made some progress in improving oral health, on average, by reducing caries experience, percent of children with untreated decay and the number of children who have received dental sealants.
- Dental disease continues to be a significant health issue for many children at an unacceptable level for such a preventable disease.
- Significant disparities also exist along race and ethnicity, income status, and where children live.

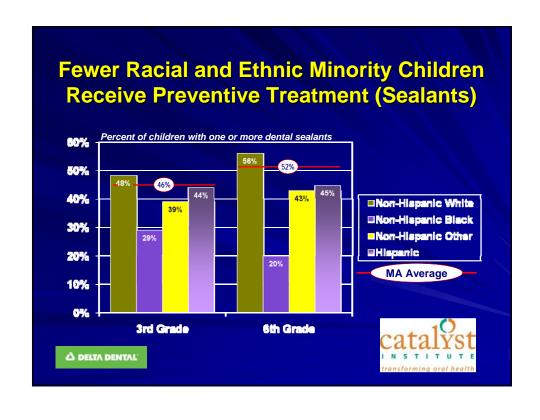












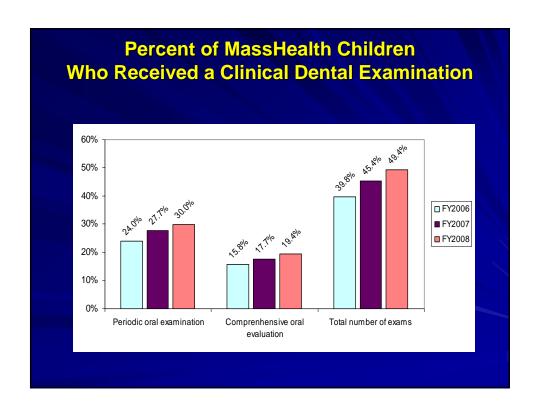
#### **Key Findings**

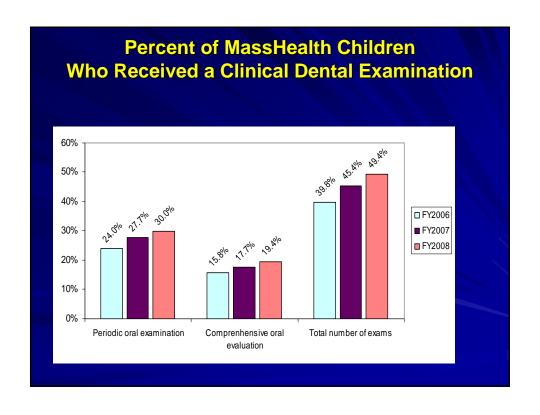
- Dental disease is a significant health issue for children in Massachusetts
  - Most common chronic childhood disease
  - Affects many children before kindergarten
  - Many school children are in pain
- Significant oral health disparities
  - Racial and ethnic minority children
  - Children from low-income families
  - Across counties

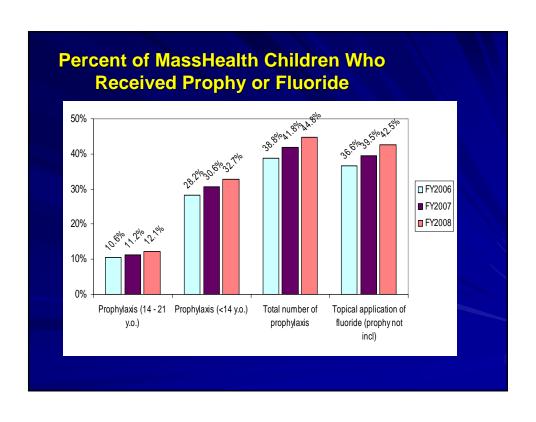
For more information on the Massachusetts Oral Health Survey:

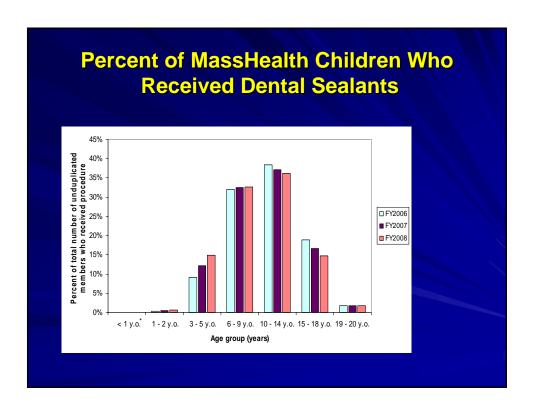
www.catalystinstitute.org

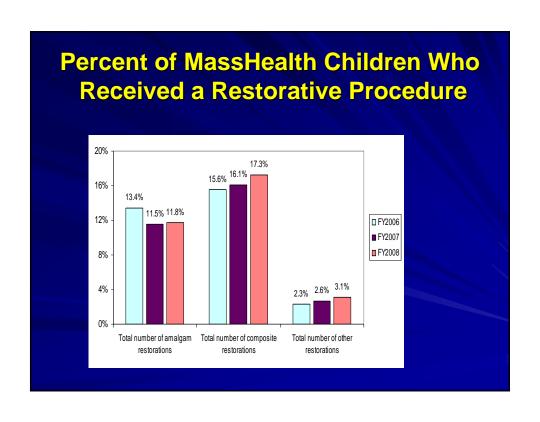
# MassHealth Program











<b>Dental</b>	<b>Provid</b>	lers l	by C	County

COUNTY	FY2007	FY2008
Barnstable	13	19
Berkshire	23	28
Bristol	84	110
Dukes and Nantucket	0	1
Essex	129	163
Franklin	18	20
Hampden	84	110
Hampshire	11	15
Middlesex	235	311
Norfolk	91	107
Plymouth	80	119
Suffolk	187	210
Worcester	87	143
Total	1,042	1,356

#### MassHealth Members (<21) by County

COUNTY	NUMBER OF MEMBERS (0-20 YEARS OLD) ENROLLED*		
	FY 2007	FY 2008	
Barnstable	12,669	13,888	
Berkshire	11,033	11,964	
Bristol	46,916	50,103	
<b>Dukes /Nantucket</b>	1,457	1,749	
Essex	60,913	65,165	
Franklin	5,475	5,743	
Hampden	61,437	64,965	
Hampshire	7,130	7,643	
Middlesex	70,392	76,175	
Norfolk	26,067	28,286	
Plymouth	31,239	34,202	
Suffolk	80,363	84,182	
Worcester	58,307	62,725	
N/A	4,402	3,115	
Total number of			
members	477,800	509,905	

#### Fluoride Varnish Program

- As of October, 2008, physicians and other non-dental health providers may bill for fluoride varnish application
- Goal: to decrease Early Childhood Caries thus decreasing need for TX in Operating room and Emergency room.

#### **School Based Programs**

- DPH and MassHealth piloted a school based program in Springfield in academic year 08-09
- Twenty one schools in year 1 (13 are schools with SBHC)
- 9 elementary, 3 middle and 9 high schools.
- Total number of students with consent: 1,684. (31% also are enrolled in SBHC programs, 68% MassHealth children).

#### **School Based Programs**

- 4,829 sealants placed (19 schools reporting) with average of 5 sealants per student
- Cost \$42/child
- 25.1% required restorative treatment 25.1%. (Range 14% to 45%).
  - Of these 3.4% needed urgent or immediate care

## Race/Ethnicity of Students Participating in Pilot Program

Race	% of participants
American Indian	0.2
Asian	5.8
Black	30.8
Hispanic	46.9
White	15.4
Other	0.9

# Plans for Expansion of DPH School Based Programs

■ DPH, Office of Oral Health, will be responsible for replicating effective school prevention/sealant programs already implemented in the state, expanding the dental workforce for these portable programs and building collaborations and partnerships to ensure support and sustainability.

#### Plans for FY 10-11

- Coordinate expansion of School based programs with other public/private providers
- Coordinate referral network for school based programs with private practitioners and safety net providers
- Increase dental provider network