



The State of Florida's Oral Health

By

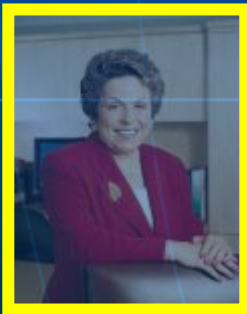
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Oral Health in America: A Report of the Surgeon General, Dept. of Health & Human Services, 2000



David Satcher, MD, PhD
Surgeon General



Donna E. Shalala
Secretary,
U.S. Department of Health &
Human Services

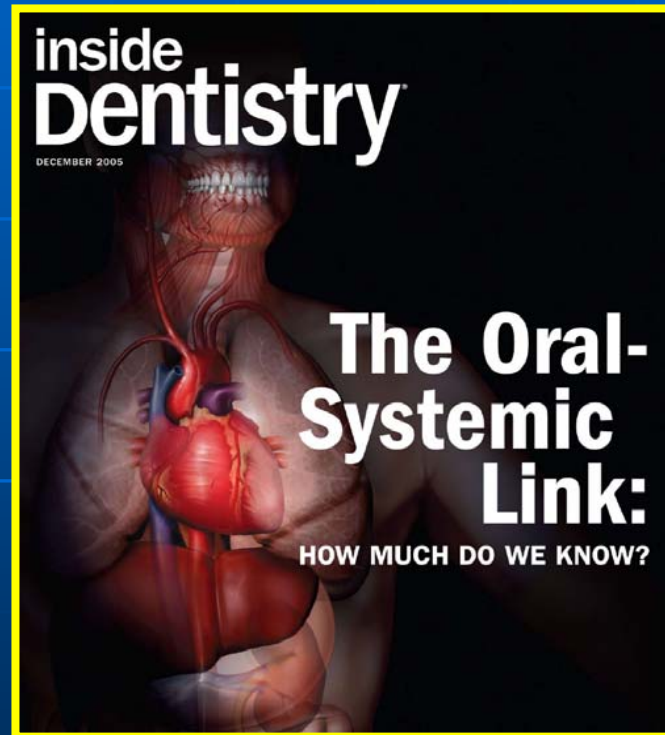
“Oral health is
integral to general
health... and should
not be interpreted as
separated entities”

Dental Disease as a Risk Factor for Systemic Disease

coronary/carotid
artery disease

general
arthrosclerosis

increased risk for
preterm low and/or
birth weight deliveries



diabetes

bacterial
pneumonia

“With permission of Aegis Communications/Inside Dentistry”

A Few of the More Common Systemic Diseases that Show Oral Manifestations Include...

Chronic Liver Disease

Anemia

Metastatic Disease

Leukemia

Bulimia

AIDS

Multiple Myeloma

Kawasaki Disease



Hyperparathyroidism

Langerhans' Cell Histocytosis

Sjogren's Syndrome

Lupus Erythematosus

Hypothyroidism

Rheumatoid Arthritis

Sarcoidosis

Uremic Stomatitis

Diabetes

Hypocortisolism

Chron's Disease

Hypoadrenocorticism

Distribution and Burden of Dental Disease

- 80% of Dental Disease is in 20% of the Population.
- Who are the 20%?

Disadvantaged Populations - the 20% who suffer 80% of the dental disease

Florida Demographics (according to the 2000 U.S. Census)

Pop. - ~19 million. Of these:

- Disabled ~ 3.5 million
- Homeless ~ 68,000 any given day
- HIV/AIDS ~ 70,000
- Migrant Farmworkers ~ 200,000 (90,000 children)
- Immigrants ~ 20,000/year (FL top 6 in US)
- Minorities – 31.7%
- Children – 22.8%
- Women – 51.2% (but higher in older age groups)
- Elderly – 17.6% (and growing)
- Poverty – 12.6% (one of top 5 in U.S)

Why are there Disparities?

- Disadvantaged groups tend to be isolated within society
 - Lack political power
 - Lack social power
 - Lack economic power
- Compounded by the views that:
 - “Dental disease are not serious”
 - “Dental diseases are inevitable”
 - “Oral health is not important”

washingtonpost.com

The Washington Post
Washington, D.C.

For Want of a Dentist

Pr. George's Boy Dies After Bacteria From Tooth Spread to Brain

By Mary Otto
Washington Post Staff Writer



Diamonte Driver
1995 - 2007

- "A Routine \$80 Extraction Might Have Saved Him..."
- His family had lost Medicaid...
- His mother was focused on getting treatment for his brother who had 6 rotted teeth...
- If Medicaid dentists weren't so hard to find..."

By the time Diamonte's tooth got attention, the infection had spread to his brain, and after two operations Diamonte passed away 6 weeks later.

History of Recent State Dental Efforts in Florida including SOHIP

- 1997 Dental Summit organized by the DOH and AHCA
- 1998 Statewide Dental Coordinating Council (SWDCC) established
- 1999-2000 Title XXI (SCHIP) covers dental services
- 2001 National Governor's Association (NGA) Health Policy Academy team established
- 2002 SWDCC and NGA team merged
- 2004 State Oral Health Improvement Plan for Disadvantaged Persons (SOHIP)



SOHIP - Oral Health Florida

(www.oralhealthflorida.com)

- State Oral Health Improvement Plan
- Comprehensive
- Broad-based Coalition
- Identified Stakeholders
- Burden and Needs Assessment
- Disadvantaged Populations
- Recommendations
- Strategies
- Implementation
- Evaluation

What is SOHIP?

- A comprehensive state oral health plan developed through a broad-based collaborative process that provides direction for the continued development of an integrated, coordinated oral health system between the public and private sectors
- Designed and dedicated to address disparities in access to oral health care

Participants

- Public
- Academic
- State
- Professional Organizations

Public

- Florida Developmental Disabilities Council (FDDC)
- Florida Area Health Education Centers (AHEC)
- Alachua County Organization for Rural Needs, Inc. (ACORN)
- Miami Voices
- Special Olympics
- Sunrise Community
- ARC of Florida
- Health Foundation of South Florida
- Sacred Heart
- Baptist Convention

Academic

- Palm Beach Community College
- Nova Southeastern
- St. Petersburg College
- University of Florida
- University of Miami
- University of South Florida

State

- DOH
 - Public Health Dental Program
 - Disease Control/HIV/AIDS
 - Minority Affairs
 - School Health
 - WIC
 - Children's Medical Services (CMS)
 - Health Access and Tobacco
 - County Health Departments
 - Board of Dentistry
- AHCA/Medicaid Services
- Department of Children and Families (DCF)
- Head Start
- Healthy Kids
- Department of Elder Affairs
- Department of Education

Professional Individuals or Organizations

- Dental Professional Organizations
 - Florida Dental Association (FDA)
 - Florida Dental Hygiene Association (FDHA)
 - Florida Dental Assistants Association (FDAA)
 - Florida Academy of Pediatric dentistry (FAPD)
 - Private Practice Dental Providers
- Medical Professional Organizations
 - Florida Medical Association (FMA)
 - Florida Academy of Pediatrics (FAP)
- Seminole Tribe of Florida
- Florida Association of Community Health Centers
- Atlantic Dental, Inc. (ADI)

History and Accomplishments of SOHIP

- Broad-based team headed by the DOH's Public Health Dental Program
- Began as ~ 50 participating organizations or individuals in 2004 and has grown to ~ 300 participating organizations and individuals in 2008.
- Participants provide information in their areas of expertise
- In 2004, SOHIP developed a State Oral Health Plan including a Strategic Action Plan
- In 2006 and currently as part of the implementation process of the SOHIP, county coalitions formed and developed their own strategic oral health plans
- In 2006 and currently the General Assembly has formed Workgroups to address specific populations or topics

County Coalitions

- Gadsden County
- Indian River County
- Okeechobee County
- Polk County

Workgroups

- Early Childhood Caries (ECC)
- Special Needs
- Elderly
- Migrant Farmworkers
- Teledentistry
- Community Water Fluoridation

Most Common Barriers to Oral Health Care Cited by the SOHIP, Workgroup, and County Action Plans

- Medicaid Reimbursement
- Workforce Issues
 - Lack of providers
 - Lack of adequately trained providers

(these barriers are related in that without adequate Medicaid reimbursement there is a lack of providers that will accept Medicaid or become Medicaid providers)

Components of the State Oral Health Plan

- Background Reports (e.g. Needs Assessment and Utilization)
- County Profiles
- Strategies
- Recommendations
- Strategic Action Plan Components
- Workgroups
 - Early Childhood Caries (ECC)
 - Community Water Fluoridation
 - Special Needs
 - Sustainability
 - Migrant Oral Health
 - Senior
- Implementation
- Evaluation

SOHIP Background Report Findings: Risk Factors

- Poverty/Income/SES
- Lack of Dental Insurance
- Level of Education
 - General
 - Dental IQ
- Lack of Access to Fluoride, Dental Sealants and Professional Care
- Personal/Behavioral Factors
 - Tobacco use
 - Drug and Alcohol use
 - Diet and Nutrition
 - Home care
- Psychosocial Factors
 - Language
 - Cultural

SOHIP Background Report

Findings: Barriers to Care

- a shortage of general oral health providers
- a shortage of oral health specialists
- a shortage of safety net oral health providers
- the geographic distribution of oral health providers
- loan repayment/minority scholarships
- utilization of mid-level providers/scope of practice
- licensing issues
- dental education and training
- training and utilization of medical personnel
- reimbursement

Medicaid Reimbursement

- FL Medicaid – Primary payer for oral health services for the poor
 - 2002 – FL spent \$9.9 billion on health care services
 - 2003-2004 – \$12.5 billion budget for FL Medicaid
 - 2002 – FL spent \$84.3 million on dental services – less than 1% of Medicaid's expenditures
 - Less than 20% of Medicaid eligible children access dental services

Enrolled Medicaid Dental Providers - December 2006

County	Count
ALACHUA	59
BAKER	4
BAY	12
BRADFORD	0
BREVARD	25
BROWARD	173
CALHOUN	1
CHARLOTTE	2
CITRUS	3
CLAY	3
COLLIER	23
COLUMBIA	0
DADE	454
DESOTO	3
DIXIE	4
DUVAL	68
ESCAMBIA	25
FLAGLER	4
FRANKLIN	0
GADSDEN	2
GILCHRIST	1
GLADES	0
GULF	5
HAMILTON	1
HARDEE	1
HENDRY	5
HERNANDO	10
HIGHLANDS	8
HILLSBOROUGH	95
HOLMES	1
INDIAN RIVER	9
JACKSON	5
JEFFERSON	4
LAFAYETTE	2
LAKE	11
LEE	37
LEON	5
LEVY	1
LIBERTY	2
MADISON	2
MANATEE	13
MARION	10
MARTIN	7
MONROE	1
NASSAU	5
OKALOOSA	7
OKEECHOBEE	2

County	Count
ORANGE	58
OSCEOLA	12
PALM BEACH	102
PASCO	14
PINELLAS	84
POLK	25
PUTNAM	3
ST JOHNS	7
ST LUCIE	3
SANTA ROSA	1
SARASOTA	10
SEMINOLE	18
SUMTER	5
SUWANNEE	0
TAYLOR	2
UNION	0
VOLUSIA	14
WAKULLA	2
WALTON	1
WASHINGTON	3

1479

0 = 6

Treating Medicaid Dental Providers – FY 2005/2006

County	Treating Prov Count	
ALACHUA	01	36
BAKER	02	2
BAY	03	9
BRADFORD	04	0
BREVARD	05	17
BROWARD	06	103
CALHOUN	07	1
CHARLOTTE	08	1
CITRUS	09	3
CLAY	10	3
COLLIER	11	16
COLUMBIA	12	0
DADE	13	215
DESOTO	14	4
DIXIE	15	1
DUVAL	16	48
ESCAMBIA	17	21
FLAGLER	18	3
FRANKLIN	19	0
GADSDEN	20	0
GILCHRIST	21	0
GLADES	22	0
GULF	23	4
HAMILTON	24	1
HARDEE	25	1
HENDRY	26	3
HERNANDO	27	5
HIGHLANDS	28	4
HILLSBOROUGH	29	59
HOLMES	30	1
INDIAN RIVER	31	5
JACKSON	32	4
JEFFERSON	33	4
LAFAYETTE	34	1
LAKE	35	9
LEE	36	26
LEON	37	7
LEVY	38	0
LIBERTY	39	2
MADISON	40	1
MANATEE	41	10
MARION	42	8
MARTIN	43	5
MONROE	44	0
NASSAU	45	3
OKALOOSA	46	5

County	Treating Prov Count	
OKEECHOBEE	47	2
ORANGE	48	43
OSCEOLA	49	10
PALM BEACH	50	71
PASCO	51	7
PINELLAS	52	54
POLK	53	18
PUTNAM	54	3
ST JOHNS	55	5
ST LUCIE	56	3
SANTA ROSA	57	1
SARASOTA	58	7
SEMINOLE	59	15
SUMTER	60	5
SUWANNEE	61	0
TAYLOR	62	1
UNION	63	0
VOLUSIA	64	10
WAKULLA	65	2
WALTON	66	1
WASHINGTON	67	3

912

0 = 10
1 = 11

Increasing Reimbursement Rates

- Other states have found that increasing rates will increase the number of providers that accept Medicaid patients
- Governor Crist proposed a \$21.8 million increase in dental funding to increase dental reimbursement rates ($\$84.3 + \$21.8 = \$106.1$ million)

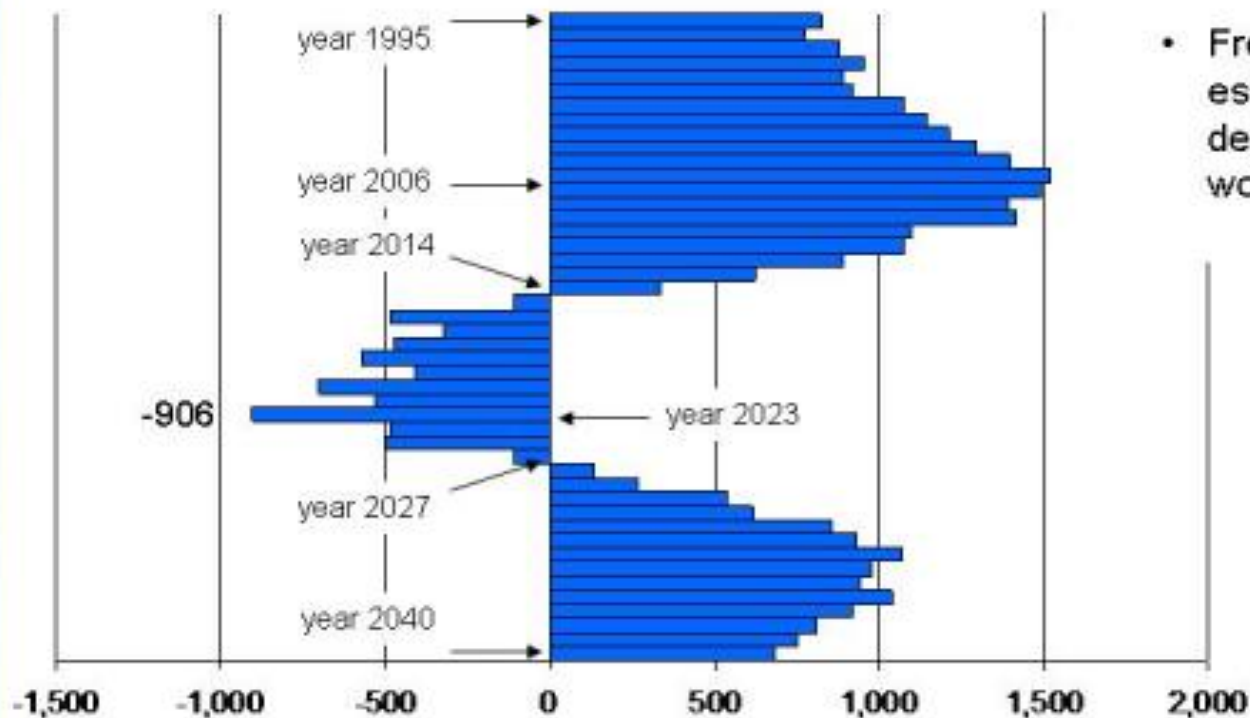
Workforce Statistics

- Florida Population - 19,153,676
- Licensed Dentists – 9464
- Dentist to Pop ratio
 - U.S. – 60.4/100,000
 - FL – 49.4/100,000
- Only ~300 of Dentists (2-3%) specialize in Pediatric dentistry
- 90% of dentists are in private practice
- Dentists enrolled in Medicaid - 1479
- Dentists actively accepting Medicaid - 912 (~10%)
- #'s vs. Distribution?
- Minority Dentists?
- Licensed Dental Hygienists – 9686
- Dental Assistants – 17,090

Shortage of Dentists?

- Numbers vs. Distribution
 - Dentists tend to cluster around population centers
 - Dental hygienists and assistants tend to cluster around dental professional schools
 - Rural and isolated populations will always have a difficult time enlisting dental providers to practice in these areas or on these populations
- The number of dentists is decreasing as more dentists retire than graduate
 - Closing of dental schools in 1980s
 - Decreases in class sizes in 1980s-1990s
- Population is increasing
 - Even if # of dentists remained stable, growing population means smaller dentist to population ratio.

Estimated Changes in Number of Dentists in the Dental Workforce, 1995 - 2040



- From 2014 to 2027, it is estimated that more dentists will leave the workforce than enter it

Assumptions: Number of graduates remains at 4,850 after 2007 and retirement age is 65

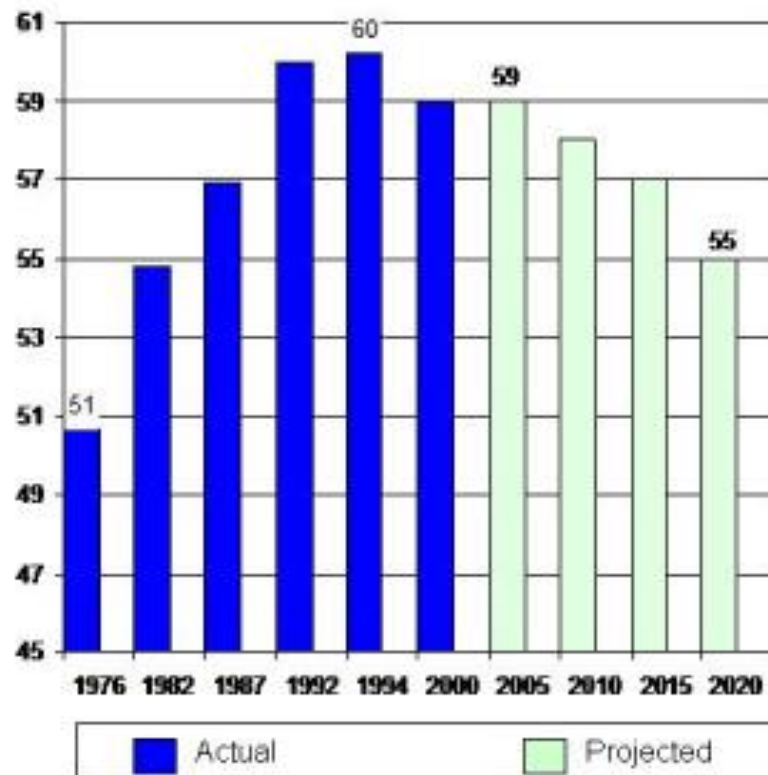
Source: American Dental Education Association

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Dentist to Population Ratio

- How many more dentists needed to get to the national average?
- Would need a total of 11,568 dentists or an **increase of 2104** more dentists to have a dentist to population ratio of 60.4 dentists/100,000 population

Number of Professionally Active Dentists per 100,000 U.S. Population, 1976 - 2020



- The American Dental Association estimates that the national supply of dental services will increase due to a significant increase in dental productivity
- Dental productivity is expected to increase through increased employment of allied dental professionals

Source: American Dental Association, Survey Center, Dental Workforce Model 2001-2025,
http://www.ada.org/ada/prod/survey/publications_workforce.asp#historicalreport

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D-HPSAs (Designated Health Professional Shortage Areas)

- There are 327 D-HPSAs in Florida
- 8.5 percent of Florida's population lived in a Dental HPSA in the year 2000
- it would take an additional **272** dental practitioners to remove all of the Dental HPSA designations in Florida.



Florida will need
600 additional
full-time dentists
to remove the
manpower
shortage for
the low-income
Florida
populations.

Florida ranks #11
nationally for the
number of
dentists who are
55 and over...



Access to Dental Care in Florida



Dentist-to-Population Ratio 1 → 2,024

Medicaid Dentist to
to Medicaid Eligible Children Ratio 1 → 9,747

Medicaid Dentist to
to Medicaid Eligible Adult Ratio 1 → 41,039

In 2005, only 11% of the population below 200% of the Federal Poverty Level received at least one documented visit through publicly funded & volunteer programs.

→ Just 24% of children --- 4% of adults ←



Some Sad Facts...



As of

June, 2007

3 Counties **Had No Licensed Dentists**

(Glades, Lafayette & Union)

January 2008

7 Counties **Had No Medicaid Dentist**

(Bradford, Columbia, Franklin, Glades, Levy, Suwannee & Union)

FY 2006-7

9 Counties **Had No Medicaid Children's Dentist**

(Bradford, Columbia, Franklin, Gadsden, Glades, Levy, Monroe, Suwannee & Union)

FY 2006-7

7 Counties **Had Only One Medicaid Children's Dentist**

(Calhoun, Charlotte, Gilchrist, Hamilton, Holmes, Santa Rosa & Walton)

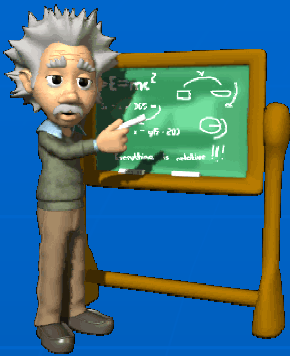
Safety Net Providers

- As less Private practitioners accept Medicaid patients, safety net providers take on more of a burden in seeing Medicaid patients (and the under and uninsured)
- Safety net Providers include:
 - County Health Departments (44 of the 67 CHDs)
 - Community Health Centers (CMCs) including Federally Qualified Health Centers (FQHCs)
 - Dental (and dental hygiene) Schools (or programs)
 - Community Health Organizations (such as ARC and Senior Friendship Centers)

DOH CHD Dental Workforce Shortage

Based on the data reports provided by Human Resources, as of 2/19/2008:

- 44 dentist vacancies
- average days vacant were 286
 - two are indicated as vacant since 2003
 - three are indicated vacant since 2005
 - three are indicated vacant since 2006
- On People First, advertisements average around 10 dentist advertisements each month.
- The turnover rate for calendar year 2007 appears to be around 16%.



Dental Schools in Florida

<u>Name of School</u>	<u>Total # Graduates/Year</u>
University of Florida College of Dentistry	80
Nova Southeastern Dental School	120
	<hr/>
	Total = 200 *
Pediatric Residency Positions	Total = 14 *

*** Note: Does not include dentists who graduate from the University of Florida Foreign Dentists program --- and --- the number of dentists from other states who get licensed to practice in the State of Florida and actually practice in the State.**

Also, not all graduates stay and practice in Florida

Dental Professional School Demographics

- Minorities are significantly underrepresented in dental and dental hygiene schools
 - Blacks – 5.41%
 - Hispanic – 5.88%

Strategies Considered

- Increase and assure appropriate types of available oral health care providers and increase diversity in the field of oral health.
 - Loan forgiveness programs
 - Minority recruitment for dental schools
 - Dental Public Health Service Corp
- Improve the Medicaid program to stimulate greater health care provider participation.
 - Increase reimbursement rates
 - Increase dental pool of funds
 - Remove administrative burdens
- Create incentives for volunteer programs providing dental care for disadvantaged clients.
 - Sovereign immunity
 - Tax credits
- Advocate for programs to train non-dental health professions to provide oral assessments and use of fluorides.
 - Physicians and staff
 - Social workers
 - Teachers
 - Other non-dental providers

Strategies Considered cont.

- Advocate for statutory and regulatory reform to the State Dental Practice Act to better utilize mid –level providers
 - New mid-level providers
 - Reduced supervision
 - Expanded duties
- Advocate for or design incentives for improved training of all dental health care providers in the area of treating special needs patients.
 - Continuing education
 - Dental school curriculum
 - Externships in CHDs and CHCs for dental and dental hygiene students
- Examine alternate methods of licensing of dentists –
 - Post graduate year (PGY-1) - Option of 1 year of public service or residency vs. Clinical Licensure Exam
- Advocate for licensure by credentials
- Advocate for oral health education in medical schools or inclusion of oral health training in medical continuing education requirements.

Strategies Considered cont.

- Research the concept of mandatory pro-bono as part of licensure.
- Create additional dental school(s) (USF or FSU), dental hygiene schools, and dental assisting schools.
- Establish a Statewide, coordinated volunteer dental workforce utilizing retired dentists and part-time dentists.
- Advocate for increases in compensation for State public health dental providers – salaries are not in line with private practice thus, hard to draw providers into CHD positions
- Requirement of a Post graduate year (PGY-1) residency/externship in a public health facility for all graduates of state supported dental programs
- Limit the number of dental licenses available per county

Process of Determining Recommendations

- Participants of SOHIP proposed strategies
- Strategies researched (other states)
- Strategies presented to SOHIP participants, discussed and voted upon as to impact and feasibility
- Top strategies placed in SOHIP Action Plan by recommendation category

Recommendation Categories

- Improve access to community and school-based preventive programs
- Improve access to community and school-based education programs
- Increase public and governmental awareness and support of oral health issues
- Improve state and county-based oral health surveillance
- Improve access to dental care
- Improve the integration of oral health prevention and education into general health
- Expand dental health care services research

Recommended Strategies in the SOHIP and Workgroup Action Plans that Address Workforce Issues

(Strategies in yellow are strategies that SOHIP or its partners are actively pursuing or implementing)

- Recommendation 5
 - Assure that an adequate number of appropriate dental care provider types exist and increase the diversity of dental care providers.
 - Expand professional training opportunities regarding care for special needs populations.
 - Expand volunteer incentives.
 - Consider reforms to better utilize the existing dental workforce to achieve improved access to care.
- Recommendation 6
 - Promote improvement of the Medicaid Dental program.
 - Expand number of dental care providers/practitioners and centers with expertise in caring for special needs populations.
 - Advocate increasing the quantity of safety-net dental providers by eliminating barriers to participation.
 - Explore teledentistry opportunities to increase access to care for underserved populations.
- Recommendation 7
 - Advocate for oral health screenings to become a routine part of medical examinations.
 - Advocate for increased oral health training for medical professionals.

One Size Does Not Fit All

- One workforce solution will not solve all the problems related to access
- Different disadvantaged groups have different barriers which require different strategies to improve access.
 - Minorities
 - Increase minority providers (recruitment, loan forgiveness)
 - Special needs
 - Training and comfort
 - Poverty
 - Medicaid
 - Increase safety net providers
 - Utilize mid levels more effectively
 - Rural and Elderly (isolated populations)
 - Teledentistry
 - Utilize mid-level providers more effectively
 - Children
 - Utilize physicians who see 0-3 year olds more often than dentists

3 P's for a Healthier Florida



As Championed by Dr. Ana Viamonte Ros

• Florida's State Surgeon General •

Keys to Improving Oral Health*

- Dental visit by age 1 (prevention, preparedness)
- Dental Sealants (prevention)
- Fluoride Varnish (prevention)
- Specialty Care (preparedness)
 - Special Needs
 - Children
 - Elderly
 - Culturally and Ethnically Distributed
- Community Water Fluoridation (prevention)
- Education (prevention, preparedness)
- Regular Dental Visits (prevention)
- Home Care (personal responsibility)
- Diet and Nutrition - avoid sugars!!! (personal responsibility)

*Workforce impacts recommendations in yellow

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