Research commissioned by New Hampshire Kids Count and conducted by the Carsey School of Public Policy at the University of New Hampshire

ORAL HEALTH CARE ACCESS IN THE STATE OF NEW HAMPSHIRE

Presentation to the Commission to Study Pathways to Oral Health Care in New Hampshire
May 8, 2015
Concord, New Hampshire
Overview

• State of oral health in New Hampshire
  – Children, adults, and older adults

• Barriers to accessing care
  – Geographic shortage areas
  – Underserved populations
  – Dental insurance
  – Income and family structure

• Strategies to improve oral health care access
State of Oral Health: Children

• New Hampshire rated above the national average on many key surveillance measures of pediatric oral health

• Just received another “A” grade from the Pew Center on the States for use of preventative dental sealants
State of Oral Health: Children

- Statewide, however, more than a third of NH third grade students experience tooth decay; and

- Oral health among third graders varies substantially by county
State of Oral Health: Children

Untreated Decay among Third Grade Students, 2008-09

- NEW HAMPSHIRE
- Belknap/Merrimack
- Carroll/Grafton
- Cheshire/Sullivan
- Coös
- Hillsborough
- Rockingham
- Strafford

Untreated Decay among Third Grade Students, 2013-14

- NEW HAMPSHIRE
- Belknap
- Carroll
- Cheshire
- Coös
- Grafton
- Hillsborough
- Merrimack
- Rockingham
- Strafford
- Sullivan

Source: NH DHHS, Third Grade Healthy Smiles, Healthy Growth Survey
State of Oral Health: Children

Need for Treatment among Third Grade Students, 2008-09

- NEW HAMPSHIRE
- Belknap/Merrimack
- Carroll/Grafton
- Cheshire/Sullivan
- Coös
- Hillsborough
- Rockingham
- Strafford

Need Urgent Treatment

Need Treatment

0% 10% 20% 30%

Need for Treatment among Third Grade Students, 2013-14

- NEW HAMPSHIRE
- Belknap
- Carroll
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- Hillsborough
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Need Urgent Treatment

Need Treatment

0% 10% 20% 30%

Source: NH DHHS, Third Grade Healthy Smiles, Healthy Growth Survey
State of Oral Health: Adults

• Approximately a quarter of New Hampshire adults have not visited a dentist or dental clinic in the past year

• One in ten have not visited a dentist or dental clinic in five years or more

Source: Behavioral Risk Factor Surveillance Survey
State of Oral Health: Adults

New Hampshire Statewide and Coös County Adults’ Last Visit to Dentist or Dental Clinic

Source: Behavioral Risk Factor Surveillance Survey (2012)
State of Oral Health: Adults

• No permanent teeth removed
  • (HIGH percentage desirable)
    – NH  56.0%
    – Coös  36.5%
• All permanent teeth removed
  • (LOW percentage desirable)
    – NH  4.6%
    – Coös  11.4%

Source: Behavioral Risk Factor Surveillance Survey (2012)
State of Oral Health: Older Adults

- Preventative oral health care reduces risk of respiratory infections and pneumonia
- Basic Medicare (Parts A & B) does not cover routine dental care and treatment

<table>
<thead>
<tr>
<th>2014 Survey of NH Older Adults</th>
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<tbody>
<tr>
<td>Insurance coverage for routine dental care</td>
<td>18.4%</td>
</tr>
<tr>
<td>Gum disease</td>
<td>8.8%</td>
</tr>
<tr>
<td>Untreated tooth decay</td>
<td>22.1%</td>
</tr>
<tr>
<td>No remaining natural teeth</td>
<td>15.9%</td>
</tr>
<tr>
<td>No remaining natural teeth, no dentures</td>
<td>5.2%</td>
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</tbody>
</table>
State of Oral Health: Older Adults

Differences in Oral Health among Older Adults in New Hampshire, 2014

- No remaining natural teeth
- Regular provider of routine care
- Loose teeth
- Gum disease
- Insurance coverage for routine dental care

0% 10% 20% 30% 40% 50% 60% 70% 80%

Other  Low-income  Rural  Urban

University of New Hampshire
Carsey School of Public Policy
Barriers to Accessing Care: Shortage Areas

- Dental health professional shortage areas (D-HPSAs) exist wherever a “rational area for the delivery of dental services” has a population to full-time equivalent dentist ratio of at least 5,000 residents per dentist
  – Health Resources and Services Administration (HRSA)
Barriers to Accessing Care: Shortage Areas

- The low-income populations of Plymouth, Northern Grafton, and throughout Coös Counties are designated as underserved.

- All New Hampshire counties with the exception of Cheshire have one or more facilities with the D-HPSA designation.
Barriers to Accessing Care: Shortage Areas

New Hampshire Licensed Dentists per 5,000 Residents, 2014
Barriers to Accessing Care: Shortage Areas

New Hampshire Licensed Dentists per 5,000 Residents, 2009 and 2014
Barriers to Accessing Care: Shortage Areas
Barriers to Accessing Care: Shortage Areas
Barriers to Care: Lack of Dental Insurance Coverage

- Percentage of non-elderly adults covered by private health insurance declined over past two decades, while percentage with public insurance coverage or no insurance coverage increased.
- Basic adult Medicaid and Medicare plans do not cover routine dental care.
- In NH, 7% of adults are enrolled in Medicaid (~73,500).
Barriers to Care: Lack of Dental Insurance Coverage

• Charges for hospital ED services for dental conditions among NH residents totaled $5.9 million in 2007, up from $1.8 million in 2001

• In 2011, 16,566 NH residents submitted medical insurance claims for 24,481 medical visits due to oral health conditions
Barriers to Accessing Care: Pediatric Dentists & Medicaid

- Children enrolled in Medicaid who visit pediatric dentists have been found to get better preventative care than those who visit general practice dentists.
Barriers to Accessing Care: Pediatric Dentists & Medicaid

- New Hampshire currently has 39 actively licensed and practicing pediatric dentists to serve 271,122 children under 18
  - Ratio of 0.7/5,000

- No pediatric dentists report a primary professional address in Coös or Carroll Counties; these two counties have the highest Medicaid/CHIP enrollment rates
Barriers to Accessing Care: Pediatric Dentists & Medicaid
Barriers to Accessing Care: Income & Family Structure

- Out-of-pocket costs
- Getting to appointments
- Time spent out of work
- Need for child care
Barriers to Accessing Care: Income & Family Structure

• About 1 in 10 NH families (9.5%) with children under 18 are living below the poverty line

• 28% of NH families with children under 18 are headed by single parents
  – 72% of single parent families headed by single women; poverty rate for this group is 31%
Barriers to Accessing Care: Income & Family Structure

Source: NH Board of Dental Examiners
NH Department of Education, October 2013
Bringing Care to People and Places of Greatest Need

- School-based dental sealant programs
- Mobile dental units
- Fluoride treatments and oral health screenings in pediatricians’ offices
- Mid-level providers to expand the workforce into underserved areas
In Summary

• Although NH is rated above the national average on most key surveillance measures of pediatric oral health, there remain oral health issues and there is substantial county-level variation.

• Access to adequate oral health care is particularly challenging for low-income families in the more sparsely populated regions of the state.
In Summary

• When routine oral health care is inaccessible, New Hampshire residents are resorting to the costly alternative of hospital emergency departments by the thousands.

• Programs that bring services to people where they are, such as school-based dental sealant programs and mobile dental care units, are increasing access for those in greatest need.