

Oral Health Equity for Hispanics: Unraveling Policy and Influencing Practice

CareQuest Institute Continuing Education Webinar

September 14, 2023

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

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- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, September 22**.
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We appreciate your feedback to help us improve future programs!

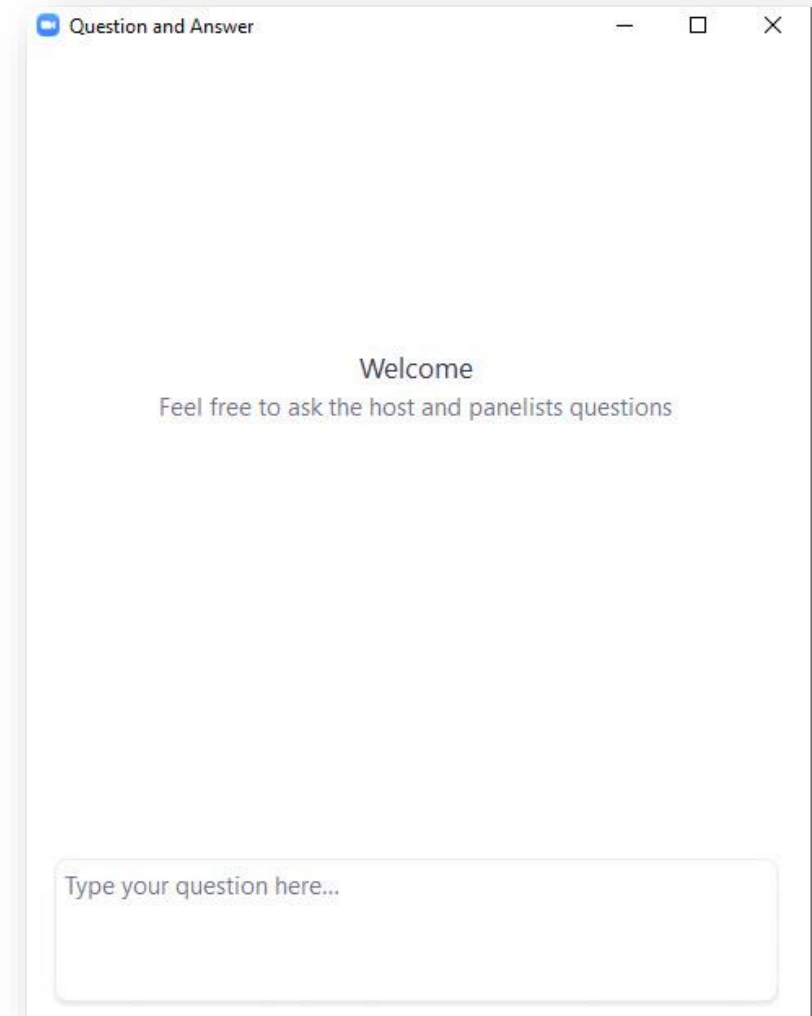
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*Full disclosures available upon request

Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Thank You!



Learning Objectives

At the end of this webinar, you'll be able to:

- Identify the major national and state policies that have influenced the oral health of Hispanic communities in the US, with an emphasis on disparities and inequities in access to care.
- Analyze the national and state equities and inequities in oral health status among the Hispanic population.
- Evaluate the utilization trends of dental and emergency services among Hispanics, identifying areas of concern and potential policy solutions to improve access.
- Critique the representation of Hispanics in the dental workforce and policy strategies to increase Hispanic representation.

Oral Health Equity for Hispanics: Unraveling Policy and Influencing Practice



WEBINAR | Thursday, September 14, 2023 | 1–2 p.m. ET | ADA CERP Credits: 1

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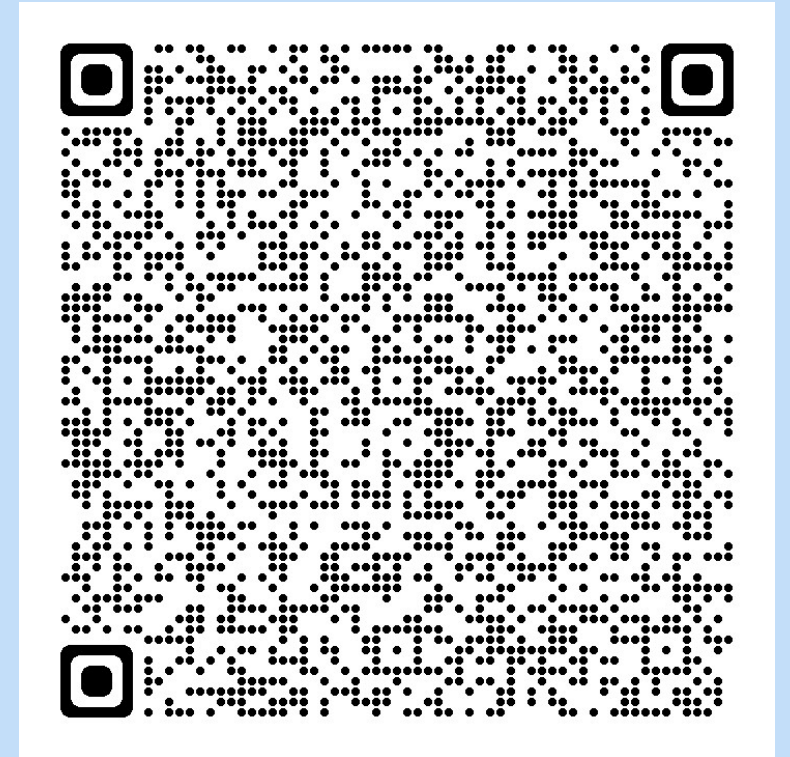


Addressing the Oral Health Needs of Hispanics in the U.S.

Source: Hispanic Dental Association and CareQuest Institute for Oral Health.

Addressing the Oral Health Needs of Hispanics in the U.S.: An Exploration of Oral Health Status, Dental Needs, Utilization of Dental Services, and Workforce,

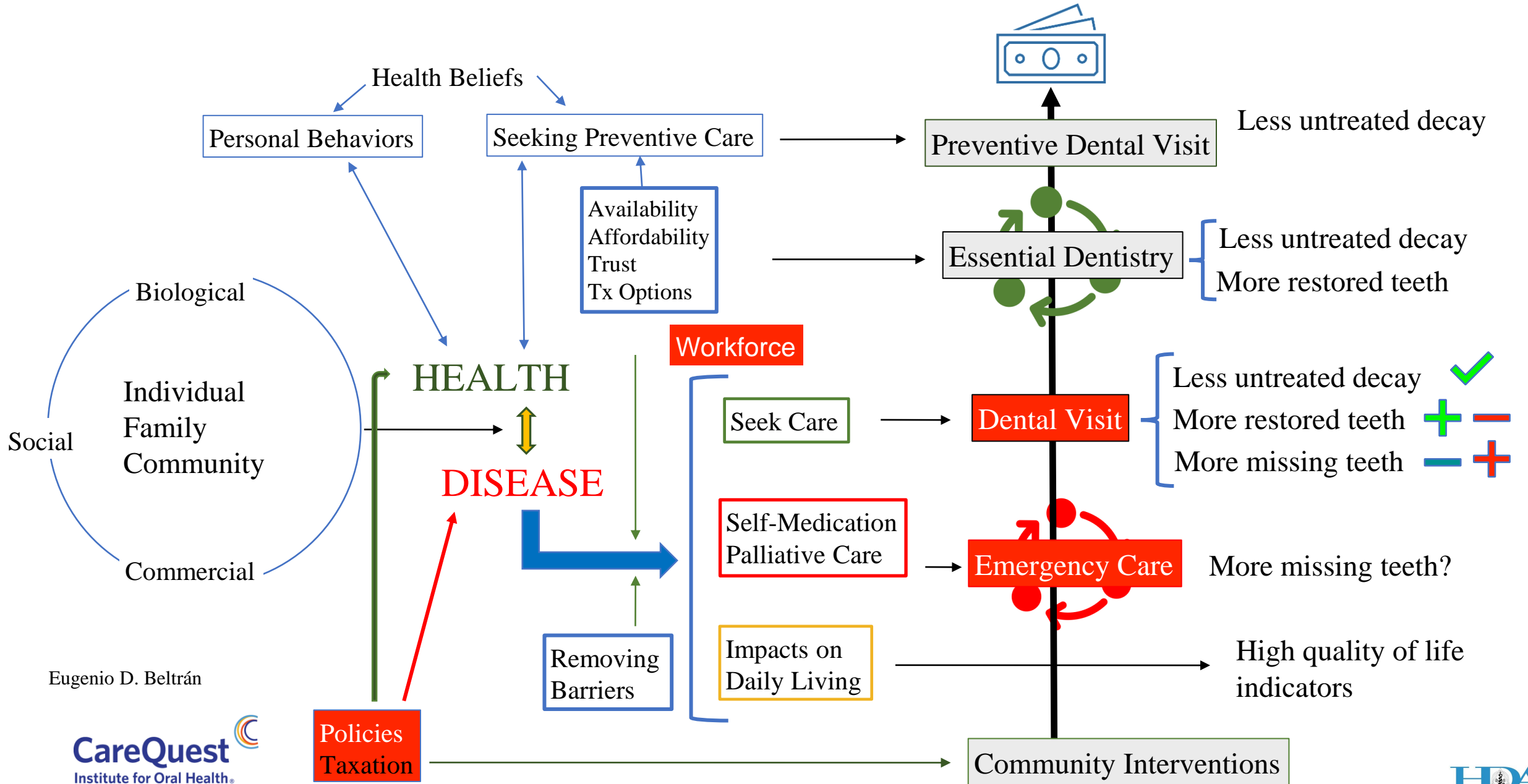
Part 2, Boston, MA: June 2023. Copyright ©2023
Hispanic Dental Association and CareQuest Institute for Oral Health, Inc.



A Brief on the Hispanics' Oral Health Status



Theoretical Framework

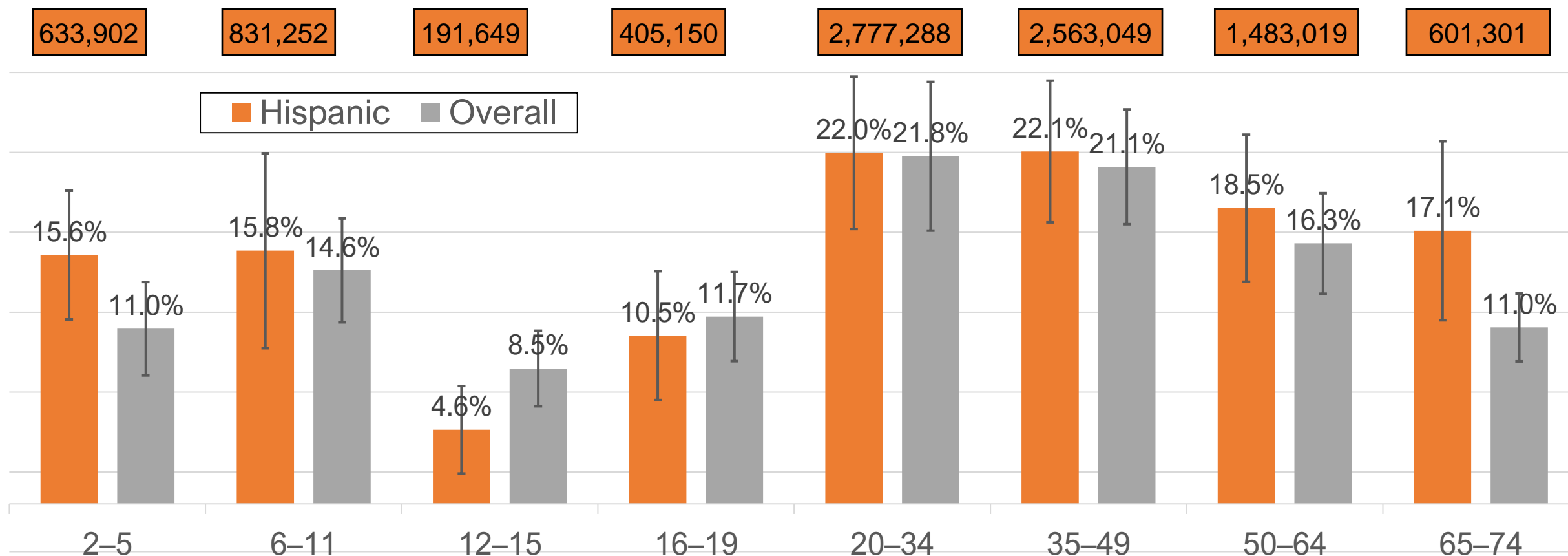


Eugenio D. Beltrán

Indicators and Data Systems Included

Normative Indicator	NHANES	NHIS	MEPS	NSCH	BSS (State)	YRBS (State)	PRAMS	BRFSS (State)	NHAMCS	NEDS	BLS & HRSA	ADEA	ADA	HDA HOME SURVEY
Age groups	2+	2+	2+	Up to 17	3rd grade	HS	Pregnant	18+	All	All				
Prevalence of dental caries														
Prevalence of untreated decay														
Mean decayed teeth or surfaces														
Mean missing teeth or surfaces														
Mean filled teeth or surfaces														
Mean dft/DFT/DMFT or surfaces														
Number of teeth/tooth loss								*						
Prevalence of edentulism 28/32								*						
Prevalence of dental sealants														
Self-reported														
Dental visit								*						
Preventive dental visit														
Missing school days														
Problems of pain in the mouth														
Dental Expenditures														
Dental treatment received														
Dental visits to Emergency Departments														
Workforce issues														

Prevalence of Cavities, by Age and Race/Ethnicity NHANES, United States, 2017-2020



1,465,154 Hispanic children had untreated decay
 8,021,456 Hispanic adolescents and adults had untreated decay
 Burden of Disease among Hispanic: 9,486,610=16%

Severity of Dental Caries by Number of Teeth, Age, and Race/Ethnicity

NHANES, United States 2017-2020

	Age 2-11 (primary)		Age 12-19		Age 20-64		Age 65+	
	Hispanic	Overall	Hispanic	Overall	Hispanic	Overall	Hispanic	Overall
D=0			92.52	89.91	78.85	80.28	84.74	89.36
D=1			4.57	5.08	10.47	8.13	9.30	6.63
D=2-3	Small sample sizes		2.42	3.63	7.22	6.30	4.79	2.94
D=4-6			0.49	0.94	2.77	4.03	1.17	0.98
D≥7			0	0.43	0.69	1.25	0	0.09
D=2+			3%	5%	11%	12%	6%	4%

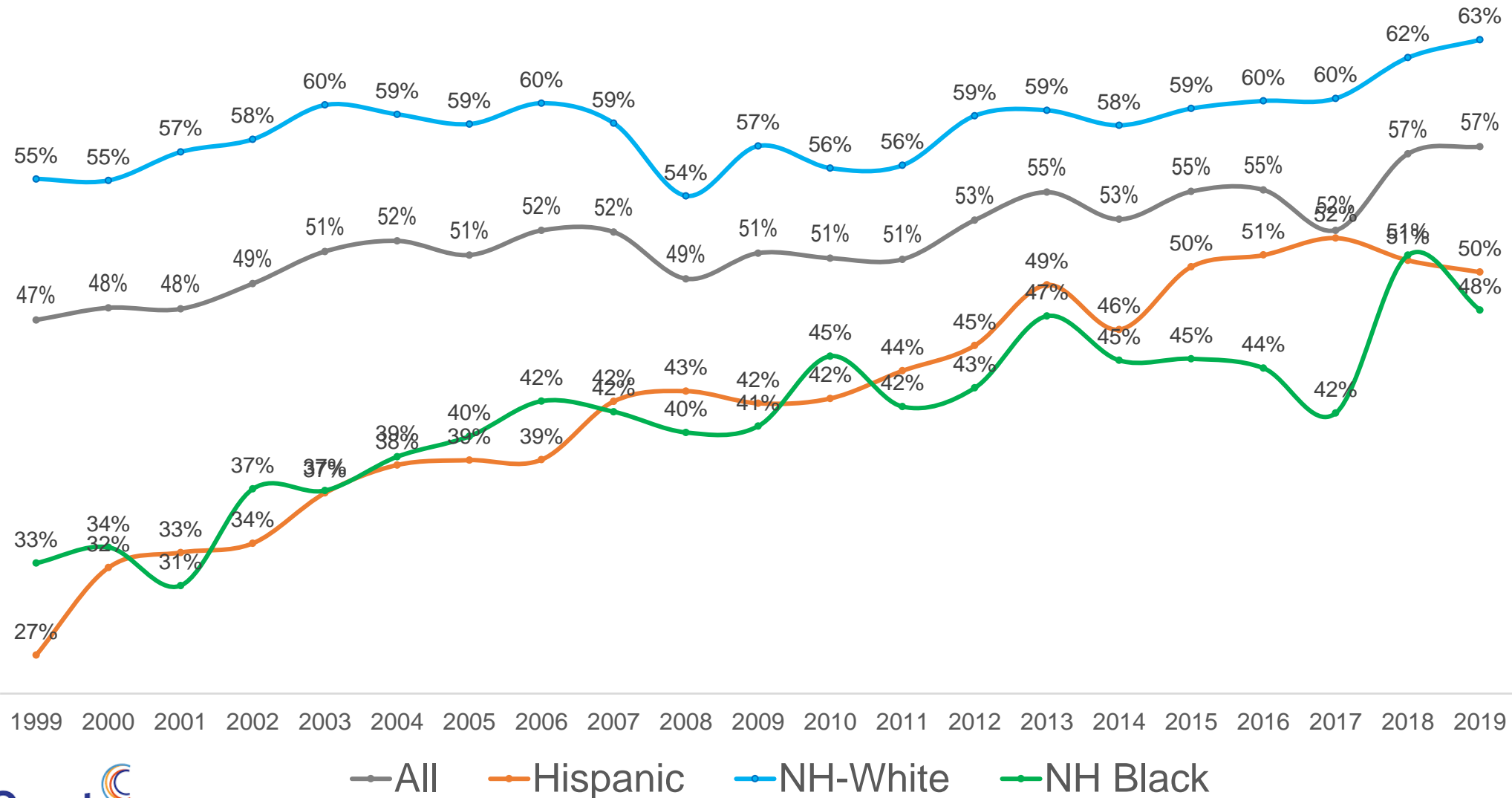
Summary (Hispanic Compared to Population Averages)

	The Good News	Somewhere in between	The Bad News
Proportion of people 2+ years with cavities	<ul style="list-style-type: none"> Reduced from 34% to 16% since 1988 to 2020 		<ul style="list-style-type: none"> 16% of Hispanics have dental decay without treatment
Dental caries in children 2-11	<ul style="list-style-type: none"> Mean number of cavities decreased from 1988 to 2020 tied with increased number of restored teeth 	<ul style="list-style-type: none"> Current: No difference in mean number of cavities and higher mean number of restored teeth 	<ul style="list-style-type: none"> Wide variation in caries experience, untreated disease, and dental sealants among states
Dental caries in adolescents and adults		Same as population averages	
Dental caries in adults 65+			<ul style="list-style-type: none"> Lower number of restored teeth Higher number of missing teeth
Total tooth loss (edentulism)		Same as population averages	Wide variation among states
Dental visits	<ul style="list-style-type: none"> Prevalence increased since 1990s for children, adolescents and seniors 		<ul style="list-style-type: none"> No changes in prevalence since 1990s among adults Wide variation among states
Dental treatment	No difference in the distribution of dental procedures in participants 2+ years		



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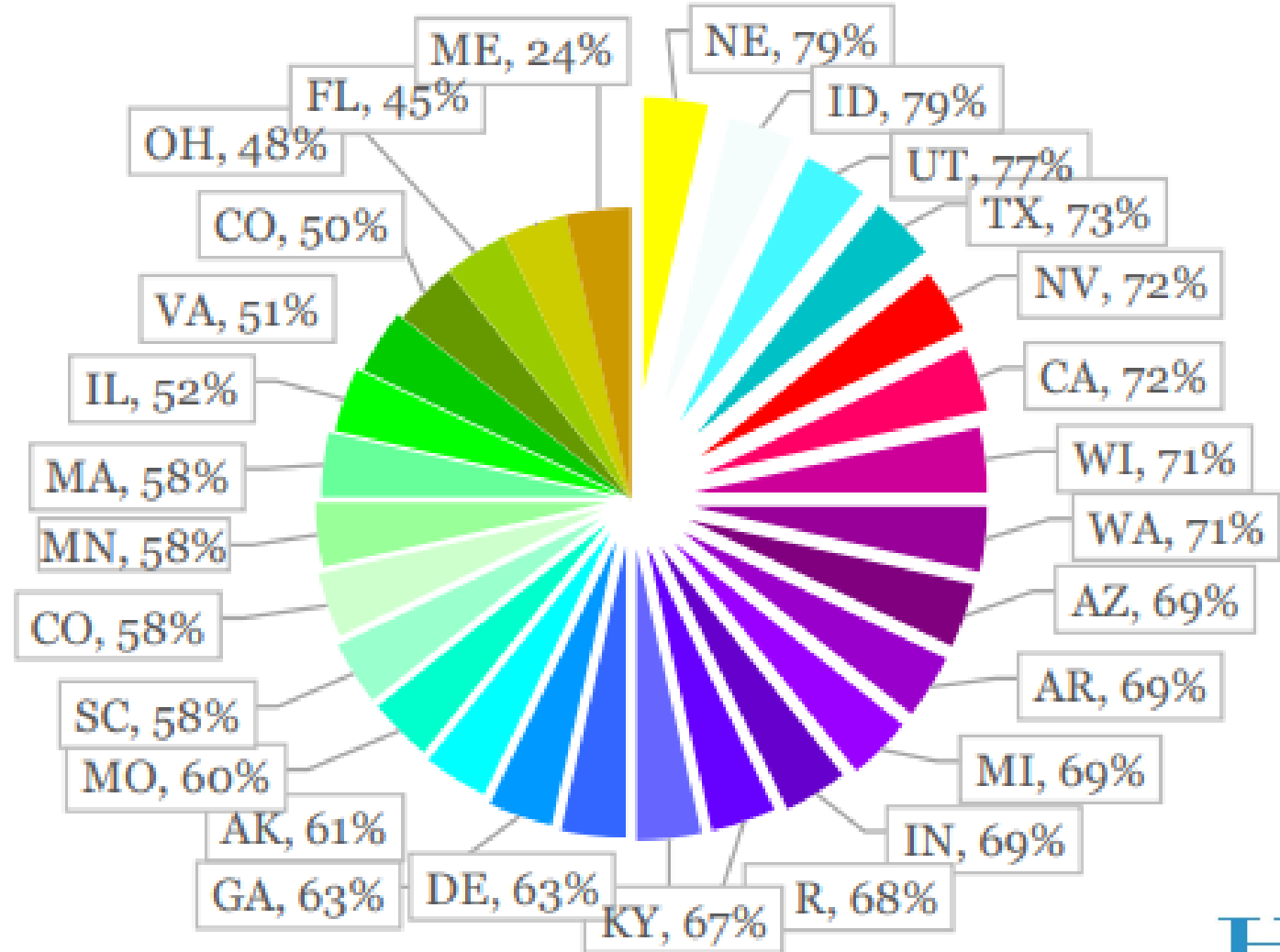
Trends in Dental Visits in the Previous Year, Age 2-17 Years, by Selected Race/Ethnic Groups. MEPS. United States, 1999 through 2019



Caries Experience Among Hispanic/Latino Third Graders in Selected States Basic Screening Surveys. United States, 2008–2019



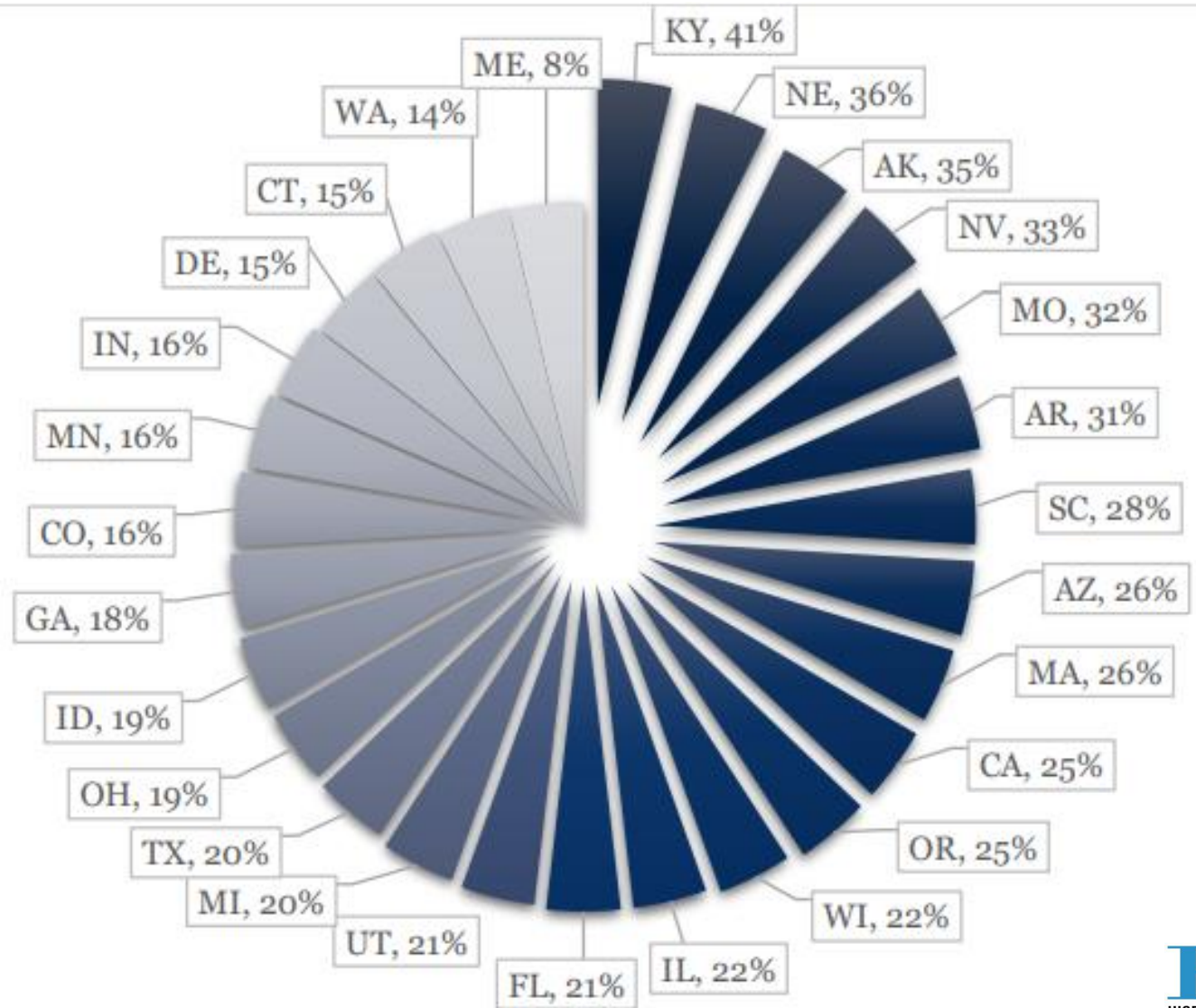
Target:
42.9 percent



Prevalence of Cavities Among Hispanic/Latino Third Graders in Selected States. Basic Screening Surveys. United States, 2018–2019



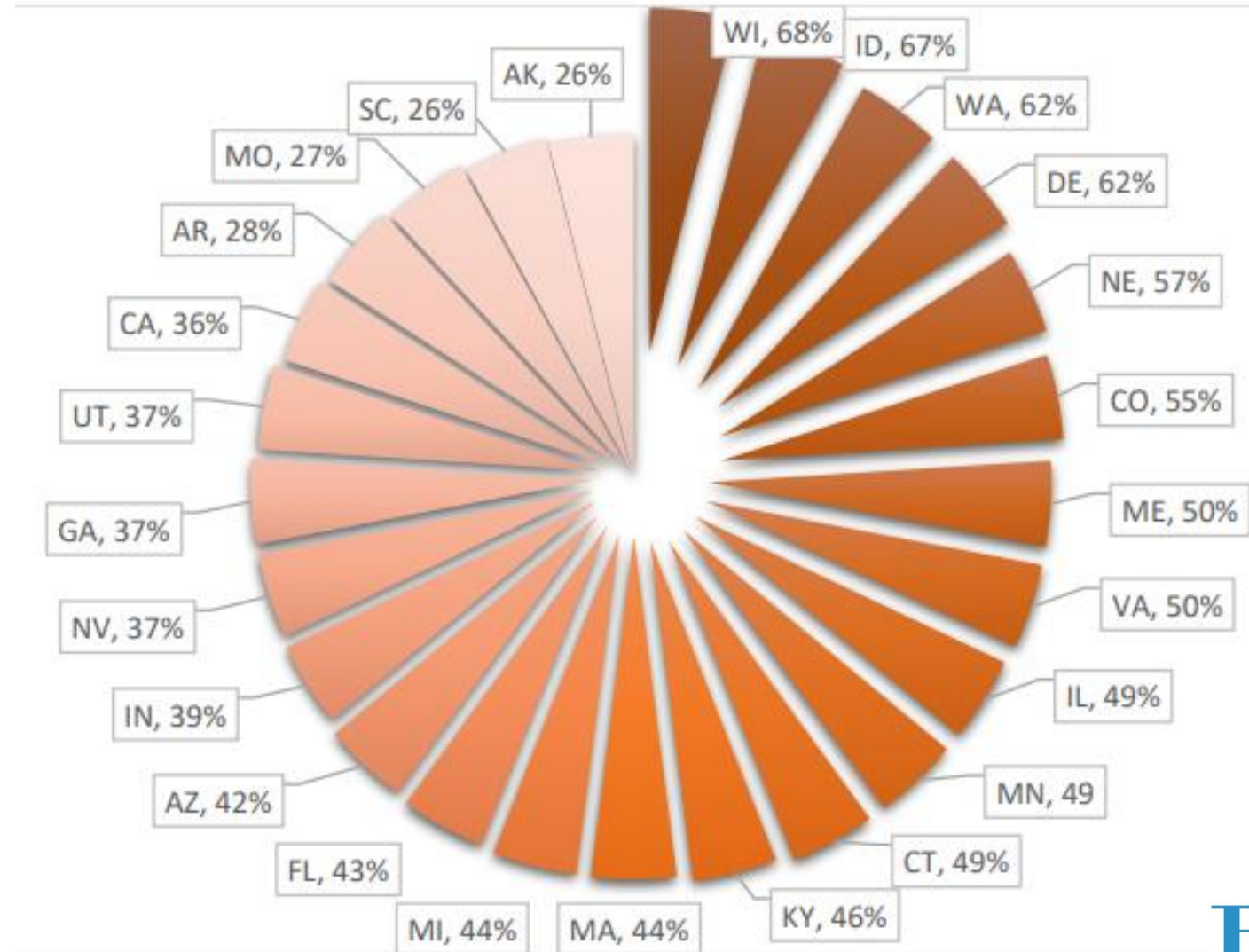
Target:
10.2 percent



Prevalence of Dental Sealants Among Hispanic/Latino Third Graders in Selected States. Basic Screening Survey, 2008–2019



Target:
42.5 percent



Conclusions & Recommendations

- One in six Hispanics in the U.S. have cavities that have not received appropriate treatment
- There is a great variability in the Hispanic's oral health status across states
- National and state policies that influence the oral health of Hispanic communities in the U.S., with an emphasis on disparities and inequities in access to care
- The challenge for us is to design or suggest community-based strategies that leverage local resources to enhance the oral health of Hispanic populations, emphasizing the importance of amplifying community voices in oral health initiatives.



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Emergency Department Visits for Non-Traumatic Dental Conditions among Hispanics and Non-Hispanic Persons in the United States



Initial Facts – Emergency Department Visits for Non-Traumatic Dental Conditions (NTDCs)

- Users: those with no access to routine dental services
- Cost (CareQuest Institute, 2022):
 - **3 times more** than a routine dental visit
 - \$1,887 per visit
 - \$3.4 billion annually
- Higher cost when the patient is admitted into the hospital
- Existing reporting data systems:
 - National Hospital Ambulatory Medical Care Survey (NHAMCS).
 - Nationwide Emergency Department Sample (NEDS).

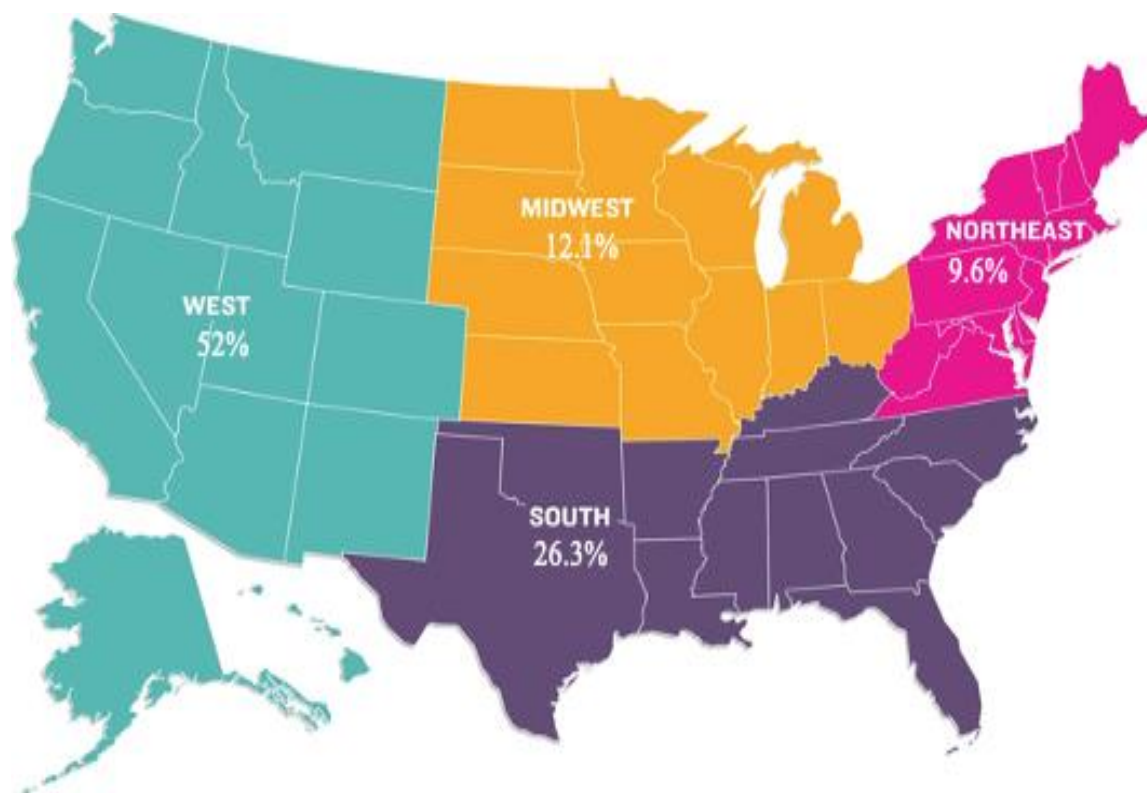
Selected Characteristics of Emergency Department Visits for NTDCs Among Hispanic and Non-Hispanic Persons: NHAMCS and NEDS, 2019

Characteristic	% Hispanics	% Non-Hispanics
*NTDC-Related Visit	11	89
*Sex		
Female	58	62
Male	42	38
*Age Group		
14 years and under	34	11
15 - 24	10	21
25 - 34	31	34
35 - 44	9	17
45 - 54	12	6
55 - 64	0	7
65 years and older	5	4
†Location of the Patient Residence		
Large Central Metropolitan	39	23
Large Fringe Metropolitan	18	20
Medium Metropolitan	28	24
Small Metropolitan	7	11
Micropolitan	5	13
Not Metropolitan or Micropolitan	3	8

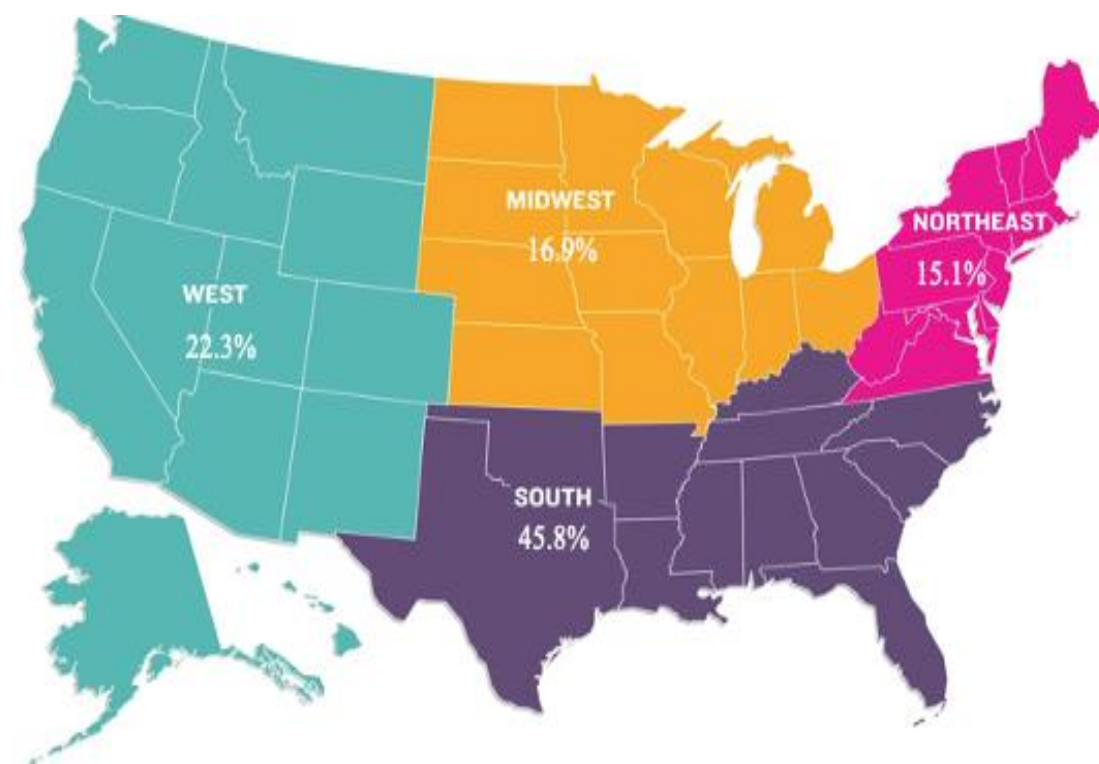
* 2019 NHAMCS

† 2019 NEDS

Geographic Regions for Emergency Department Visits for NTDCs among Hispanic and Non-Hispanic Persons: NHAMCS, 2019

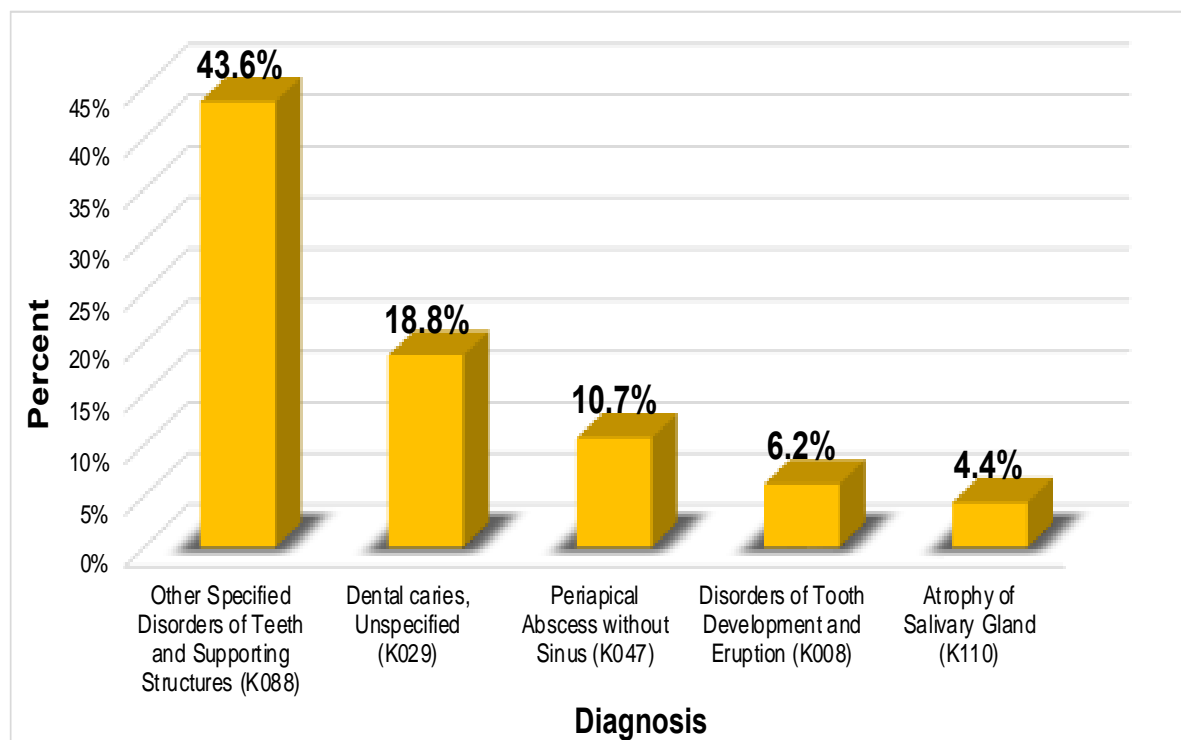


Hispanics

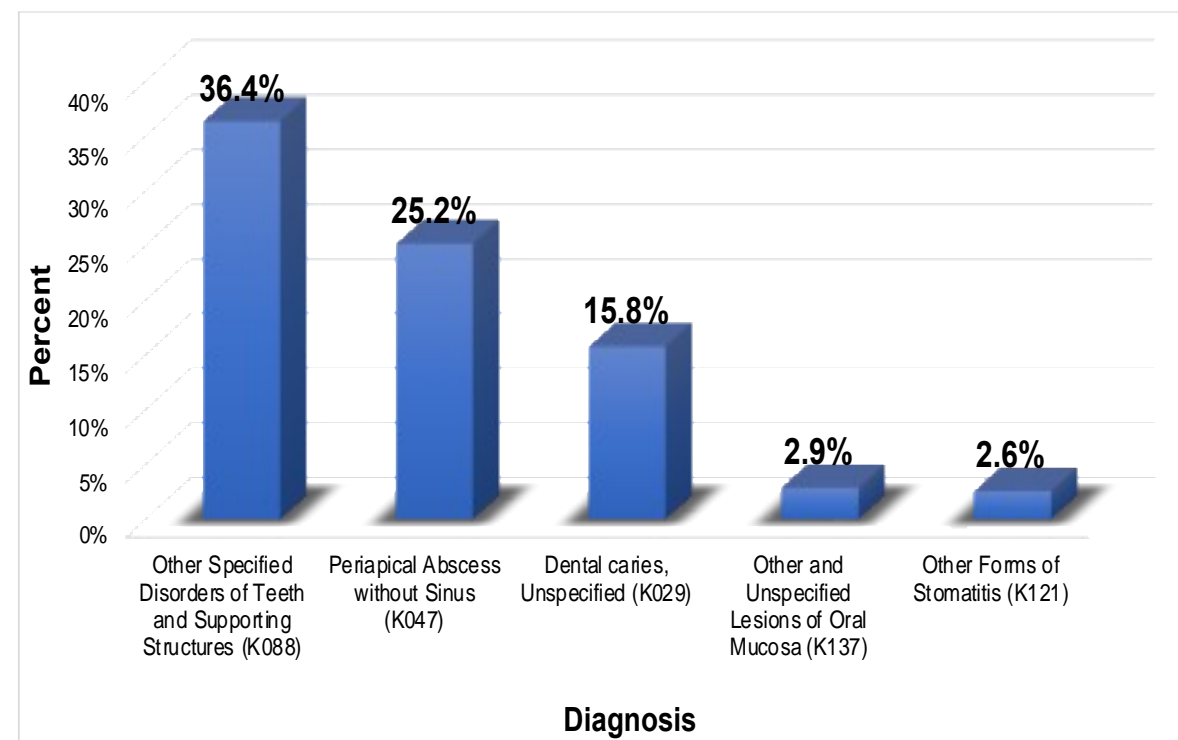


Non-Hispanics

Primary Diagnosis for Emergency Department Visits for NTDCs among Hispanic and Non-Hispanic Persons: NHAMCS, 2019

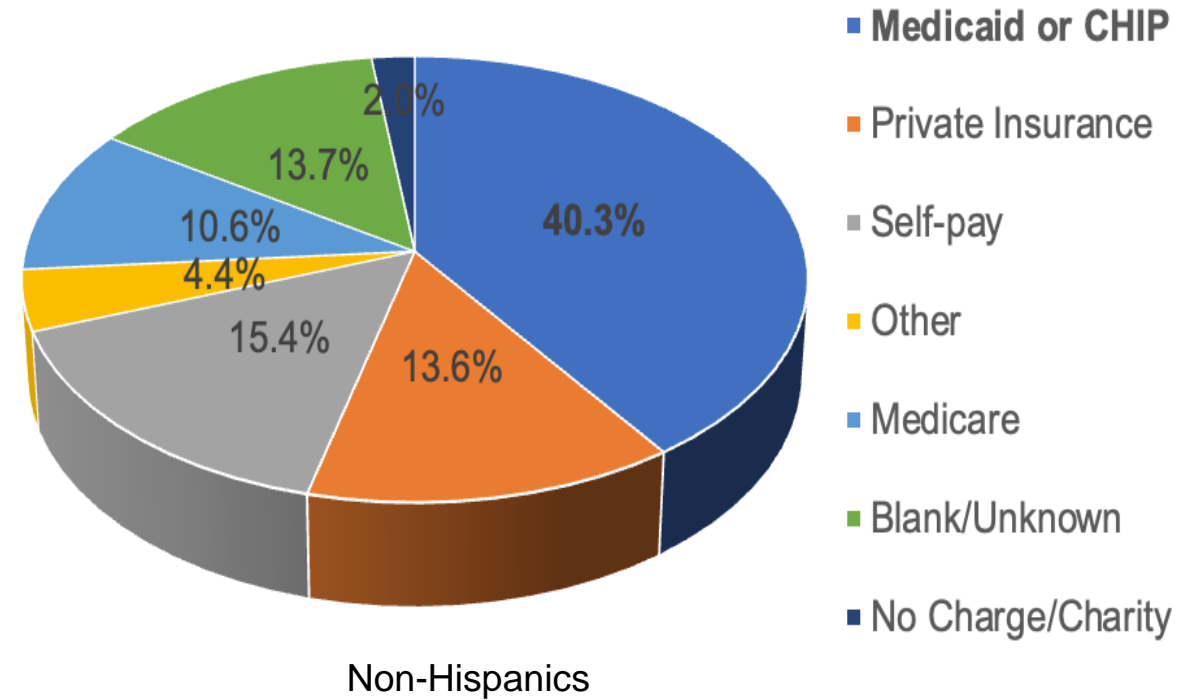
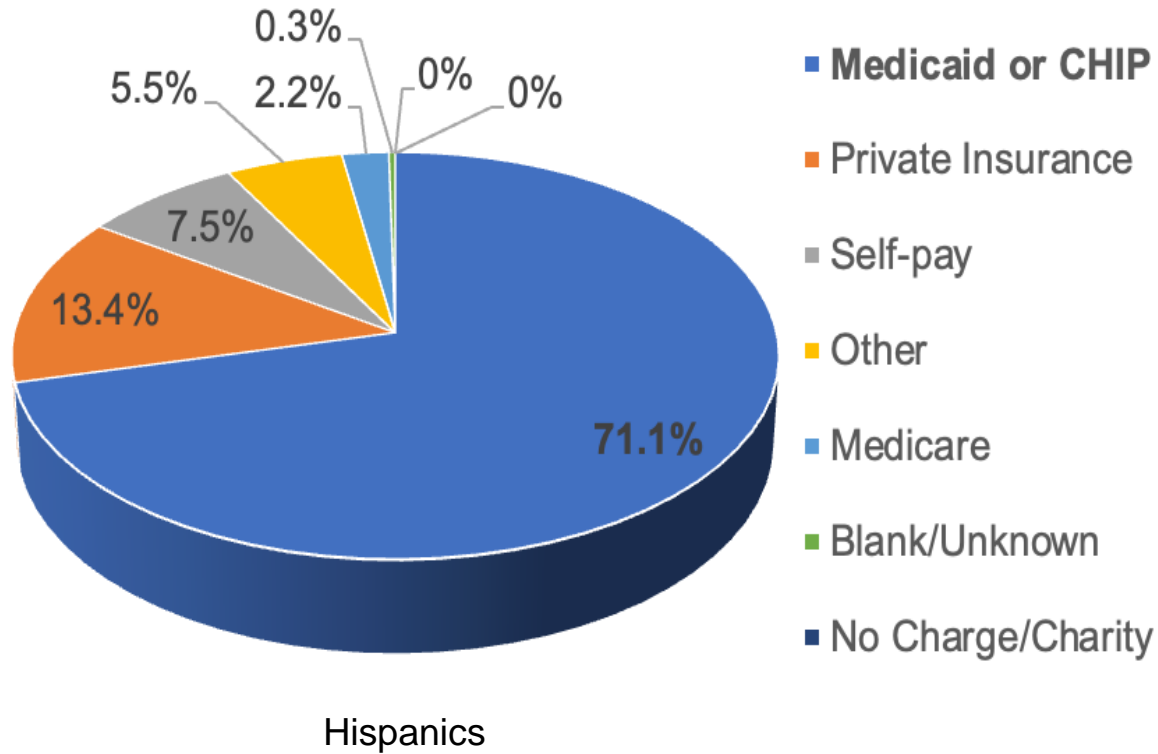


Hispanics

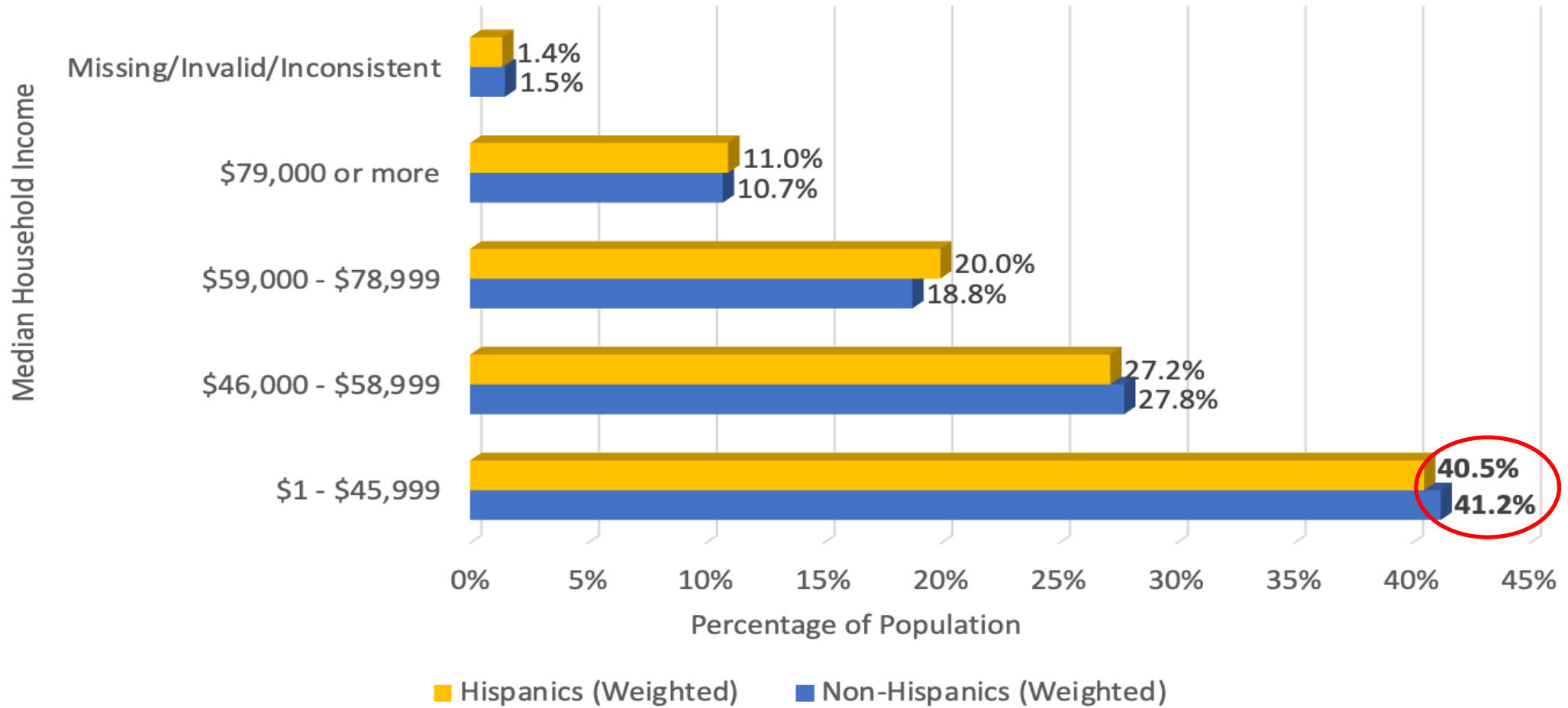


Non-Hispanics

Principal Payer for Emergency Department Visits for NTDCs Among Hispanic and Non-Hispanic Persons: NHAMCS, 2019



Median Household Income for Emergency Department Visits for NTDCs among Hispanic and Non-Hispanic Persons: NEDS, 2019



Characteristics of Emergency Department Visits for Non-Traumatic Dental Conditions

Hispanics

- 54% occurred on **weekends**
- **Longer** waiting times
- Average **\$2,253.24** per visit
- Cost approx. **\$502 million**
- 98% treated and released
- 2% admitted to the hospital
- **Two** Hispanics sought oral health care at EDs for NTDCs **each minute**

Non-Hispanics

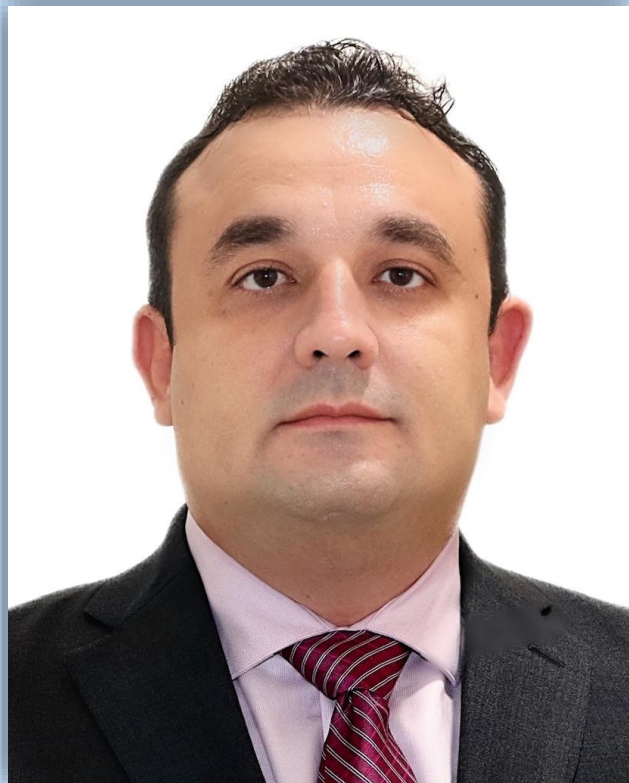
- 57% occurred on **weekdays**
- **Shorter** waiting times
- Average **\$1,626.93** per visit
- 98% treated and released
- 2% admitted to the hospital

Characteristics of Hispanic Patients Seeking Dental Care for NTDCs

- Women
- Children 14 years and under
- Enrolled in public health insurance programs
- Lowest self-reported median household income
- Living in the West region
- Living in metropolitan areas
- Longer waiting times
- Higher average charges

Conclusions

- EDs have become an essential point of care for NTDCs, particularly for publicly insured or uninsured Hispanics.
- EDs visits for NTDCs are mostly a consequence of preventable dental disease and infection that may be averted through earlier interventions.
- Treating NTDCs at EDs is not an effective or efficient use of public funds.
- Using EDs for the treatment of NTDCs is challenge for the U.S. healthcare system, with cost and clinical practice implications.



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Public Policies and Programs Influencing Hispanics' Oral Health



Improving Population's Oral Health

Public Health Policies and Programs



Prevention and Control of Diseases

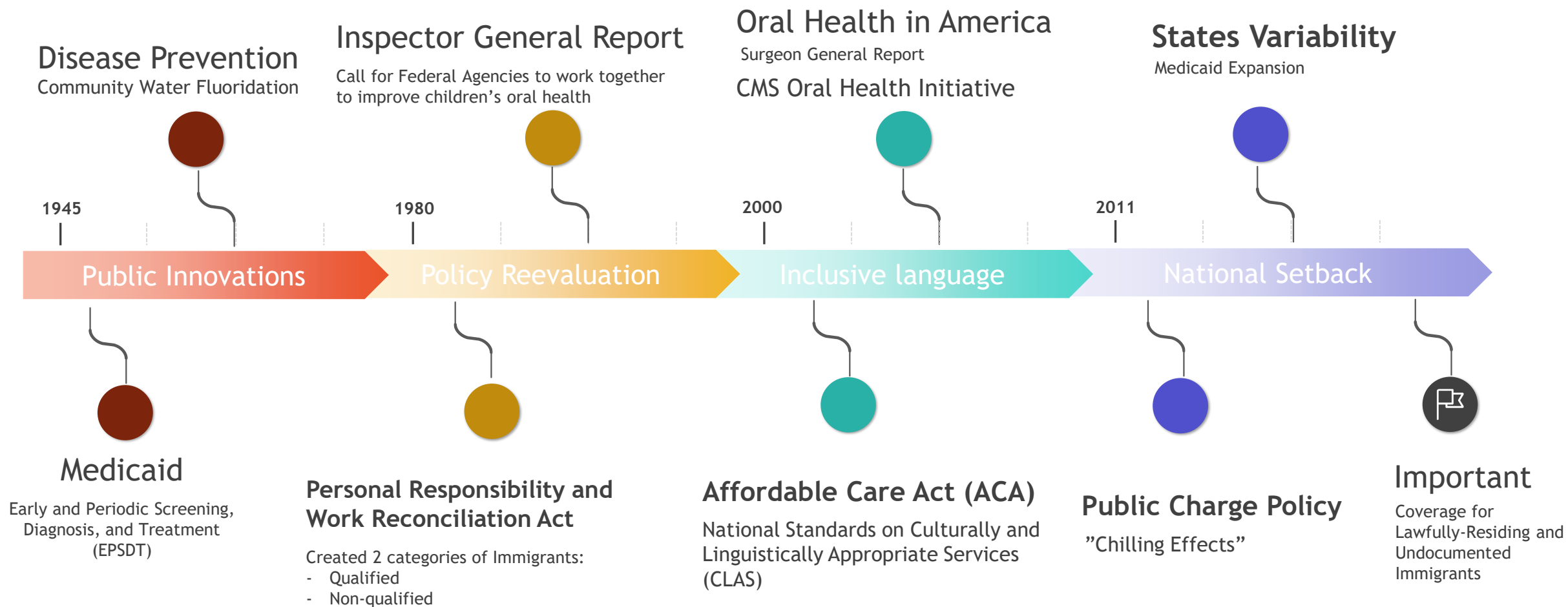
- Education campaigns
- Preventive programs
- Surveillance



Reducing Barriers to Accessing Oral Health

- Increasing oral health infrastructure
- Cultural competence training for professionals
- Increasing population's insurance coverage

Public Policy and Population Health Initiatives

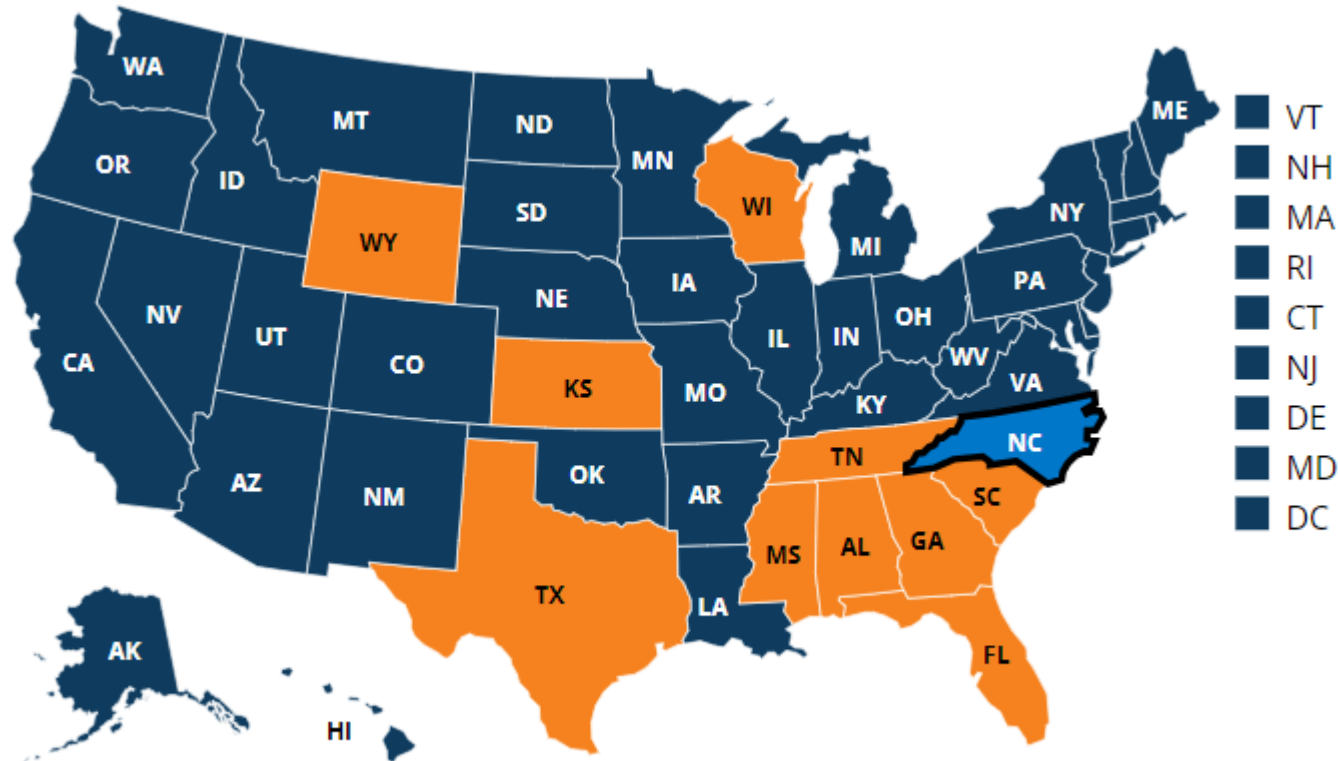


State Action on Medicaid Expansion Decision – July 2023

• 40 states adopted expansion

• 1 adopted but no implemented

• 10 have not adopted expansion



Adopted and Implemented



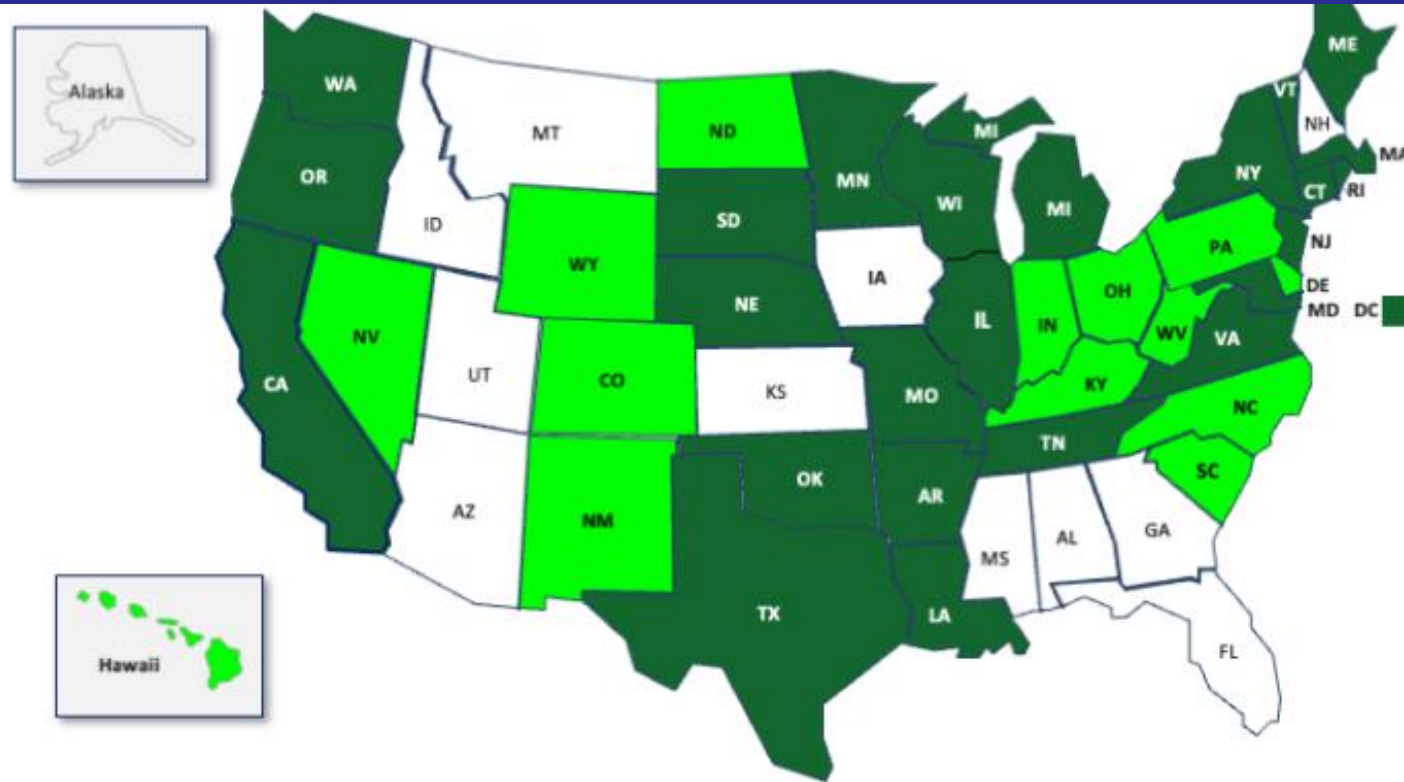
Adopted but not implemented

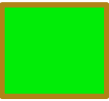



Not Adopted

<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map>

Health Coverage for Immigrant Pregnant People – August 2023

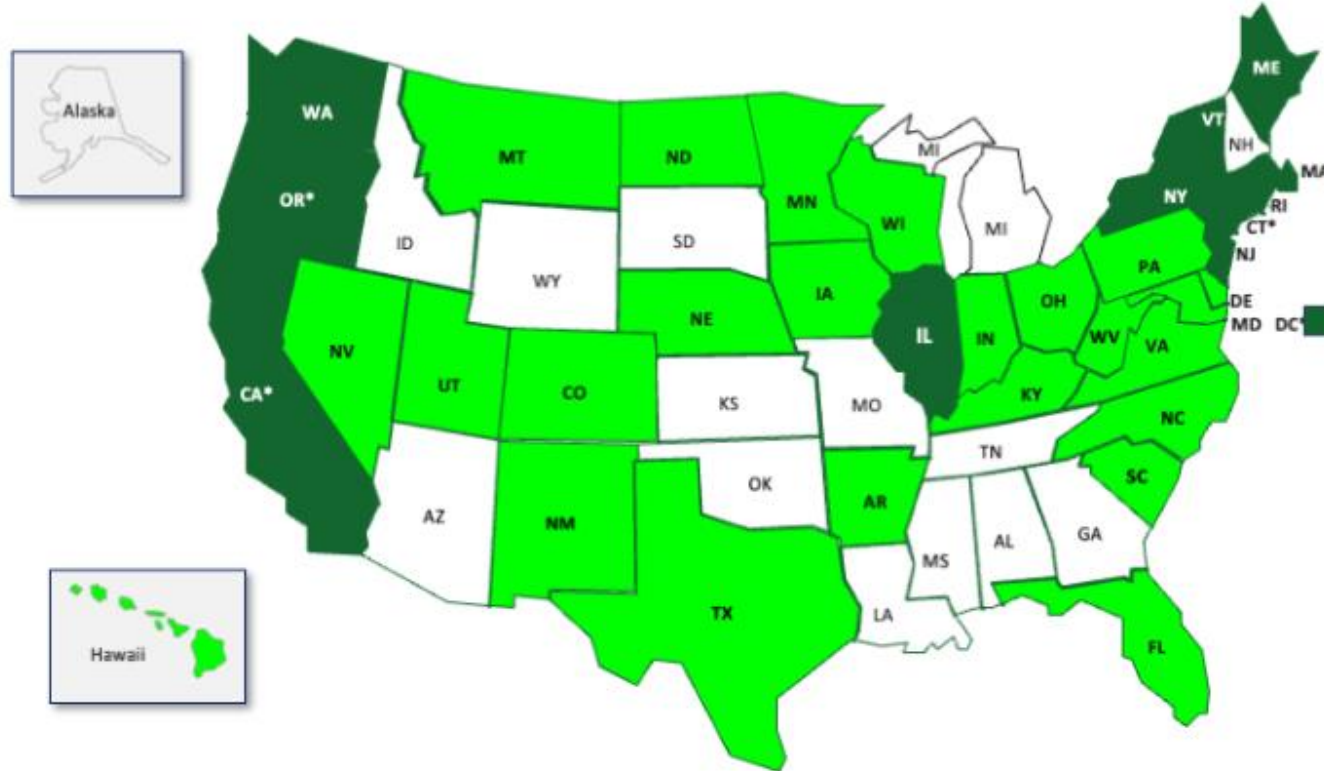


 Medicaid for lawfully residing pregnant people, regardless of date of entry

 CHIP or State-funded prenatal care, regardless of the pregnant person's immigration status


<https://www.nilc.org/issues/economic-support/overview-immeligfedprograms>

Health Coverage for Immigrant Children – August 2023



Oregon and DC:
- All residents regardless of immigration status

 Medicaid/CHIP for lawfully residing children, regardless of date of entry

 Medical coverage for children, regardless of immigration status

- California cover youth up to age 26, regardless of immigration status
- Connecticut covers children up to age 12, regardless of status, and if they remain eligible, coverage continues to age 19
- Oregon and DC cover all residents, regardless of age or immigration status

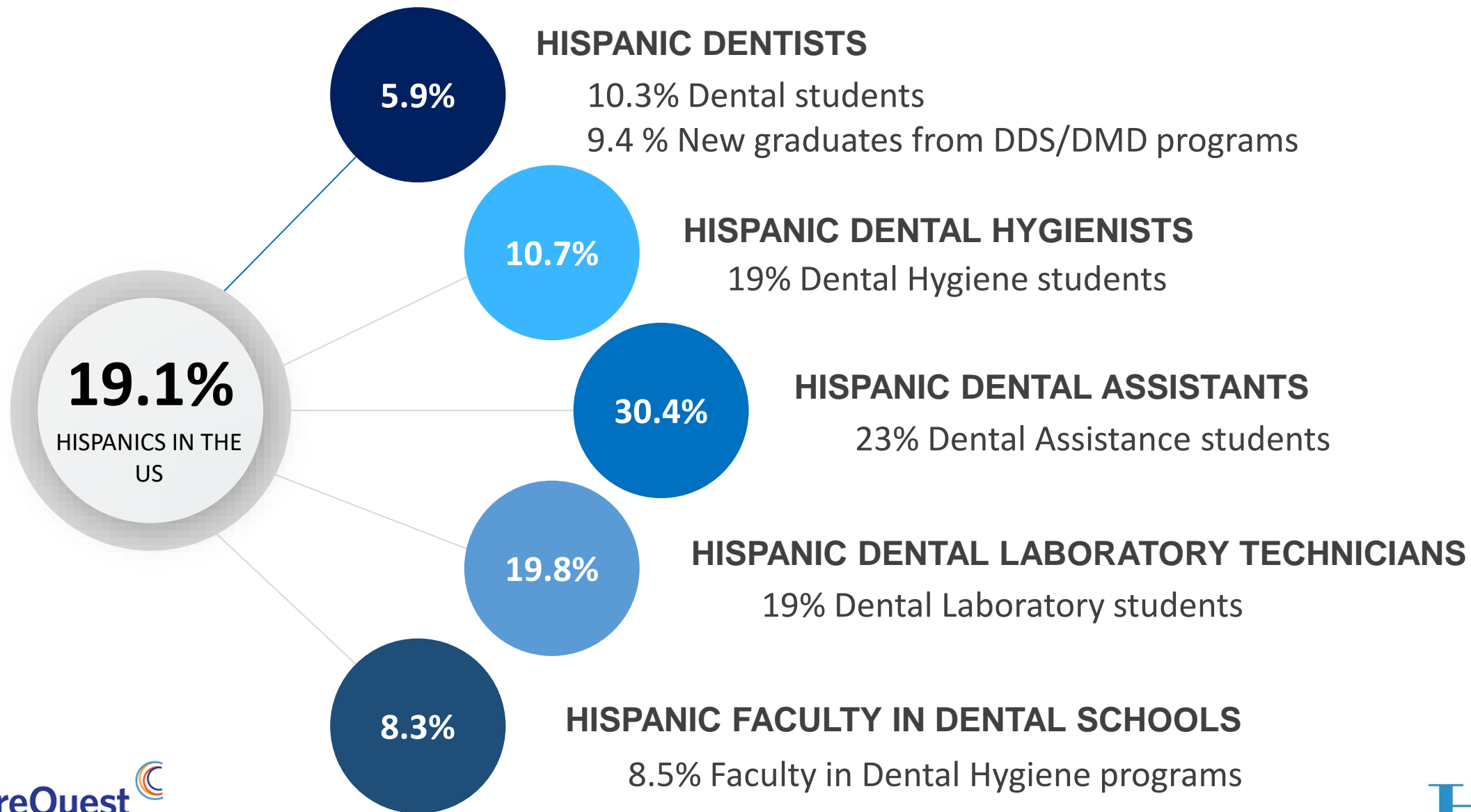


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Minority Dental Workforce



Hispanic Oral Health Professional Workforce in the US



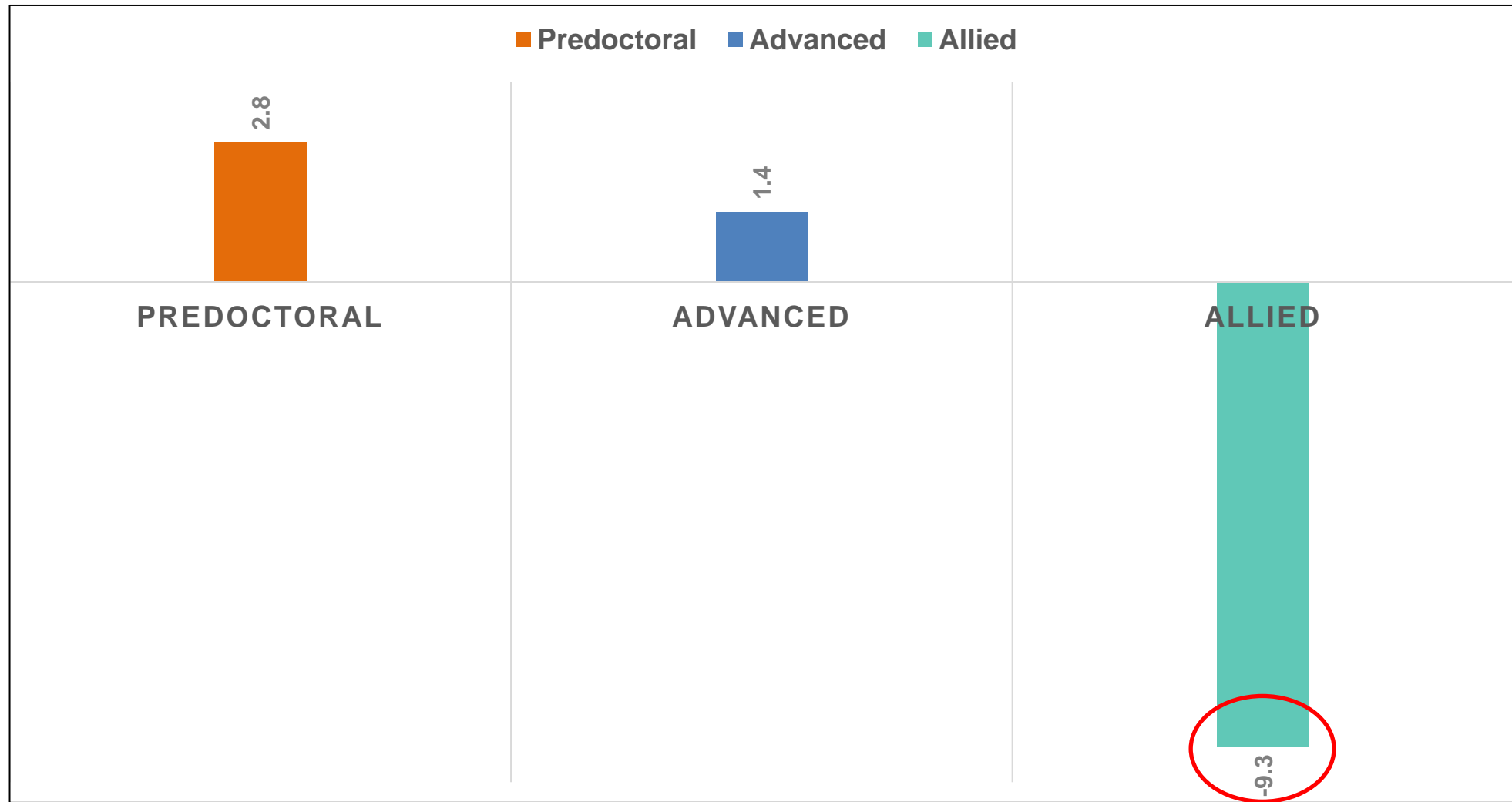
First-Year Enrollment in US Predoctoral Dental Education Programs by Gender and Race/Ethnicity 2018-2019 through 2020-2023

	Percentage First Year Enrollment in Predoctoral Dental Education Programs in the United States by Gender and Race/Ethnicity					5 Year Trendline
	2018-19	2019-20	2020-21	2021-22	2022-23	
By Gender						
Female	50.8	52.5	53.9	55.7	56.4	
By Race/Ethnicity						
White (Not Hispanic or Latino)	50.1	50.9	49.3	49.5	47.8	
Black or African American (Not Hispanic or Latino)	5.7	6.1	6.2	7.3	7.1	
Hispanic or Latino (Any Race)	9.5	9.7	10.5	10.7	9.8	
Asian (Not Hispanic or Latino)	23.6	23.6	23.4	22.4	25.2	
Other*	4.2	4.0	3.8	4.3	4.3	
Nonresident Alien/Unknown	7.0	5.8	6.7	5.8	5.9	

* Includes American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Two or More Races

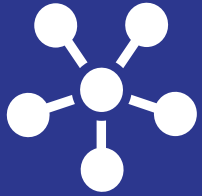
Source: American Dental Association, Health Policy Institute, Surveys of Dental Education Programs.

Allied Dental Programs – Enrollment 2020-2021



Source: American Dental Association, Health Policy Institute, Surveys of Dental Education Programs.

Trends



A large percentage of State Dental Boards does not report licensed professionals by gender or by race/ethnicity



The 6% for Hispanic dentists in 2021 matches the 6% reported by HRSA in 2017



Hispanic enrollees in dental schools increased from 7.2% in 2010 to 10% in 2020, but decreased in 2021



The Hispanic graduation rate from dental schools was between 8.1% in 2017 to 9.4% in 2021, and 17% from dental hygiene programs in 2020



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Community-Centered Initiatives



Importance of Community-Centered Initiatives to Improve Latinos Oral Health

- Initiatives can include different strategies:
 - ✓ Individual-level (person-centered)
 - ✓ Environmental-level (community-centered)
- Critical components:
 - ✓ Incorporating the “Community Voice”
 - ✓ Collaborating with Community Stakeholders to address complex social needs
- Health equity approach



HDA

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Questions & Answers

Webinar Evaluation

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Next Webinar:

Connecting to the Community: A Provider's Work Beyond the Dental Chair on **September 27 at 2 p.m. ET.**

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Title	Topic	Type
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Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

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Missed Connections

Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

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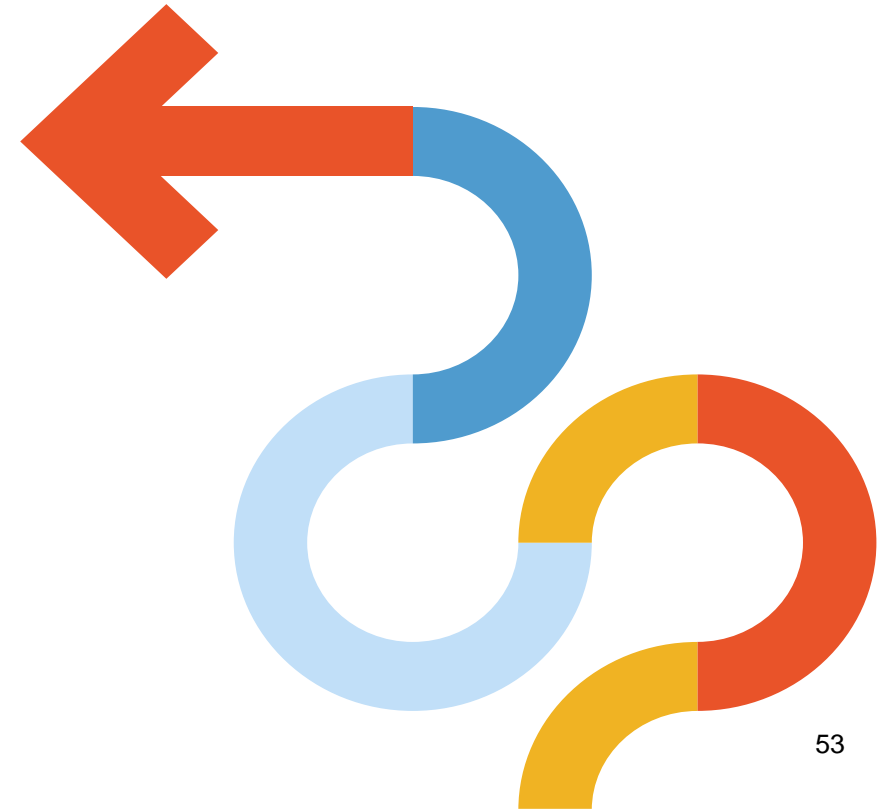
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