

Oral Health in Colorado: Progress and Opportunities

2017 ENVIRONMENTAL SCAN PREPARED FOR THE DELTA DENTAL OF COLORADO FOUNDATION

EXECUTIVE SUMMARY: JULY 2017

The Colorado Health Institute prepared an environmental scan of oral health in Colorado to support the strategic planning efforts of Delta Dental of Colorado Foundation (DDCOF).

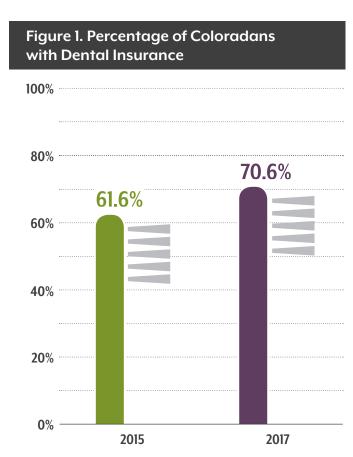
The scan highlights how demographics, physical health status, oral health status, insurance coverage, care utilization, public health interventions, and oral health workforce availability in Colorado have changed since DDCOF's last strategic plan was completed in 2012. It also identifies policy developments that support progress and discusses opportunities for closing gaps.

Key findings from the scan:

Rates of insurance coverage – medical and dental – are at an all-time high.

Nearly all Coloradans (93.3 percent) have medical insurance, and 70.6 percent have dental insurance, up from 61.6 percent in 2013. Two of three low-income Coloradans have dental insurance, a result of Colorado's dual decisions to expand Medicaid to low-income adults and offer a dental benefit to all enrollees. Coverage matters. Coloradans with dental insurance ARE more likely to get care. Children between the ages of 0 and six with dental insurance are three times as likely to get care as those without.

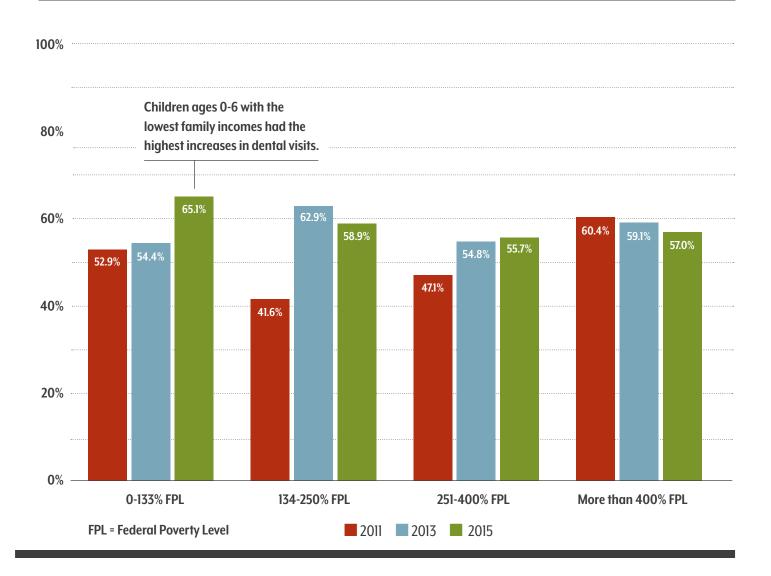
Despite coverage gains, 29 percent of Coloradans go without dental insurance, a rate much higher than the medically uninsured rate. More than half of Coloradans over the age of 65 (54 percent) lack dental insurance. Pregnant women covered by Child Health Plan *Plus* (CHP+) do not have dental benefits. And one of five enrollees in Medicaid — which offers a dental benefit — say they do not have dental insurance, presenting opportunities for improving insurance literacy.



More Colorado children – including lowincome children and children who speak Spanish – are seeing dental providers.

Six of 10 children between the ages of 0 and six saw a dental provider in 2015, up from 57 percent in 2013. The lowest-income children had the highest increase in rates of dental visits among all children between

Figure 2. Children Ages 0-6 Who Visited a Dentist or Hygienist in Past 12 Months, by Income



the ages of 0 and 17. The rate of dental visits among children between the ages of 0 and six who speak Spanish increased from 64.5 percent in 2016 to 79.6 percent in 2015.

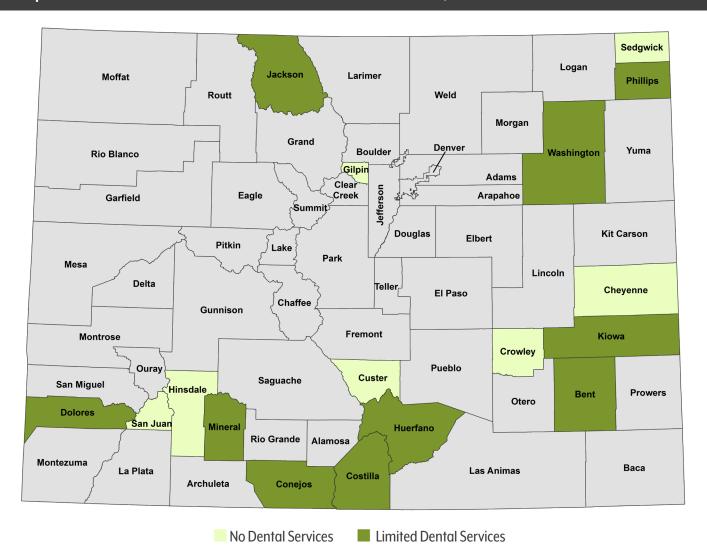
However, about one of 10 children ages 0-1 got care in 2015, down slightly from 12 percent in 2013. Nearly all infants (99.6 percent) visited a medical provider in 2015.

Prevention efforts are growing, but impacts on tooth decay are uncertain.

More children are brushing daily and getting preventive services, including sealants. The number of Medicaid enrollees ages 6-9 receiving sealants grew steadily from 21,745 in 2013 (18.5 percent of enrollees ages 6-9) to 25,242 in 2015 (17.7 percent of enrollees).

Nearly half (44 percent) of low-income parents say their children ages 6 months-12 months take a feeding bottle to bed, with over 90 percent of the bottles filled with white milk or formula. However, more low-income children are drinking tap water each day – 63 percent under age six in 2015, up from 41 percent in 2014. And fewer are drinking fruit juice daily.

The most recent data on tooth decay among young children, from 2011 and 2012, found little change since 2004. Four of 10 kindergarteners and 55 percent of third graders had caries experience. And low-income children are most likely to have poor oral health and have experienced cavities. New data on tooth decay from the Colorado Department of Public Health and Environment are expected to be released in fall 2017.



Map 1. Colorado Counties with Limited or No Dental Services, 2017

Oral health workforce is expanding to serve under-resourced Coloradans.

One of two dentists treated Medicaid enrollees in fiscal year (FY) 2015-16, up from one of three in FY 2013-14. Additionally, oral health services are available in more locations. Federally qualified health centers increased dental providers by 53 percent between 2013 and 2016. More school-based health centers are offering oral health services, including dental cleanings, sealants and fluoride varnish. However, seven counties have no dental providers and 10 have limited services.

Innovative programs such as Colorado Medical Dental Integration (CO MDI) and the SMILES Dental Project are improving access to dental care by integrating dental providers into primary care and

community-based settings. Programs such as MORE Care and Cavity Free at Three support primary care providers in integrating dental screenings and preventive services into their existing work. These programs are located in metro Denver as well as counties along the Western Slope, mountain resort areas, and northwest, southeast and northeast Colorado.

Expanding the oral health workforce requires building a pipeline of dental providers who are comfortable with new models of delivering dental care and familiar with treating a range of patients, including pregnant women and infants. Maintaining an adult Medicaid dental benefit – which increased capacity among safety net providers and encouraged other providers to accept the public insurance – is key.