

# How Can Texas Build Better Oral Health?



*“Better access to oral health care would help Texans of every age. If we connect our kids to care as infants now, they could avoid cavities altogether! And, basic dental care is critical to maintaining good health as adults. This report gives legislators and other decision-makers vital information about how we can make real progress in addressing our state’s oral health care crisis.”*

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## BACKGROUND

Texas policymakers and state officials are uniquely positioned to make a lasting difference in the lives of hundreds of thousands of Texans. **The time is now to develop and execute a strategic plan of action to increase access to oral health care.**

The authors of this report fully support the ongoing *Frew* initiatives funded by the 80th Texas Legislature, including the Medicaid fee increases for dental services; the “First Dental Home” initiative, which provides training and financial incentives for general and pediatric dentists to examine and treat children under 3 years old; and the “Oral Evaluation and Fluoride Varnish in the Medical Home” project, which trains and reimburses primary care providers for examining and applying fluoride varnish to the teeth of very young children.

Complying with the *Frew* agreement is a key priority. However, there are additional ways that Texas policymakers can improve the oral health of the state. After reviewing the national landscape and analyzing current programs and policies in Texas, the authors of this report propose five key policy recommendations.<sup>1</sup>

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## POLICY RECOMMENDATIONS

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- 1 Identify a “dental home” for every Texan
- 2 Strengthen the Texas Department of State Health Services (DSHS) Oral Health Program (OHP)
- 3 Create new programs to encourage general dentists and specialists to practice in underserved areas and to treat underserved populations
- 4 Develop a comprehensive oral health public awareness and education campaign
- 5 Expand access to oral health services for older Texans

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<sup>1</sup> For more examples of oral health promotion best practices, see “A for Effort Special Grading Project” by Oral Health America (2005) <[www.oralhealthamerica.org](http://www.oralhealthamerica.org)>. In addition, the Association of State and Territorial Dental Directors (ASTDD) Best Practices Project collects best practices for state, territorial and community oral health programs. See <[www.astdd.org](http://www.astdd.org)> for more information.

## RECOMMENDATION #1

### Identify a “dental home” for every Texan

Research suggests that “having a regular source of care, defined as a doctor or other health care provider, or a specific site where care is provided, is one of the strongest determinants of access to health care.”<sup>2</sup> This report’s first recommendation, therefore, is to identify a dental home for every Texan. While ambitious, this is an achievable undertaking. Several states, including Vermont, Washington and Iowa have launched dental home projects. The authors of this report recommend that the State of Texas:

- **Adopt an incremental approach and commit to finding a dental home for the state’s youngest children (ages 1 to 5) first.** The role of a dental home can be assumed by a wide range of entities, including Community Health Centers, community-based dental clinics, dental school clinics, charitable programs and individual primary care provider offices.
- **Continue partnering with organizations** like the Texas Dental Association, the Texas Academy of Pediatric Dentistry, local dental societies, the Texas Medical Association, the Texas Pediatric Society, the Texas Academy of General Dentistry and the Texas Academy of Family Practitioners to connect Texas’ youngest children to dental homes.
- **Create an online resource** that captures information about available dental homes. The resource should be marketed to Community Health Centers, WIC (Women, Infants, and Children) clinics, Head Start centers, school-based pre-K programs, nonprofit clinics, primary care provider offices (i.e., pediatricians, family practitioners) and the general public.
- **Partner with the Texas Dental Association and other key stakeholders** to educate the public about the dental home initiative and health coverage programs that can cover the cost of care, such as CHIP and Medicaid.
- **Require all Texas dental students to pass mandatory competencies in early infant care.** Currently, The University of Texas Health Science Center at San Antonio and the Baylor College of Dentistry require mandatory competencies in infant care. Implementing this requirement will increase the number of dentists with the training and expertise to see and treat infants and toddlers.

## The First Dental Home initiative

As part of the *Frew* agreement, the State of Texas has launched a program for children under 3 years old called the “First Dental Home” initiative. Under the program, pediatric and general dentists are being trained to conduct infant oral health screenings, risk assessments, fluoride varnish applications and parent education.

As Texas rolls out a larger-scale dental initiative, primary care providers will play an important role, since they see children on a regular basis, especially during the first two years of life. Nationwide, 17 state Medicaid programs currently reimburse pediatricians for oral exams/assessments, fluoride varnish application and/or parent training/education.<sup>3</sup>

<sup>2</sup> Teresa A. Dolan, Kathryn Atchison and Tri N. Huynh, “Access to Dental Care Among Older Adults in the United States,” *Journal of Dental Education* 69 (2005): 961.

<sup>3</sup> “First Dental Home,” *FREW Medical and Dental Strategic Initiatives*, Health and Human Services Commission, September 2007.

*“Children are so vulnerable. They rely on us to help them be healthy. We know that last year well over a thousand children in our community failed a basic dental screening. These children’s mouths are full of infection, disease and decay—and they are dealing with the terrible pain that accompanies serious oral disease. We believe a child having a dental home by the age of one, along with proper education on basic oral hygiene for the child and the family, are absolutely key to that child having a healthy mouth and a healthy body.”*

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*“Studies of programs initiating early dental care show improved health outcomes and long-term cost savings.”<sup>6</sup>*

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SOURCE: *Center for Health Care Strategies Inc., 2006.*

## Challenges

One of the issues that could make implementation of this recommendation challenging is the fact that “the Texas Medicaid program has approximately 200 pediatric dentists for over 1.2 million Medicaid children under the age of 5 years.”<sup>4</sup> The need for more pediatric dentists is addressed further in Recommendation #3.

Funding may also be a challenge; however, existing payment sources such as Medicaid and CHIP can be used to pay for care provided at the dental home. Other options include self-pay and possibly fee-for-service vouchers (see Recommendation #2 for more information on fee-for-service vouchers).

Although implementing this recommendation will be challenging, local resources such as Area Health Education Centers (AHECs) are available to provide technical assistance and support. AHECs are local partnerships between community organizations and academic institutions that train local health care providers, among other services. The official mission of the AHEC program, which is administered by the U.S. Department of Health and Human Services, is “to improve the supply, distribution, diversity and quality of the healthcare work force, ultimately increasing access to health care in medically underserved areas.”<sup>5</sup>

## Looking ahead

Once every Texas child is connected with a dental home, Texas lawmakers should consider enacting legislation requiring that each Texas schoolchild have an oral exam prior to enrolling in public school. Similar legislation has been adopted in several states, including California, Georgia, New York, Oregon, Rhode Island and Pennsylvania.<sup>7</sup> The State of Illinois currently requires that all kindergartners, second and sixth graders in public, private or parochial schools have a dental exam. Waivers are available for children who can demonstrate that they lack access to a dentist or that a visit would be a significant burden.

After completing the first phase of the dental home initiative, the State should focus on finding dental homes for other priority populations, such as children 6 to 18 years of age, pregnant women on Medicaid and residents of long-term care facilities.

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<sup>4</sup> Ibid.

<sup>5</sup> “Area Health Education Centers.” Bureau of Health Professions, U.S. Department of Health and Human Services, Health Resources and Services Administration, 18 March 2008, <<http://bhpr.hrsa.gov/ahec/>> (10 July 2008).

<sup>6</sup> Carolyn Ballard and Nikki Highsmith, “Catalyzing Improvements in Oral Health Care: Best Practices from the State Action for Oral Health Access Initiative,” Center for Health Care Strategies Inc. (August 2006): 18.

<sup>7</sup> “Back to School Dental Exams Increasingly Mandated by States,” Foxnews.com (28 August 2007).

<sup>8</sup> Carolyn Ballard and Nikki Highsmith, “Catalyzing Improvements in Oral Health Care: Best Practices from the State Action for Oral Health Access Initiative,” Center for Health Care Strategies Inc. (August 2006): 18.

<sup>9</sup> Ibid., 18-20.

# The Early Childhood Caries Prevention Project

## Best practice case study

The Early Childhood Caries Prevention Project in Klamath County, Oregon, is an example of a successful rural dental home program. The central goal of the program, which began in 2004, is “to educate and treat pregnant women to prevent dental infection in their children.”<sup>8</sup> To meet this goal, pregnant mothers are referred to dental homes by their local WIC (Women, Infants, and Children) office. There, they receive treatment for existing cavities and other infections (to reduce the risk of their children being infected with a dental disease). The women are also taught about oral hygiene, given toothbrushes and fluoride toothpaste and are visited by a WIC nurse for a follow-up home visit. When the mother delivers her baby, she is given Xylitol gum and is asked to chew the gum daily until the baby is 6 months old (chewing gum with xylitol is an effective way to curb the pathogens that lead to dental caries). After the child reaches 6 months, he or she is assigned the same dental home as the mother, and receives fluoride varnishes every six months once his or her first tooth erupts. WIC nurses then conduct home visits at six weeks, six months, one year and two years.<sup>9</sup>



SOURCE: Center for Health Care Strategies Inc., 2006.

## RECOMMENDATION #2

### **Strengthen the Texas Department of State Health Services Oral Health Program (OHP)**

As described earlier in the report, the State's Oral Health Program was largely dismantled in 2003 due to a state budget shortfall. Total funding for the Texas Department of State Health Services (DSHS) Oral Health Program dropped from \$3.1 million in fiscal year 2002 to a mere \$1.2 million in fiscal year 2005 — a 62 percent cut. Staffing levels during that same period were cut from 56 to about 20 — a 65 percent reduction.<sup>10</sup> Today, the Oral Health Program is operating with minimal staff on what can only be described as a shoestring budget. Organizationally, the Oral Health Program is also buried in a large bureaucracy. Once a division unto itself, the OHP is now a “group” several times removed from top agency leadership. At a minimum, state leadership should raise the profile of the Oral Health Group and make sure that it has the financial and human resources it needs to carry out the mandates of the *Frew* agreement and successfully lead Texas' efforts to improve the oral health of its citizens.

The authors of this report recommend the following specific strategies for rebuilding the OHP:

- **Amend the Oral Health Improvement Act to require that the OHP be led by a dentist**, the most highly trained and experienced member of the dental team. Several states, including Arkansas, have this requirement in place. By enacting this requirement, Texas will be assured that the person leading the state's OHP has the broad training and expertise needed to improve the state's oral health.
- **Appropriate funds to the OHP to ensure that it has the resources needed to collect, analyze and disseminate data on oral health**, such as statewide and targeted surveys, needs assessments and other critical research activities. Without solid, timely data, Texas cannot successfully address the issue of access to care.
- **Appropriate funds so that the OHP can develop and implement a comprehensive oral health education and promotion campaign** (see *Recommendation #4* for more details).
- **Integrate oral health information** into existing public health initiatives and campaigns, such as tobacco cessation, diabetes education and obesity prevention.
- **Reestablish and possibly expand the fee-for-service voucher program**, which could provide uninsured children, pregnant women and low-income adults with “vouchers” that could be used at participating dentists to receive critically needed dental services. These vouchers could also be used for children under 5 who do not qualify for Medicaid or CHIP to pay for care in their newly assigned dental home.

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<sup>10</sup> Oral Health Program, Texas Department of State Health Services. Staffing and budget data provided electronically 25 March 2008.

### RECOMMENDATION #3

#### **Create new programs to encourage dentists and specialists to practice in underserved areas and to treat underserved populations**

One of the primary goals of the *Frew* agreement is to increase the number of dentists participating in the state's children's Medicaid program. To that end, the *Frew* Advisory Committee is considering allocating funds from the \$150 million "Strategic Medical and Dental Initiatives" set-aside to encourage dentists to practice in underserved areas of the state. One of the specific strategies that the advisory committee is working on with the Texas Health and Human Services Commission is creating a new loan repayment assistance program for dentists and pediatric subspecialist physicians who agree to practice in underserved communities for a specific number of years.<sup>11</sup>

Graduates of Texas dental schools currently have access to two loan repayment programs: the National Health Service Corps (NHSC) and the state-supported Dentist Education Loan Repayment Program (DELRP), which is administered by the Texas Higher Education Coordinating Board. Currently, 28 Texas dentists receive NHSC support, while 13 receive state loan repayment funds.<sup>12</sup> The incentive provided by the DELRP, however, is limited (a maximum of \$10,000) and is funded through a 2-percent set-aside of dental school tuition. To receive DELRP support, a dentist must work at an approved Texas practice site (a federally designated Dental Care Health Professional Shortage Area or a federally funded Community Health Center) and accept Medicaid as full payment for services.<sup>13</sup> Although the authors of this report support continuing these existing programs, Texas would benefit greatly from a new loan repayment program specifically designed to ensure state compliance with the pressing needs of the *Frew* agreement.

The authors of this report recommend the following strategies to build the state's capacity to meet its oral health needs:

- **Create a new loan repayment program** that would provide dentists up to \$100,000 in repayment assistance in return for three years of service in an underserved area providing a minimum level of service to Medicaid recipients. To provide an immediate incentive, annual payments should be provided up front. The new program should target third- or fourth-year dental students or recent graduates, with a focus on pediatric dentists. To increase ease of participation, program rules and requirements should be kept as simple and flexible as possible. The program should also be designed to maximize drawdown of federal funds and target "lagging counties" (those counties where *Frew* class members are found to have a particularly difficult time finding dental providers).

## Diversity and the dental work force

Texas is becoming an increasingly diverse, multicultural state. According to estimates published by Texas A&M University, the population of Texas is expected to be 45.9 percent Hispanic and 9.5 percent black by the year 2030.<sup>14</sup>

Increasing diversity in the dental work force, including dentists and auxiliary personnel, is therefore a key strategy for improving access to oral health care. The research literature offers concrete evidence that minority dentists are more likely to treat minority patients. A study published in 2000, for example, concluded the following: "Our findings show that the race/ethnicity of the dentist seems to influence the race/ethnicity of patients who come to them for treatment." Researchers found that white dentists primarily treated white patients (76.6 percent), while about 62 percent of black dentists' patients were black and 27 percent were white. Hispanic dentists treated equal percentages of Hispanic and white patients (45.4 percent and 43.6 percent, respectively). The study also found that black and Hispanic dentists reported treating the greatest proportion of low-income patients, specifically those earning less than \$15,000 per year.<sup>15</sup>

Texas' three dental schools ranked in the top five of all nonminority dental schools in the number of underrepresented minority students (blacks, Hispanics, American Indians and Native Alaskans) in fiscal year 2006.<sup>16</sup> Also, Texas has seen an increase in the number of Hispanic students enrolled in dental schools in recent years, from 9.4 percent of total students in 1997 to 14.6 percent in 2005.<sup>17</sup>

<sup>11</sup> For information on loan repayment programs in other states, see "State Experience with Dental Loan Repayment Programs," National Conference of State Legislators, Forum for State Health Policy Leadership (2005): 1-34.

<sup>12</sup> "Loan Repayment Program," *FREW Medical and Dental Strategic Initiatives*, Health and Human Services Commission, briefing paper, (September 2007).

<sup>13</sup> Texas Higher Education Coordinating Board, "Dental Education Loan Repayment Program Fact Sheet." (13 March 2008).

<sup>14</sup> "Diversity and Texas A&M University," *Texas A&M University Web site*, <<http://www.tamu.edu/vision2020/groundwork/83.php>> (10 July 2008).

<sup>15</sup> L. Jackson Brown, Karen Schaid Wagner and Beverly Johns, "Racial/Ethnic Variations of Practicing Dentists," *Journal of the American Dental Association* 131 (2000): 1753.

<sup>16</sup> 2006-07 Survey of Dental Education, Academic Programs, Enrollment, and Graduates - Volume 1 Table 12B, page 28.

<sup>17</sup> "Highlights: The Supply of General Dentists in Texas - 2006," Center for Health Statistics, Health Professions Resource Center, Texas Department of State Health Services, Publication No. 25-12581 (March 2007): 3.

“The average debt for students graduating from public dental schools in 2006 was \$124,700.”<sup>18</sup>

SOURCE: *Journal of Dental Education*, 2007.

- **Appropriate funds to assist dental schools in recruiting, enrolling and retaining minority dental students and other persons interested in working in underserved areas.** Funds could be used for outreach activities, academic and social support during dental school and zero-interest loans that could be forgiven if the dental graduate practices in an underserved area for a specific number of years. With the state’s shifting demographics and the high level of need among minorities and low-income Texans, the benefit of this investment should far outweigh the modest costs associated with supporting such an effort.

## Best practice case study



## Hispanic Center of Excellence-School of Dentistry, UT Health Science Center, San Antonio

Since 2001, the Hispanic Center of Excellence-Dentistry has helped The University of Texas Health Science Center at San Antonio Dental School successfully recruit and retain Hispanic dental students and faculty. The program offers pre-dental students assistance with dental school applications and prep courses. Once enrolled in dental school, students receive tutoring, opportunities to work with faculty on research projects and clinical work experience in rural and urban communities. The program has been funded in part by a federal grant from the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services.<sup>19</sup>

<sup>18</sup> Jacqueline E. Chmar et al., “Annual ADEA Survey of Dental School Seniors, 2006 Graduating Class,” *Journal of Dental Education* 71 (2007): 1228-1253.

<sup>19</sup> Karen Fox, “Texas Program Targets Hispanics for Dental Careers,” *ADA News Today*, American Dental Association, 25 April 2005, <<http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=1367>> (19 June 2008). For more information on the Hispanic Center of Excellence-Dentistry, see <http://multicultural.uthscsa.edu/dhcoe/index.html>.

## RECOMMENDATION #4

### **Develop a comprehensive oral health public awareness and education campaign**

In Texas, as in most of the nation, oral health has taken a backseat to general health. Statewide campaigns to raise awareness about the dangers of obesity and smoking are fairly common, as is public education on the importance of childhood vaccinations, cancer screenings and other preventive health measures. However, far less attention has been paid to the importance of preventing oral disease, the serious risks associated with poor oral health and the relationship between oral health and general health.

Several states (e.g., South Carolina, Vermont) have embarked on comprehensive oral health campaigns that can serve as models for Texas. These campaigns are often called “social marketing campaigns” since they are designed to change social attitudes and motivate specific changes in behavior. Some campaigns, such as “Brighter Smiles for New Mexico,” have been launched by dental organizations (the New Mexico Dental Association).

The authors of this report recommend that the State of Texas take the following actions prior to launching a public awareness and education campaign:

- **Determine the target audience for the campaign.** Texas state officials should work with stakeholder groups to determine whether the campaign should focus on the public in general and/or be targeted to specific “high-risk” populations, such as children, pregnant women, caregivers of older adults or African-American males (for oral cancer). The “Watch Your Mouth” campaign in Maine, Massachusetts and New Hampshire, for example, focuses exclusively on children’s oral health (see [www.watchyourmouth.org](http://www.watchyourmouth.org)). Another possibility is targeting physicians, such as pediatricians, family practitioners, internists or ear-nose-throat (ENT) specialists.
- **Conduct research to develop a solid understanding of the existing attitudes, beliefs and behaviors the targeted audience or audiences have about oral health care.** Vermont held a series of focus groups with parents and caregivers to gather information to shape the key messages that made up its public awareness campaign, “Smile Vermont.” Texas would benefit from taking a similar approach. Another important piece of information that can be gathered from focus group research is the best (and most culturally appropriate) way to communicate with the public (TV, radio, Internet, print).
- **Develop the key messages that the campaign seeks to impress on the targeted audience** (see *sample messages*).
- **Determine the best way to communicate the messages (including strategies to ensure cultural sensitivity).** In Vermont, traditional communication channels, such as advertisements, 1-800 hotlines and an interactive Web site were used to distribute information. However, special family-oriented events, such as ice skating and bowling parties, were also used to spread the messages about

## Sample messages for a statewide oral health campaign

- It is equally important to have a dental home as a medical home.
- The health of your teeth and mouth is just as important as the health of any other part of your body.
- Many oral diseases can be prevented with simple, cost-effective measures such as regular brushing and flossing, dental sealants, fluoride varnishes and community water fluoridation.
- Don’t put a baby or toddler to bed with a bottle.
- Children should have their first dental exam by their first birthday.
- The elderly and physically challenged need special assistance with daily oral hygiene (brushing/flossing).
- Adults who are taking multiple medications are at increased risk for dental caries and oral disease.

oral health. According to post-campaign evaluations, these unique communication vehicles motivated parents to action more effectively than traditional methods like advertisements. In Texas, promotoras can play an important role in a state-sponsored oral health outreach campaign. These bilingual outreach workers can spread the word about the importance of early and regular preventive dental care (the dental home) and good oral hygiene practices (brushing, flossing, fluoride, dental sealants) through community centers, churches and other venues.

## **Best practice case study**



## Social marketing campaign, South Carolina

The State of South Carolina was recognized by Oral Health America for developing an innovative social marketing campaign to educate the public about the importance of oral health. The South Carolina Department of Health and Environmental Control initiative “More Smiling Faces” was the first comprehensive attempt by a state health department at implementing a broad social marketing campaign to improve oral health for all age groups.

One unique feature of the campaign was the partnership forged between the South Carolina Department of Health and Environmental Control and the African Methodist Episcopal Church, which plays an important role in many rural areas of the state. “Patient navigators” were used to conduct dental health education seminars with more than 110 congregations at venues such as church youth events, Bible schools, summer meal programs and dental health fairs. At these events, dentists and other health providers volunteered their time to conduct screenings for children, while patient navigators helped parents make sure that referral appointments were scheduled and kept. In addition, program sponsors developed and distributed a “Building Bridges” oral health tool kit that contained basic information on oral health, dental care tips, children’s activities and an animal puppet with toothbrushing instructions.<sup>20</sup>

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SOURCE: *Oral Health America, 2005.*

## RECOMMENDATION #5

### **Expand access to oral health care services for older Texans**

Older Texans are at high risk for poor oral health. Many long-term care residents have significant dental needs that go unmet because of staffing shortages and a general lack of awareness among staff about the importance of good oral hygiene. Even the most basic care, such as brushing teeth, can be a problem for an Alzheimer's patient or an older Texan suffering from severe arthritis.

Oral disease not only impacts the nutritional status and overall well-being of older or physically dependent Texans, it can have life-threatening consequences. Fortunately, preventive efforts can significantly improve the quality of life of older Texans and help prevent costly hospital stays when dental infections expand into systemic infections.

As Texans live longer and the over 65 population continues to grow, oral health care for older Texans will become an increasingly important and challenging public policy issue. The authors of this report urge policymakers to implement the following recommendations as a *first step* in improving access to oral health care for older Texans:

- **Conduct a comprehensive needs assessment to determine the level of unmet need among older Texans, with a focus on long-term care residents.** Several states, including New Hampshire and Washington, have conducted statewide oral health surveys of nursing homes. In Washington, a survey of 1,063 residents in 31 nursing homes found that the greatest single need among the dentate elderly was routine oral hygiene.<sup>21</sup>
- **Appropriate funds to implement Senate Bill 34, which passed in 2001 but was never funded.** The bill, which was authored by Senator Judith Zaffirini, requires the State to provide annual preventive services to Medicaid nursing home residents, including an annual dental examination by a licensed dentist; a prophylaxis by a licensed dentist or licensed dental hygienist (if practical considering the health of the resident); and diagnostic dental X-rays, if possible.
- **Mandate that all providers who assist in activities of daily living for the physically dependent or elderly be properly trained in providing oral hygiene.** Obtaining dental care has long been a problem for residents of nursing homes. Although many residents start out in relatively good oral health and with most of their teeth, their oral health can rapidly deteriorate without regular care. Often, facility staff is not adequately trained to provide day-to-day oral health care or neglects to do so. As a result, over time residents suffer from abscesses, infections, tooth loss and other dental problems that adversely affect their quality of life and jeopardize their overall health.

“Because such a small proportion of U.S. elders have private dental insurance and Medicare and Medicaid’s coverage of oral health care is minimal, the dental care needs of underserved older Americans will not be met without significant changes in health policy related to dental care for older adults.”<sup>22</sup>

SOURCE: *Journal of Dental Education*, 2005.

## Did you know?

The annual cost of treating pneumonia acquired in nursing homes is more than \$8 billion. According to one researcher, hiring a nurse’s aide (at a yearly salary of \$25,000 with benefits) at every nursing home in the United States simply to provide oral care to residents would cost less than \$500 million a year. If the rate of pneumonia decreased by only 10 percent because of this intervention, the annual cost savings would exceed \$800 million.<sup>23</sup>

SOURCE: *Journal of the American Geriatrics Society*, 2002.

20 “A for Effort: Making the Grade in Oral Health, An Oral Health America Special Grading Project,” *Oral Health America*, September 2003, <<http://www.oralhealthamerica.org/pdf/StateofDecayFinal.pdf>> (15 March 2008):1–10.

21 H.A. Kiyah et al., “Oral Health Problems and Needs of Nursing Home Residents,” *Community Dentistry and Oral Epidemiology* 21 (2006):49–52.

22 Teresa A. Dolan, Kathryn Atchison and Tri N. Huynh, “Access to Dental Care Among Older Adults in the United States,” *Journal of Dental Education* 69 (2005): 968.

23 Shay, K. and M. Terpenning, “Oral Health is Cost Effective to Maintain but Costly to Ignore,” *Journal of the American Geriatrics Society* 50 (2002): 584–585.

*“Delivering oral care to the institutionalized elderly is from many standpoints complex and challenging. Teamed with the difficulties associated with reimbursements, few providers choose to provide care in this setting. Consequently, the oral health status of this population is poor and a contributor to poor overall health. Priority must be given to advancing the delivery of care to this vulnerable population.”*

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- **Require that nursing home inspections include a mandatory oral health component.** Although a nursing home would certainly be penalized for failing to regularly bathe its residents, there is little or no oversight of routine oral hygiene practices in long-term care facilities. Currently, nursing home inspections do not include a specific review of the oral health care provided to residents. Texas state officials should modify the inspection process and raise awareness among nursing facility inspectors about the link between oral health and general health and the risks of poor oral hygiene.
- **Provide incentives to encourage dentists to practice in long-term care facilities.** While many long-term care facility residents urgently need dental treatment, only a small number of dentists routinely practice in such facilities. To increase the number of dentists providing care to older Texans, the State should consider providing financial incentives to dental students, young dental graduates on loan payback programs or retired dentists who serve residents of long-term care facilities.
- **Educate residents and family members of Medicaid-eligible nursing facilities about “Incurred Medical Expense” (IME) accounts.** IME accounts consist of funds diverted from a resident’s monthly Social Security payments, which ordinarily are paid directly to the long-term care facility. Under federal law, IME funds may be used for specific needs, including medical and dental care. In that case, the IME funds go to the resident (or to the individual responsible for his or her care) to pay the health care provider, and the State of Texas uses Medicaid funds to offset the long-term care facility’s lost revenue. Educating family members and residents about this payment option could result in increased utilization of dental services.
- **Utilize Area Health Education Centers (AHECs) and promotoras to conduct outreach and train long-term care facility employees on the importance of oral health care.** Existing community resources such as AHECs and promotoras can play an important role in raising awareness and providing education on the oral health needs of the elderly and residents of long-term care facilities. Promotoras can provide education and training on oral hygiene directly to employees of long-term care facilities, as well as to family members who are taking care of elderly relatives in the home. Area Health Education Centers also can play an important role in developing specific training programs for employees of long-term care facilities and distributing educational information to the medical community at large.

## CONCLUSION

Texas can and should do a better job of improving access to oral health care, especially for the state's most vulnerable residents. The first step is to identify a dental home for all Texans, starting with the state's youngest children, who should be encouraged to see a dentist for preventive oral health care by their first birthday (*Recommendation #1*). To achieve the goal of a dental home for every Texan, state policymakers will need to strengthen the Texas Department of State Health Services (DSHS) Oral Health Program (*Recommendation #2*) by giving it the resources it needs to succeed, including adequate funding to support research activities and launch a comprehensive oral health public awareness and education campaign (*Recommendation #4*). To further address issues of access to oral health care services, policymakers can create and fund new programs to encourage dentists to practice in underserved geographic areas and to treat underserved populations (*Recommendation #3*). Finally, Texas policymakers should take first steps toward addressing the critical oral health needs of older Texans (*Recommendation #5*).

