Healthy Teeth Bright Futures

July 16, 2020
Governor Kate Brown
Senate President Peter Courtney
House Speaker Tina Kotek

Re: Maintaining support for children's oral health

Dear Governor Brown, President Courtney, and Speaker Kotek:

On behalf of the Healthy Teeth Bright Futures Coalition, thank you for your ongoing work to address the coronavirus pandemic. This is a challenging and unprecedented time for Oregon and without a doubt, we know that you understand the significant threat of this crisis for Oregonians throughout the state. We also know that children of all ages are being affected and for most, the impact will be lifelong.

We recognize that the Executive Branch and Legislature face unenviable decisions on how to rebalance the state's budget. As you work towards resolution, we urge you to continue our longstanding history in Oregon of ensuring all kids have access to the health care they need to reach their full potential. We know that Oregon's small investments to date in oral health have yielded outsized positive results, both immediate and long-term, particularly with its impact on overall health.

While we've made progress, the reality is we continue to experience a dental health crisis in our state that threatens the long-term health, health equity, and success of Oregon kids. This is especially true for low-income children, children of color, and children from rural communities who are impacted the most by gaps in access to dental care.

Even as you must make difficult budget decisions, we ask that you keep the solemn commitment made at the outset of the CCO experiment to fully embed oral health in Medicaid. We urge you not to weaken oral health at a time when many Oregon families can't get preventive dental care that kids need to be healthy, attend, and perform well in school.

COVID-19 is heightening the need for better access to dental care

Dental care plays a vital role in keeping kids healthy and putting them on a path to success and yet preventive services remain out of reach. Many Oregon kids lost access to preventive school-based dental services when Oregon schools closed—these same children will experience disproportionate harm as a result of this pandemic because they're already in disadvantaged or vulnerable situations while experiencing critical health disparities.

Kids can't afford to lose access to critical dental services

Oregon has one of the highest rates of childhood dental disease in the nation. Nearly half of the kids in our state will have a cavity by age nine, and about two of every five of those cavities will go untreated. This is not just an inconvenience—untreated cavities cause pain and can lead to infection that spreads to the rest of the body.

Children of other ethnicities are at higher risk. The percentage of kids in Oregon with cavities, by community, are:

- 72% Native Hawaiian/Pacific Islander
- 64% Hispanic or Latino
- 59% Asian
- 50% Black/African American
- 43% White

School-based programs give more Oregon kids access to preventive care.

Our broad coalition is focused on children's oral health, specifically delivery of oral health services through school-based programs. A few stats show the importance of and high ROI from these programs and related administrative supports through OHA:

- Approximately one in every six children seen by a sealant program have serious oral health problems that require urgent dental attention.
- School-based oral health programs have been documented to yield $8 million in net savings in avoided hospital emergency room encounters.
- Nearly 1 in 10 Medicaid-covered children obtain oral health services only through their schools.

In recent months, our coalition members have worked together to raise the effectiveness of school-based programs even more, including leveraging data to greatly improve coordination of care.

We have four specific budget-related concerns:

1. OHA Dental Director vacancy. This is a critical hire to provide leadership and oral health oversight in both Public Health and Medicaid. Cutting this position (OHA's Budget Reduction Options item #44, $133,570) would be a major setback to oral health integration.

2. Potential cut in direct state support for school-based sealant programs in Tillamook and Clatsop counties. (item #87, $134,480) This expenditure is mostly offset by contracts that financially support this activity, so the scored savings are largely illusory.

3. Recent OHA action to end a program that provides fluoride tablets and rinses to schools, which costs less than $50,000 a year, citing rising supply costs and administrative issues. This tiny program has punched way above its weight, playing a critical role in protecting low-income and minority children from the consequences of water fluoridation politics. It should be restored.

4. Extremely low reimbursement rates for oral health services have long been a key cause of limited access to dental care for Medicaid patients, particularly in medically underserved communities. Cuts from an already low level would reopen a question many of us thought settled by the 2011 CCO-enabling legislation as to whether oral health services are essential.

Thank you for all that you are doing under extraordinary circumstances. If we can be of any assistance to you and your teams as you work through health-related budget issues, then we are eager to help.

Sincerely,
Tom Holt

Advantage Dental From DentaQuest · Capitol Dental · CareOregon · hkop Healthy Kids Outreach Program · Kaiser Permanente · Klamath Basin Oral Health Coalition · North Clackamas Schools · Oregon Community Foundation · oregon dental association · ODS · Willamette Dental Group