Oral Health in Macomb County

Gaps and barriers to accessing oral health services

In 2014, the Macomb County Health Department determined there was a need for a community effort to increase oral health advocacy in the county. Subsequently, the Macomb County Oral Health Coalition was created. The coalition members concluded an assessment of available oral health care services in the county was needed to determine what services are available to residents. Their assessments revealed that Macomb County is not a designated Dental Health Professional Shortage Area (DHPSA), however the number of providers that are willing to accept Medicaid is still a challenge. A 2019 breakdown of oral health providers in the county revealed that the ratio of residents to dentists is 1,170:1, which is better than the state of Michigan average of 1,360:1, and the United States average of 1,260:1.

For residents who do not have dental insurance through their employer, there are several options available to relieve the financial burden of dental care. Macomb is a Healthy Kids Dental covered county, therefore residents that meet income requirements are able to obtain dental coverage for their children. In addition, there are three Federally Qualified Healthcare Centers in the county, which include MyCare Health Center, Community First Health Center, and My Community Dental Centers, which is embedded in the Macomb County Health Department in Warren. Macomb is also home to Baker College's School of Dental Hygiene Education, which provides low cost preventive care to all residents including prophylaxis, periodontal treatments, sealants and fluoride. All of these resources provide ample access to oral health care services in Macomb County.

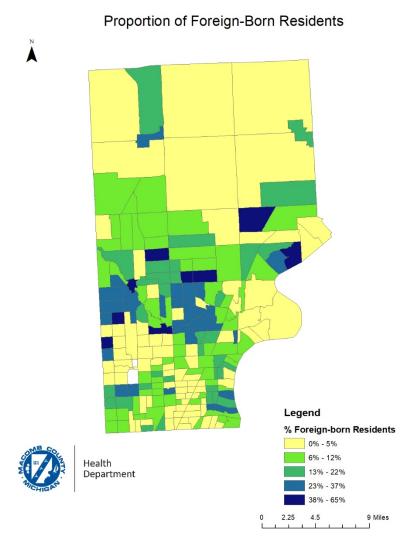
To assess the population's knowledge of available health care services, a Community Health Assessment (CHA) was conducted in 2015. This CHA was a collaborative process between the Macomb County Health Department and several community partners. A component of this assessment utilized a Community Themes and Strengths Assessment, which focused on gathering the thoughts, opinions, and perceptions of community members in order to better understand which issues are important to the community. Qualitative data was collected through focus groups and a community wide survey. The data obtained through this process was shared through the cha.macombgov.org website.

After the CHA, a Community Health Improvement Plan (CHIP) was created. In the CHIP, work groups were established to address priority areas. The Access to Services work group included representatives from health care providers, Federally Qualified Health Centers, community and social service organizations, health insurance providers and health department representatives. The Access to Services work group tackled two issues initially – food access and access to oral health services. The oral health sub work group was tasked with addressing gaps and barriers vulnerable populations experience when seeking oral health care.



Populations experiencing barriers to oral health services

The Macomb County Health Department utilized data to determine three specific populations who experience barriers to access oral health care services, including non-English speaking populations, senior citizens and low-income residents. As a result of the Community Health Assessment community wide survey, the Macomb County Health Department Community Health Assessment team identified outliers, including the fact that oral health was significantly more important to one population of respondents - those that identified English as a second language. More data is needed to determine why non-English speaking populations view oral health with such importance.



The second population in Macomb County to experience barriers to oral health care is senior citizens. The 2016-2017 Michigan Senior Smiles Report Data revealed that only 65% of Southeast Michigan seniors had visited the dentist in the last year, which means 35% of SE



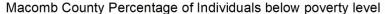
Michigan seniors did not visit a dentist. 69% of those that did visit a dentist sought preventive dental care including check-up, exams or cleanings. Of the 35% that did not visit the dentist, 12% stated that cost / lack of insurance was the primary reason for no dental appointment in the last year. 79% of SE MI seniors report having a dental home, less than 1% stated they did not have a dentist. Furthermore, less than 1% had a need for immediate dental care, 15% demonstrated a need for early dental care and 84% had no obvious dental problems. Less than 1% stated they had a fear of the dentist. Fortunately, SE MI seniors exhibited the lowest rates of untreated decay when compared to all other regions / state. Although the majority of Macomb County seniors are obtaining dental care, cost is a barrier for those who are not. In partnership with the Michigan Oral Health Coalition, the Macomb County Oral Health Coalition advocates for legislative action to address the lack of a Medicare dental benefit, which if passed, would presumably lead to increased access to dental services among senior citizens.

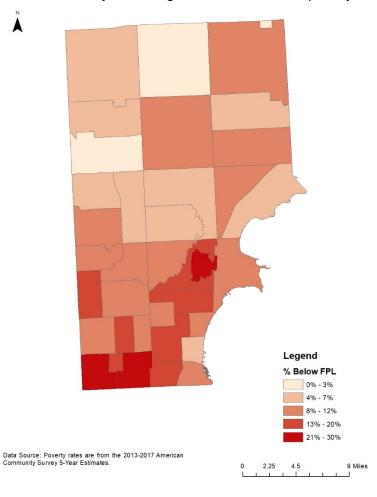
48005 48062 48065 48050 48094 48096 48048 48095 48042 48051 48316 48315 48317 48314 48313 48043 48312 Legend 48026 Population by Zipcode 0 - 1,700 48066 > 1,700 - 3,400 48081 > 3,400 - 5,100 > 5,100 - 6,800 48021 > 6,800 - 8,500 Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS

Population of Seniors (65+) in Macomb County



The third population to experience barriers to access to oral health care is low-income Macomb County residents. The Michigan Oral Health Coalition's Check-up on Oral Health - Age One Dental Visits Michigan County Profile 2017 analyzed Medicaid beneficiary utilization data to profile age 1 dental visits. This data revealed that only 3.1% of Macomb County Medicaid beneficiaries under age 2 had at least one dental visit in 2015. In 2018, the Michigan Department of Health and Human Services issued a report entitled Michigan Oral Health Care 2017 Medicaid Rates by County. This report demonstrated that in 2017, only 48.5% of Macomb County Medicaid enrollees between the ages of 0-18 had one or more dental visits, and only 28.5% had two or more dental visits, with less than half (43.8%) receiving at least one preventive dental visit. In addition, of Macomb County Medicaid beneficiaries between the ages of 19-64, only 28.8% had one or more dental visits, and just 17.4% had two or more dental visits, with a mere 15.7% seeking preventive care. This data demonstrates that low-income Macomb County residents are affected by other barriers to care besides financial.





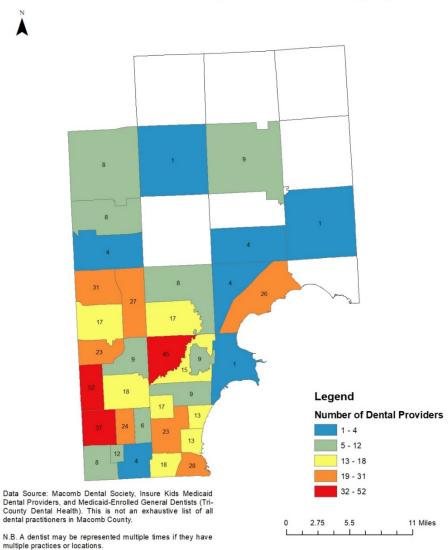


Oral Health Services Providers: Distribution and Capacity

Macomb County is not a designated Dental Health Professional Shortage Area (DHPSA), however, the number of providers that are willing to accept Medicaid is still a challenge. A 2019 breakdown of oral health providers in the county revealed that the ratio of residents to dentists is 1,170:1, which is better than the state of Michigan average of 1,360:1, and the top United States average of 1,260:1.

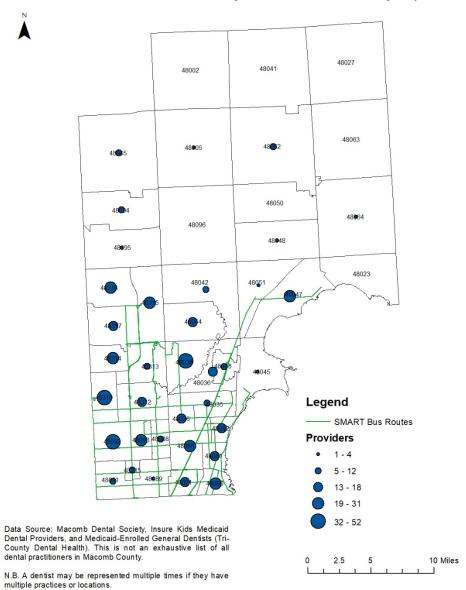
Maps created by the Macomb County Health Department Epidemiologist highlight the location of dental providers in Macomb County. In addition, the Epidemiologist reviewed public transportation and poverty data.

Number of Macomb County Dental Providers by Zipcode



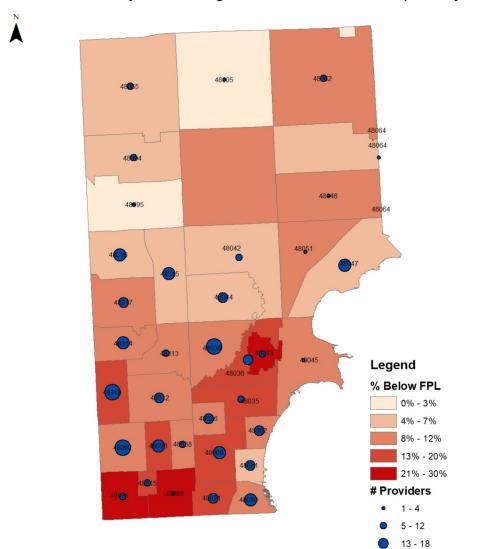


Number of Macomb County Dental Providers by Zipcode

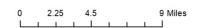




Macomb County Percentage of Individuals below poverty level



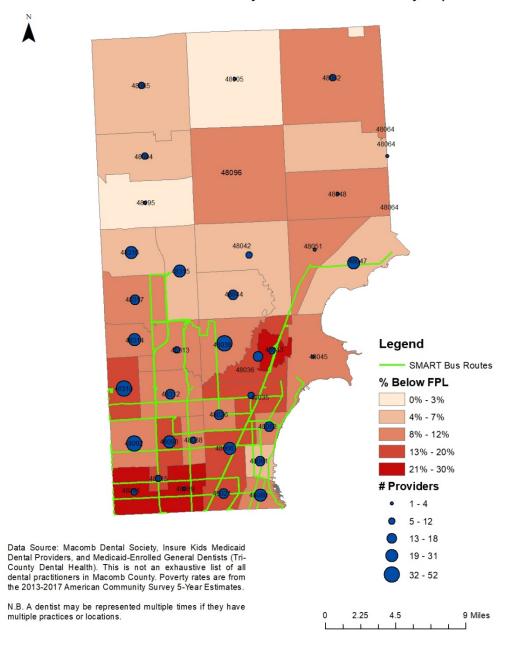
Data Source: Poverty rates are from the 2013-2017 American Community Survey 5-Year Estimates.



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Number of Macomb County Dental Providers by Zipcode



FPL - Federal Poverty Level



Assessment of Causes for Lack of Access to Oral Health Services

In 2018, the Access to Services work group conducted a county-wide Oral Health - Access to Services Survey. There were three key questions that the survey was looking to answer: why people do not go to the dentist, public awareness of low cost resources, and who the public trusts for information on oral health. The results of the survey were divided into three reports, one with all respondents, one with White / Caucasian respondents , and one with all minority respondents (Black/ African American, Hispanic/Latino, Arab American, Asian, Native American and Multi-racial).

The first two questions of the survey pertained to frequency of dental visits in the previous 12 months for the respondents and their children (if applicable). 67% of all participants stated that they had visited a dentist in the last 12 months, including 71% of white populations and 62% of all minority populations. In addition, 64% of all respondents stated that they had taken their children to the dentist in the last 12 months, with 63% of white respondents and 68% of all minority respondents having taken their children to a dentist in the last year.

The third question was for those who responded "no" to either of those first two questions, and was to answer the first key question, why people do not seek dental care. The responses varied, but the survey determined the most prominent barriers are financial, time and fear. The number one barrier to seeking dental care is cost. 47% of all respondents who did not visit the dentist or take their children to the dentist in the past 12 months stated they did not have the money to pay for it, or the cost of the cleaning/treatment was too high. This included 42% of white respondents, and 53% of all minority respondents. In addition, 15% of all respondents stated that the reason they did not go was the dentist does not take their insurance, including 18% of white respondents and 14% of all minority respondents.

To ease the financial burden of dental care, 59% of respondents said free or low cost options would make it easier to go to the dentist at least once per year, including 57% of white respondents and 61% of all minority respondents. Furthermore, 38% of respondents stated that dental insurance would make it easier to go to the dentist at least once per year, including 40% of white respondents and 38% of all minority respondents. To improve access to services, the Macomb County Health Department has joined together with Delta Dental of Michigan to provide options including Healthy Kids Dental, a program for Michigan children under the age of 21 with Medicaid; Healthy Michigan Plan and Pregnant Women Dental, which is a program for those who do not qualify for Medicare or Medicaid; and Medicare Advantage Plans for seniors.

An additional strategy to increase access to services is to inform residents of community dental providers that accept Medicaid and offer low cost / sliding fees based on income including our Federally Qualified Health Centers, My Care Health Centers – Center Line, and Community First Health Center – New Haven. Furthermore, the MCHD has partnered with My Community Dental Centers and embedded a full service dental clinic in the Health Department's Warren location to provide low cost dental care for residents. Macomb County is also home to the Baker College School of Dental Hygiene in Clinton Township, which provides extremely low cost dental hygiene services. Residents can be informed of these providers at community events or by providing information at Macomb County Health Department locations, the Macomb County Oral Health Coalition website, and social media. The Health Department and



partners in the Macomb County Oral Health Coalition will identify what communication methods work best for different populations and proceed from there.

A further strategy to increase access to services is to promote Medicaid reimbursement advocacy, which can be done through continued partnership with the Michigan Oral Health Coalition (MOHC) and the nine local oral health coalitions located throughout the state. MOHC continues to advocate for legislative action to address this issue. If the amount that dentists can be reimbursed for services increases, the number of Macomb County dentists who choose to accept Medicaid could increase.

The second barrier to seeking dental care is lack of time. 23% of survey respondents who did not visit the dentist or take their children to the dentist in the past 12 months stated they were too busy to go, including 22% of white respondents and 24% of all minority respondents. The lack of evening and weekend appointments make it difficult for those working to go, especially the working poor. The Health Department has incorporated a strategy to improve access to services by partnering with MyCare Health Clinic, an oral health agency who accepts Medicaid, and offers low cost / sliding fees based on income. They are open six days a week, have evening appointments, and accept emergency walk-ins during those hours for new and existing patients. Patients of record at MyCare can access their dentist on call outside of normal business hours.

In addition, the MCHD has identified evidenced-based strategies to improve access to oral health services in the county. Health departments in several states, including Michigan, have implemented fluoride varnish programs in Head Start, Early Head Start and WIC programs with great success. Although Macomb County is not a provider shortage area, Macomb County children are still experiencing dental caries. In the 2011-2012 Michigan Department of Community Health Count Your Smiles survey report, 51.9% of third grade students in the county had at least one dental caries experience, which falls short of the 2020 Healthy People Objectives. As mentioned previously, less than half (48.5%) of Macomb County children enrolled in Medicaid had one or more dental visits in 2017. Subsequently, the most vulnerable children are not receiving access to routine fluoride varnish treatments.

Fear also kept residents from visiting the dentist. 17% of all respondents stated that the reason they did not go was their fear of the dentist or fear of dental pain, including 18% of white respondents and 15% of all minority respondents. Several studies among both white and minority populations demonstrate that elevated levels of fear coincide with the tendency to view dentists and oral health care services in a negative manner, resulting in decreased tendency to visit a dentist, fewer overall dental appointments, postponing seeking care, and an increase in the number of decayed and missing teeth. A strategy to alleviate fear and improve access to services would be to communicate with county residents about their specific dental fears and educate them at dental appointments and community events (i.e., have you visited a dentist in the past 12 months, if no why, if fear what type of fear, and proceed from there). Pain management credit is a requirement for re-licensure in Michigan for both dentists (3 hours) and hygienists (1 hour), subsequently most dental professionals are well-trained in pain management and techniques to alleviate patient fear surrounding procedures.

Another important component of the Access to Services survey was assessing the public's oral health literacy. The Healthy People 2020 Overview on Oral Health states that oral health is



a key component of general health, and is essential for proper mastication, smell, taste, touch, speech, smiling, swallowing, and aids the ability to show emotions and feelings through the use of facial expressions. Fortunately, the importance of oral health is known among all ages, races and ethnicities in Macomb County. 98% of all survey respondents believe that oral health or dental care can affect overall physical health, including 100% of white respondents and 95% of all minority respondents. When asked who they trust to ask for help or for information on health care or dental care, the responses varied significantly and included their dentist, insurance company, family, friends, schools, health centers, research, Internet, Medicaid, medical professionals, WIC employees, and the health department among others. It is well documented that oral health is related to overall health, and the vast majority of the respondents believe this to be true. As proponents of oral and general health, we must ensure current information on the oral-systemic link continues to be made known to the public by providing current evidence-based information at Macomb County Health Department locations, the Macomb County Oral Health Coalition website, and social media.

In addition, there are several emerging issues that may impact access to oral health care in Macomb County. First, Michigan currently has one of the lowest Medicaid reimbursement rates in the country. When Healthy Kids Dental was implemented, higher reimbursement rates (typically 60-80% higher than Medicaid) encouraged many private practice dentists to accept Healthy Kids reimbursement fees without hesitation. Increasing Medicaid reimbursement may encourage more dentists to accept patients with Medicaid in their practice, further increasing access to care. This dilemma is currently being pursued legislatively by the Michigan Oral Health Coalition Policy Committee, one of our community partners.

Second, the Michigan legislature recently passed a Dental Therapist bill, which established "a new licensure category for dental therapists that would allow them to do certain procedures in specified settings outside of a dentist's office, subject to being under the general supervision of a dentist as specified in a required written practice agreement, and many other conditions." Dental Therapists are only allowed a specific scope of practice at designated locations, including rural areas with provider shortages and Federally Qualified Health Centers. Although it will be several years until this public act comes to fruition, a mid-level dental provider should further increase access to certain oral health services for underserved populations.

And finally, the collaboration between the Macomb County Health Department and My Community Dental Centers should further increase access to care in the county. My Community Dental Centers in Warren is embedded in the Macomb County Health Department, which allows patients to schedule multiple appointments on the same day (immunizations, family planning, etc.), eliminating common barriers to access to care such as time and transportation.



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