



## 2019-21 Biennium Budget Decision Package

**Agency:** 303 - Department of Health  
**Decision Package Code-Title:** 1H - Establish WA Oral Health Strategy  
**Budget Session:** 2019-21 Regular  
**Budget Level:** Policy Level  
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### Agency Recommendation Summary

Oral health is critical to an individual's overall health. Oral disease often results in pain, lost productivity, and reduced quality of life. Yet, it is also one of the state's most overlooked health concerns. Washingtonians look to the Department of Health (DOH) to be a leader on public health issues. DOH requests funding to support the creation of a State Dental Director position to lead and coordinate efforts to promote oral health throughout Washington and improve the state's position to compete for federal oral health grants.

### Fiscal Summary

*Dollars in Thousands*

| Operating Expenditures    | FY 2020      | FY 2021      | FY 2022      | FY 2023      |
|---------------------------|--------------|--------------|--------------|--------------|
| Fund 001 - 1              | \$433        | \$433        | \$433        | \$433        |
| <b>Total Expenditures</b> | <b>\$433</b> | <b>\$433</b> | <b>\$433</b> | <b>\$433</b> |
| <b>Biennial Totals</b>    |              | <b>\$866</b> |              | <b>\$866</b> |
| Staffing                  | FY 2020      | FY 2021      | FY 2022      | FY 2023      |
| FTEs                      | 3.1          | 3.1          | 3.1          | 3.1          |
| <b>Average Annual</b>     |              | <b>3.1</b>   |              | <b>3.1</b>   |
| Object of Expenditure     | FY 2020      | FY 2021      | FY 2022      | FY 2023      |
| Obj. A                    | \$296        | \$296        | \$296        | \$296        |
| Obj. B                    | \$104        | \$104        | \$104        | \$104        |
| Obj. E                    | \$16         | \$16         | \$16         | \$16         |
| Obj. T                    | \$17         | \$17         | \$17         | \$17         |

### Package Description

Loss of teeth directly affects a person's quality of life, including physical, social, psychological health and intimacy, as well as food choices. A person with poor oral health is more likely to experience tooth decay and dental caries (cavities), gum disease, and tooth loss than a person with healthy teeth and gums. The ongoing occurrence of untreated oral disease can have negative consequences on a person's overall health. For example, chronic inflammation related to oral disease contributes to health concerns like diabetes and cardiovascular disease. A person with missing or broken teeth, or who otherwise experiences oral pain, may have difficulty obtaining adequate nutrition. Lack of adequate nutrients can lead to further negative health consequences.

In addition to negative health consequences, poor oral health can also have serious impacts on a person's ability to thrive in society. Society places great importance on personal appearance. This emphasis on personal appearance can lead to a person with missing or decaying teeth experiencing difficulty obtaining employment or fully participating in society.

These negative consequences stemming from poor oral health have significant associated financial costs to both the state and to individual people. A number of effective strategies exist to protect and promote oral health; however, a lack of state-level leadership in this important issue has resulted in a patchwork of programs intended to address oral health, an uneven distribution of dental providers throughout the state, and disparities in the oral health of different populations, especially among people with low incomes and people of color. Without a dental director, Washington is not as competitive as other states for federal grants and as a result leaves additional funding for programs on the table. Lack of access to oral health services often results in expensive hospital emergency department visits; emergency department dental care may result in temporary relief from symptoms but does not treat the condition.

The 2015-2016 Smile Survey of 14,000 school and preschool-age children across Washington found that tooth decay remains a health concern. For example, 21 percent of preschoolers experienced rampant decay (seven or more teeth affected). On any given day more than 150,000 children ages 7 through 9 years across the state are affected by this largely preventable disease. Access to dental care is a challenge in many parts of Washington. Thirty-seven of the state's thirty-nine counties are federally designated, in whole or part, as dental Health Professional Shortage Areas (HPSA).

Washington has a few state programs devoted to oral health, such as the Access to Baby and Child Dentistry (ABCD) program, which serves low-income children under six years of age. However, there is no coordinated leadership to tackle the broad challenges related to oral health. DOH requests funding for a state Dental Director to provide the necessary leadership, expertise, and guidance across state agencies and with many other partners to ensure that all Washingtonians have access to care and resources for good oral health.

Drawing on the collective strengths of many different stakeholders, including health care practitioners, colleges of dentistry, children's advocates, state government, parents, members of the media, community members, and many others, the State Dental Director will take a systems approach to oral health, such as:

- Build upon existing state oral health efforts (such as the Smile Survey and Washington State Oral Disease Burden report);
- Illustrate the impact of poor oral health for children through public awareness campaigns and targeted education;
- Introduce new models of care delivery and treatments;
- Create and support a policy agenda in support of oral health; and
- Track key oral health metrics.

The State Dental Director's responsibilities will include:

- Educating oral health and other health professionals, including health system policy makers, on new evidence and best practices;
- Sharing facts about fluoride with communities considering whether to start or continue fluoridation of their municipal water systems;
- Making relevant data easier to access and use for public health decision-making;
- Recruiting schools and preschools to participate in the Smile Survey;
- Convening stakeholders to identify and implement shared solutions;
- Applying for federal grants to implement programs to improve oral health;
- Preparing legislative requests on critical oral health needs;
- Supporting local partners, especially local oral health coordinators;
- Advocating for populations that suffer from oral health disparities;
- Supporting Accountable Communities of Health (ACH) regions focused on oral health; and
- Educating policymakers on integrating oral health strategies into broader health strategies, including the state's Healthier Washington, Healthiest Next Generation, Results Washington, and agency strategic plans.

DOH explored several options prior to developing this request, including developing a lower-level Oral Health Coordinator position and utilizing grant funding. A lower-level Oral Health Coordinator could provide some level of support for necessary statewide dental services, but would be unable to work across state agencies and Tribal communities with the support, direction, and leadership needed to make and implement evidence-based policy decisions that best promote oral health. Using existing grant funding would eliminate

all of DOH's existing oral health work. Seeking new grant funding would not be appropriate for this request, as grantors typically wish their funds to expand services, rather than build basic infrastructure. Further, grants are typically available for finite periods of time, whereas funding to support a State Dental Director must be reliable and available long-term to be effective.

The 2015-2016 Smile Survey shows that the progress Washington achieved among young children from 2005 to 2010 has largely stalled. Most notably, rates of overall tooth decay and untreated tooth decay actually increased from 2010 to 2015-2016 among preschoolers in Head Start or the Early Childhood Education and Assistance Program. (*See attachment.*) The continued absence of a State Dental Director will delay or prevent DOH's efforts to reverse such trends and to lead on statewide population level improvements in oral health. A State Dental Director will also improve the state's position when competing for future federal oral health grants.

#### Attachments:

In Washington, 37 of the state's 39 counties are federally designated, in whole or part, as dental Health Professional Shortage Areas. (*See attachment.*)

In 22 of 39 counties, less than one-third of public water system customers – and in at least 15 counties, none of these customers – receive the benefits of dentally significant fluoride levels in their water systems. (*See attachment.*)

The 2015-2016 Smile Survey shows that the progress Washington achieved among young children from 2005 to 2010 has largely stalled. Most notably, among preschoolers in Head Start or the Early Childhood Education and Assistance Program, rates of overall tooth decay and untreated tooth decay actually increased from 2010 to 2015-2016. (*See attachment.*)

## Assumptions and Calculations

### **Expansion or alteration of a current program or service:**

The current Oral Health Program consists of 1.0 FTE, which costs about \$99,000 per year for salary and related costs, paid 80% with federal Maternal and Child Health Block Grant funds and 20% with State GF, plus approximately \$15,000 per year in additional funds from an Arcora Foundation grant to work on water fluoridation trainings.

### **Detailed assumptions and calculations:**

The State Dental Director will be 1.0 FTE at a WMS 5 classification. This classification matches the State Epidemiologist for Communicable Diseases, which is the most comparable existing position at DOH. The State Dental Director will report to the State Health Officer (as do the State Epidemiologist for Communicable Diseases and the State Epidemiologist for Non-Infectious Conditions). This salary level is

appropriate for attracting an experienced dentist to leave their dental practice. There is also a 0.5 FTE for a HSC3 for project management, and 0.5 FTE AA4, 0.5 FTE Health Services Consultant 1, and 0.6 FTE Fiscal Analyst 2 for support.

**Workforce Assumptions:**

See attached FNCal for details.

## Strategic and Performance Outcomes

**Strategic framework:**

This request directly supports Results Washington, Healthy and Safe Communities 1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2020.

This request also supports DOH Strategic Plan Goal 2: Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.

In addition, a State Dental Director would help implement and maximize the benefits of two bills passed in 2018: SSB 5079, which authorizes the use of dental health aide therapists in order to increase access to care in tribes, tribal organizations, and urban Indian organizations; and SB 5540, which creates an oral health pilot program for adults with diabetes and pregnant women. The State Dental Director would be well placed to work with the HCA in the transition and management of the upcoming Dental Managed Care organizational structure for the payment of Medicaid dental services; to guide the development and implementation of teledentistry/telehealth rules in rural and underserved regions; and to promote the safe and judicious use of Silver Diamine Fluoride for tooth decay in patients with limited access to receive appropriate dental care, such as the elderly, the infirm, and very young children.

The leadership of a State Dental Director would better position the state to compete for federal oral health grants. Currently, 21 other states each receive between \$230,000 and \$310,000 per year from cooperative agreements on oral health with the Centers for Disease Control and Prevention.

Here are some examples of federal funding opportunities that DOH was *not* able to take advantage of in recent years, largely due to lack of leadership and resources:

- 2013: CDC DP13-1307: Build or Maintain State Public Health Capacity through Collective Impact. 21 States funded for \$230,000-\$310,000 per year through 2017 (5 years). DOH applied for and was denied this funding due to lack of basic program and leadership capacity.
- 2013: HRSA Perinatal and Infant Oral Health Quality Improvement Pilot Program. Three states were funded for \$200,000 per year for three years to integrate oral health and healthcare for babies and pregnant women, increase access to care, and develop a comprehensive statewide system of care to improve overall health status for highest risk maternal and child health (MCH) populations.

- 2016: HRSA 16-038: Oral Health Workforce Development: Seven awards of \$500,000 per year for two years.
- 2016: CDC DP 16-1609: Support to strengthen intra-departmental collaboration between chronic disease and oral health programs. Six programs were funded for \$250,000 per year for two years.
- 2016: State Oral Health Leadership Institute: A personal development program, partnering statewide Oral Health Program Dental Directors and Medicaid Dental Directors to advance shared goals and further the reach of oral health policy. Five state-pairs were selected to receive leadership and oral health policy and delivery knowledge training, funded by the DentaQuest Foundation.

Greater attention to oral health will lead to significant long term, through indirect, returns. For example, community water fluoridation is estimated to yield \$64 in cost savings from fewer cavities treated for every \$1 invested in fluoridation.

Extensive evidence shows that best-practice preventive efforts, such as community water fluoridation and dental sealants, reduce both the prevalence and severity of tooth decay. Children receiving dental sealants in school programs have 60% fewer cavities on treated surfaces after sealant placement, which results in children being ready to learn and having fewer absences. As a result of preventive efforts such as water fluoridation and improved oral health care, baby boomers will be the first generation who largely maintains their natural teeth over their lifetimes.

**Performance outcomes:**

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## Other Collateral Connections

### **Intergovernmental:**

In Washington, the decision to fluoridate drinking water systems is made at the local level. When faced with debate over this effective public health intervention, city councils and county health jurisdiction leaders look to DOH to provide scientific facts and answers to their questions and concerns. The State Dental Director will, among other tasks, provide credible, clear, high-profile guidance to communities across Washington on the facts about fluorides and water fluoridation.

The Director will also provide the Health Care Authority, Department of Corrections, Department of Children, Youth, and Families, the Office of the Superintendent of Public Instruction, the Area Agencies for the Aging, and Tribal communities with the support, direction, and leadership needed to make and implement evidence-based policy decisions that best promote oral health.

### **Stakeholder response:**

DOH partners, including the Arcora Foundation (formerly the Washington Dental Service Foundation) and the statewide Oral Health Coalition, have expressed strong support for a State Dental Director to restore Washington's Statewide Oral Health Program.

In 2014, the Washington State Board of Health developed its Strategies to Improve Oral Health. Shortly after, the Board convened two stakeholder workshops to discuss next steps. At both meetings, stakeholders agreed that a State Dental Director would be the best way to move the Board's strategies forward.

**Legal or administrative mandates:**

None.

**Changes from current law:**

None.

**State workforce impacts:**

None.

**State facilities impacts:**

None.

**Puget Sound recovery:**

None.

## Agency Questions

**Did you include cost models and backup assumptions?**

Yes.

## Reference Documents

- 1H Establish WA Oral Health Strategy FNCal 9-6-18.xlsm
- Federal Designated Health Professional Shortage Areas for Dental Care.pdf
- Map of Naturally Occurring Fluoride by County.jpg
- Public Water System Populations Receiving Dentally Significant Fluoride Levels.jpg
- Smile Survey Chart of Tooth Decay Rates.pdf

## IT Addendum

**Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?**

No