Determined Barriers to Oral Health Care in Bennington County

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PROJECT MENTORS:
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Problem Identification and Description of Need

- Bennington County has some of the worst oral health outcomes in the state of VT.
- A 2012 audit by the Vermont Office of Rural Development identified improved oral health as a valuable and attainable public health goal for the town of Bennington and precipitated the formation of the Bennington Oral Health Coalition.
- In March 2015, an initiative to fluoridate the town water was defeated by public ballot for the 7th time in town history. The debate surrounding the motion was contentious and divisive.
- Oral health continues to suffer among all age groups and the Bennington Oral Health Coalition continues to try to identify ways to bring more accessible and affordable oral health care to the area.
Public Health Cost

A 2013 report from the Vermont Department of Health outlined the burden of oral disease in Vermont:

- **Oral health problems are common:**
  
  In 2012, 27% of US adults had untreated dental caries. Tooth decay is the most common chronic childhood illness, four times more common than childhood asthma.

- **Oral health affects whole body health:**
  
  Poor oral health increases the risk for cardiovascular disease, puts pregnant women at risk for premature delivery, and complicates blood sugar control in people with diabetes.

- **Patients carry a high out of pocket burden:**
  
  Nationally 45% of dental costs are paid for out of pocket vs just 10% of clinical medical costs.

- **Oral health problems follow socioeconomic lines:**
  
  In 2010, 74% of adult Vermonter with less than an high school education had a tooth extracted, compared with 31% of college graduates. That does not take into account the number of people with extractable teeth that never get proper treatment.
Community Perspective

“Two of Bennington's elementary schools and the Shaftsbury Elementary School had the three worst outcomes in the state in terms of dental disease in a report published by the Vermont Department of Health in the Fall of 2014. We need to change this. It is unconscionable to consign another generation of children to a life of poor dental outcomes which will affect their comfort, their ability to eat, their employability and their self-esteem.”

-[Name Withheld], Greater Bennington Interfaith Community Services, Inc

“The BOHC initially worked in the area of relieving immediate pain; in the form of free dental day and access to dental vouchers for extractions. Currently we are working in the schools to activate the dormant dental chairs to create more access to dental care for students. We are also providing education via an ongoing essay contest for elementary students. We have distributed over a thousand toothbrushes and supplies to children and adults. We hope in surveying the "at risk" population as well as other members of the community, we will get a more accurate picture of what will create the biggest impact to improve oral health in Bennington.”

-[Name Withheld], Bennington Oral Health Coalition
Intervention and Methodology

1. Survey Design
   - A survey was designed based on information deemed important by members of the Bennington Oral Health Coalition and questions mirroring the dental sections of the 2013-2014 CDC National Health and Nutrition Examination Survey.
   - Questions sought information regarding general health status, current oral health problems, oral health maintenance habits, and access to oral health services.

2. Distribution
   - The survey was administered to attendees of two food distribution sessions at the local food pantry the Kitchen Cupboard.
   - Response solicitation was paired with distribution of oral health maintenance supplies and information on local dental practices accepting Medicaid patients.

3. Database
   - Results were organized in an Excel database for review and analysis.
   - The database will serve as a collection and analysis tool for responses gathered in the future.
Results

From the first round of survey results at the Kitchen Cupboard, a community food pantry in Bennington, VT (n=38):

Do you currently have a problem with your teeth, mouth, or gums? (n=37)

- Yes
- No

Have you seen a dentist for your current oral health issue? (n=20)

- Yes
- No
Results (cont.)

Oral Health Maintenance Habits

- Brushing
- Floss
- Mouthwash

Children's Oral Health

- Have your children visited the dentist in the past year?
- Do your children have a dental home?
- Do your children use fluoride?
Most commonly cited reasons for not going to the dentist:

- No teeth
- Don't like visiting the dentist
- Lack of insurance
- Co-pay cost
- Scheduling/Transportation
- Don't know where to go
- Nothing
Evaluation

Effectiveness:
- Gained 38 responses from ~80 attendees of the Kitchen Cupboard over the course of 2 sessions. The survey was well received and many participants expressed concerns about the state of oral health care in Bennington, though several were cynical about the reality of things ever changing.
- Survey represented first direct information from residents about oral health care status, maintenance practices, and barriers to oral health care in Bennington County.
- Collection served as effective community outreach for the Bennington Oral Health Coalition, post-water fluoridation defeat.

Limitations:
- Small subset of population and only voluntary responses. The Kitchen Cupboard represents some of the most economically disadvantaged members of Bennington County.
- Incomplete survey responses (due to time and literacy constraints).
- Survey results do not directly point to oral health solutions.
Recommendations

- Edit survey content and structure to ensure completeness and quality of responses.
- Expand scope of survey beyond Kitchen Cupboard. Future sites to consider for may include other food distribution centers, community events, health care practices, and shopping centers.
- Use data to inform future oral health interventions. Response data can elucidate the real and perceived current oral health concerns of Bennington County as well as the real and perceived barriers to access. A big question is about the barrier in health care system education (e.g. do people realize they have dental coverage through Medicaid?).
- Use data in future grant applications and policy lobbying. The Bennington Oral Health Coalition is working to become an official committee of the town Select Board, which will allow a better platform to pursue public health policy related to oral health.
References

- Burden of Oral Disease in VT 2013. VT Dept of Health

- CDC NHANES Questionnaire 2013

- CDC Oral and Dental Health FastStats
  http://www.cdc.gov/nchs/fastats/dental.htm