

Utah's Oral Health Program

Office of Primary Care
and Rural Health



**Department of Health
& Human Services**

Oral Health Program team



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State Dental Director



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TBD
Program Coordinator

Mission

The Utah Oral Health Program and State Dental Director work within the Office of Primary Care and Rural Health to advance the general health and well-being of all Utahns by promoting oral health and preventing oral disease.



Department of Health & Human Services

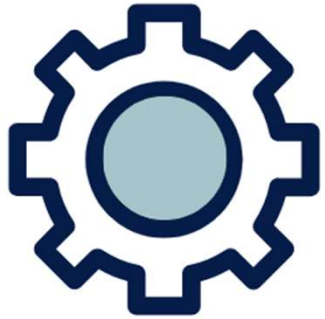
Community Health & Well-being Section

Division of Population Health

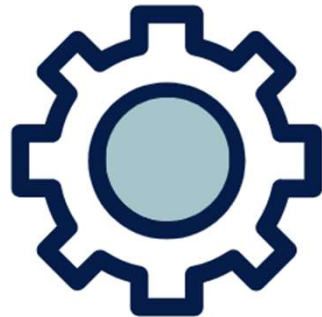
Office of Primary Care & Rural Health

Oral Health Program

Why oral health matters



Oral health = overall health



Impacts learning, nutrition,
employment, self-esteem

**Oral health is essential to
general health and well-
being.**

U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

The challenge: personal burden in the U.S.

Education

**34 million
school hours
lost on
average each
year**

due to unplanned or
emergency dental
care.

CDC, 2024

Quality of Life

**23% of low
income adults
avoid social
activities**

due to the condition
of their mouth and
teeth.

ADA Health Policy Institute

Overall Health

**Gum disease is
linked with
heart disease
and diabetes.**

Oral health is critical
to overall health.

NIH, 2019

Prevention: proven and cost-effective

▶ Access to care

Medicaid enrollees with no preventive dental visits are **8x more likely to have an ER visit for a dental condition.**

CareQuest Institute for Oral Health, 2022

▶ Medical-dental integration

U.S. healthcare costs could decrease by up to **\$100 million/year** with screenings for diabetes, high blood pressure, and high cholesterol in dental settings.

CDC, 2024

▶ Dental sealants

School sealant programs could **save up to \$300M in dental treatment costs** by providing sealants to 7 million low-income children.

CDC, 2024

State Oral Health Programs (SOHPs)



Surveillance & planning



Prevention programs



Policy & regulation



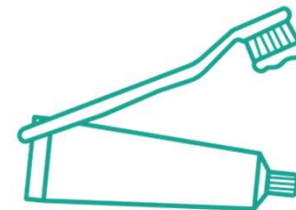
Convening cross-sector partnerships



Workforce development



Public health education

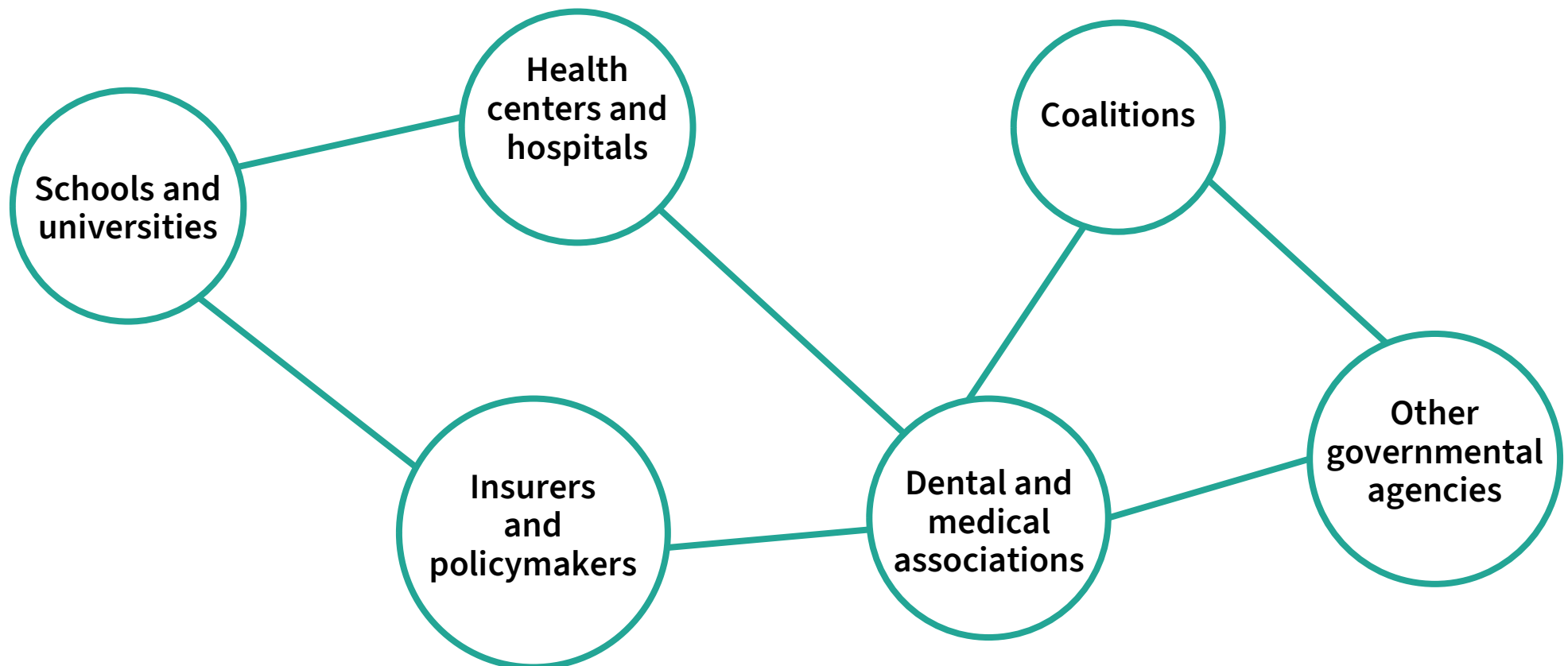


Community based dental public health programs



Partnerships
amplify results

SOHPs convene broad networks



DHHS Oral Health Program funding

- **Health Resources and Services Administration (HRSA) federal funding**
 - Title V Maternal and Child Health (MCH) Services Block Grant
 - Grants to States to Support Oral Health Workforce Activities
- **State funding**
 - The office of the State Dental Director is partially funded by a variety of programs at the Utah Department of Health and Human Services (DHHS)

Program Activities

- **HRSA Grants to Support Oral Health Workforce Activities**
 - Oral Health Moving Across Utah (OHMAU)
 - September 1, 2026–August 31, 2031
 - Utah Oral Health Innovation Project
 - September 1, 2022–August 31, 2026
- **Title V Maternal and Child Health (MCH) Services Block Grant**
 - Oral health education, professional development, and dental resources
 - Home Visiting Program
 - Women, Infants, and Children (WIC) Program
 - Head Start
 - Adolescent Oral Health Campaign

Program Activities

- **Smile Healthy Basic Screening Survey**
 - Visual oral health screening and collection of demographic data
 - Population 3rd graders in randomly selected schools
- **State Oral Health Improvement Plan (SOHIP)**
 - 5-year improvement plan
 - Priorities include:
 - Oral health education and resources for the public and professionals
 - Making dental care accessible to all Utahns
 - Promote medical-dental integration opportunities
- **Represent the voice of oral health through presentations, councils, and committees on local, state, and national levels**

HRSA Grants to States to Support Oral Health Workforce Activities

Oral Health Moving Across Utah (OHMAU)

HRSA Grants to States
to Support Oral Health
Workforce Activities

September 1, 2026 –
August 31, 2031

- **Basic information**
 - Acquisition and build-out of a state-of-the-art mobile dental unit designed to bridge critical gaps in oral healthcare for underserved youth in rural Utah
 - Dental HPSAs
 - \$400,000/year - 5 years
 - 40% non-federal match requirement

Oral Health Moving Across Utah (OHMAU)

HRSA Grants to States
to Support Oral Health
Workforce Activities

September 1, 2026 –
August 31, 2031

- **Project initiatives**

- Increase access to oral health care to children in rural Utah
- Increase oral health knowledge and skills of medical and professionals
- Implement a mobile dental unit to provide preventive and restorative specialty care to children
- Increase availability and utilization of oral health disparities data
- Develop a mobile dental clinic model that can be used by organizations throughout Utah

Oral Health Moving Across Utah (OHMAU)

HRSA Grants to States
to Support Oral Health
Workforce Activities

September 1, 2026 –
August 31, 2031

- **Project coordinator**
 - TBD
- **Project partners**
 - TBD through RFP process
- **Project committee**
 - Stakeholders internal and external to DHHS with SME
 - Advise on development of RFP for mobile dental unit
 - Advise on protocols for site coordination, delivery of care, and data collection
 - Internal DHHS permissions being obtained at this time

Utah Oral Health Innovation Project (UOHIP)

HRSA Grants to States
to Support Oral Health
Workforce Activities
Emergency Department
Diversion Project

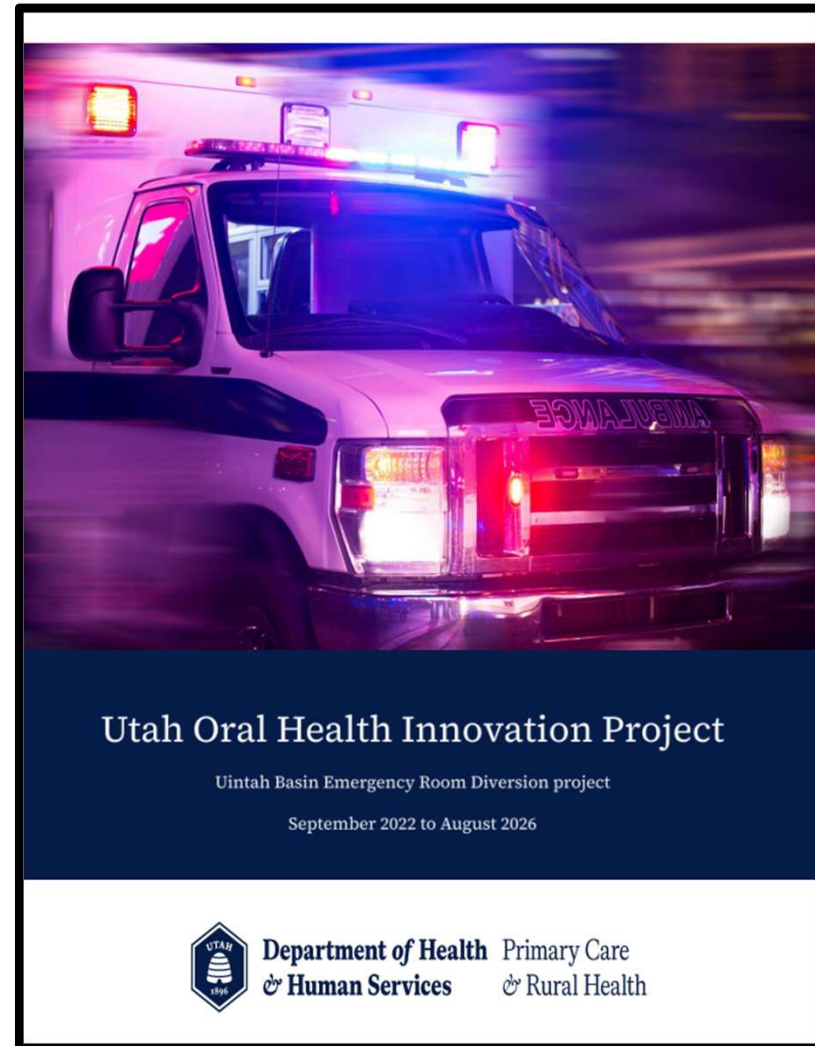
September 1, 2022 –
August 31, 2026

- **Project partners**
 - Mountainlands Community Health Center
 - Uintah Basin Medical Center
 - University of Utah School of Dentistry
 - Fort Duchesne Indian Health Service
- **Project objectives**
 - Develop a training program about oral health issues for emergency department personnel
 - Increase capacity for emergency and preventive dental services for uninsured and underinsured individuals
 - Develop a referral program to connect individuals seen in emergency departments with dental services
 - Provide community education and resources in Utah's Dental HPSAs
 - Expansion of the Office of the State Dental Director

Utah Oral Health Innovation Project (UOHIP)

HRSA Grants to States
to Support Oral Health
Workforce Activities
Emergency Department
Diversion Project

September 1, 2022 –
August 31, 2026



[Utah Oral Health Innovation Project Project Report](#)

HRSA Title V Maternal and Child Health (MCH) Services Block Grant

Home Visiting Program

Nurse-Family Partnership (0–3)

Parents as Teachers (0–5)



- Federally funded
- Staff training on
 - 12 oral health messages
 - Motivational interviewing
- Connect staff to local dental resources
- Caring for your child's teeth slide deck for parents



WIC - Women Infant Children

- Provide oral health educational materials and trainings for WIC staff and for WIC families
- Connect the local WIC clinics to dental resources in their area



Early Head Start & Head Start

- Oral Health Resource Center
- Dental home initiative (0-5)
- F12 varnish
- Educate pregnant women and families with young children
- Sit on health advisory boards



School-based oral health education

Elementary school: Oral Health for Kids

- Slide deck and lesson plan
- Sent to every school principal for Children's Dental Health Month in February

Middle school: Adolescent Oral Health Campaign

- Slide deck and lesson plan
- Pre-test and post-test program assessment
- Reach approximately 3,5000 students annually (est. 2016)

School nurse webinar training

- Impact of oral health on academic success
- Oral disease burden in Utah
- Oral health risk assessment tools
- Dental injury decision tree
- Educational materials and dental resource guide of safety-net dental clinics





Connecting clinics to classrooms:

Help us shape a lifetime of
healthy smiles.

We are looking for volunteer dental
professionals to lead fun, 30-minute oral
health lessons at local elementary
schools.

Ready to inspire? We've
made it easy. Use our "plug-
and-play" kit to grab
everything you need for a
great presentation.

**Scan the QR code or
[click here for more
information](#)**



Interprofessional Collaboration



- AAP oral health risk assessment and fluoride varnish training to first class of PA students at UVU.
- PA Students from the University of Utah provided assessments and varnish at the Ute Tribe Head Start in Roosevelt.
- BYU nursing program provided oral health risk assessments and fluoride varnish at Helen M. Knight Elementary School in Moab.



Oral Health Program website

- Children and their oral health
- Find a dentist
- Fluoride in Utah
- Oral homecare
- Patients with special healthcare needs
- Pregnancy and oral health
- Prescriptions and over-the-counter medications
- Professional oral health organizations
- Tobacco, alcohol, and drug use
- Whole body health



oralhealth.utah.gov

Oral Health Program health education



Smile Healthy Oral Health Basic Screening Survey (Utah)

- 50 Utah public schools randomly selected
 - 44 consented
 - 6 declined
- 3rd grade students
- Dates: August 2024 - January 2025
- Parental consent and questionnaire
- Visual screening
 - Active dental decay
 - Treated dental decay
 - Sealants
 - Urgency of treatment

Does not replace an examination by a dentist

What is the purpose?

- To gather oral health data on Utah's children to improve oral health
- Obtained rates from the sample will be:
 - 3rd grade
 - Urban vs. rural
 - Representative of Utah as a whole

What lies behind every child's smile?

A smile is more than an expression; it reflects the oral systemic connection. A child's dental health impacts their overall health, nutrition, well-being, self-esteem, and academic performance.

“Children with lower oral health conditions were more likely to have dental pain, difficulty attending school, and a decline in academic performance.”

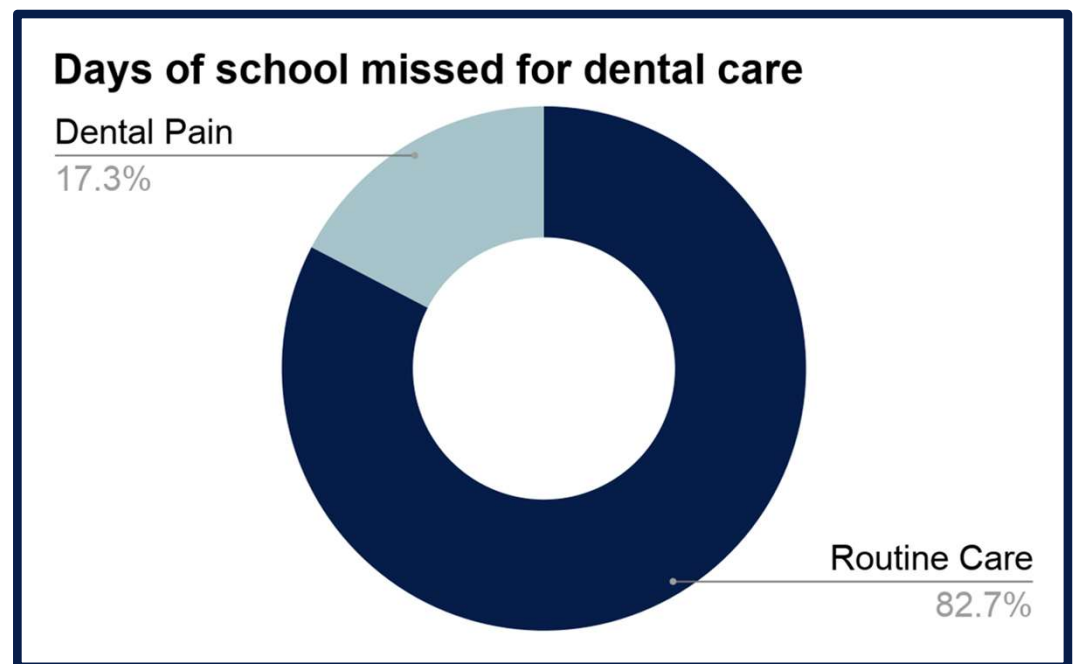
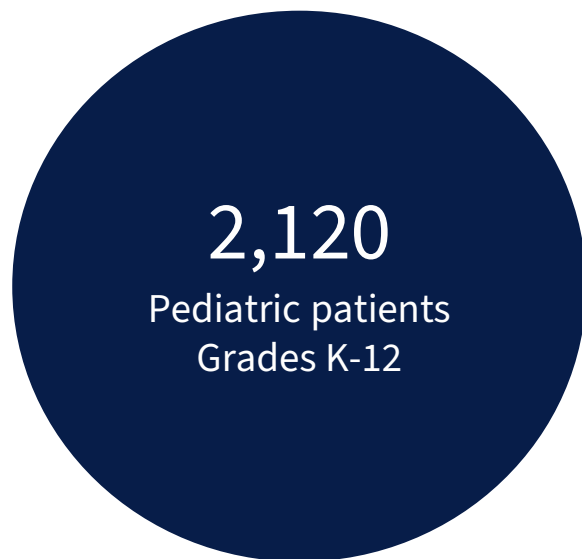
(Journal of Pediatric Research, 2023)

Children with dental decay are more than 3 times more likely to miss school.

(Am J Public Health, 2011)

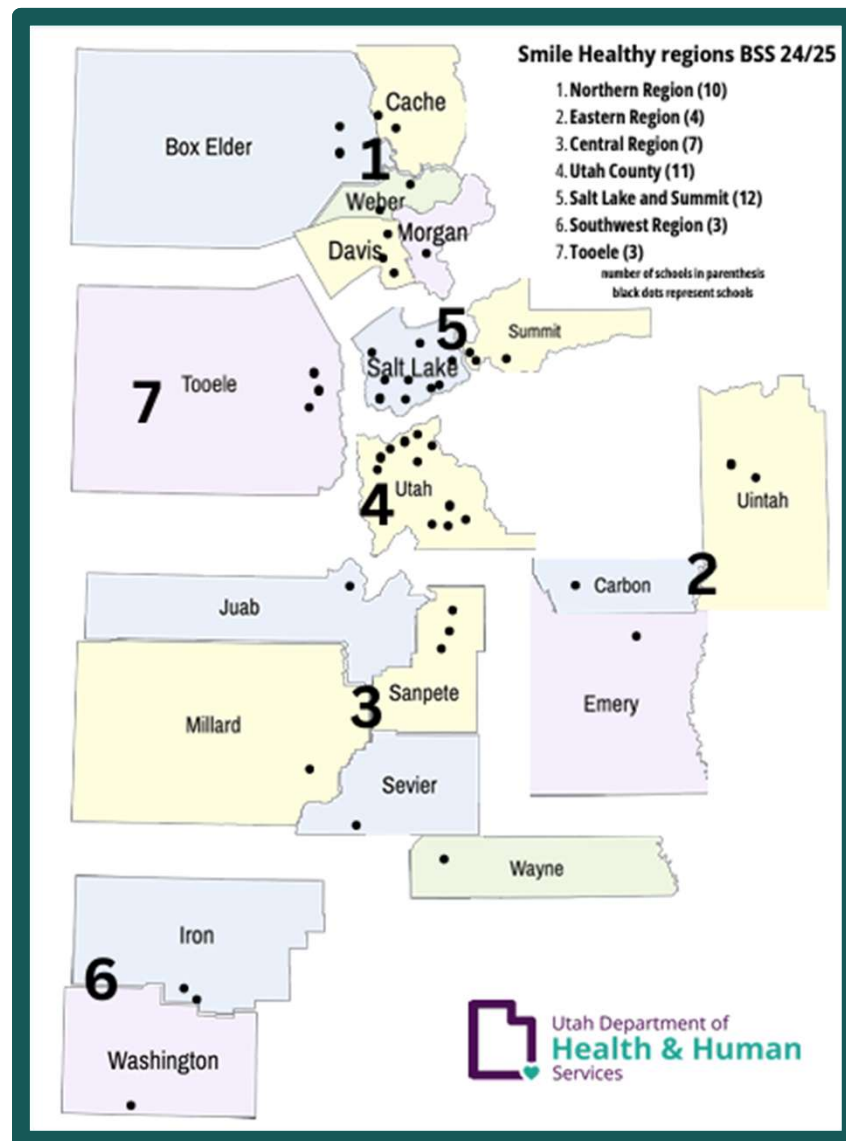


Are oral health conditions associated with schoolchildren's performance and school attendance?



2008 North Carolina Child Health Assessment and Monitoring Program
[Impact of Poor Oral Health on Children's School Attendance and Performance](#)
[Jackson, Vann William F. et al.](#)
[American Journal of Public Health, Volume 101, 1900 - 1906](#)

Smile Healthy Oral Health Basic Screening Survey



Parent consent rates

Children **must have consent** from their parent/ guardian **and** the child **must provide assent** to receive the screening.

- 658 parents responded to the questionnaire, of which 94% (619) gave permission for their child to be screened.
- The total number of 3rd graders who were screened was 561, for a cooperation rate of 91% among children whose parents consented.
- Total consent rate: 14% (561/3,893)

Primary indicators

Collected during screening

- Untreated decay
- Treated decay
- Dental sealants on permanent molars only
- Treatment urgency

Calculated after the screening

- Dental decay experience
 - Calculated from untreated and treated decay variables

Dental screening results on treatment urgency

Finding on dental screening	Recommendation for next dental visit	Criteria
No obvious problems	Next regular check-up	Any patient without problems listed below
Early dental care needed	Within several weeks	Cavities without accompanying signs or symptoms or individuals with other oral health problems requiring care before their next routine dental visit
Urgent need for dental care	As soon as possible	Signs or symptoms that include pain, infection, or swelling

Results

Key findings

- 2 out of 3 (68%) of the 3rd graders screened currently have or have had a cavity.
- 3% of children screened had an urgent dental need due to pain or infection.
- 1 in 3 (36%) of Utah's 3rd graders screened have a dental sealant.
- The most common reasons for not receiving needed care were not being able to afford the cost (68%) and not having insurance (63%).

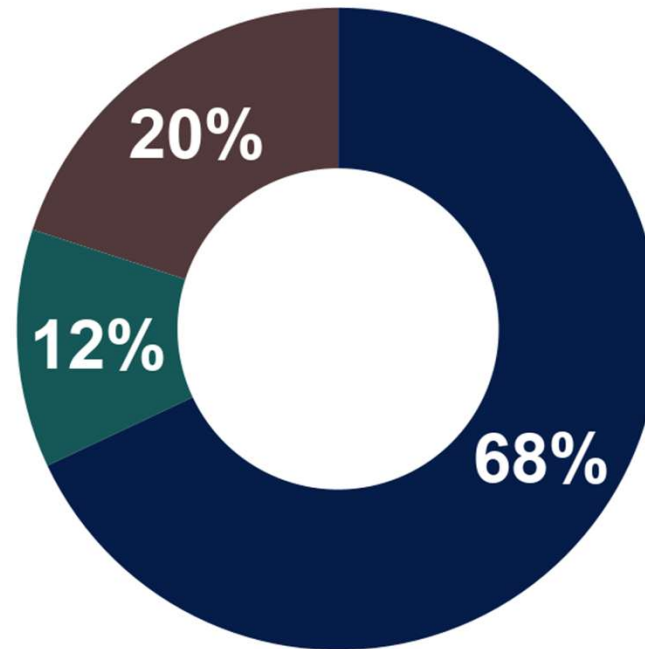
Who we screened: demographic and socioeconomic data

- 70% identified as white, while 30% identified as some other race.
- 35% of children screened received free or reduced-price lunch.
- Parents of students who participated in this study were more educated on average than adults in the state of Utah, with 66% having a college degree compared to the state average of 33%.

Who we screened: demographic and socioeconomic data

Dental insurance coverage

- Private insurance
- Medicaid/CHIP
- None



Dental screening results: dental decay experience

The biggest risk factor for dental decay in children was **low-income status**.

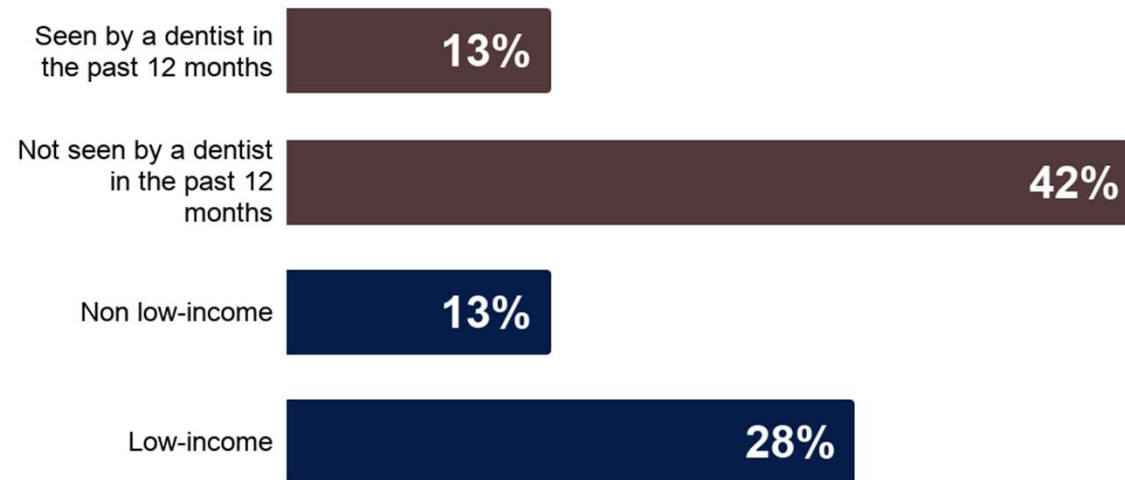
Percentage of students who had dental decay experience by income status



Dental screening results: untreated decay

The **biggest risk factors for untreated dental decay** were lack of dental care access, low income, and lack of insurance.

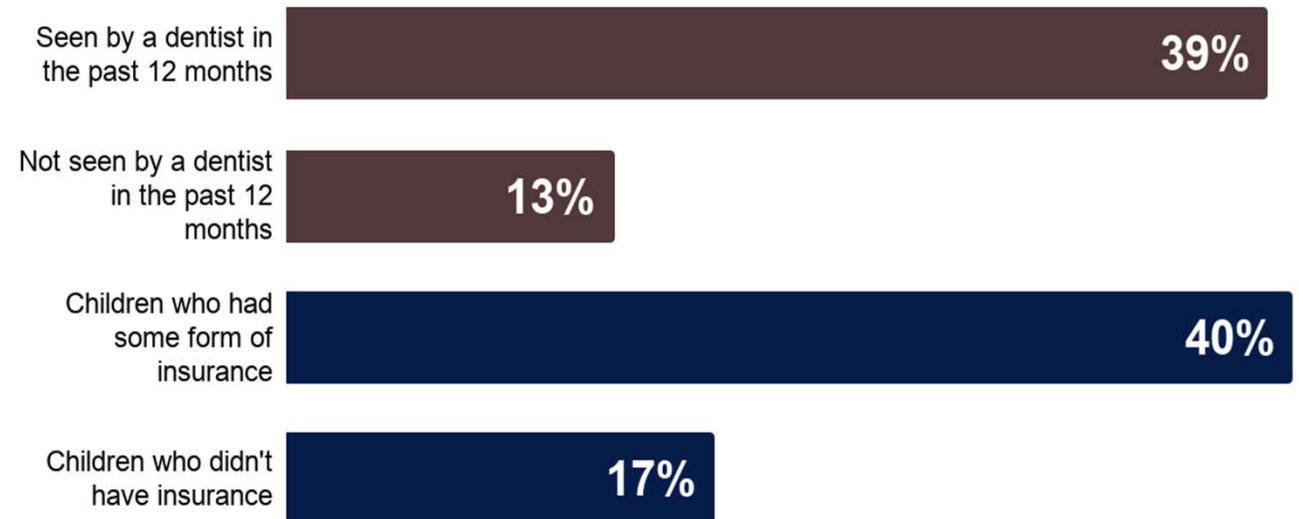
Percentage of students who had untreated decay by last dental visit and by income status



Dental screening results: dental sealants

The **factors that most improved children's likelihood of having sealants** were dental care access, insurance coverage, and non low-income.

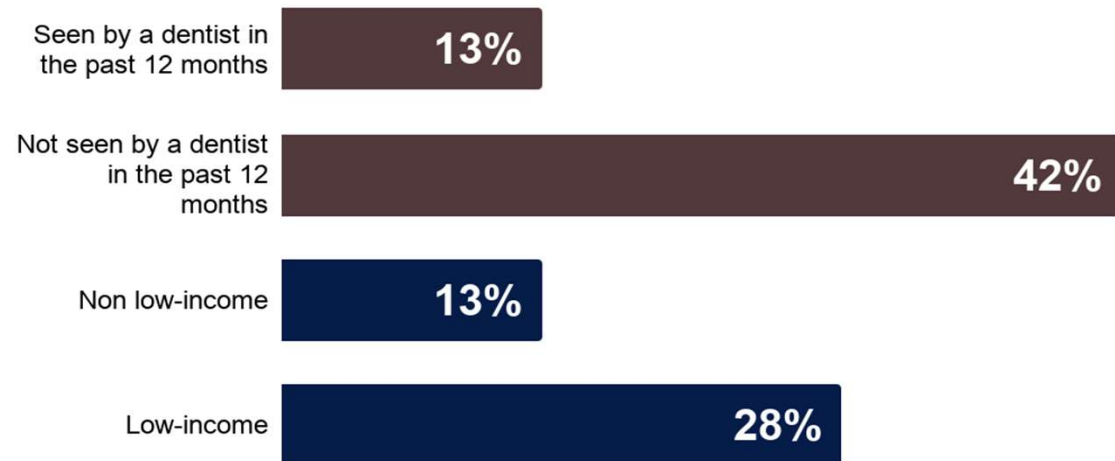
Percentage of students who had dental sealants by last dental visit and by insurance status



Dental screening results: treatment urgency

18% of children screened needed timely dental treatment which includes early needs (16%) and urgent treatment needs (3%).

Percentage of students who needed timely dental care by last dental visit and by income status



Primary reason for not obtaining dental care

1 in 10 parents indicated that their child needed care but could not access the care they needed.

Top reasons for not obtaining care were **cost (68%)** and **lack of insurance (63%)**.

Children from low-income families were **4 times more likely to not receive the care they needed**.

Recommendations



Increase enrollment and access to all dental insurance options and increase reimbursement for dental health services.



Provide education and awareness on the importance of oral health for overall health and wellbeing. Including education on routine oral hygiene, nutritious diet, and timely professional dental care.



Expand school-based cavity prevention activities such as fluoride varnish programs and sealant programs in elementary schools.



Provide oral health education and dental resources to parents and families whose children participate in the free or reduced-price lunch program.



Increase awareness of existing community resources and establish relationships with local medical and dental professionals.



Oral Health Status of Utah's Children

2024-2025



Department of Health Primary Care
& Human Services & Rural Health

Final report

The mission

To advance the general health and well-being of all Utahns by promoting oral health and preventing oral disease.





Together, we can make it happen.

Thank you

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**Department of Health
& Human Services**