

HB2977 Provides Resources for Oral Health Leadership within OHA



To the House Health Committee:

The Healthy Teeth, Bright Futures Coalition is an unusual group of community based organizations, professional groups, dental payors, dental providers, educators and policy advocates – many of whom may not naturally encounter each other in their daily work, yet share a passion to improve children’s oral health.

The Dental Director position was created by statute in 2015, because it was obvious at the time, and remains so, that having a senior oral health leader within Oregon Health Authority is critical to fulfilling the promise of the Coordinated Care experiment.

When the Legislature enacted CCO reforms 10 years ago, for the first time it affirmatively laid out three legs of an interconnected health triad: Physical/medical health, behavioral health, and oral health. Before 2011, this state tended to fund Medicaid dental when there was money, and gutted it when money got tight.

Yet oral health is interwoven with a person’s overall health and well-being. Oral health problems can spread to the rest of the body as infections, cancers or, more insidiously, poor diet when chewing becomes painful. Among children, it also affects educational attainment. A child cannot pay attention in class if she has severe tooth and mouth pain.

Of the children seen by school-based oral health screening programs, one of every dozen has problems so serious they must receive care as quickly as possible from a dentist. About 1 in 5 have less urgent dental needs but also require dental attention.

Why do we need an appropriations bill for a statutorily required position?

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According to the 2017 Oregon Smile Survey, children of color are at higher risks for cavities.

Kids with cavities:

72%

**Native Hawaiian/
Pacific Islander**

64%

Hispanic or Latino

59%

Asian

50%

Black/African American

43%

White

Internal Leadership Matters

Without an oral health leader in OHA's top ranks, oral health too easily is cast aside. OHA proposed to eliminate the job a year ago when it appeared that the pandemic would cause a severe budget shortfall. It has since found funding and has posted the position.

We saw the consequences of the absence of a senior clinical oral health leader as Public Health severely limited access to dental care early in the pandemic. While we understand that was a tough choice, it shows how important it is to have expertise and senior leadership on oral health within OHA, charged with crossing the chasms of functional silos, driving oral health strategy and providing expert counsel that helps shape big decisions.

While there are a number of very good people who work on oral health at OHA, without a cross-functional leader, oral health simply does not get the organizational and resource attention it deserves. We have had good conversations with the Health Authority about its intention to hire a new dental director, and we agree, at least conceptually, that the dental director should be a strategic, clinical leader who works across the various silos within OHA. This is not just about one person, although hiring the right kind of leader is critical. This position should be resourced sufficiently to also have their own small staff to help coordinate across oral health functions.

Thus the need for HB2977. The unfortunate history of oral health in Oregon and within a large agency where Public Health, Medicaid and other initiatives often operate in thick-walled silos demonstrate the necessity of the Legislature to very specifically reinforce oral health.

By passing this bill, the Legislature will send an unequivocal message to the executive branch that this body meant it when you, in collaboration with then-Gov. Kitzhaber and a host of health advocates, created a health triad of medical, behavioral, and oral health.

Respectfully submitted,
Tom Holt



In 2018, there were 7.7 emergency department (ED) visits for avoidable dental problems per 1,000 Medicaid-enrolled children and young adults (age 19-34).

Properly resourced clinical oral health leadership is needed across OHA's functions.