

# Oral Health in Alaska



## Alaska Dental Society

A look at oral health in Alaska and a blueprint for improvement

Alaska Dental Society

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**Table of Contents**

**Overview ..... 2**

**Medicaid System ..... 3**

**Water Fluoridation ..... 4**

**Opioids ..... 4**

**Volunteerism ..... 5**

**Dental Officer ..... 5**

**SHARP Program ..... 5**

**Sugar Added Beverage Tax ..... 6**

**Resources & References ..... 7**

## Overview

The Alaska Dental Society is proud to represent the dentists of Alaska. Together with dental hygienists, dental therapists and other dental team members the dentists of Alaska, whether in private practice, tribal entities or federal clinics work hard daily to improve the oral health of Alaskans.

Oral health in Alaska, as reported by Alaskan residents, ranks noticeably higher than the overall US population.<sup>1</sup> Given the large geographic barriers that exist in Alaska this is an accomplishment to feel proud of. The Legislature's recognition of the importance of oral health and willingness to fund programs to improve it has played a key role in this success. Low income Alaskans report better oral health than the US as a whole and have an easier time finding dental care. Utilization of dental sealants in Medicaid (the paint that fills the grooves on molars and one of the few specific dental procedures with data) is 57% higher than the national average and the number of dentists in Alaska (as a percentage of population) is higher than the national rate.<sup>2</sup>

Unfortunately, there are clouds on the horizon and a detailed plan for continuing the improvement of oral health in Alaska follows.

## Medicaid system

In 2015 Governor Walker signed into law expansion of the Alaskan Medicaid system. While controversial, the increased availability of Medicaid coverage for adults improved both oral and total health of Alaskans. The Alaska Dental Society (ADS) has hosted a charity event for the past three years – the Alaska Mission of Mercy – that provides free dental care to Alaskan’s without resources. The first two years – prior to expansion – the lines were long and the event filled. Last year the lines were much shorter. This allows the ADS to focus on other segments of the population that remain underserved.

The Denali Care program, the expanded part of the Medicaid system that provides care for children, has been in place for many years and has greatly improved the oral health of children in Alaska. Whether measured by satisfaction, increased utilization or reduced cavity rates the program has been a success and provides a solid foundation of oral health for low income young Alaskans.

The ADS recognizes the difficult budgetary times facing Alaska. We feel, however, maintaining the current funding levels for Medicaid is crucial to maintaining oral and total health. The direct costs of funding dental care in Medicaid, while costly, are less than the indirect costs of low or non-work productivity due to dental pain and the inability to find work due to a poor dental appearance or low self-esteem.

In 2013 Alaskan Dentists participated in Medicaid at roughly the same rate as their counterparts in the rest of the US, 43% vs. 42%. Unfortunately, these numbers have recently dropped. The passage of the Affordable Care Act, better known as Obamacare, has provided medical care for many Americans who were unable to find coverage before but it has also had unintended consequences. One of those consequences was section 1557 of the act which prohibited nondiscrimination. On the face this would seem reasonable but CMS (Center for Medicare & Medicaid Services and tasked with interpretation of the ACA) required, amongst other provisions, that translation services would have to be provided for non-English speaking recipients at the providers expense. Given the low reimbursement of Medicaid rates this would mean for the average dental visit the translational expense would be greater than the reimbursement. Since the 1557 provision only applies to providers who accept federal funding (Medicaid for dental since there is no Medicare coverage) many dentists have elected to drop participation in the Medicaid system and avoid triggering the translational services provision.

Lastly, the ADS has set a goal of better relations with governmental entities in 2017. To that end we ask the Health & Social Services Department to form a joint task force with members of the ADS and tribal

### What can the Legislature do?

1. Maintain funding levels for the Medicaid system.
2. Provide funding for translational services under the Medicaid program or
3. Apply for a federal waiver from the 1557 translational services requirement

entities to review proposed changes to the Medicaid dental system **before** implementation to discuss options and possible alternatives.

## Water Fluoridation

Community water fluoridation is the single most effective way to improve oral health. Fluoride in the water system improves the resistance of teeth to cavities in the same way vitamin D added to milk prevents rickets. Community water fluoridation is supported by the American Dental Association, the American Medical Association, the Centers for Disease Control & Prevention (CDC) and the US Public Health Service and was listed as one of the 10 greatest public health achievements by Surgeon General Vivek H. Murthy.<sup>3</sup>

Water fluoridation is a cost effective method of improving oral health, costing \$32.16 per capita in 2013 or less than 1/5 of the least expensive filling.<sup>4</sup> Fluoride is adjusted to optimum levels by adding to or subtracting from natural fluoride levels and delivered by the water system where it is incorporated into developing teeth thereby strengthening the teeth of children. Water fluoridation, as the US population ages and increasingly retains their teeth, has also proved to be especially useful in preventing cavities on the roots of teeth as they are exposed with age.

### What can the Legislature do?

Require all communities of over 5000 residents to maintain optimum levels of water fluoridation in their water systems. 13 states have already mandated community water fluoridation.

Water fluoridation is the cornerstone of all efforts at dental offices to strengthen teeth. Fluoride gels, often promoted as an alternative to water fluoridation, are designed to work in unison with water fluoridation. Fluoride gels and water fluoridation share much in common with construction and maintenance of a house. Framing (water fluoridation) provides support to the house (tooth) while paint (fluoride gel) provides protection to the exterior of the house (outer shell of the tooth). And like paint, fluoride gel only works on a clean surface making the time immediately after a dental cleaning the most effective time to apply it.

## Opioids

Alaska, like all other states, is facing an epidemic of opioid abuse. Recognized by the legislature last year with the passage of SB74, opioid abuse amongst Alaskans remains higher the US as a whole.<sup>5</sup> In 2015 there were 65 deaths related to prescription opioid overdose. The Legislature mandated professional boards develop prescribing guidelines for usage of opioid painkillers. The Alaska Dental Society has developed, and provided for our members, a guideline for prescribing opioids as well as alternatives to opioid prescriptions. Designed to be utilized in conjunction with the guidelines developed by the professional boards, the ADS guideline (enclosed with the copy of the ADS Oral Health Plan) recognizes

### What can the Legislature do?

Allow professionals to delegate lookup in the AKPDMP to non-licensed personnel reducing barriers to lookups in all nonemergency situations

the difference between dental procedures and other types of medical procedures. It also emphasizes the acute nature of dental pain and options for non-opioid pain control. The ADS has made this guide available to other professional societies for their usage as well. The ADS continues to work with ER's around the state to reduce the number of opioid prescriptions written in hospital ER's for dental pain and direct individuals towards treatment options instead of masking dental problems with opioids.

## Volunteerism

The Alaska Dental Society continues to help those without resources receive quality dental care. The ADS currently has two projects underway, Anchorage Project Access Medical & Dental Partnership and Dental Lifeline. Anchorage Project Access Medical & Dental Partnership, or ER Diversion, works with lower income Anchorage residents to prevent ER visits. The program

### What can the Legislature do?

Pending the outcome of congressional action on the Affordable Care Act, continue funding Adult Dental Medicaid



Figure 1 Dr. Jon McNeil with a recipient

diverts residents from the ERs or intercepts them before they present to an ER, provides acute dental care then provides an avenue for more comprehensive care where recipients perform community service for the dental work. Dental Lifeline, using ADS dentists, provides free dental care for recipients with disabilities, who are elderly or who are medically fragile and has



Figure 2 Dr. Heather Willis with a recipient

provided over 2 million dollars in care since the programs inception. The ADS hosted a 2 day event in 2014-16 that provided free dental care to anyone who came to the event, the Alaska Mission of Mercy. Expansion of Medicaid has reduced the need for this time intensive and expensive event allowing the ADS to focus on other segments of the underserved population.

## Dental Officer

In 2017 the dental officer in the Health & Social Services Department will retire. The ADS understands the need to reduce state payroll but feels this position should be maintained. Dr. Whistler, the state dental officer, has provided data on dental disease in Alaska, is a regular fixture for the legislature providing information on dental issues and acts as a bridge between dental providers and governmental

entities. Dental disease and terminology requires the training and expertise of a dentist and cannot be filled by someone without this specialized training.

## **SHARP Program**

The Alaska Dental Society believes funding of the SHARP Loan Repayment program will help insure Alaska maintains a workforce of healthcare providers. The immediate benefit to the program – which helps repay the burdensome loans to obtain a healthcare education – is to ensure a workforce supply in tribal clinics especially in remote, hard to fill locations. Long term, the ADS believes, as these healthcare workers time out from the loan repayment program they will disperse throughout the healthcare workforce. Some will remain in the tribal clinics, some will go into private practice and some will leave Alaska but those that stay will likely spend the majority, if not the entirety, of their practicing careers in Alaska.

## **Sugar Added Beverage Tax**

An idea whose time may have finally come, the ADS has long advocated a tax on sugar added beverages in Alaska. The health benefits are obvious: a reduction in obesity, diabetes and dental cavities amongst other benefits. Financially, while admittedly it can't be required, the infamous "may be used" clause would allow a sugar added beverage tax to partially fill the void in Medicaid funding or provide funding for the SHARP program.

Any legislator wanting to sponsor legislation on a Sugar Added Beverage tax can reach the ADS office at [dlogan@akdental.org](mailto:dlogan@akdental.org)

## Resources

1. ADS prescribing guideline
2. Surgeon General's Perspective on Community Water Fluoridation  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4547574/>
3. 10 reasons to Fluoridate Public water [Ten Reasons to Fluoridate Public Water](#)  
Statements from leading Health authorities on Fluoridation [Letter from Three Harvard Deans on Support for Fluoridation](#)

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2. HPI, The Oral Health Care system: A State Level Analysis <http://www.ada.org/en/science-research/health-policy-institute/oral-health-care-system>
3. CDC, Surgeon Generals Statements on Water Fluoridation  
<https://www.cdc.gov/fluoridation/guidelines/surgeons-general-statements.html>
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<http://content.healthaffairs.org/content/35/12/2224>
5. Behavioral health Barometer: Alaska 2015  
[http://www.samhsa.gov/data/sites/default/files/2015\\_Alaska\\_BHBarometer.pdf](http://www.samhsa.gov/data/sites/default/files/2015_Alaska_BHBarometer.pdf)