From Barriers to Bridges:
Redesigning New York' Oral Health Workforce for Equity and Access

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SCAA
Schuyler Center
for Analysis and Advocacy

About Schuyler Center

Schuyler Center is a statewide, nonprofit, policy analysis and advocacy organization working to shape policies to improve health, welfare, and human services for all New Yorkers, especially children and families experiencing poverty.

Louisa Lee Schuyler founded SCAA on May 11, 1872 as the State Charities Aid Association in response to the deplorable conditions she observed in hospitals and almshouses in New York City.

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Future Oral Health Workforce Project
Oral Health Equity Through Workforce Design

- 2024

- 3 workgroups:
  - Consumer Advisory/Recommendations/Workforce Interest Group

- 14 educational webinars (over 800attendees)

- 2 data reports

- *From Barriers to Bridges: Redesigning New York's Oral Health Workforce for Equity and Access*

- All Information: Oral Health Workforce | Schuyler Center

Center for Health Workforce Studies

- An academic research center established in 1996 and based at the School of Public Health at the University at Albany, State University of New York

- Committed to collecting and analyzing data to understand workforce dynamics and trends

- Goal to inform public policies, the health and education sectors and the public

- Broad array of funders supporting health workforce research including identifying shortage areas in New York as well as conducting primary care, oral, and mental health needs assessment studies

Background

- **Uneven oral health access** continues to pose a major public health challenge in New York State

- **High-need populations**—such as low-income and rural residents, for example—**face major barriers** to accessing oral health services

- These barriers contribute to **poor oral health outcomes** and **exacerbate health disparities**

- **It's important to identify and understand access barriers and to quantify unmet need for oral health services**

Oral Health Consumer Study

- **This study aims** to assess patterns of oral health service utilization and identify barriers to accessing dental care for adults in New York State

- **Data were obtained** from the 2022 *Consumer Survey of Health Care Access* conducted biannually by the American Association of Medical Colleges (AAMC), using a national panel of approximately 1.8 million adults

- **Descriptive statistical analyses** were performed to assess respondents'
  - Perceived need for dental care
  - Their utilization of oral health services
  - Differences across population groups
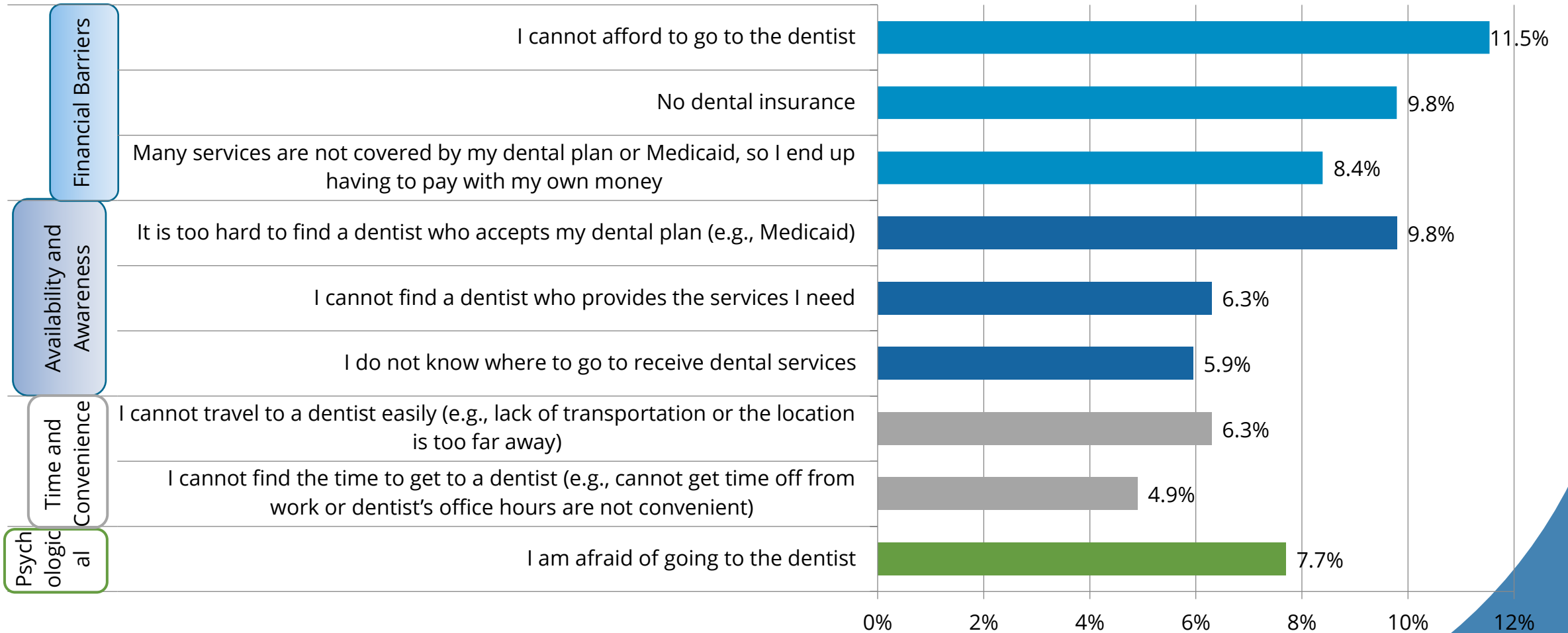 - Access barriers and facilitating factors

Findings

- The study sample includes 6,501 nationwide respondents, with **431 from New York**

- Over two-thirds **(67.3%)** of **New Yorkers** reported **needing dental care** in the past year (n=286)

- Among those who needed dental care, **69.1%** *always* **received** oral health services in the past year (n=181)

- However, **30.9%** either *sometimes* **received** the needed dental care or *did not* **receive** any care over the past year
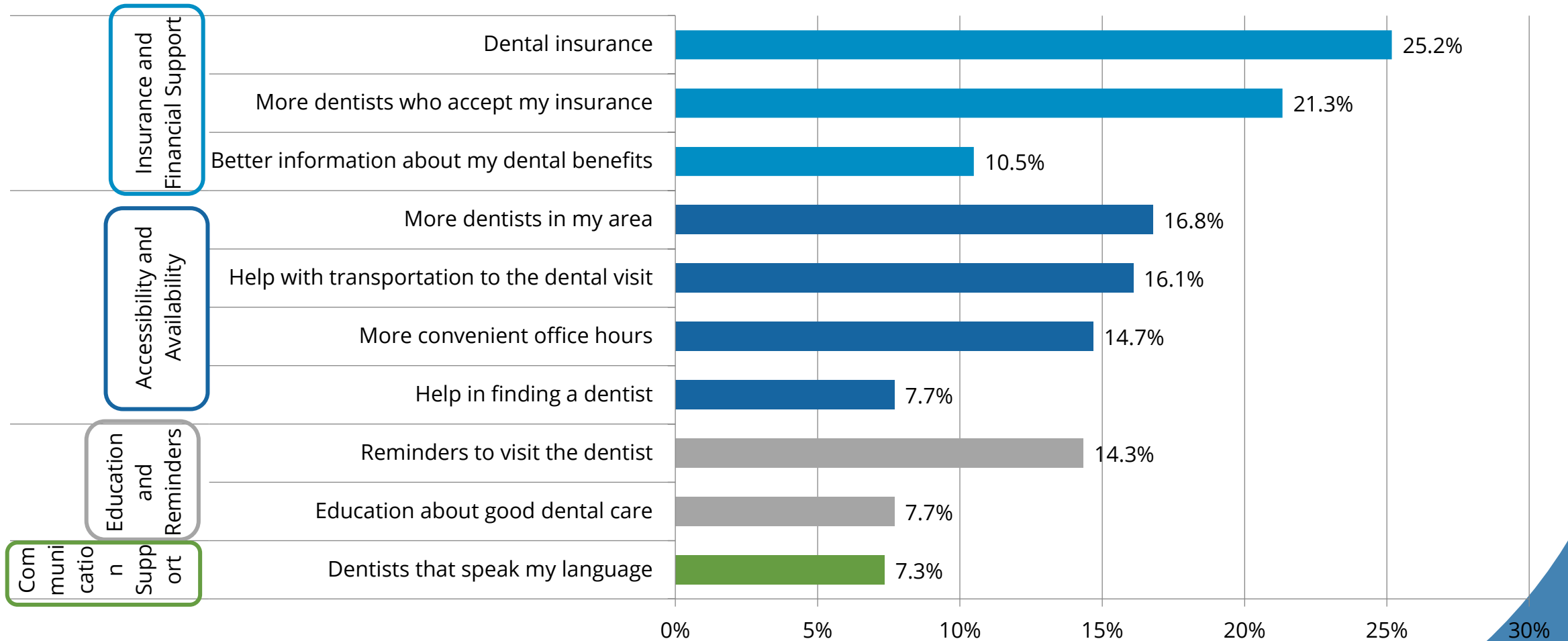
Who Was Most Likely to Report Access Barriers?

- **The *lowest rates* of *always* receiving care when needed** were reported by consumers who were:
  - 18-34 years old (56.8%)
  - Hispanic/Latino (54.0%)
  - Black/African American (33.3%)
  - Had less than a high school education (52.7%)
  - Had annual household incomes under $50,000 (51.7%)

43% of New Yorkers Reported Access Barriers (n=124)

Financial Barriers
- I cannot afford to go to the dentist — 11.5%
- No dental insurance — 9.8%
- Many services are not covered by my dental plan or Medicaid, so I end up having to pay with my own money — 8.4%

Availability and Awareness
- It is too hard to find a dentist who accepts my dental plan (e.g., Medicaid) — 9.8%
- I cannot find a dentist who provides the services I need — 6.3%
- I do not know where to go to receive dental services — 5.9%

Time and Convenience
- I cannot travel to a dentist easily (e.g., lack of transportation or the location is too far away) — 6.3%
- I cannot find the time to get to a dentist (e.g., cannot get time off from work or dentist's office hours are not convenient) — 4.9%

Psychological
- I am afraid of going to the dentist — 7.7%

71% of New Yorkers Identified Factors That Would Help Them Visit a Dentist Regularly (n=202)

NY Oral Health Needs Assessment

Objectives:

1. Identify Rational Service Areas (RSAs) with the highest need for Oral Health (OH) services in NYS

2. Describe the composition and degree of contribution of each indicator to the high need OH RSAs

Methods

The study encompassed several sequential steps:
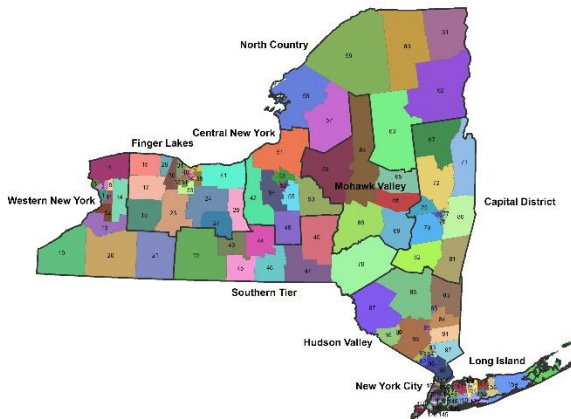
1. Establish Statewide RSAs → 2. Identify the most pressing OH needs and establish list of indicators → 3. Rank RSAs and identify High Need RSAs (*first objective*) → 4. Identify indicators' composition and contribution to high need RSAs (*second objective)*

Methods: Establish Rational Service Areas

What are Rational Service Areas?

- A geographic area, community, and or population group with distinct characteristics (race/ethnicity, poverty)

- Defined and used by Health Resource and Services Administration (HRSA) for shortage designations including Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps)
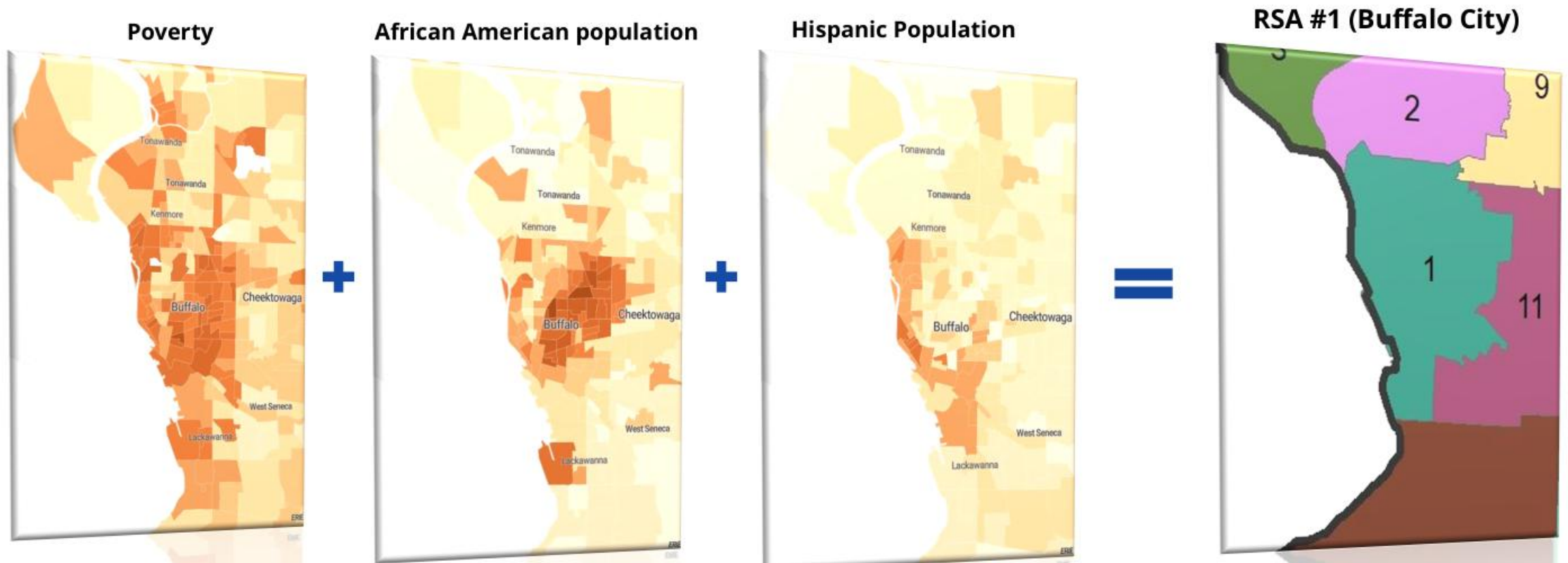
***RSA** = ME Chautauqua County HPSA*

***RSA** = ME Cattaraugus County HPSA*

Source: HRSA Map Tool
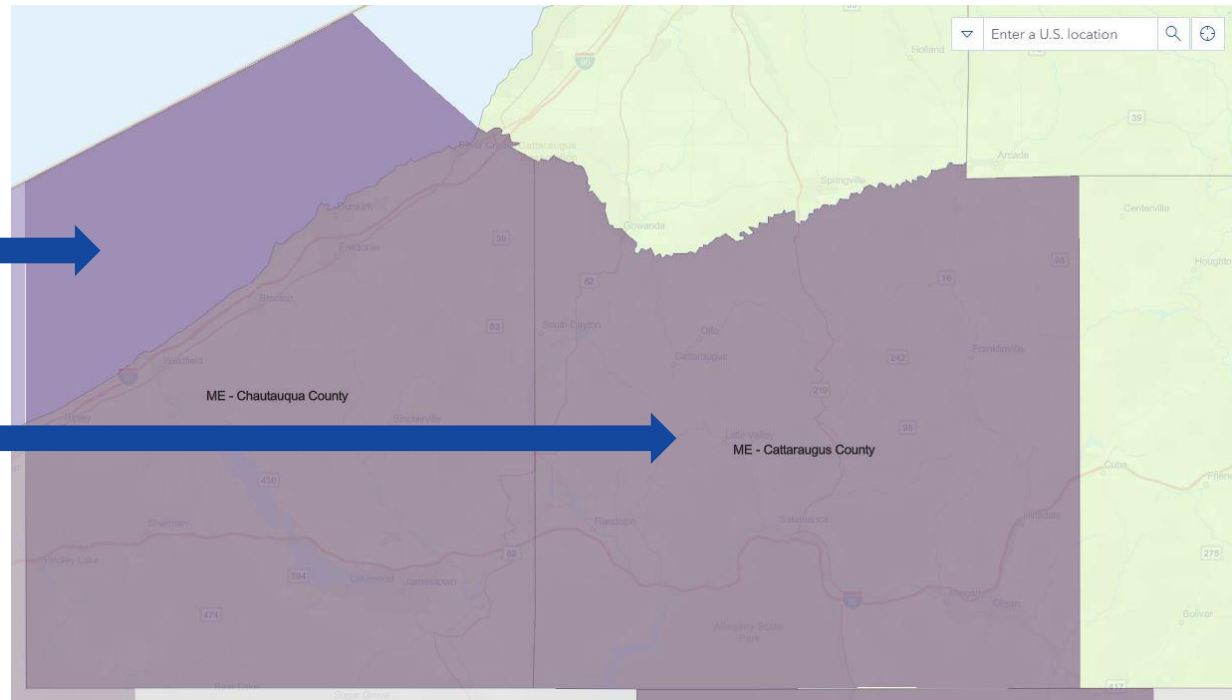
Methods: Establish Rational Service Areas (cont.)

RSAs are composed of Census Tracts, and are combined to form **county or sub-county level RSAs**

Poverty

African American population

Hispanic Population

RSA #1 (Buffalo City)

Source: ACS 5-year data 2022

CHWS
Center for Health Workforce Studies

Methods: Indicators

The study encompassed several sequential steps:

1. Establish Statewide RSAs

→

2. Identify the most pressing OH needs and establish list of indicators

→

3. Rank RSAs and identify High Need RSAs (*first objective*)

→

4. Identify indicators' composition and contribution to high need RSAs (*second objective)*

Indicators:

- Age 65+

- Minorities

- Fluoridated water

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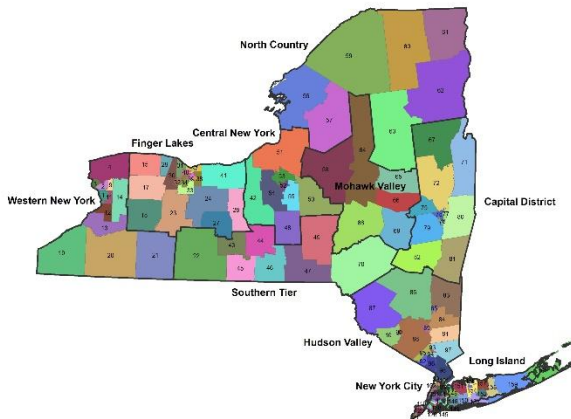
- *Fertility*

- *Disability*

Methods: Indicators (cont.)

A total of 15 indicators were analyzed including 5 demographic and 10 Health related indicators

- Demographic indicators
  1. Age 65+ *(ACS)*
  2. Minorities *(ACS)*
  3. Poverty Index (Poverty 200 FPL, Female-headed, Unemployment, and Medicaid) *(ACS)*
  4. Education *(ACS)*
  5. English Proficiency *(ACS)*
- Oral Health indicators:
  1. *Dentist ratio (SDMS)*
  2. *Dental Hygienists Ratio (NYS ED)*
  3. *Fluoridated water (SDWIS)*
  4. *Smoking (BRFSS)*
  5. *Drinking (BRFSS)*
  6. *Cancer (NYS Cancer Registry)*
  7. *Caries (SPARCS)*
  8. *Preventative visit (NYS Medicaid and Child Health Plus)*
  9. *Disability (ACS)*
  10. *Fertility (ACS)*

Data was obtained from:

- The American Community Survey (ACS)

- Shortage Designation Management System (SDMS)

- NYS Education Department (NYS ED)

- Safe Drinking Water Information System (SDWIS)

- NYS Behavioral Risk Factor Surveillance System (BRFSS)

- NYS Cancer Registry

- Statewide Planning and Research Cooperative System (SPARCS)

- NYS Medicaid and Child Health Plus

Methods: Identify High Need RSAs

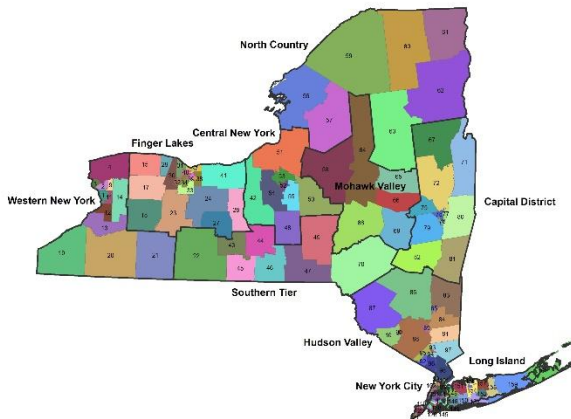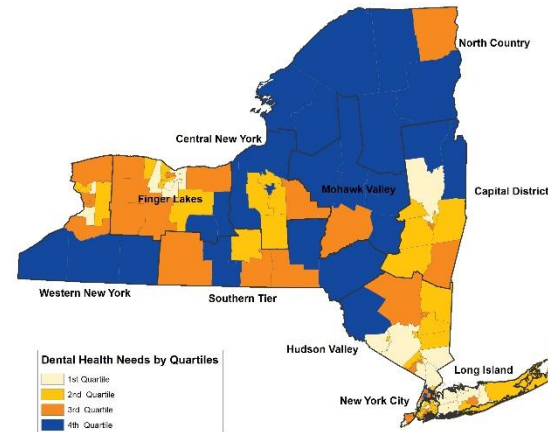**The study encompassed several sequential steps:**

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2. Identify the most pressing OH needs and establish list of indicators

Indicators:
- Age 65+
- Minorities
- Fluoridated water
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- *Fertility*
- *Disability*

→

3. Rank RSAs and identify High Need RSAs (*first objective*)

Dental Health Needs by Quartiles
- 1st Quartile
- 2nd Quartile
- 3rd Quartile
- 4th Quartile

→

4. Identify indicators' composition and contribution to high need RSAs (*second objective*)

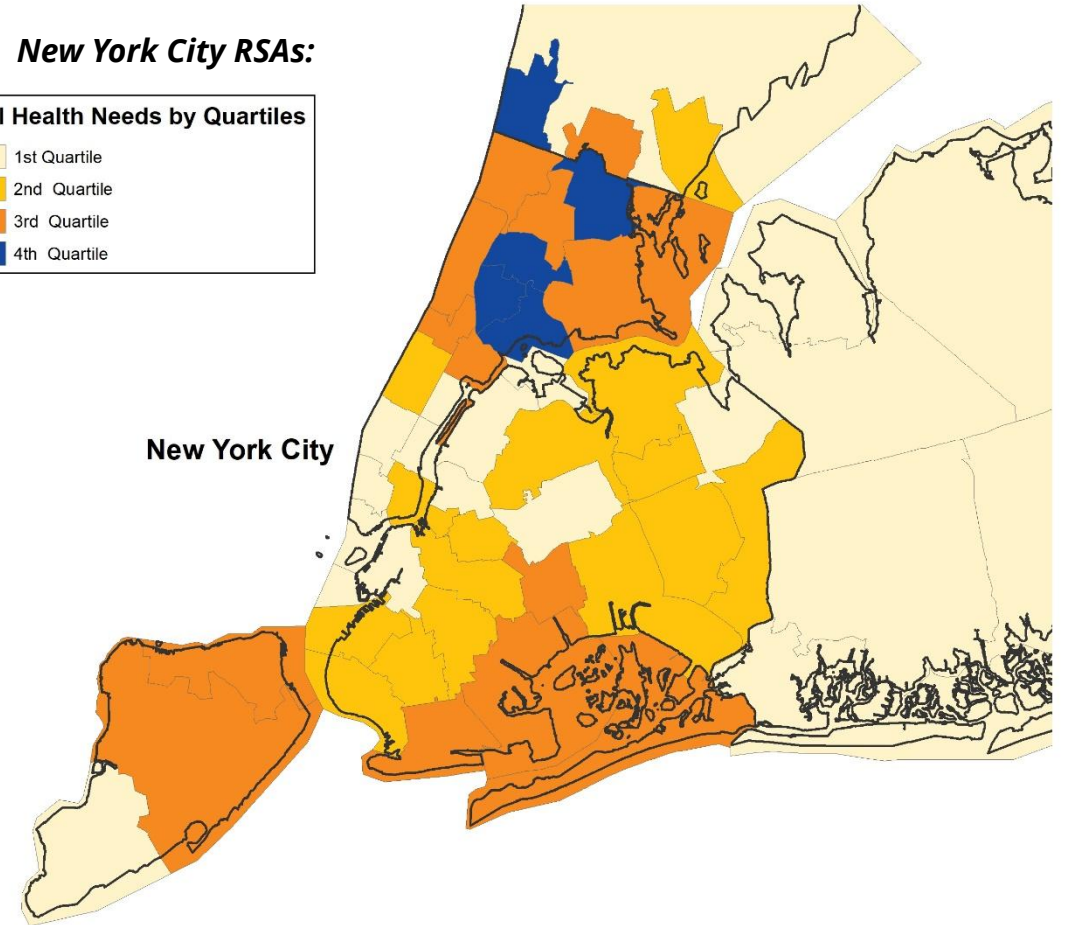# High Needs Oral Health RSAs

A total of 31 RSAs were identified as high need OH RSAs

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18
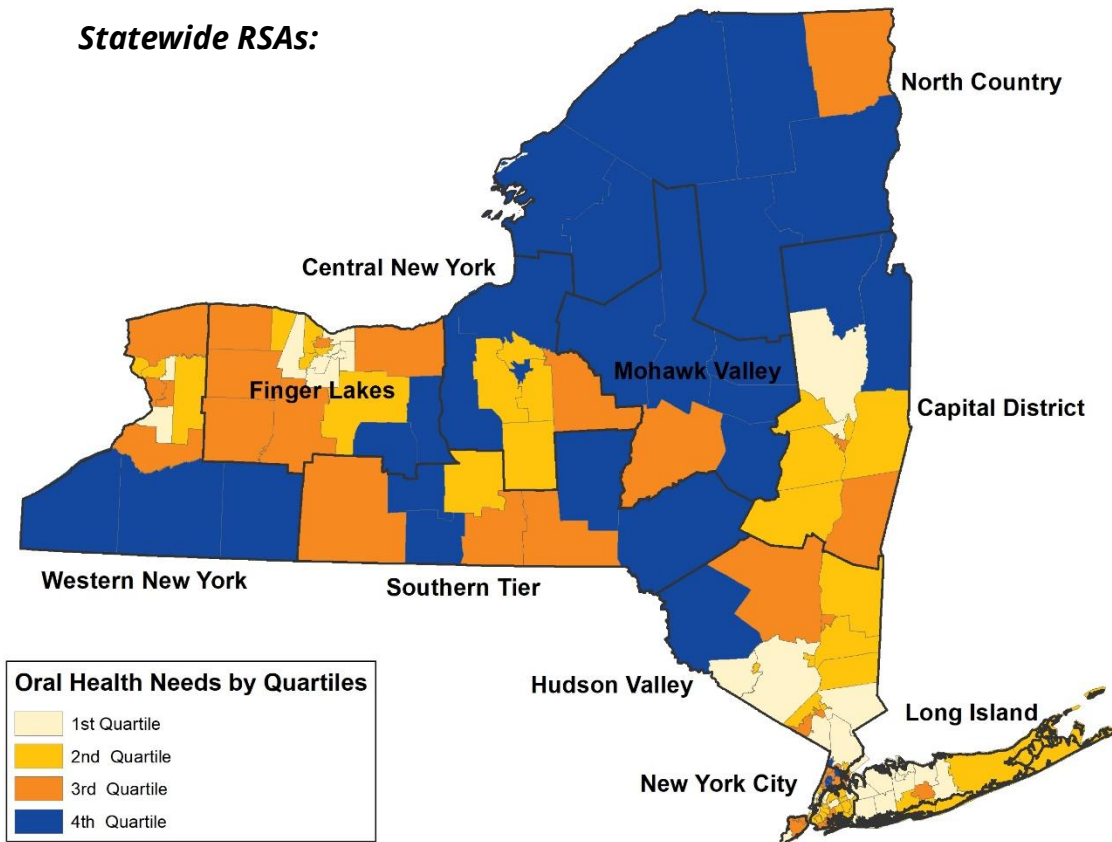
Methods: Indicators' composition and contribution

The study encompassed several sequential steps:
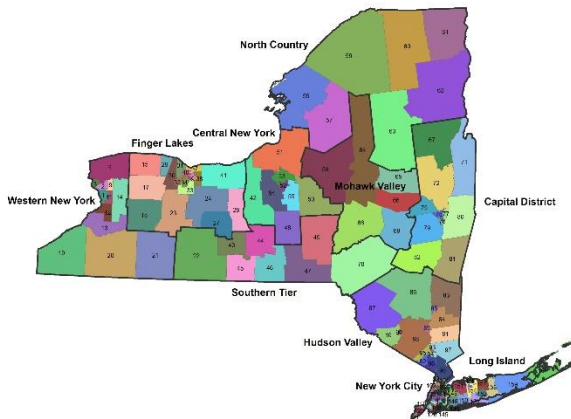
1. Establish Statewide RSAs

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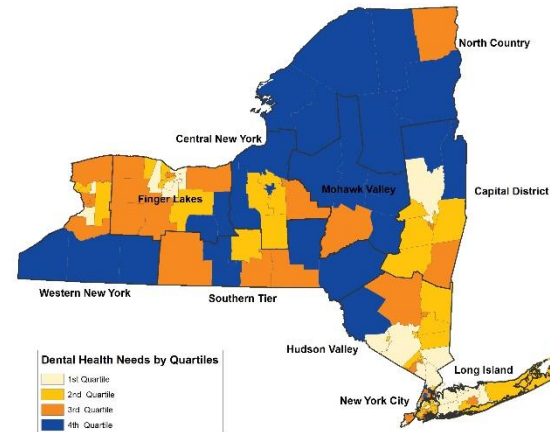**2. Identify the most pressing OH needs and establish list of indicators**

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Indicators:
- Age 65+
- Minorities
- Fluoridated water
- .
- .
- .
- .
- .
- *Fertility*
- *Disability*

#	Indicator	Quartile Average
1	Indicator 1 (Disability)	3.8
2	Indicator 3	3.1
3	Indicator 2 (Fertility)	2.8
.	.	.
.	.	.
15	Indicator 15	2.7

Findings: High Needs Oral Health RSAs

- The concentration of high need OH RSAs occur in predominantly rural regions

- More than 2.8 million New Yorkers reside in high need OH RSAs

Number of RSAs by Department of Labor Regions

DOL Region	# of RSAs	# of High Needs RSAs	% of High Need OH RSAs
Capital District	11	2	18.5%
Central New York	8	3	37.5%
Finger Lakes	20	2	10.0%
Hudson Valley	20	2	10.0%
Long Island	15	0	0.0%
Mohawk Valley	6	5	83.3%
New York City	44	4	9.1%
North Country	7	6	85.7%
Southern Tier	8	4	50.0%
Western New York	12	3	25.0%
New York State	151	31	20.5%

Population counts in RSAs by Department of Labor Regions

DOL Region	Total population in RSAs	Total population in High Needs OH RSAs	% population in High Needs OH RSAs
Capital District	1,108,289	126,994	11.5%
Central New York	781,620	355,826	45.5%
Finger Lakes	1,219,052	58,364	4.8%
Hudson Valley	2,391,754	54,570	2.3%
Long Island	2,913,646	0	0.0%
Mohawk Valley	483,900	424,222	87.7%
New York City	8,622,467	871,569	10.1%
North Country	422,507	342,668	81.1%
Southern Tier	636,020	193,172	30.9%
Western New York	1,415,124	251,662	17.8%
New York State	19,994,379	2,805,678	14.0%

Conclusion

- The majority of high need OH RSAs are found in rural areas of the state

- More than 2.8 million individuals live within high need OH RSAs

- The top 5 indicators that contribute to unmet OH need are:

  1. Disability
  2. Education
  3. Fertility
  4. Dentist Ratio
  5. Dental Hygienists Ratio

Strategies to Improve Access to OH Services

- Oral health integration

- New service delivery strategies

  - Mobile and portable dentistry

  - Teledentistry

- Improve oral health literacy

- Remove regulatory barriers that restrict full scope of practice

- Incentivize practice in underserved communities

Contact Information

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Analysis & Framework

Frame

- Good oral health is not just the absence of disease.

- Oral health issues are almost completely preventable.

- Improving outcomes will require many kinds of providers offering oral health services across community institutions.

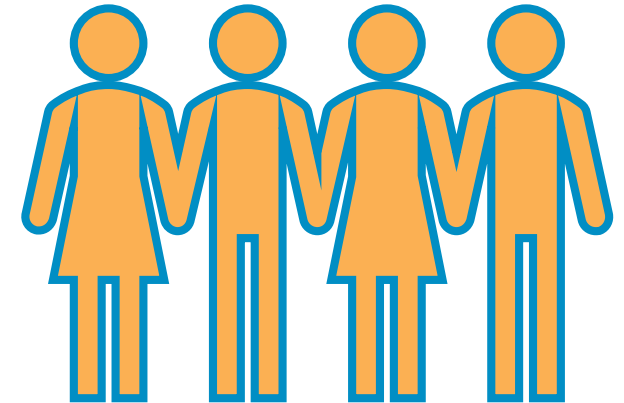# Vision: Workforce for prevention & treatment

- **Think broadly about**
  - Professions
  - Locations
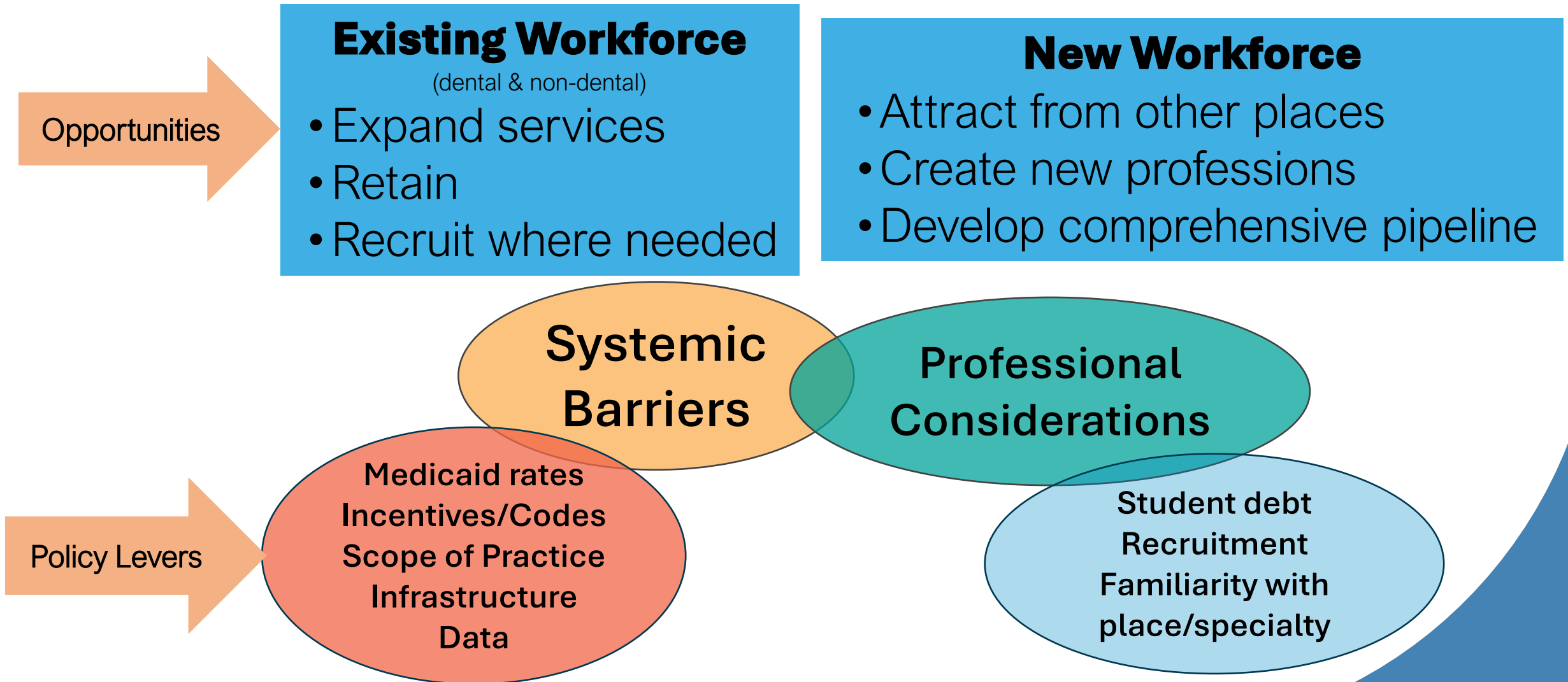 - Modalities

- **Think broadly about**
  - Prevention
  - Whole health
  - Access points

- **Think broadly about**
  - Supporting families/individuals
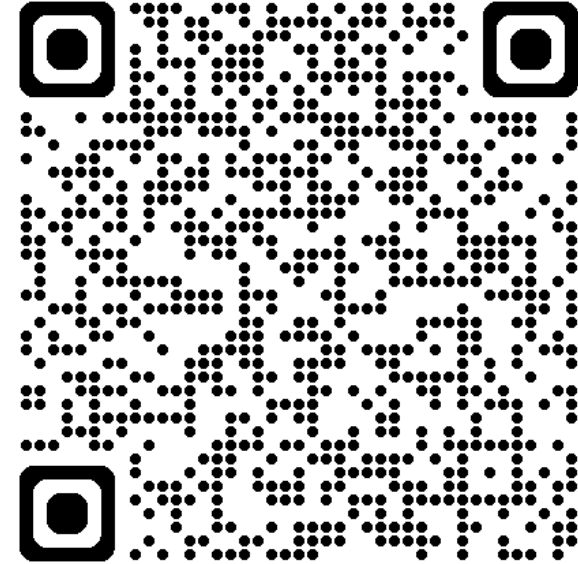 - Supporting providers
  - Supporting students

Premise: Not enough providers to meet demand

Opportunities →

Existing Workforce
(dental & non-dental)
• Expand services
• Retain
• Recruit where needed

New Workforce
• Attract from other places
• Create new professions
• Develop comprehensive pipeline

Systemic Barriers

Professional Considerations

Policy Levers →

Medicaid rates
Incentives/Codes
Scope of Practice
Infrastructure
Data

Student debt
Recruitment
Familiarity with place/specialty

Organization of Recommendations

Enhance NYS's oral health infrastructure

Leverage existing dental & non-dental providers

Increase the number of oral health providers

Incentives to deliver care to underserved populations

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Additional areas of policymaking (non-workforce)

Recommendation Highlights

Oral Health Infrastructure at NYS Agencies & Data Collection

Scope of Practice: Dental Hygiene/Medical Assistant

Increase Incentives/Training for Primary Care Providers

Leverage/Expand Teledentistry

Expand Community Dental Health Coordinators & Community Health Workers

Recommendation Highlights

Authorize Dental Therapy

Create a Dental Professions Education & Training Master Plan

Attract More Dentists to New York (Compact, Foreign Trained)

Increase Medicaid Rates & Provide Technical Assistance

****Managed Care/Consumer Assistance

What's Hot

- Broaden role of dental hygiene
  - In Executive Budget (HMH/Section X)
  - S 3157 (May)/A 2341 (Paulin)
  - Sign on letter in support

- Expand use of foreign trained dentists
  - S 3966 (Stavisky)/A 3244 (Woerner)

Main Takeaway:

No silver bullet but many promising steps to improve access

Need to address systemic barriers, workforce shortages and maldistribution of providers.

Prioritize prevention, leverage innovation and address the needs of the most vulnerable.

Coordination among state agencies, policymakers, providers, academia, communities.

Next Steps

### Virtual implementation meeting

- Assess current activities
- Plan some activities for this year
- Expect at least one more meeting this year

Workgroups

- Optimizing teledental
- Early childhood coordination
- Special needs populations

Protecting Medicaid

Protecting community water fluoridation

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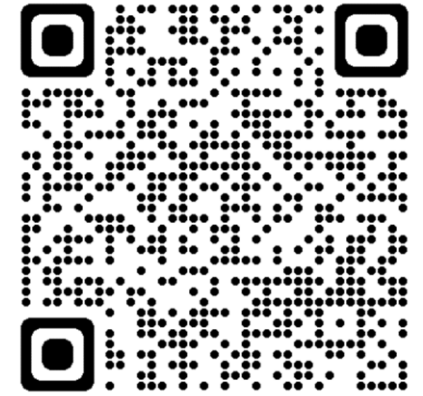
Oral Health Workforce

The Future Oral Health Workforce Project: Oral Health Equity Through Workforce Design

Schuyler Center has been awarded a grant from CareQuest Institute for Oral Health to develop recommendations addressing the tremendous unmet need for preventive and routine oral health services in New York populations, especially New Yorkers with low income. The focus will be on increasing the availability of care by identifying comprehensive changes to policies that address the state's significant oral health workforce shortage.

Learn more about the project.

Data Dashboard coming soon.

To join our email list:
oralhealth@scaany.org

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Thank you

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www.scaany.org