Oral health is a complex issue that affects every Kentuckian, impacting both a healthy smile and overall health. To better understand the current trends in oral health care and habits across the state, Kentucky Oral Health Coalition (KOHC) conducted a landscape assessment, compiling existing data on oral health outcomes and collecting new information from community members, oral health providers, and community service providers throughout the Commonwealth.

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- Family Resource Youth Services Coalition of Kentucky
- Family Health Centers
- Kentucky Association of Health Departments
- Kentucky Coalition for Healthy Children
- Kentucky Dental Association
- Kentucky Dental Hygienist Association
- Kentucky Primary Care Association
- Kentucky Public Health Association
- Kentucky Youth Advocates
- Southeast Kentucky Oral Health Coalition

kyoralhealthcoalition.org
Through survey responses and focus group participation, we heard from **671 Kentuckians in 111 counties**.

### Focus Group Responses
- **14** Community Members
- **4** Community Service Providers
- **15** Oral Health Providers

### Survey Responses
- **382** Community Members
- **183** Community Service Providers
- **73** Oral Health Providers
ORAL HEALTH MEANS MORE THAN A BEAUTIFUL SMILE

Poor oral health is linked to a number of health conditions, including heart disease, diabetes, high blood pressure, stroke, and Alzheimer’s disease.

Over $45 billion is lost in productivity in the United States each year because of untreated oral disease.

Emergency department visits for non-traumatic dental conditions cost Kentucky around $44 million per year.

IMPACT FOR CHILDREN:

Children with poor oral health status are nearly 3 times more likely to miss school because of dental pain.

Poor oral health during pregnancy has been associated with preterm birth and low birth weight, and children of mothers who have high levels of untreated cavities or tooth loss are more than 3 times more likely to have cavities as a child.

ORAL HEALTH AMONG KENTUCKY KIDS

Federal law requires that all states cover preventive, restorative, and emergency dental services for children on Medicaid and CHIP. However, despite fewer than 4% of children in Kentucky being uninsured, more than half of children on Medicaid or CHIP in Kentucky did not receive a routine dental visit in 2019.

96% of Kentucky children are insured.

Fewer than half of Kentucky children on Medicaid or KCHIP received a routine dental visit (2019).

Nearly 3 out of 4 parents reported their child(ren) have had a cavity in their lifetime.

WHEN WE TALKED TO KENTUCKY PARENTS, WE HEARD:

Nearly half of all parents surveyed reported their child(ren) have current cavities or dental problems that need treatment.
Oral health problems were common among participants

92% Have had a cavity
50% Have had another oral health disease
49% Have had teeth pulled

FINDINGS ON BARRIERS

2 out of 3 Kentuckians say their routine dental care is not very affordable.

Only 36% rated their dentist at a 9-10 on affordability for routine care, and 21.5% rated them at a 5 or below.

PRIMARY BARRIERS TO ACCESSING DENTAL CARE:

Dental providers: lack of insurance, oral health not being a priority, and a lack of providers

Community service providers: lack of insurance, economic issues (e.g. transportation), oral health not a priority in the family, and a lack of dentists

Consumers: most common barriers to seeking dental care were scheduling conflicts and other family priorities
TRENDS IN KENTUCKY

Kentucky has more adults age 65+ with no natural teeth than any other state. 92 of 120 counties in Kentucky are designated Health Professional Shortage Areas for dental care.

4 in 10 adults in Kentucky have not visited a dental provider in the last year. Those in the lowest income category are significantly less likely (37.1%) to visit a dentist regularly than those in the highest income category (76.5%).

Risk factors impacting oral health outcomes in KY:
- Kentucky has among the highest rates of oral cancer in the nation.
- Kentucky has one of the highest smoking rates in the country. Smoking significantly increases risk for poor oral health, oral cancer, and tooth loss.
- Kentucky was among the top 10 states most highly affected by the opioid crisis. Substance use is associated with poor oral health.

RECOMMENDATIONS

In response to the disparities and challenges to accessing dental care experienced throughout the Commonwealth, we have outlined recommendations to create a more equitable oral health network for all Kentuckians.

- **Expand utilization of alternative options for care.** There are many options beyond the traditional dental office to ensure everyone receives the care they need. This means finding ways to bring care to the places people are working, learning, or receiving other services. Examples include teledentistry, co-locating services, and expanding access to school-based providers.

- **Expand community dental model to meet holistic needs of patients.** Addressing health needs beyond dental treatment improves patient experience and overall outcomes. Examples include increasing use of Community Health Workers in dental settings, integrating dental care into primary care or mental health settings, and screening for chronic diseases in the dental office to make appropriate referrals.

- **Ensure comprehensive dental benefits for patients.** Kentuckians need access to comprehensive dental services, regardless of their income or health coverage. Maintaining comprehensive dental benefits is critical to improving oral health outcomes in Kentucky.

- **Expand network of Medicaid providers.** Bringing new Medicaid providers into network and ensuring retention of current providers is critical to providing care across the Commonwealth. Increasing Medicaid reimbursement rates for dental services and finding ways to decrease the administrative burden for providers will contribute to a robust provider network.

- **Expand access to oral health resources and care options for underserved communities.** Underserved populations in Kentucky experience additional barriers to finding dental care when they need it. Care provided and resources available must meet the needs of immigrant and refugee populations, non-English speakers, and those with intellectual and developmental disabilities.