



Oral Health Care

2010 Service Area Review Summary

Oral Health Care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

Oral Health Care Services are provided through Program HH at the Department of Human Services and are available to any person living in the State or TGA. Additional services are provided at the University of Minnesota Dental Clinic.

HRSA Core Medical Service

Essential Service—
Continuum of Care

Comprehensive Plan—YES

DATA SUMMARY HIGHLIGHTS

In the study conducted by Positive Outcomes and Community Consulting Group, *Assessing the Needs of Minnesotans Living With HIV or AIDS: Results of a Community Survey* (August 2006), 60% of case-managed clients who were interviewed (n=379) had a dentist's office or clinic that they usually go to for care, and 71% of those had visited a dentist in the last six months. By contrast, only 7% of respondents without a source of dental care had a visit.

In the same study, 29% of respondents did not think going to the dentist was necessary; 15% could not afford a dentist; 11% could not get an appointment; 5% could not find a dentist; 6% did not have a dentist that treats HIV in their community. In the same survey, (66%) of Whites reported a usual source of dental care, compared to 55% of Black Africans/African Americans and 52% of other racial/ethnic groups.

In the *2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease*, 38% of the respondents (n=370) indicated that they had not visited a dentist, hygienist or assistant during the past twelve months. Twenty percent of respondents had not seen a dentist in 3 or more years. Of those who had not visited a dentist, hygienist or assistant in the past twelve months (n=138), 36% indicated that they needed to make a visit. Of those, multiple barriers were expressed including no coverage (30), unable to get/make appointment (19), no dentist I like or that accepts MA (10), fear (6), transportation (6), formerly incarcerated (2), and a variety of other single responses. When asked how long they had to wait to see a dentist after making an appointment, 26% of the respondents (n=379) indicated they had to wait two weeks or less and another 29% indicated they had to wait two weeks to 1 month. Twenty-eight percent (28%) of the respondents indicated they had to wait from 1 to six months to see a dentist and 7% of respondents were on a waiting list.

It should be noted that access to dental care is a problem for people with limited resources. It has been identified consistently as a health care need among homeless people in the Wilder Foundation's survey of homeless people (in the 2005 report 56% had current dental problems needing attention; in 2003 it was 59%).

According to the *Oral Health and Behavioral Health Assessment* (2008), reimbursement rates for oral health services from Medicaid/Medicare tend to be 50% to 60% less than the usual and customary fees.

In the CAEAR Coalition/NAPWA HIV Consumer Needs Survey, 8.2% of respondents from Minnesota (n=53) indicated that Dental Care was "needed but unavailable".

CURRENT RANKINGS

COUNCIL (2008)	CONSUMERS (2010)
7 out of 24 service areas	8 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2010	\$163,600	0%		
2009	\$163,200	2%	\$158,248	97%
2008	\$160,000	15%	\$161,320	101%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2009	439	7% (n=6,552)	12% (n=3,700)
2008	344	6% (n=6,221)	7% (n=4,713)
2007	316	5% (n=5,950)	8% (n=4,038)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=326)		
Accessed Service (Last 12 Months) n=186	Didn't Access (Last 12 Months) n=138	Didn't Access but Needed to (Last 12 Months) n=50
57%	30%	36%

