



Department of Health
 2023-25 Regular Budget Session
 Policy Level - PN - Improving Oral Health

Agency Recommendation Summary

The Department of Health (DOH) requests funding to support the creation of a State Dental Director position, along with supporting staff, to develop cohesive strategies and direct comprehensive programming to improve oral health and access to care across the state. Oral disease often results in pain, lost productivity, and reduced quality of life, yet it is also one of the most overlooked health concerns. Expected outcomes are a more unified approach to oral health across state agencies and increased competitiveness for additional federal grants.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	3.6	3.6	3.6	3.6	3.6	3.6
Operating Expenditures						
Fund 001 - 1	\$445	\$432	\$877	\$432	\$432	\$864
Total Expenditures	\$445	\$432	\$877	\$432	\$432	\$864

Decision Package Description

Washington has a few state programs devoted to oral health, such as the Access to Baby and Child Dentistry (ABCD) program (which serves low-income children under six years of age) and SmileMobile (mobile dental clinic). However, there is no coordinated leadership to tackle the broad challenges related to oral health, resulting in a patchwork of programs between state agencies, an uneven distribution of dental providers throughout the state, and inequities in oral health.

Poor oral health, untreated oral disease, and loss of teeth directly impact quality of life and physical, social, and psychological health in a variety of negative ways. Oral health has not received the public health attention it deserves in the state. In Washington, 14% of low-income adults said life in general is less satisfying due to the condition of their mouth and teeth, and 26% said the appearance of their mouth and teeth affected their ability to interview for a job, compared with 0% and 12% of high-income adults, respectively. Forty-four percent of low-income adults were embarrassed or avoided smiling due to the condition of their oral health, 59% had difficulty biting or chewing, and 24% reduced participation in social activities due to the condition of their mouth and teeth.¹ These limitations in the ability to get a job, eat comfortably, and socialize can have long-term impacts on people's health and quality of life. Washington residents with periodontal disease have 40% more chronic conditions, such as arthritis, liver disease, or metabolic syndrome, than those without periodontal disease.²

Barriers to accessing oral health services often result in expensive hospital emergency department visits. Emergency department dental care may result in temporary relief from symptoms but does not treat the underlying oral health condition. Recently adopted legislation attempted to address oral health gaps in the state but without a State Dental Director position and administration and programmatic support staff it will be challenging to maximize those benefits. In collaboration with the Health Care Authority (HCA), DOH seeks to establish a State Dental Director position, with supporting staff, to provide state-level leadership to address these gaps in oral health. The State Dental Director will develop cohesive strategies and direct comprehensive programming to improve oral health and access to care across the state.

This investment in the health of Washingtonians is even more critical now that health inequities have widened due to the COVID-19 pandemic. In addition, without a State Dental Director, Washington is not as competitive as other states for federal grants due to the lack of program and leadership capacity.

¹ (American Dental Association (ADA) Health Policy Institute (HPI), 2015)

² (Bensley L, 2011)

This proposal is for funding for a State Dental Director and supporting staff to provide the necessary leadership, expertise, and guidance across state agencies and with partners to ensure that all Washingtonians have access to care and resources for good oral health.

Drawing on the collective strengths of many partners, including health care practitioners, colleges of dentistry, children's advocates, state government, parents, members of the media, community members, and others, the State Dental Director will take a systems approach to oral health, including:

- Statewide coordination and planning with stakeholders, agencies, and communities to address oral health concerns in their communities
- Apply systemwide best practice recommendations for dental care such as teledentistry, trauma informed care practices, culturally appropriate care, water fluoridation, and increasing application of sealants for young teeth.
- Conduct and enhance statewide data and surveillance for oral health in the state to respond to trends and identify strategic community focused goals
- Creating and supporting a policy agenda in support of oral health with agencies and partner organizations

The State Dental Director will be a WMS-5 classification serving both Health Care Authority and Department of Health. Currently, Health Care Authority already has 50% of the funding for a Statewide Dental Director but due to the limited employment opportunity as a part time position, it has been challenging to fill. With additional funding from DOH, this position can serve both agencies. The WMS-5 salary level is needed to attract an experienced dentist to leave their dental practice. This classification matches the State Epidemiologist for Communicable Diseases, which is the most comparable existing position at DOH. In addition to the Statewide Dental Director, we request funding for support staff for oral health.

In Washington, 37 of the state's 39 counties are federally designated, in whole or part, as dental Health Professional Shortage Areas. (Fed Designated Dental HPSAs: <https://fortress.wa.gov/doh/base/gis/dental.pdf>;

In 22 of 39 counties, less than one-third of public water system customers – and in at least 15 counties, none of these customers – receive the benefits of dentally significant fluoride levels in their water systems. (See both maps on this page: <https://doh.wa.gov/community-and-environment/drinking-water/fluoride-drinking-water>;

The [2015-2016 Smile Survey - Head Start/ECEAP Fact Sheet \(wa.gov\)](#) shows that the progress Washington achieved among young children from 2005 to 2010 had largely stalled. Most notably, among preschoolers in Head Start or the Early Childhood Education and Assistance Program, rates of overall tooth decay and untreated tooth decay actually increased from 2010 to 2015-2016.

(<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/340-308-2016SmileSurvey-PreKFactSheet.pdf?uid=62c739d3ad372>;)

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

DOH explored several options prior to developing this request, including developing an Oral Health Coordinator position at the Health Services

Consultant 3 level and using grant funds.

An Oral Health Coordinator could provide some of the support for necessary statewide dental services but would be less successful at work across State agencies and Tribal communities. The proposed WMS-5 position would have the expert level medical knowledge to support, provide direction, and leadership needed to make and implement evidence-based policy decisions that best promote oral health.

Using existing grant funding would eliminate all of DOH's existing oral health work because oral health grant funds are cyclical, and many grants are funded on a project basis. Seeking new grant funding would not be appropriate for this request, as grantors typically wish their funds to expand services, rather than build basic infrastructure. Further, grants are typically available for finite periods of time, whereas funding to support a State Dental Director must be sustainable on an ongoing basis to be effective.

Detailed Assumptions and Calculations:

Ongoing funding for a statewide Dental Director in addition to support staff dedicated to oral health will improve health outcomes for all Washingtonians. There is a significant workload for the Statewide Dental Director and supporting staff.³

- Educating oral health and other health professionals, including health system policy makers, on new evidence and best practices
- Sharing facts about fluoride with communities considering whether to start or continue fluoridation of their municipal water systems
- Making relevant data easier to access and use for public health decision-making
- Recruiting schools and preschools to participate in the Smile Survey
- Convening stakeholders to identify and implement shared solutions
- Applying for federal grants to implement programs to improve oral health
- Preparing legislative requests on critical oral health needs
- Supporting local partners, especially local oral health coordinators
- Advocating for populations that suffer from oral health disparities
- Supporting Accountable Communities of Health (ACH) regions focused on oral health and
- Educating policymakers on integrating oral health strategies into broader health strategies, including the state's Healthier Washington, Healthiest Next Generation, Results Washington, and agency strategic plans.

To address the gaps in oral health, a 0.5 FTE of Dental Director and FTE for supporting staff are necessary to tackle the complexity in advancing oral health in Washington state. Staff is necessary to convene numerous stakeholders in Washington state currently in existence to support oral health, systematically address the current significant gaps in care, low accessibility of oral health providers and cost barriers. Staffing is also required to perform cross walking and coordinating the numerous existing programs, stakeholders, government agencies, nonprofit organizations, local governments, and tribal governments is a substantial but necessary lift.

To support the proposal, DOH requests the following:

0.5 FTE at a WMS 5 classification for the State Dental Director at \$76,872 per fiscal year for ongoing staff capacity. The Dental Director would serve as an expert in oral health in the state and provide coordination and planning with partners, agencies, and communities to address oral health concerns in Washington state. The role would apply systemwide best practice recommendations for dental care such as teledentistry, trauma informed care practices, culturally appropriate care, water fluoridation, and increasing application of sealants for young teeth. The role would also lead and enhance statewide data and surveillance for oral health in the state to respond to trends and identify strategic community focused goals. The State Dental Director would provide expertise in creating and supporting a policy agenda in support of oral health with agencies and partner organizations. They would also work to address the workforce challenges in oral health care professions and improve patient access.

0.5 FTE for an AA4 at \$58,704 per fiscal year for ongoing staff to provide administrative support for the dental director and other supportive staff. This role would also serve to assist with coordination of projects and administrative duties. The position would be required to assist the State Dental Director with travel and lodging to help the director engage with partners, local governments, rural communities, and tribal governments. The role would also help manage the State Dental Director's schedule and calendar and assist with any equipment and facility needs. In addition, they would coordinate large meetings and conferences.

0.2 FTE EPI 2 at \$19,718 per fiscal year and 0.3 FTE EPI 1 at \$25,505 per fiscal year for ongoing epidemiology staff to access data and monitor the population's oral health status and explore factors that influence oral health and community needs and assets. Duties could include: conduct basic screening surveys, display state and national oral health data in publicly available dashboards, develop state specific oral health objectives that align with Healthy People 2030, evaluate state-level data to address social determinants of health, and evaluate grant activities. These positions could also maintain and regularly update oral health data in the WA Environmental Tracking Network (WTN) and prepare the state to compete for funding to improve oral health status by identifying problems and disparities.

1.0 FTE for a HSC3 at \$75,120 per fiscal year for ongoing project management and support. Duties could include: mobilize community partners to leverage resources and advocate for disease prevention and control, establish and maintain linkages with key stakeholders, communicate in writing and electronically with professional and lay audiences, collaborate with DOH diabetes, cancer, commercial tobacco, immunizations and drinking water programs. Facilitate use of coalitions as change agents for oral health.

³ Arcora Foundation, 2017

⁵ (Arcora Foundation, 2017)

⁶ Data from the 2015-2016 Smile Survey of 14,000 school and preschool-age children across Washington

⁷ (Washington State Department of Health, 2015-2016)

Workforce Assumptions:

Workforce Assumptions					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
0.5	WMS05	\$77,000.00	\$24,000.00	\$2,000.00	\$4,000.00
1.0	HEALTH SERVICES CONSULTANT 3	\$75,000.00	\$30,000.00	\$4,000.00	\$8,000.00
0.5	ADMINISTRATIVE ASST 4	\$29,000.00	\$13,000.00	\$2,000.00	\$4,000.00
0.2	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$20,000.00	\$7,000.00	\$1,000.00	\$2,000.00
0.3	EPIDEMIOLOGIST 1	\$26,000.00	\$10,000.00	\$1,000.00	\$2,000.00
0.6	FISCAL ANALYST 2	\$32,000.00	\$15,000.00	\$0.00	\$0.00
0.5	HEALTH SERVICES CONSULTANT 3	\$28,000.00	\$14,000.00	\$0.00	\$0.00
3.6		\$287,000.00	\$113,000.00	\$10,000.00	\$20,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This request directly supports Results Washington Goal 4 for Healthy and Safe Communities 1.2: Decrease the percentage of adults reporting fair or poor health.

This request also supports DOH Strategic plan on Health and Wellness promoting wellness across the lifespan for everyone in Washington.

This proposal supports the departments Transformational Plan objectives:

I. Health and Wellness – so that leadership and policy development best support residents so they can receive the best care so they can attain their full health and wellbeing potential.

II. Health Systems and Workforce Transformation – to strategically position the state with leadership which promotes transparency, equity and trust by bridging oral health between state agencies and partners.

Performance Outcomes:

This request directly supports Results Washington Goal 4 for Healthy and Safe Communities 1.2: Decrease the percentage of adults reporting fair or poor health.

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II. Health Systems and Workforce Transformation – to strategically position the state with leadership which promotes transparency, equity and trust by bridging oral health between state agencies and partners.

Equity Impacts

Community outreach and engagement:

In 2014, DOH engaged with the Washington State Board of Health to develop Strategies to Improve Oral Health and the consensus was that a statewide leader is necessary to advance oral health in the state.

Disproportional Impact Considerations:

Because the lack of oral health has impacted all communities in Washington, this proposal would address the lack of oral health structural leadership in the state. We cannot identify any communities that would be marginalized by this proposal.

³ (Center for Health Workforce Studies, 2017)

^{4,5,6} (Arcora Foundation, 2017)

⁷ (U.S. Department of Health and Human Services, 2000)

⁸ (Yara A Halasa-Rappel, 2019)

⁹ (Corbella S, 2016)

Target Populations or Communities:

This proposal will positively impact communities who experience oral health disparities such as people of color, rural communities, and people with low incomes. Communities such as pregnant people, children, older adults, people with special healthcare needs, people who smoke, and people with cancer or chronic illnesses will also benefit from strategic leadership to prioritize oral health strategies. The State Dental Director will provide the leadership necessary to better integrate oral health with primary health care and to implement interventions to improve access to care, quality of services, and patient-centered care to promote oral health and reduce inequities.

Rural communities are significantly underserved in oral healthcare due to the lack of dental service providers.³ The Office of Rural Health and HCA, with the leadership of a State Dental Director, will have the capacity needed to support and address the complexities with building a larger oral health workforce.

In addition, the State Dental Director would work in partnership with tribes, tribal organizations, and urban Indian organizations to address oral health needs and reduce disparities. As an example, the State Dental Director would help implement and maximize the benefits of SSB 5079 (2017), which authorizes the use of dental health aide therapists to increase access to care in tribes, tribal organizations, and urban Indian organizations.

Oral health impacts an individual's wellbeing and has been largely unaddressed on a statewide level.

In 2016, national data revealed that almost 4 out of 10 adults in Washington have lost at least one tooth because of oral disease, while 2 out of 10 reported experiencing pain in the mouth very often or occasionally.⁴

Disparities in dental care exist among low-income children, American Indian/Alaska Native children, Hispanic children, and for other racial/ethnic groups. Based on the 2015 Smile Survey, these groups had the highest rates of tooth decay-substantially higher than the Washington statewide average of 52% (Washington combined grade decay experience).⁵

Loss of teeth can impact intimacy and quality of life. Based on the 2015 American Dental Association (ADA) Oral Health and Well Being National Survey, 15% of adults in Washington reported experiencing anxiety and 16% reported difficulty sleeping due to the condition of their teeth. Low-income adults are most likely to report having problems due to the condition of their mouth and teeth.⁶

Chronic inflammation related to oral disease contributes to health concerns like diabetes and cardiovascular disease. In 2000, the U.S.

Surgeon General classified dental disease as a silent epidemic given the lack of attention to this widespread chronic disease.⁷

Missing or decaying teeth affect one's appearance, which can have serious impacts on employment or the ability to fully participate in society.⁸

Nearly 60-70% of pregnant women have gingivitis due to the changing hormones during pregnancy which if left untreated may lead to poor pregnancy outcomes such as preterm birth and low birth weight.⁹

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

The Director will also provide the Health Care Authority, Department of Corrections, Department of Children, Youth, and Families, the Office of the Superintendent of Public Instruction, the Area Agencies for the Aging, and Tribal communities with the support, direction, and leadership needed to make and implement evidence-based policy decisions that best promote oral health.

In Washington, the decision to fluoridate drinking water systems is made at the local level. When faced with debate over this effective public health intervention, city councils and county health jurisdiction leaders look to DOH to provide scientific facts and answers to their questions and concerns. The State Dental Director will, among other tasks, provide credible, clear, high-profile guidance to communities across Washington on the facts about fluorides and water fluoridation.

Stakeholder Response:

DOH partners, including the [Arcora](#) Foundation (formerly the Washington Dental Service Foundation) and the statewide Oral Health Coalition, have expressed strong support for a State Dental Director to restore Washington's Statewide Oral Health Program.

In 2014, the Washington State Board of Health developed its Strategies to Improve Oral Health. Shortly after, the Board convened two stakeholder workshops to discuss next steps. At both meetings, stakeholders agreed that a State Dental Director would be the best way to move the Board's strategies forward.

Other partners in anticipated support include the following:

[Arcora](#) Foundation (Formerly the Washington Dental Service Foundation)

Area Agencies for the Aging

Department of Children, Youth, and Families

Department of Corrections

Health Care Authority

Local Health Jurisdictions

Northwest Portland Indian Health Board

American Indian Health Commission

Office of Superintendent of Public Instruction

Washington State Oral Health Coalition

Washington State Board of Health

University of Washington School of Dentistry

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

[Dental Director - FnCal.xlsm](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$287	\$285	\$572	\$285	\$285	\$570
Obj. B	\$113	\$112	\$225	\$112	\$112	\$224
Obj. E	\$16	\$16	\$32	\$16	\$16	\$32
Obj. J	\$10	\$0	\$10	\$0	\$0	\$0
Obj. T	\$19	\$19	\$38	\$19	\$19	\$38

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