

A PARTNERSHIP BETWEEN

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Arkansas Foundation



REIMAGINE ARKANSAS





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RECOGNITION OF PLANNING COMMITTEE AND FOCUS GROUP HOSTS

This work would not have been possible without the partnership and support of the Delta Dental of Arkansas Foundation, volunteer planning committee, and gracious focus group and interview hosts.

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Executive SUMMARY

Arkansas has ranked near or at the bottom in most oral health rankings for many years. It is a layered and complex problem, with an underinsured populace, dental care deserts, changing reimbursement structures for Medicaid, and a state culture that doesn't place a priority on oral health. And yet there are many efforts around the state aimed at improving that ranking, including charitable clinics, outreach and education efforts, and community groups that recognize the importance of oral health. Through a partnership between the Delta Dental of Arkansas Foundation and the Winthrop

Rockefeller Institute, this project gathered feedback from the people affected by oral health and efforts to improve our state outcomes: citizens, health care providers, and community leaders.

While we anticipated some of the reasons why people aren't going to the dentist or why oral health isn't more integrated into general health care, we wanted to hear directly from Arkansans. In this way, we can validate the current understanding of why we are ranked so low in oral health and highlight efforts where social and behavioral

changes around oral health and dental care have succeeded. This report aims to provide a comprehensive overview of not only the challenges surrounding oral health in Arkansas but also the successes observed throughout the state.

After spending time gathering in-person feedback from interviews and focus groups in the state's five geographic regions, as well as additional feedback from an online survey, several common themes emerged. We've organized those into three categories:

BARRIERS TO DENTAL CARE

Participants, providers, and policymakers all identified the following top-level barriers to oral health:

- **₩** Cost
- **⋈** Insurance coverage and availability
- **₩** Language and culture

CONNECTED HEALTH IMPACTS

There was a general perception that oral health and whole-body health were connected most directly in the following ways:

- **₩** Heart disease
- **₩** Poor nutrition

PROMISING INTERVENTIONS

Finally, the following interventions proved effective or were desired by participants:

- School-based dental education
- Parent and guardian involvement in oral hygiene
- Expanding perceptions of oral care beyond just cosmetics or pain relief
- Practical tools for home dental care
- More information about which interventions are effective and why

- Mobile clinics and pop-up services
- · Sliding scale or income-based billing
- Dental check-ups in schools
- Outreach through trusted community members
- Increased accessibility, such as longer or weekend dentist hours

This report will explore each area in depth, with a complete summary of focus group and interview feedback provided in Appendix A and survey responses in Appendix B.



METHODS

The findings in this report are based on an analysis of focus group feedback, one-on-one interviews, and a public survey. Best efforts were made to engage with a variety of perspectives during our community outreach, and over 100 individuals were directly spoken with, while 228 Arkansans participated in a public survey. Feedback, responses, and stories are anonymized as much as possible in this report.

IN-PERSON FEEDBACK

To hear directly from Arkansas citizens, including patients, health care workers, and policymakers, the Institute team traveled to cities and towns across the state's major geographic regions. Locations were chosen not only for geographic diversity, but also for demographic diversity. With guidance from the Planning Committee, we met with groups in seven Arkansas cities: Conway, Helena, Jonesboro, Monticello, Rogers, Springdale, and Lewisville.

Individual interviews with health care professionals and civic leaders followed a semi-structured process, building on a set question list and exploring additional topics as they arose. Each interview lasted between 30 and 45 minutes. Focus groups followed a structured question list with limited side exploration and lasted between 90 minutes and two hours.

VIRTUAL FEEDBACK

Following an initial review of focus group and interview findings, a second round of interviews was conducted to build upon emerging themes or explore regional issues in greater depth. This involved some outreach to previous interviewees as well as new connections. Additional touchpoints were gathered through a public online survey consisting of 10 ranking, multiple-choice, or Likert scale questions and three open-ended questions.

Interview and focus GROUP FINDINGS

Through our discussions with community members, health care professionals, community leaders, and policymakers, several common themes emerged. We've organized those into three categories:

- **⋈** Barriers to Dental Care
- **Promising Interventions**

BARRIERS TO DENTAL CARE

As we met with focus groups and interviewees, we asked their thoughts on Arkansas's low rankings for oral health. The following barriers arose frequently during our discussions. In the context of this report, these barriers are worth considering for future efforts aimed at identifying common pain points to address.

Cost

Even \$15 a month that can sound like a lot to a family that can barely put food on the table."

Unsurprisingly, the cost of oral care was a frequently mentioned barrier. This is true for those patients with and without insurance. For those with dental insurance, regular cleanings and check-ups were common, while procedures such as fillings, crowns,

and root canals were frequently mentioned as pain points. For those without insurance, any dental visit required careful budget consideration. Having a tooth removed, rather than repaired, was often the only option many felt they had when facing serious dental issues.

For some people we spoke with, even the necessary supplies for at-home dental care, such as toothbrushes, toothpaste, and floss, were at odds with challenges related to housing and food costs. In most cases, those individuals knew and understood the importance of dental care, but they had to make tough decisions about where to allocate their limited income.

These effects of high cost were felt most acutely in dental desert areas with limited or nonexistent choices in dental care.

Insurance Coverage and Availability

Most insurance, you know, doesn't cover the dental portion; they have to get a dental plan separately."

Most people we spoke to who had insurance were either insured through their jobs or on Medicaid. Those insured through Medicaid frequently encountered challenges in finding dental offices in rural or underserved areas that would accept their insurance. The current \$500 limit on services was a



Sheryll's Story

Sheryll and her family didn't realize how deeply connected oral health was to whole-body health until they noticed a pattern between dental trouble and heart issues. Coming from rural Arkansas, many of Sheryll's family faced the dual challenge of limited dentist options and the high cost of dental care.

Taking care of oral health issues often meant saving up money to have teeth pulled – the most affordable and direct treatment option. "Before one of my uncles died, I think he had three or four teeth left because he had been, one by one, going and getting these teeth removed," she shared about an uncle who also suffered from congestive heart failure.

Another of Sheryll's uncles suffered from tooth pain for several years. Unable to

afford treatment locally or access charitable options, he turned to home remedies and occasionally self-medicated with alcohol for any relief from the pain. Eventually, his health deteriorated to the point of needing open-heart surgery. The surgeon told the family that the issues could've been prevented years earlier had they dealt with the oral health issues when they first appeared.

This confirmed what Sheryll and her family suspected: that oral health has a direct effect on heart health. While accessing oral health resources remains a challenge – so much so that some of her family members have learned how to pull their own teeth – Sheryll is determined to improve the health outcomes of her children. From regular dentist visits and braces to maintaining strong dental care routines at home, Sheryll is working to prioritize her family's oral health. Affordability and access remain difficult, but overcoming them has become a priority after seeing the long-term effects of unaddressed dental issues.

barrier to some patients, and some providers mentioned low reimbursement rates.

Dental services not being covered by general health insurance was also mentioned as a pain point, particularly during discussions about the interconnectedness of dental and whole-body health. Some lacked the necessary funds to maintain both insurances, meaning they defaulted to just keeping up general insurance, letting their dental insurance go.

Access to Dental Care

66 Our closest help is in Texas."

Rural areas face shortages of clinics and dentists. Finding care for those in dental desert areas is especially hard when considering pediatric and special needs providers. In some rural areas, there may be only one dental office in the region, sometimes located in a neighboring county. Participants in such areas reported traveling for multi-hour round trips to receive care. This created logistical challenges

for participants with limited access to transportation, complex job schedules, or multiple family members requiring care. Such restricted access frequently created situations where preventative care was put off and visits were only made when necessary.

This is especially true for those who depend on charitable dental care, where opportunities may only be available once or twice a year, often requiring significant travel. Participants recounted that they sometimes could not receive care at large events after supplies ran out. Even for those with charitable options closer to home, the availability of appointments can be a challenge.

Health providers provided insight into workforce pipeline challenges, especially in rural areas. One frequent note was the high cost of a dental degree, which is generally more expensive than a medical degree. Additionally, there is a lack of incentives for rural practice among dentists, including substantive loan repayment programs and other benefits. This is an area where policymakers have noted some ability to effect change, as seen in the recent Talent Recruitment Program. The Talent Recruitment Grant Program, created by Arkansas House Bill 1802, provides funding to cities and nonprofits to attract high-earning individuals from out of state to relocate to Arkansas through incentivebased plans.

Language & Culture

Multilingual participants and those with limited English proficiency reported experiencing language barriers and administrative challenges when seeking dental care. This is especially true for

Spanish-speaking and Marshallese participants. When no translators or translated documents are available, most patients must rely on a family member or friend to assist them in navigating visits. This increases access issues related to scheduling and travel, but it also reduces comfort with procedures as it limits communication between the dentist and the patient. Many noted a preference for receiving care out of the country. In addition to removing the language barrier, participants reported that care is cheaper. While rare, there are clinics and offices in Arkansas with multilingual staff and forms available in multiple languages. Participants shared a high level of comfort and regular visits to such offices.

IMPACT ON OVERALL HEALTH

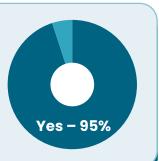
One goal of this project was to investigate the general understanding of the relationship between oral health and overall health. During our discussions, it became clear that many understand that oral care impacts the rest of the body. Frequently, this was gained through direct experience or education provided at dental offices, typically by dental hygienists. Connections missing from this list have potential for future educational and informational efforts.

Focus group participants and interviewees linked oral health to the following issues:

HEART DISEASE

The most frequently identified link between oral and whole-body health, according to participants, was heart disease. Often, this was based on direct experience with loved ones, but it was also shared by doctors, dentists, hygienists, and nurses.

Do you believe maintaining good oral health can help prevent general health problems?



POOR NUTRITION

Many participants also highlighted the impact that poor oral health can have on nutrition. This includes the challenges of eating healthy food, which can lead to short-term tooth and gum pain, as well as the long-term effects of tooth removal and dentures.

MENTAL HEALTH CHALLENGES

Participants noted mental health challenges in two ways. The first is the unique nature of dental pain and its effect on mental wellbeing, especially for those suffering acutely with few options for relief. Secondly, they also addressed how dental health can affect one's self-confidence, most notably how it impacts one's feelings about their smile.

ACADEMIC PERFORMANCE IN CHILDREN

Many participants with children or grandchildren noted improved academic performance after addressing dental issues.

WHOLE-BODY EFFECTS ON ORAL HEALTH

Participants also noted how physical ailments and conditions affected oral health. The most common mentions were of how diabetes can impact teeth and gums, such as increased plaque buildup or slower healing. Others noted that many medications can cause dry

mouth, which negatively affects the mouth. Finally, many discussed how surgeries on other parts of their body prevented them from receiving needed oral surgery until they had fully recovered due to the risk of infection.

PROMISING INTERVENTIONS

One of the most exciting outcomes of this project was learning from the participants what helped them or their patients prioritize oral health and where they thought opportunities existed to do the same for others.

Education

Participants emphasized the need for increased education on dental issues, particularly for young children. While most were focused on improving their oral health, many of them required a significant negative event to change their behavior. A common theme was the assumption that losing teeth and getting dentures was inevitable until a relationship with dental professionals was established. For those with positive dental habits, most formed these habits when they were young, usually through their parents or guardians instilling them.

For those reasons, the following ideas were frequently discussed:

SCHOOL-BASED DENTAL EDUCATION

I can remember growing up, and I just thought that when you got to a certain age, you got dentures."

Because of the perceived importance of instilling good dental habits early in life, increasing school-based dental education was a top recommendation. While there are programs and efforts around the state addressing this need, most recommended a more cohesive and structured approach. Recommendations for shared standards or incorporating dental health into the statewide curriculum were common, highlighting a desire to elevate the importance of dental education in schools. Local municipal and elected officials could also support or bring these efforts into their communities.

PARENT AND GUARDIAN INVOLVEMENT IN ORAL HYGIENE

Complementing education outside the home, participants felt that having parents or guardians be more involved in establishing oral habits would also help them adhere to them. Several participants made oral health a frequent topic with their kids after seeing the long-term effects of preventable dental issues within their families. Many noted that education from pediatricians encouraged them to prioritize oral health, noting that even though baby teeth fall out, establishing good habits to care for them when young is easier than making changes in behavior for older kids who are getting their permanent teeth. Some even expressed behavior changes in themselves when their kids came home from learning about oral health at school, "learning" from their kids, and encouraging new habits.

Top three Factors affecting dental visits

- Cost
- 2. Scheduling
- **3.** Available insurance options

PERCEPTIONS OF ORAL CARE

For me, growing up, we really didn't go to the dentist unless something was hurting."

While speaking with participants from varied cultural backgrounds and dental providers, one theme that emerged was the attitude toward oral care in America, focusing on cosmetics while downplaying preventive care. Brushing teeth throughout the day was a regular part of office life for one participant, but it was viewed as unusual when they moved to the States. Another participant shared a story of rural families making a charcoal paste to brush their teeth with due to limited supplies. Likewise, participants and providers had the perception that many put off dental care until they were in too much pain to avoid it any longer, especially in those places with many access barriers.

Many shared that small habits could make a difference, such as regular flossing. Some floss at stoplights, others keep floss picks in their wallets, while others make sticker charts to encourage the habit at home. Likewise, many wondered if social media campaigns could be a good way to encourage others to consider regular dental care. They proposed showing both the adverse effects of certain foods and drinks as well as the benefits.

PRACTICAL TOOLS

For adult education, many participants expressed a desire for practical tips and tricks, such as proper flossing techniques or visual aids to explain concepts further. Many noted that dental offices that already offer such education made them feel more empowered and increased their trust in the



office. During the focus groups, participants also inquired about the effectiveness of certain toothpastes, the best times to floss, and how specific medications might impact oral health, all of which were addressed by dental professionals in attendance. This represents a small sample of the practical knowledge people seek regarding their oral health.

DEFINE "WHY"

I respond better when someone gives me the education information, and the why, you know? This is what you need to do, and this is why you need to do it."

Another leading desire for adult education is an explanation and exploration of why certain practices are recommended or

detrimental to oral health. While the impact of the message content, pointing out either the positive or negative outcomes of a habit, was primarily dependent on personal preferences, wanting a deeper explanation of why was common. This was often paired with a perception that public service announcements and other large-scale educational efforts are less common these days, further limiting access to information about positive oral health habits and the rationale behind them.

Community-Based Solutions

Many suggestions or ideas from participants centered around generating impact close to home in their own communities. These ideas encompass both the experiences people have had and those they would like to see explored.

MOBILE CLINICS AND POP-UP SERVICES

Having novel access options, especially for those with limited means, was noted as a potential way to impact more community members. Mobile clinics and pop-up clinics can also help bring care to dental desert areas. Even access to free basic supplies, such as floss, toothbrushes, and toothpaste, can go a long way in underserved areas.

SLIDING SCALE OR INCOME-BASED BILLING

Many participants were able to access care due to sliding-scale or income-based billing when they had no insurance.

DENTAL CHECK-UPS IN SCHOOLS

In addition to increased early education around dental health, many participants saw

Armida learned the importance of keeping her teeth for as long as possible from her father and older relatives. "Something that always caught my attention is how normal it is to talk about pulling your teeth here," she shared about the culture shock she experienced related to how oral care is discussed in Arkansas. "In our country, that is the last thing you want to do." This has led to many tough choices for friends and family, as limited insurance options often mean that pulling a tooth rather than repairing it is the most affordable or only covered option.

Armida counts herself lucky to have dental insurance through her job, but she still struggles to find a dental office where she can build a strong relationship. Despite being in an area of the state with a large Spanish-speaking population, she has yet to find a dentist who speaks Spanish. She has found an office where the staff includes Spanish-speaking members and forms are available in both English and Spanish, which has been helpful.

Armida's Story



For larger procedures, however, she opts to return to her home country for dental care, accompanying her father on his annual trip for the same reason. One aspect is the cost difference between procedures in Arkansas and her home country. A procedure that might cost \$2,000 in Arkansas could cost the equivalent of \$500 outside of the US. Beyond that, there's comfort in receiving care in her own language and culture. Some of her family members have experienced pain and trauma from dental care mistakes, like a friend who had the wrong tooth removed when she was younger. Those experiences stick with Armida and make her more likely to consider receiving major dental procedures abroad.

opportunities in schools for regular dental check-ups. Many felt that having a hygienist on staff or regularly visiting would improve outcomes. Many places in Arkansas do offer such care through school-based health clinics, alongside other needed medical services.

OUTREACH THROUGH TRUSTED COMMUNITY MEMBERS

While many of our participants had found trusted dental health professionals, many noted that community outreach through trusted community members was effective in reaching those hesitant to engage with oral health professionals. Having a presence at community events, both health-related and

not, was also a good way to make inroads. This was explicitly mentioned for select Hispanic and Marshallese communities in the state.

INCREASED ACCESSIBILITY

For those with access to a dentist's office, participants offered some general suggestions for ways to increase access and accessibility. A frequent suggestion was having weekend or evening hours on occasion. Such hours would help those with work and childcare schedules that make weekday appointments difficult. Considerations for patients with dental anxiety and sensory issues were also mentioned, such as having a sensory kit available or decorations or images above



Charles' Story

Charles has dealt with lifelong stiffness and pain in his joints and muscles since he was a child, requiring a wheelchair to increase his mobility during his teens. And while his parents took him to the dentist regularly during his childhood, those trips stopped when he was a teenager. By the time he was living on his own, it had been nearly a decade since he'd been inside a dentist's office. During that time, his oral health declined.

"I had two fillings that started to leak and break," he shared, in addition to wisdom teeth that were beginning to come in at the same time. The pain and fear of losing his teeth drove him to search out a dentist in his area. Affordability was a challenge, however. As a child, Charles had been covered by specialized insurance related to his disability, but he aged out. While navigating disability programs for adults, he also reached out to relatives for financial support. Ultimately, he turned to credit cards to cover the immediate procedures needed to get crowns on his fillings. He couldn't afford to address his wisdom teeth at the same time.

Even if he could have, the experience of getting crowns left him hesitant to go back.

"They wouldn't believe that I was in pain," he said of the experience. "My disability makes it hard for me to open my mouth up very well."

He recounted being told that he needed to try more at home and not just rely on the dentist for cleaning. This made him feel "stupid and small," he said, as he was putting in effort at home, but running into challenges related to his disability and the long time without professional oral care. Rather than go back, he decided he "was just going to live with the pain and everything."

That outlook changed when he was connected to a different dental office through a connection with his counsellor. Hearing about his anxiety and fear about returning to a dentist's office, she recommended one that she had firsthand experience with. After convincing him that they would believe and work with him, he agreed to give them a try.

"The people there were really, really kind to me," he said of his treatment. Instead of admonishment about the state of his teeth, they shared that they were proud of him for coming on and getting things addressed. Procedures are still painful, but his new dental team acknowledges his discomfort and talks him through it, letting him know how long is left and what they are doing along the way. They also work with Charles to support his at-home habits, finding ways to accommodate his disability.

"They're helping me get better now."

dental chairs to provide alternative focal points. Finally, as with education, many participants expressed a desire to be more informed about the procedures or steps involved during a visit and their significance.

Medical and Dental Integration

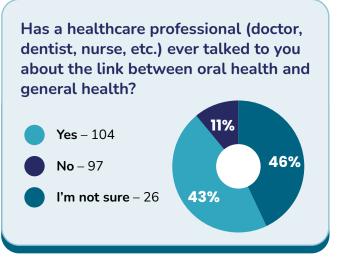
One question we explored with every group was how much patients hear about dental health during visits to their primary care doctor, along with how often dentists are



speaking with their patients about whole-body health.

From the participants we spoke with, it was rare for a primary care doctor or nurse to mention or inquire about dental health. The exception was that pediatricians frequently encouraged parents to take their children to the dentist and promote oral health knowledge. During dental health visits, many participants reported discussing whole-body issues, such as questions about diabetes, and general wellness checks, including temperature and blood pressure. Once again recognizing the importance of oral health to overall health, many discussed the desire for oral health to be part of routine medical check-ups.

In both directions, it was rare for cross-referrals to occur, except in cases where recommendations were made for emergency care, such as those involving extremely high blood pressure. The notable exception was for those in an integrated health care system where referrals across dental and primary care happen within the same organizational umbrella.



Many health professionals have identified strategies, such as shared electronic health records, to help better coordinate medical and dental care. Beyond specific solutions, increasing collaboration between dentists and primary care doctors was a frequent point of discussion.

Another integration that can help throughout the state is that our Local Health Units, through the Department of Health, offer some preventive oral care screenings as well as fluoride varnish. But it is not a wellknown offering. If more people can receive education on the positive effects of this, then it can be an accessible treatment for many. The Dental Hygiene Collaborative Care Program in the state also helps increase access to preventive care and reduces some barriers, such as the need for a dentist to be on-site. Through this program, dental hygienists can enter into a collaborative agreement with a consulting dentist to provide limited preventative services for children, senior citizens, and people with developmental disabilities in public settings, such as schools, local health units, and longterm care facilities. Expanding the services allowed could help to increase access to those in rural areas.

Survey Response OVERVIEW

Responses to an anonymous survey mirrored many of the responses and information we gathered from our in-person interviews and focus groups. They also provide additional insights into the general understanding and visibility of dental care issues in Arkansas. Below is a top-level overview of the results, while the full results can be found in Appendix B.

ORAL HEALTH RANKING

Among survey respondents, there was a general understanding of Arkansas's low ranking for oral health. Out of 226 respondents, 145 (65%) were aware of the state's consistent low ranking.

PERCEPTIONS OF GENERAL VS ORAL HEALTH

There was a difference in how respondents ranked their general health as opposed to



their oral health. While 82% considered themselves to have good or excellent general health, only 69% reported the same for their oral health.

CONNECTION BETWEEN ORAL AND WHOLE-BODY HEALTH

For those surveyed, the connection between a healthy mouth and teeth and the rest of the body was well known. Most respondents (89%) had heard about the connection between the two before taking the survey, although only 46% had heard about it from a health care professional. Beyond that, nearly all (95%) of respondents believe maintaining good oral health can help prevent general health problems.

Respondents were also offered a list of health conditions and asked which ones can be influenced by oral health. Heart disease, diabetes, and pregnancy complications were the most selected single issues, with heart disease being the most chosen out of all options. The next most selected option was "All of the Above", which also included stroke and lung disease.

DENTAL VISITS

A majority of respondents (60%) reported visiting the dentist every six months, with an additional 15% visiting annually. The remaining 25% reported never visiting a dentist or only visiting when a problem occurred.

When presented with a list of barriers that might prevent them from visiting the dentist,

the most common responses were the overall cost of dental care (129 selections), work or school schedule conflicts (110 selections), and the availability of insurance options (89 selections).

With 64 selections, fear or anxiety around dental visits was the fourth most selected option. This represents 28% of the responses, with a similar percentage of respondents (30%) agreeing or strongly agreeing that a lack of trust in dental professionals prevents them from receiving dental care. While the majority of respondents do not hold this sentiment, it is a consistent factor to be aware of for a portion of those giving feedback.

DENTAL HEALTH INFLUENCES

Most respondents frequently consider their oral health (87.7% agree or strongly agree) and associate it with their self-esteem (94.2% agree or strongly agree). When asked what influences their oral care the most, the opinions of family and friends or the advice of health professionals, respondents were most influenced by the advice of health professionals. 86.6% agreed or strongly agreed that health professionals influenced their oral care vs. 55.5% agreement or strong agreement for family and friends.

DEFINITIONS OF "GOOD ORAL HEALTH"

When asked to define "good oral health", most respondents mentioned the cleanliness of their teeth through regular brushing and flossing, along with fresh breath. The next most frequently mentioned designators were healthy teeth and gums, free from cavities and gum disease. Receiving the third-most mentions were regular care through dental cleanings and check-ups. The least mentioned aspect was the connection between oral health and whole-body health.

CLOSING QUESTIONS

The final question for survey respondents was whether there were any aspects they wanted to know more about regarding the connection between oral health and overall body health. Of those that responded, the following themes emerged:

- More information about oral health and its connection to specific diseases and health issues, including heart disease, diabetes, stroke, high blood pressure, the nervous system, autoimmune diseases, and cancer treatments.
- Questions about the best methods for preventative care, beyond brushing and flossing, as well as how effective specific tools are, such as water flossers vs regular floss.
- Strategies or guidance for caring for teeth after damage has already occurred.
- Mirroring the focus groups, calls for dental education and habits to begin early, primarily focused on schools, parents, and families, as well as the integration of dental and medical care, including a greater emphasis on dental health during primary care visits.
- A desire for more advocacy around oral health as part of public health messaging

CONCLUSION

One key takeaway from exploring the connection between oral health and whole-body health with people from around the state of Arkansas is that people understand a healthy smile supports a healthy life. In cases where someone's oral health has suffered or been neglected, the most likely cause is often a shortage of time or funding, rather than indifference or ignorance. This is highlighted by the bulk of suggestions focusing on increasing the affordability of dental care or expanding access to a dentist's office or clinic.

Another important takeaway is that Arkansas is not without effective dental programs. Charitable clinics and events experience intense demand, serving hundreds of people over the course of a few long days. School-based health clinics

and school outreach programs do provide education and check-ups to children in schools. Dental professionals make appearances at community events and health fairs, helping connect their community to resources. Policymakers are looking at opportunities to support increased access and recruitment efforts. While there is always more to be done, Arkansas is not starting from zero.

Those looking to help expand the impact of oral health in Arkansas can look to the recommendations directly from Arkansans and work to make oral health strategies and practical steps a focus of outreach and education. Coordinating and collaborating on early education and parental support are also recommended strategies. While educating adults is also important, most participants noted that positive behaviors often began in their youth and were instilled by their parents or guardians. More than anything, it is encouraged to look to programs that are seeing success and find ways to replicate or support that work in your own community.

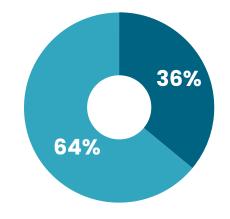
While we are at the bottom of national rankings, health professionals and citizens alike are trying to make a difference. Oral health's importance to overall health seems to be well-understood. Outside of increased affordability and access, most of what we heard people want were practical strategies and trusted resources to help the average Arkansan improve their day-to-day oral health. People want local, affordable dentists, but until that becomes a reality, they want to increase their self-reliance and skills to improve their oral health outcomes.

Appendix A - Focus Group Data

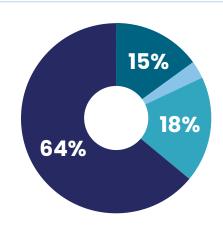
Healthy Smiles, Healthy Lives Focus Sessions - Health Professionals & Patients.xlsx

Appendix B - Survey Responses

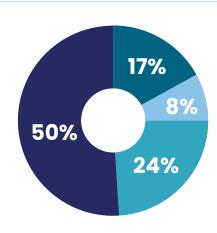
- 1. Did you know that Arkansas consistently ranks at or near the bottom nationally in regard to oral health?
- **Yes** –145
- **No** -81



- 2. How would you rate your general health?
- Excellent 41
- **Good** 145
- **Fair** 35
- **Poor** 6

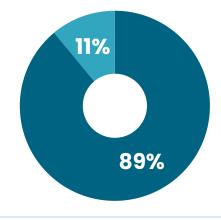


- 3. How would you rate your oral health?
- Excellent 55
- **Good** 114
- **Fair** 39
- **Poor** 19



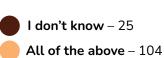
4. Before now, have you ever heard that oral health is connected to overall body health?

- **Yes** –202
- **No** –25

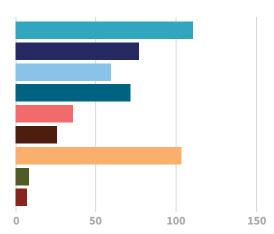


5. To your knowledge, which of the following health conditions can be influenced by oral health? (Select all that apply)

- Heart disease 110
- Diabetes 76
- **Stroke** 60
- Pregnancy complications 70
- Lung disease 34

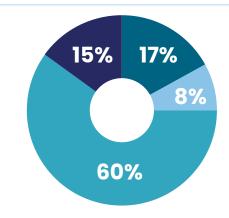


- None of the above 7
- **Other** 6



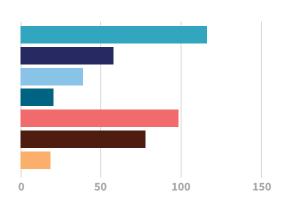
6. How often do you visit the dentist?

- Every 6 months 135
- Once a year 34
- Only when I have a problem 38
- Rarely or never 19

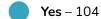


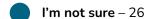
5. What factors influence whether you visit a dentist? (Select all that apply)

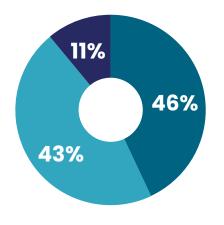
- Cost of dental care 129
- Fear or anxiety
 about dental visits 64
- Location of the dental office 43
- Accessibility (e.g., transportation, disability accommodations) 23
- Work or school conflicts 110
- Available insurance options 87
- **Other** 20



8. Has a healthcare professional (doctor, dentist, nurse, etc.) ever talked to you about the link between oral health and general health?



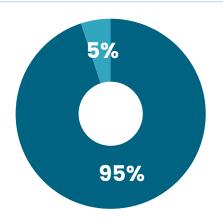




9. Do you believe maintaining good oral health can help prevent general health problems?







10. How much do you agree or disagree with the following statements?



Strongly agree

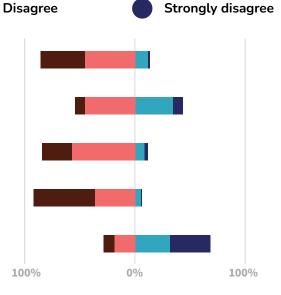
The opinions of my family and friends influence my oral health care.

Agree

The advice of health care workers influences my oral health care.

My oral health affects my self esteem.

Lack of trust in dental professionals keeps me from going to the dentist.



How do you define "good oral health"?

Few cavities or gum disease

Regular dental and doctor visits.

Nice teeth, no cavities, no broken teeth

Beautiful pearly white teeth

Maintaining good oral hygiene and healthy teeth and gums.

Maintaining good oral hygiene and making sure to seek help if you develop any issues

Clean teeth and gums. Brush daily!

Good gum, good teeth, flossing daily, brushing three times a day.

No broken fillings/teeth

Clean teeth

Strong teeth with no cracks or cavities

Taking care of your teeth.

No cavities, routine cleanings

N/A

No cavities or gum disease

Brushing your teeth daily, flossing and keeping routine checkups

Regular cleanings and x-rays to determine if there are any underlining issues such as abscesses

Going like you are suppose to the dentist for check ups

No cavities, no gum disease, regular teeth cleaning/checkups for any other oral health issue

Brushing your teeth twice daily, flossing and using mouth wash

Brushing more than once per day, flossing daily, no bad breath

Dental visit every 6 months

Routine visits and affordable dental care.

Routine check ups no cavities brushing and flossing regularly

Brushing teeth, flossing, regular dentist visits for cleaning and checkups

No cavities, no bad breath, clean teeth, gum health, clean teeth, ability to eat without pain

Clean teeth that are brushed and flossed regularly

Brushing teeth twice a day, flossing, making sure to limit coffee and soda

- Being free of cavities, gum issues/disease, and tartar buildup.
- Having access to and knowing how to use, and using a toothbrush, toothpaste, and floss twice a day

Frequent screenings

Getting your teeth cleaned every 6 months and having a problem fixed. Healthy gums with flossing.

Healthy gums, decreases cavities at visits, if I do have cavities getting them fixed as soon as I can, brushing and flossing daily, watching intake of drinks with high sugar content

Brushing and flossing regularly, lack of cavities

Brushing and flossing on a daily basis and maintaining a healthy diet with less sugars

Free of cavities and other complications due to lack of hygiene

I would define good oral health as taking care of your teeth and doing everything you're supposed to in order to keep them healthy.

Teeth free of cavities, firm gums, fresh breath

I think it means that are your teeth do not have cavities or other issues and that your gums are in good shape.

Healthy teeth

If stays without any dental work and visit dentist regularly, for cleaning purposes

Keeping up on regular dental visits and preventive care.

Healthy teeth and gums, no cavities. Regular brushing and flossing as well as dental check ups

Healthy teeth and gums

No cavity good oral cleaning good breath of smell,

Brushing twice a day and flossing at least once

Brushing flossing mouth washing on a daily

Brushing teeth at least twice per day. No cavities or structural dental work needing completed. Free of gum disease. No halitosis.

Brushing your teeth twice a day, floss after every meal, and keeping your teeth clean.

Strong teeth without decay that don't break or fall out.

Have cleanings done regularly, every six months if possible, and have a dentist monitor for possible problems at every visit, addressing any issue that arises.

Clean, minimal plaque, regular brushing (twice a day), flossing, and quick to get any concerns or pain looked at.

Maintaining consistent dental appts and daily home care

Basic brushing, flossing, and mouthwash at least twice a day. Drinking water

Clean teeth, fresh breath, no pain or problems

Brushing and flossing your teeth

Healthy teeth, gums, tongue, throat and anything inside your mouth.

Regularly brushing and flossing. Routine cleanings every six months.

No cavities

Cavity free and good oral health

Clean, white teeth...Clean gums...No plaque buildup

Cavity free, plaque free, no bleeding gums, have whiter teeth, stronger teeth.

Getting regular check ups and taking care of your mouth as advised by dental professional.

Making sure to properly clean and having a proper eating habits.

Intact teeth without cavities

Little to no cavities, healthy habits- brushing and flossing, attending check ups and semi-yearly cleanings, being cautious of what you're eating/drinking.

No dental/gum disease

Nice clean teeth and gums without carries

Brush, floss and mouth wash at least twice a day. Don't forget the tongue.

Clean teeth, good breath

Good routine, healthy gums and healthy teeth.

Up to date cleaning, fillings or extractions needed/done and good daily mouth/toothbrush

Brushing gently and regularly to remain cavity-free and avoid plaque build-up. Treating any mouth issues as soon as possible, especially anything involving pain or wounds.

Lack of gum disease and unmanaged dental caries

Mouth and teeth in good condition, no caries.

Brushing and flossing daily to prevent cavities, calculus, decay, and other oral disease

I have good teeth, and gums

Few cavities, no missing or false teeth, no regular dental pain or sensitivity, no foul odors, no cancers or disease of the oral cavity, and overall visually nice smile.

Good oral health is visiting the dentist every 6 months or more based on dentist recommendation.

Daily routines of flossing, brushing and use of mouthwash. No cavities.

No cavities, healthy gums

Healthy gums, no cavities, pretty smile

Clean and no disease.

Healthy gums and no cavities.

Routine home dental hygiene plus regular visits to dentist

The ability to keep teeth, tongue and gums clean and fresh, preventing cavities, plaque buildup and diseases that arise from poor oral health.

Not having pain in the teeth

No cavities or gum disease. Have most of your original teeth. Clean breath and not a lot of plaque build up.

Regular brushing, flossing, rinsing... gum disease under control

Healthy gums, cavity free, free of disease

Taking care of my teeth and following up with my dental appointments and getting work done if needed.

Clean, non-diseased teeth supported by good oral health habits such as brushing, flossing, and mouthwash

My oral health supporting my daily life rather than detracting from it

Brushing twice a day and flossing.

Feel good in my own body with medicine.

Not being embarrassed of my teeth, able to eat and smile and talk without issues. No gum disease and little to no plaque or tartar.

Good oral health is not having bad breath frequently or if it is a constant problem. A good oral health is having pink gums that are not red and swollen/ tender to the touch. Bleeding between the gums consistently is a problem to get looked at. Good oral health means being able to chew your food and be able to continue daily routine activities without it being a frequent problem/ worry.

Healthy gums, good enamel, no cavities

Brushing and flossing daily and keeping a low sugar diet

No infections. Annual check ups with dentist. Good breath and clean teeth.

No pain, discoloration, visible issues

Clean, healthy teeth/gums/mouth.

Visting the dentist at least once a year, brushing, and flossing twice a day.

No cavities and white teeth

No pain

No cavities, no inflammation of the tissue

No holes in teeth

Good oral health allows me to enjoy a healthy diet, be confident in social conversation where speaking, eating, or smiling are involved, and gives me peace of mind that my health will not be affected by poor health practices.

Good oral health means your mouth is clean, your teeth and gums are healthy, and nothing hurts. It means you can eat, talk, and smile without problems. You don't have cavities, bad breath, or gum disease. Taking care of your mouth helps your whole body stay healthy too.

One should keep their teeth cleaned on a yearly basis

No pain or cavities

Getting up with brushing teeth, flossing, & going to the dentist

Good daily care of teeth and gums

Clean teeth, regular check ups, no cavities, brushing twice a day and flossing

Better gums so they bleed less. Mouth feels better.

Brushing and flossing twice a day. Visiting the dentist regularly.

Que es algo muy importante para cada persona y más cuando se trata de salud ... Gracias

6 Month cleanings for preventive care and exam by dentist - brushing teeth at least twice a day - flossing regularly

Health teeth and gums

Bright teeth, no spots, gum and tongue look healthy not dark

Clean white teeth, no cavities, no gum disease

Eating proper foods and drinking water. Visiting my dentist regularly, brushing teeth after meals and morning and before bed. Also flossing and rinsing mouth with mouth wash.

Frequent cleaning and lack of gum disease

Taking care of teeth, "clean" teeth, daily brushing and flossing, seeing dentist for regular cleanings/check ups, taking care of gums

I don't.

As a senior citizen depending on ss only for everything, there's not enough money available for better and high quality dental care. Good oral health care means that I can get preventative care, maintenance care and have unexpected dental care paid by a quality dental health plan.

Clean and strong teeth good tmj functioning healthy pink gums tongue free of lesions

Well cared for teeth and gums

Clean teeth; no cavities; healthy gums

General overall good gum health with very few or no cavities that aren't filled.

The ability to maintain good oral health with dental cleanings every 6 months. Brushing and flossing regulary.

Regular checkups, cleanings, xrays, etc. Taking care of problems if and when they arise.

Healthy gums and strong teeth.

No active tooth decay

Regular visits and taking care of problems in a timely fashion, which would require better insurance or more money.

By taking care of your teeth.

N/A all of the above are great.

Very good.

Denist visit

Keep your doctors appointment so you can look good.

Taking good care of yourself.

Keeping up with your teeth and making sure your oral is well put together.

Taking very good care of yourself.

A healthy set of teeth and gums that doesn't cause pain or other issues

Well cared for teeth and gums.

Lack of need for dental treatment!

For me, I have very healthy teeth I have never had cavities or major work done on my teeth. I am unsure what is considered good though.

Oral health, is not only brushing & flossing but also includes watching the sugary items you eat and consume...Even drinks with high contents of sugar

No gum disease, clean teeth, no cavities or very few.

Disease free

Good oral health means having a clean mouth free of cavities, gum disease, pain, or infection. It includes healthy teeth, gums, and breath, and the ability to eat, speak, and smile with confidence.

Healthy teeth and gums.

I'm an rda and managed a dental office. I'm not sure you should weigh my input in.

Free of gum disease and decay

Brushing, flossing, and going for 6 month check-ups and cleanings. Not eating or chewing on things that can hurt my teeth. If something hurts or doesn't seem right, got get it checked out at the dentist, don't wait.

No problems

Strong teeth, clean teeth and gums, no infection or disease

Brushing teeth at least morning and evening, flossing, and going to the dentist every six months and any time I have an ache or concern about my oral health.

Taking care your teeth and seeing a dentist regularly

No disease

Preventive care, regular dental visits (every 6 months), and continue to education on oral health

No cavities. Healthy gums

Good teeth

Daily brushing and flossing.

Cleanings, check ups, brushing 2xs daily or more, flossing.

Performing regular upkeep on your teeth and addressing any issues you may be having with them regularly.

Strong teeth and gums, with minimal issues.

Healthy gums, no carries or build up on teeth, healthy tongue, cancer free

Keeping teeth/mouth clean and getting problems addressed quickly

No pain, white teeth, no cavities

Freedom from disease, excellent oral hygiene, regular following up with providers

Good oral health is no diagnosis such as cavities or gum disease. Clean and white teeth. Healthy looking pink gums.

No presence of tooth decay or gum disease in the mouth. Teeth and gums are healthy.

I define "good oral health" as utilizing techniques (flossing and brushing twice daily and eating healthy foods) to minimize and prevent the deterioration of your teeth, mouth, and gums.

No plaque, no tartar, no bleeding, no caries

Keeping teeth cleaned and healthy

Healthy teeth and gums. Dealing with problems as they arise and before they become serious. Taking care of your teeth by brushing and flossing.

Visiting the dentist regularly to ensure clean, strong, healthy teeth and gums in a preventative approach to ensuring no larger issues which could impact oral or overall health.

Disease free teeth, healthy gums

Brushing and flossing daily (at least twice a day), and a healthy diet.

Healthy teeth and gums. Brushing and flossing daily (at least).

Cavities, pain, teeth yellowing, plaque build up

6 Month check ups

No odor, inflammation, caries, or pain.

Maintaining healthy habits with for my mouth

Visiting dentist every 6 months for cleanings

Brushing twice a day and flossing. Seeing a dentist twice a year. Following up with oral issues and maintaining healthy teeth and gums.

Clean teeth, gums and oral cavity free of disease or cancer

Eating healthy, brushing, flossing and using a good product to take care of my teeth. I understand that it all works together.

Healthy gums and teeth; no cavities or issues in mouth

Good oral health includes good oral hygiene (brushing at least twice daily, flossing, eating healthy foods and beverages, drinking water), dental visits every six months.

Is there anything you would like to know more about regarding the connection between oral health and body health

Nο

Not at this time

No because I could research it online or ask a dental professional.

N/A

No.

No. But I do appreciate what yall did at the expo center. Everyone was so nice and happy to be helping folks. It is blessing

N/A

N/A

We need to clean teeth and screen in every school in arkansas. The only way to improve oral health is kids.

None

Not at this time

No

Sure

I'm open to receiving any information

How it impacts school-aged children, connection to nerves,

I feel a lot of times when someone goes to their medical provider that the medical field just skips over oral health, which is sad as it can be linked to so many items of someone's over all health

Once someone's health has been negatively impacted by poor oral health, what can be done to restore their health?

Yes

Why don't we see advisements about the link between oral health and heart? Why isn't tattoo parlor and piercing salons required by law to advertise the risks like how they are required to do so for cigarettes?

Everything

Yes and how each tooth is connected to which body organ or body health?

Specific links and any additional health effects besides heart disease.

Yes, it would be interesting and helpful to be able to inform patients about this connection.

No thank you

Not sure

Any education regarding the impact of good oral health on the body is beneficial.

More education resources for families

No.

What ways can oral health impact the overall health of a person?

How is connected

Yes - why insurance companies don't routinely cover dental care if it's so important.

My wife is a dental hygienist, so I have learned a lot from her and my time working for delta dental

Not at this time.

Not me specifically, but I feel more medical doctors need to recognize the connection.

Nope.

Healthy preventative measures for dental work aside from just flossing and tooth brushing-maybe diet, oil pulling, etc.

Nothing comes to mind

Not needed.

Yes!

Yes, I would like to know more about how bad oral health affects certain problems such as body systems for example does it affect the nervous system, or cardiovascular system, etc. Does it also affect people with certain diseases/diagnosis.

No not really.

Yes if there is one I want to know

I have recently started using a water flosser and would be interested in finding out whether there is more benefit to traditional flossing or the water flosser. At this point my hygienist has suggested that we'll see if it works for me.

Yes I would like to know much more about oral health and body health!1

No thanks

No

Sure, tell me all the things.

How it relates to overall health

Pienso que sI todo tu cuerpo esta bien lanpersona estará bien siempre y con el autoestima en alto.

I'd like to know more about the connection between high blood pressure and oral health, the connection between diabetes and oral health, how the nerves are impacted, etc.

I would like to know why I can't get my teethe fixed. I can't afford it even with my insurance. I need dentures or implants.

I know the affects it regarding maintaining a good overall health.

I'm highly capable of doing the research to learn what i'm searching for. Mayor research and medical schools as well as dental research practices is available online.

Always open to better health suggestions

I'd like to know free or reduced cost dental clinics in community for my relatives

The effects of bad oral health and diabetes

Knowledge is always good

Not really, pretty discouraging.

Yes, I would like to know more.

No not really.

I want it to be more well known that there is no separation between oral health and whole body health

No thank you.

Yes, I would like to know more about how oral health is linked to chronic conditions such as heart disease, diabetes, and stroke. Understanding these connections can help improve our prevention and education efforts in children and adults.

Insurance max has barely changed from 1992 when I started to 2024.

My husband will not go back to the dentist after a painful procedure that he isn't a 100% sure was needed. How do I convince him to go back?

Nope. I'm a dentist

Yes I love reading about children connection between oral and body health

It would be helpful if someone would come and speak to the intellectually disabled community

Educational material.

How easily do teeth break down

Any connections between poor body health causing poor oral health? Like to know more about the details of body health issues caused by poor oral health.

I would like to know specifically how oral health impacts heart health and blood pressure.

Yes. What body health influences oral health

Why don't more people, clinics, etc. Offer dental implants or dentures and bridges? They love to pull teeth, but won't help replace them. I know there are a couple of places that do this, but their hours and location are not practical for most low-income individuals. Most of the time they say they are not taking new patients anyway.

Not at the moment

Nutritional deficiency in children resulting in life long poor oral health

Yes, the link between oral health and body health and why it isn't all together as one with maybe a specialty or emphasis on oral health.

Here are a few thoughts on dental care.

- 1. I do believe there is a link between health and oral care.
- 2. There is a concern that although a person may take care of these things, due to cancer or autoimmune problems dental situations may occur. With that said the cost of then fixing teeth can become a problem. This is the case for me. I want nice teeth again. My cancer treatment along with the fact that I have ehlers danlos syndrome, my teeth have fallen apart. Finding a good dentist that isn't in it for the money, but willing to treat with care and thought of a good treatment program like my oncologist did at uams is unheard of at this time.



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