

Oral Health for All: Addressing Dental Disparities in the Columbia Gorge

Partnering with the Columbia Gorge Health Council (CGHC), we conducted a comprehensive analysis of the current state of oral health in the Columbia River Gorge region and developed targeted, evidence-based recommendations to strategically improve access for Oregon Health Plan (OHP) members.

Methods

To begin our thorough analysis, we conducted interviews with various stakeholders in Hood River and Wasco counties, including dental clinicians, dental executives, and leaders in the community and public health sectors. These interviews helped us identify themes related to the current state of oral health in the region, providing direction for the next phase of our analysis, the literature review. The information obtained from the literature review allowed us to identify key barriers and facilitators and develop tailored, evidence-based recommendations to improve oral health in the Columbia Gorge.

Barriers

- **Lack of access to care.** Currently there is a shortage of dental providers who accept Medicaid patients. This can be attributed to the historically low reimbursement rates with an interviewee citing that, "... since 2021, there's been a series of dental rate cuts." If this persists, dentists will continue to be reluctant to enroll in OHP, contributing to the overall lack of access to care.
- **Recruitment and retention challenges.** Dental clinicians strive for excellence in the care they provide to the community, but without adequate resources & staffing, consistent excellence can be a challenge. The burden on these providers is simply too much as one interviewee described it as "overwhelming," contributing to this barrier.
- **Clinical workflow challenges.** OHP patients tend to have significant needs that require multiple appointments to address. An example of a contributing factor to this is patients who had negative dental care experiences in their childhood are more likely to choose not to seek dental care in their adulthood resulting in varying complex oral health issues. As a result, these appointment types will require additional time and appointment slots to adequately address leading to clinical workflow challenges.

Facilitators

- **Community partnerships.** Existing school-based programs have been a great pathway to educate students and their families on the importance of oral health in addition to exams and sealants provided in the schools.
- **Collaboration across health disciplines.** Integrated sites where dentists are co-located in primary care clinics or cross training where primary care clinicians are trained to provide base levels of dental care (i.e., fluoride varnish) have also proved beneficial.

- **Patient navigation.** Community Health Workers have stepped up helping families better understand, access, and navigate their covered benefits such as transportation assistance.
- **Equity & prioritization initiatives.** To help provide equitable access to care health centers, such as One Community Health, reserve appointment slots for the priority population including pregnant moms, foster kids, and diabetic patients.

Recommendations

The following recommendations aim to provide realistic strategies, grounded in both data and proven models, that can lead to long-term, sustainable improvements in oral health access for OHP members.

- **Strengthen the workforce.** We recommend a comprehensive strategy that includes housing stipends to re-establish dental student rotations, development of “grow-your-own” career pathways, loan repayment incentives, regional mentorship and clinician consultation programs, investing in modern education tools, stipends for continuing education, and expanded marketing efforts. Together, these initiatives are designed to support recruitment and improve retention, which ultimately expands high-quality, sustainable oral health access for OHP members.
- **Build and scale strategic partnerships.** Scaling strategic partnerships is essential, particularly with local schools, workforce development boards, and clinics utilizing mobile dental vans. We also recommend forming new partnerships with dental education programs to establish student rotations modeled after successful initiatives like University of Washington’s RIDE and the Oral Health on Wheels programs.
- **Leverage integrated care.** To leverage integrated care and expand access for OHP members, we recommend piloting dental clinic-based community health workers (CHWs), scaling oral health education for primary care teams, offering integration micro-grants, and assessing School-Based Health Centers for restorative care expansion. These strategies strengthen whole-person care, reduce no-shows, empower non-dental providers, and increase access to preventive and restorative services for children and families across the Gorge.
- **Sustain and advocate for system change.** We recommend the Columbia Gorge Health Council invest in long-term, systems-level change by developing a regional dental telehealth plan, engaging in targeted policy advocacy, and monitoring emerging technologies like 3D printing, minimally invasive dentistry, and oral microbiome testing. These efforts can position the Council as a regional leader in innovation while laying the groundwork for expanded, sustainable access to oral health care for OHP members.

Conclusion

Improving oral health access for OHP members in the Columbia Gorge will require a combination of growing a stable workforce, deepening strategic collaborations, advancing integrated care models, and driving long-term systemic reform. By strategically investing funds in each of these categories, the Columbia Gorge Health Council can help build a more resilient and equitable health system that expands access, strengthens continuity of care, and delivers better outcomes for the region’s most underserved communities.

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