

Participants in focus groups echoed interviewees' perceptions, with many reporting that they were not satisfied with their own oral health. Some participants noted the serious negative effects of drug use on their teeth and gums, while other participants shared the challenges to oral health that come with aging. Some focus group members expressed dissatisfaction with their oral health, despite taking care of their teeth.

"My teeth aren't too great. I lose a tooth every once in a while. I know I need to improve them. I brush and use mouth wash, but they still aren't great."

- Focus Group Participant

Poor oral health among children was mentioned in several conversations. Focus group participants and interviewees shared that parents tend to be less concerned about their children's baby teeth so they often do not take steps to care for these teeth. Interviewees observed that some parents lack understanding about oral health, which leads to practices such as giving children candy and soda and giving babies juice in their bottles. Interviewees providing dental services to children have observed fillings and restorative work in children's teeth; one stated that they have had to extract children's permanent teeth because they were not restorable. Another interviewee stated that many children have had fillings and restorative work, which they believed demonstrated that children have access to treatment when needed, but that families lack knowledge about how to prevent caries.

Furthermore, focus group conversations revealed that participants' overall understanding of the connection between oral and physical health is mixed. Some reported that they understood how important good oral health is to their wellbeing yet also stated that their primary care providers do not talk about this, while other participants reported that they did not think about this connection. Interviewees also shared mixed perspectives. A couple of interviewees stated that they believed residents do understand and appreciate the oral-physical health relationship. One interviewee shared an example of having several patients tell them that they feel their oral health is affecting their diet and diabetes. However, some interviewees thought there is insufficient understanding of this vital connection.

"Generally, people probably understand that dental health is connected to systemic health, but actual knowledge of dental health care is inadequate."

- Key Stakeholder Interviewee

Both focus group participants and interviewees shared that healthcare providers spend limited, and often no time, discussing oral health with their patients. Many focus group participants stated that their primary care physicians have not brought up oral health care for either themselves or their children and it is patients who must do so. One focus group participant shared that they had to ask their doctor about fluoride for their child. Another focus group participant stated, *"The problem is that [with] the PCP, if you don't bring up oral health issues yourself, then they won't get addressed."* Focus group participants recalled that CHA had a Haitian doctor at one time who did ask about oral health, which they appreciated.

Frequency of Regular Dental Visits or Check-Ups

Many focus group participants shared that they see or try to see a dentist regularly; for some, this had been more inconsistent during the COVID-19 pandemic. Others, however, reported that they seek dental care only when there is a problem. Some interviewees noted this pattern as well: lower income residents

"I only go to the dentist when I need something done like getting a tooth pulled. I know dentists do cleanings and stuff, but I haven't really gone for that."

- Focus Group Participant

and other vulnerable groups tend to take a more reactive approach to oral health care. Cost is the primary reason for delayed dental care according to focus group members. A focus group participant explained, "*[The] problem isn't that we don't want [dental] care, it's the money.*" Several focus group participants shared that they have sought dental care for one reason and then been told by a provider that more work (and more expenses) was necessary and that this is a reason they do not go to the dentist.

Perceptions of Access and Barriers to Oral Health

Care

Focus group participants and interviewees stated that accessing oral health services in Everett and Malden can be difficult. In general, participants and interviewees stated that it was easier to access dental care for children than for adults. An interviewee noted that the HeadStart program requires a dental exam as part of registration and also offers some oral health education as part of programming. Focus group participants who were parents of children shared that reminders sent for pediatric dental appointments are very helpful in keeping their children up-to-date with oral health care. Participants also stated that there is less access for those who are lower income and those without dental insurance. One interviewee noted that seniors in particular, are "*falling through the cracks*" because many are not covered by MassHealth yet no longer have dental insurance and face steep oral health costs. Focus group participants and interviewees identified several barriers that Everett and Malden residents face when trying to access dental care, as described below.

Cost of Care

As noted above, the high cost of dental care was mentioned as a challenge across all focus groups and interviews. A common theme in focus group discussions was additional cost beyond what insurance will cover. One focus group participant explained the challenge by saying, "*Insurance says they'll cover it, but then the dentist says you also need to pay x, y, z and then you end up paying the same amount the insurance was covering.*" Finding lower cost dental providers is a constant struggle according to participants. Another focus group participant shared, "*Elderly people sometimes call the senior center [in Malden] to ask where to go. They desperately need care but can't afford it or don't know where to go.*" A couple of focus group participants said that they choose to go to local dental schools for care because it is more affordable. Another pointed out that some residents go back to their home countries for dental care. As this participant stated, "*[some] prefer to get their dental treatments in Brazil...it's much cheaper.*" Interviewees reported that some people choose to have teeth removed rather than replaced or restored as that is the most cost-effective option. Most often, participants stated, people forgo care, leading to more serious issues later on.

"[There are] plenty of private practices exist in Malden, but out of pocket expenses are too high for many Malden residents – [they must choose] between rent, groceries, oral health."

- Key Stakeholder Interviewee

Limitations of Insurance Coverage

Lack of comprehensive dental insurance coverage was another barrier identified in focus group discussions and interviews. Several participants specifically mentioned limitations on MassHealth dental coverage. One focus group participant explained, “*For me, MassHealth covers everything because I am pregnant, but [for my husband], it doesn’t cover all and it’s very expensive.*” While MassHealth covers biannual cleanings, fillings, crowns, and root canals, the deeper cleaning needed to treat gum disease requires out-of-pocket costs. MassHealth does not cover orthodontic work, making it more difficult for lower income children to get braces. Medicare likewise has limitations on oral health services covered for seniors. An additional challenge seniors face, according to focus group participants, is understanding and navigating their dental insurance.

“[I] went to a dentist in Malden [who] took MassHealth ...[they] did a deep cleaning and a regular cleaning. [I] didn’t go back after because [I] couldn’t afford it even with MassHealth.”

- Focus Group Participant

Challenges with Getting Care from a Dental Provider or Getting a Dental Appointment

Focus group participants stated that it can be difficult to get oral health appointments. Finding a provider who accepts MassHealth is particularly challenging. As one focus group member stated, “*[I] have a hard time calling providers and asking if they take MassHealth.*” Finding staff is a challenge facing all dental providers, according to one interviewee. One interviewee explained that low reimbursement for services by MassHealth can substantially constrain small private practices that want to continue to serve the underserved. As one interviewee explained, “*MassHealth pays providers as if providers are volunteers receiving a stipend.*” As a consequence, an interviewee explained, fewer providers participate in MassHealth, some limit the number of MassHealth patients they take, and others raise fees for the uninsured and self-pay patients to make up for low reimbursement. For residents this can mean long wait times for appointments. As one focus group participant shared, “*I have a broken tooth...I have an appointment next week, but I called three weeks ago.*”

“My mom tried to schedule an appointment in June, but they made one for July and then pushed it to September. After that, [they pushed it again] and [then] couldn’t get an appointment at all.”

- Focus Group Participant

Low Oral Health Literacy

Lack of understanding about how to care for teeth, the importance of prevention, and the oral-physical connection are all contributors to poor oral health according to interviewees. Several also noted that parents, particularly immigrant parents, do not understand the importance of caring for baby teeth and the connection between children’s diets and their oral health. An interviewee observed that lack of understanding about the benefits of water fluoridation is also a challenge and that some parents distrust town water and see juice as a healthy alternative. Interviewees also pointed out that the lack of a prevention mindset is also a factor that negatively affects residents’ oral health. Culture also plays a role, according to participants. Several participants explained that in many cultures, prevention is not emphasized, and people seek health and dental care only when they have a problem. In Haiti, one interviewee explained, dental care is seen as a luxury rather than a necessity, so many people will not pursue it if there are barriers.

Fear and Dental Anxiety

Fear is also a barrier to accessing oral health services according to interviewees and focus group participants. During the COVID-19 pandemic, people stayed away from healthcare and oral health offices out of fear of getting sick. As mentioned earlier, focus group participants also reported that some residents do not access oral health services because they fear learning that they need more extensive—and expensive—dental work. A member of the Haitian focus group explained,

“Older people may be missing teeth... [they are afraid of] going to the appointment and [having the dentist] find other issues.”

- Focus Group Participant

Lack of Trust of/Good Experience with Providers

Lack of trust in providers is a factor that substantially affects healthcare access according to focus group participants and interviewees. Among immigrant groups, one interviewee noted, fear of engaging with any programs or healthcare services is a substantial barrier to obtaining timely health and oral health care. As described above, several focus group participants stated that their dental providers find new dental issues to address, at additional cost. This experience, participants shared, often dissuades them from seeking dental care or trusting dental providers. An interviewee working with community members agreed saying that residents tend to believe that *‘If we go [to a dental provider], they will create a problem.’* Concerns about dentists’ “bedside manner” arose in two focus groups. Some participants shared experiences with unprofessional and unfriendly interactions with their dentists. Other participants reported that their dentists did not explain in advance what they were doing; one participant said, *“I felt like they just used me as an experiment...they were not communicating what they’re going to do.”* Interviewees shared that time pressures during appointments often prevent providers from sitting down with patients and really talking to them.

“[I] went to the dentist to get teeth removed, but they seemed to add on more issues... [they] gave [me] a list of everything else that needed to be done. [It seemed like the] dentist just wanted to make more money.”

- Focus Group Participant

Transportation

Although not a common theme in conversations, one interviewee shared that transportation, especially to lower-cost providers and dental clinics who can provide more specialized treatment, can be a barrier for some patients in Everett and Malden.

Gaps in Services and Community Suggestions for the Future

Below describes the gaps identified by focus group participants and interviewees in current oral health services and some suggestions for improvement they shared.

More Availability of Dental Providers

Focus group participants and interviewees saw a need for more dental providers, particularly those who accept MassHealth. Several participants suggested that more community-based dental providers were needed and recommended another federally qualified health center (FQHC) dental clinic in Malden, emergency dental services in Malden, expanded services at Sharewood, and creating a one-stop-shop that provides both health and dental care. One interviewee saw potential for increasing oral health services

access through schools by establishing on-site dental clinics for students, expanding sealant programs in schools, and engaging orthodontists to go into to the schools. Focus group participants suggested more up-to-date information about which providers accept public insurance. Several participants recommended that reimbursement rates should be increased to encourage more private dental providers to participate in MassHealth. Attention to individuals with special needs that are unable to be cared for by private dentists is a significant barrier for many families caring for those who may need additional support services in order to safely receive oral health care.

More Affordable Dental Care

The cost of dental care, as described above, is a substantial barrier to accessing care. Focus group participants and interviewees suggested that MassHealth and Medicare expand the services covered to reduce costs on residents. Some focus group members, in particular within the Haitian community, and a couple of interviewees also saw a need for financial assistance programs to help lower income residents pay for dental care and non-covered services.

Expanded Oral Health Literacy Programs

Numerous focus group participants saw a gap in oral health literacy programs and thought more of these types of programs and services should be available. Suggested topics included different types of toothbrushes, and which are best for whom, the benefits of water fluoridation, and the connection between oral and physical health. Focus group participants within the Haitian community and interviewees working with immigrant residents stressed the need to educate about prevention and the importance of seeking dental care when an issue first arises. Other focus group participants suggested conversations and education about oral health should also focus on helping people to feel more comfortable with going to the dentist and better equipped to talk about their teeth and mouth.

Focus group participants and interviewees identified a variety of venues through which to share oral health information including community events with dental providers at public parks, workshops for residents at community-based organizations, and through schools and school nurses. Focus group participants within the Haitian community also suggested educational events at churches and messaging through radio and television. Other focus group participants noted that social media outreach such as through Facebook could be effective; they also suggested that discussing oral health at Alcoholics Anonymous (AA) meetings and during recovery programs would reach those overcoming addiction. One participant recommended that dental clinics conduct outreach to people experiencing homelessness. Focus group members and interviewees stressed that multiple modes of information sharing are needed—written, verbal, visual—and that repeated messaging is important. Participants suggested more outreach to children about how to take care of their teeth, including young children, and described school principals and school nurses as vital partners. One participant suggested that oral health be integrated into school health and physical education curricula. Another recommended providing oral health “kits” to students in much the same way personal protective equipment (PPE) kits were distributed during the COVID-19 pandemic.

“The best way would be a combination of visual and verbal instructions. Creating pamphlets, going through with the parents, and describing potential complications of putting off dental health will all help the Malden community take their oral health more seriously on a daily basis.”
- Focus Group Participant

Greater Engagement of Primary HealthCare Providers

Several participants saw a gap in engagement of health care providers, including primary care providers and pediatricians, in oral health care and believed that this should be addressed. As one interviewee

summed up, “[We] need a broader, upstream view of oral health that is tied to other areas of health.” Various suggestions were provided by interviewees and participants. One interviewee recommended the ‘Smiles for Life’ program that is integrated into medical electronic health records (EHR) and prompts questions about dental care access and dental issues. This interviewee also noted pregnancy as a good time to talk to patients about oral health for themselves, partners, and children. Several participants noted the important role pediatricians play in supporting children’s health and suggested that more should be done to encourage pediatricians to have conversations about oral health with their patients and families. An interviewee also suggested a more systemic approach by finding a way to bill for dental services through traditional health coverage; this, the interviewee stated, “would help establish the importance of dental care for maintaining overall health.”

Participants provided several specific suggestions for better integration of oral health at CHA. A focus group participant suggested having care coordinators or general health providers at CHA discuss oral health with patients. Another focus group participant also suggested a more active role in oral health for healthcare providers saying that, “If doctors are asking about our teeth, CHA doctors could arrange appointments for us with CHA dentists.”

“[My] daughter’s father is homeless and has teeth missing but would have benefitted from dental care from the care coordinator [at CHA]. Only general health and medication were discussed.”

- Focus Group Participant

Better Coordination Across Partners/New Partnerships

Interviewees pointed to the need for community-level approaches that connect dental care to other settings in order to take a more holistic approach to health and healthcare. As one interviewee noted, schools are seen as critical partners in reaching both students and their families and participants suggested that schools and school nurses play a more active role in supporting and messaging about oral health. Interviewees and focus group participants alike mentioned that trusted community institutions—including churches and other religious institutions, the Family Resource Center, and the Parent Information Center—can also share information about oral health and connect residents to needed services.

Enhance Cultural Competency

Several participants suggested that oral health providers could take steps to enhance cultural competency and, in some cases, overall interaction with patients. A couple of interviewees noted that need for expanded language capacity including more providers or interpreters for Portuguese and Spanish. A focus group participant within the Haitian community suggested that better understanding of the diets of different cultures could be helpful in oral health care. Other participants suggested that dental providers be more understanding of the experiences that patients have had and the barriers they face and how this affects their oral health. An interviewee noted that providers could also benefit from understanding the impact of trauma on patients’ lives and their approaches to health and oral health care.

“[The dental provider should] allow patients to take a breath, recollect, and give [them] options to make a decision rather than making them feel like they’re being ‘dumped on’ because they can’t afford something. [People have] anxiety surrounding not being able to afford services...fear that teeth will need to be removed.”

- Focus Group Participant

Conclusions

This oral health assessment brings together quantitative and qualitative data from a variety of sources to provide an overview of the current oral health status and perceptions of Everett and Malden residents, and explore community assets, as well as oral health resources and gaps. Overarching themes that emerge from this assessment include:

- **Malden and Everett are home to people from many different places.** Four in ten residents are foreign-born and roughly half speak a language other than English at home. Haitian, Brazilian, and Chinese residents comprise some of the largest population groups in the communities. Community survey results and discussions with focus group participants and interviewees suggest that BIPOC residents in Everett and Malden experience greater challenges to accessing oral health care than their non-BIPOC neighbors.
- **Malden and Everett saw lower median household incomes and higher poverty rates compared to the state.** When discussing day-to-day concerns of residents, focus group members and interviewees most often mentioned the social determinants of health, including expensive housing and growing homelessness, food insecurity, lack of well-paying jobs, and inability to access transportation.
- **Many Everett and Malden residents were covered through public health insurance.** Over 40% of Everett residents were covered by Medicaid, substantially higher than Malden (28.5%) and the state (22.4%). Almost 70% of children in Everett were covered through Medicaid, a higher proportion than in Malden (49.1%) and over twice as high as for the state (33.9%). Both Everett and Malden had a higher proportion of senior residents (27.6% and 26.0%, respectively) covered by Medicaid compared to the state (16.5%). Community survey results show that nearly one third (31.7%) of respondents had dental insurance through Medicaid. Challenges associated with accessing dental services for those covered by MassHealth was a frequent topic of conversation in focus groups and interviews.
- **While most respondents to the community survey and community focus group members described their overall oral health status as good, very good, or excellent, some reported being dissatisfied with the appearance of their teeth and worried or embarrassed about their teeth, mouth, or dentures.** Physical discomfort such as difficulty eating some foods and painful aching in their mouths were additional oral health challenges reported by survey respondents. Higher proportions of BIPOC respondents reported negative experiences due to problems with teeth or mouth than non-BIPOC respondents.
- **Poor oral health among children was mentioned as a concern in several conversations.** This was attributed to low parent concern about their children's baby teeth, and lack of understanding about oral health which leads to unhealthy practices. Overall, focus group members and interviewees suggested that more needs to be done to reach parents and children themselves with messaging about the importance of oral health and good oral hygiene practices.
- **Focus group participants and interviewees cited the lack of understanding about the importance of prevention, especially in some communities, as a substantial barrier to good oral health.** Survey results mirror this: nearly one quarter of survey respondents believed that dental visits are only important for a dental emergency. This perception was higher among BIPOC survey respondents. Many focus group participants shared that they see or try to see a

dentist regularly; others, however, reported that they seek dental care only when there is a problem. Interviewees who were dental providers noted this pattern as well: lower income residents and other vulnerable groups tend to take a more reactive approach to oral health care. Focus group participants and interviewees also saw potential for strengthening care coordination between primary care providers and dental providers, which may address this barrier to good oral health.

- **Over 80% of survey respondents reported that they have a regular dentist; over 60% of reported that they usually get their dental care from a private dentist, while another 34% go to a community dental clinic.** A larger proportion of BIPOC survey respondents reported to have a regular dentist than their counterparts. Focus group participants and interviewees stated that accessing oral health services, especially for adults, in Everett and Malden can be difficult. About 18% of survey respondents reported that they get their dental care from an emergency room or an urgent care clinic. Use of emergency rooms for dental care was higher among survey respondents with public health insurance (Medicaid or Medicare).
- **Among survey respondents, interviewees, and focus group participants, the cost of care was the most often-cited barrier to accessing oral health services.** A common theme in focus group discussions was the additional cost beyond what insurance will cover. Lack of comprehensive dental coverage was the second most common barrier according to survey respondents and a common barrier described by residents participating in focus groups. Limitations on MassHealth dental coverage was a substantial constraint to oral health access for those residents with public insurance. Slightly less than one quarter of survey respondents reported that they had not visited a dentist or hygienist in the past year.