



Washington State Apple Health Dental Program Facts and Figures July FY 2020

Overview of WA Apple Health Dental Program: Children's Coverage

- Apple Health for Kids is a comprehensive child health program. The program's focus is on prevention, early diagnosis, and treatment by both medical and dental providers. Children through age 20 are eligible for a complete range of dental services, including preventive and restorative procedures.
- Dental coverage is free for all children in families below 200% FPL (\$43,440 for a family of three in 2020).
- The COVID-19 pandemic has had and continues to have an impact on the dental care delivery system, the dental workforce, and patients' access to care. In order to conserve PPE supplies, Gov. Inslee issued an executive order closing dental offices (as well as medical offices) to non-emergency care for 2 months in spring 2020. Following office re-openings, COVID-19 mitigation measures (including new equipment and infrastructure), increased PPE needs, workforce shortages, patient hesitancy, and patients who experienced increased financial instability due to COVID-19 all contributed to reduced utilization rates.

Note: Apple Health for Kids is premium-free for families up to 210% FPL, and with sliding scale premiums between 210 and 312% FPL

Sources:

<https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/health-care-children>
<https://aspe.hhs.gov/poverty-guidelines>

Importance of Dental Care and Oral Health

- Oral Health is a critical component of overall health. Poor oral health can cause pain and impact many aspects of a person's life, including the ability to eat, sleep, learn, and work.
- Untreated dental disease can result in pain, poor nutrition, missed school, lack of employability, and social isolation, which can have a devastating impact on quality of life

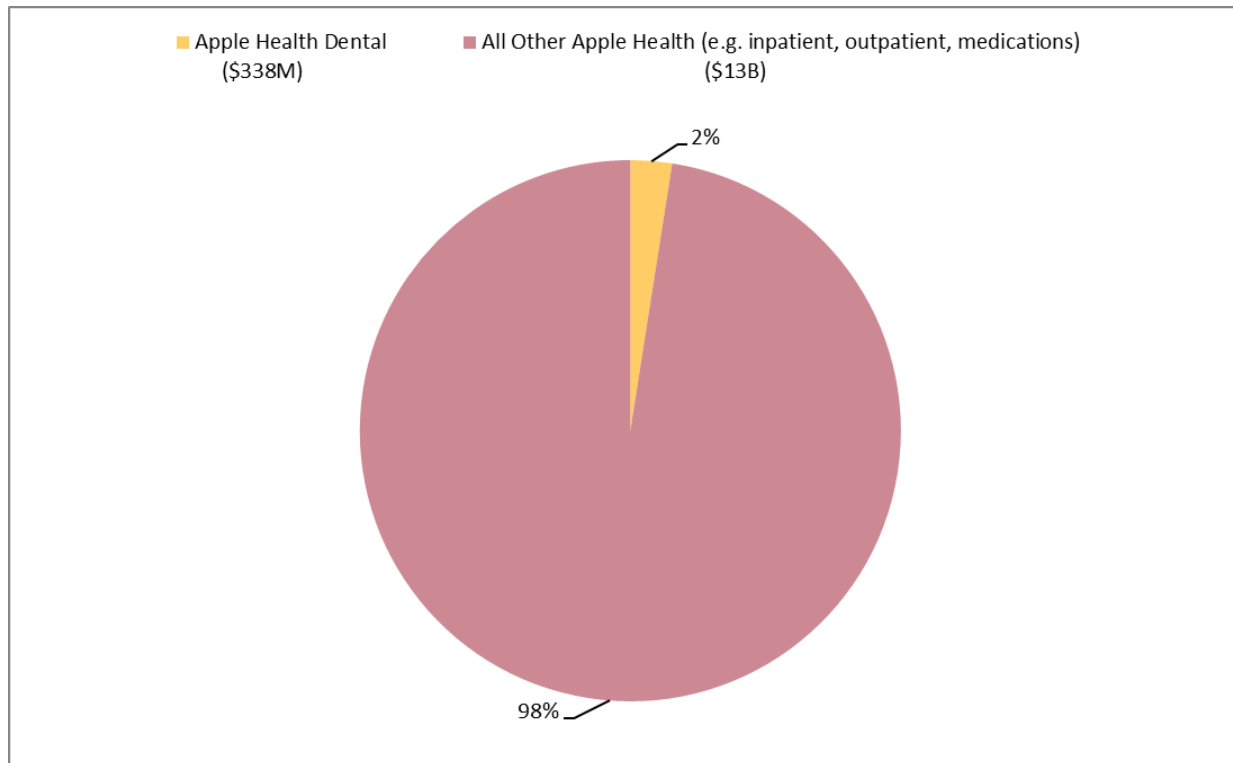
Overview of WA Apple Health Dental Program: Adult Coverage

- Washington state had adult dental coverage through Apple Health prior to 2011 when budget cuts went into effect, limiting most adults to emergency services, such as tooth extractions and antibiotics for pain.
- In January 2014, comprehensive dental coverage was restored to all Apple Health-enrolled adults, including those covered by the Medicaid Expansion component of the federal Affordable Care Act. Fiscal Year (FY) 2014 includes 6 months of adult dental benefits (Jan. 1, 2014 – June 30, 2014), while FY 2015 – 2020 includes full years of adult dental benefits.
- Dental coverage is free through Apple Health for adults under age 65 up to 138% FPL. Older adults must have lower incomes to qualify for Apple Health.
- In 2019, the legislature extended dental coverage to 2 adult populations excluded from Medicaid coverage: adults enrolled in the Medical Care Services program and adult migrants from Compact of Free Association (COFA) nations.

Making the Case for Adult Dental Coverage

Oral health is essential for overall health. Providing adult dental coverage through Medicaid improves access to and utilization of dental care among low-income adults and has the power to reduce racial disparities, advance health equity, and lower medical care costs.

Washington State Apple Health Dental Expenditures vs. Medical Expenditures, FY 2020



Section: All Ages

Washington state total government spending in FY 2020 was \$51 billion (\$38 billion state funds & \$13 billion federal funds), in which health care (Apple Health) accounted for 27% of total expenditures.

Washington's FY 2020 total Apple Health expenditure was \$13 billion, including federal and state funding.

Dental expenditures were just 2% of the total Apple Health budget. The percentage of dental spending in Washington in FY 2020 slightly decreased from 3% in FY 2019.

Sources:

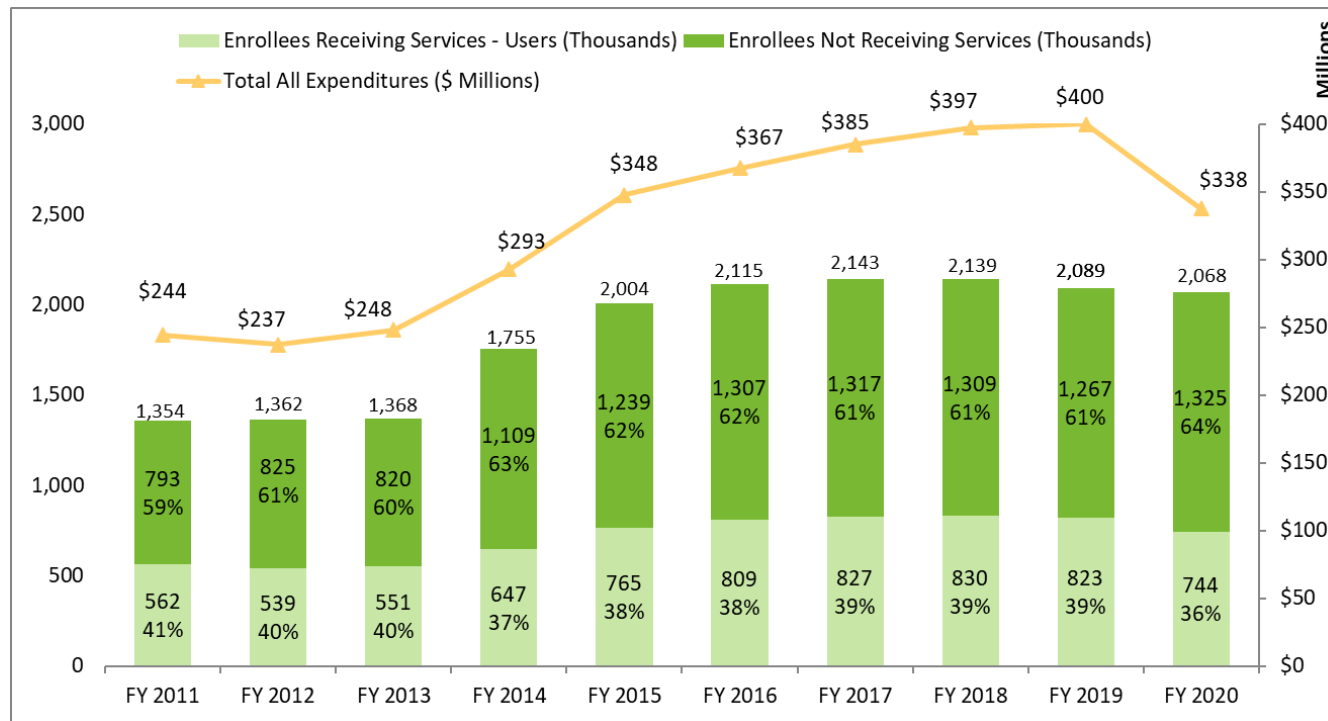
National Association of State Budget Officers, "State Expenditure Report: 2020 State Expenditure Report, Fiscal Years 2018-2020." Available from <https://www.nasbo.org/mainsite/reports-data/state-expenditure-report>

Apple Health Enrollees, Dental Utilization and Expenditures, FY 2011 – FY 2020

Section: All Ages

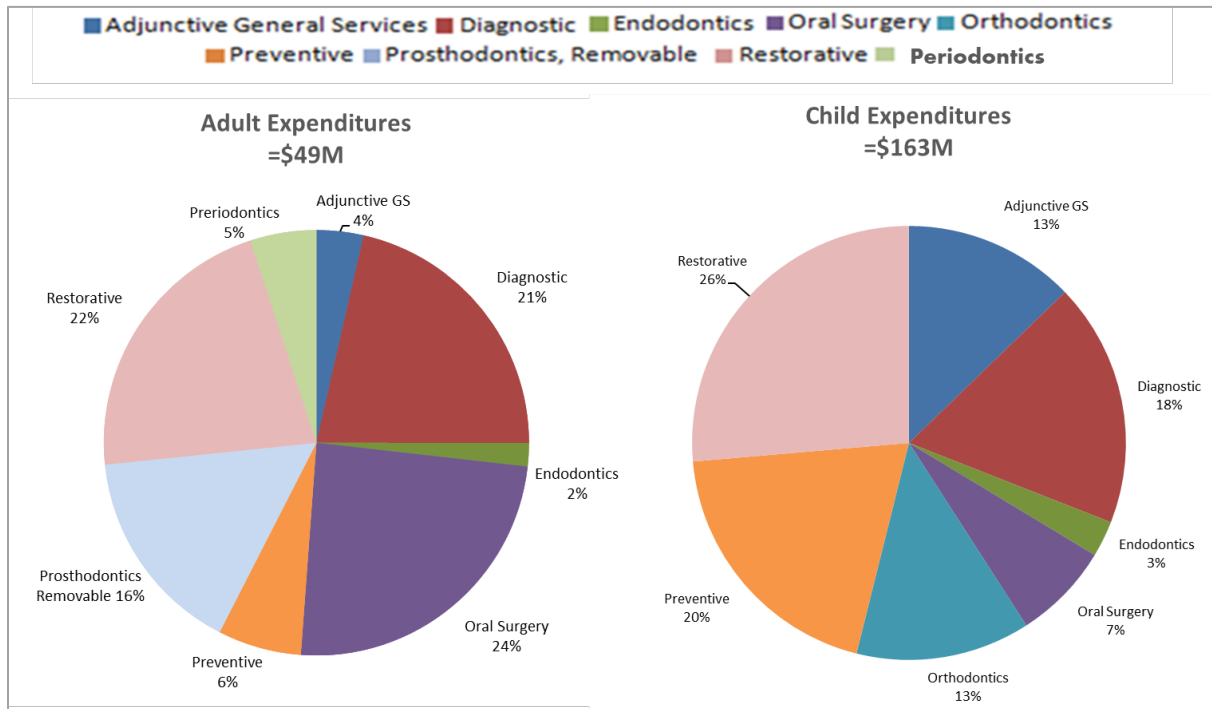
The number of Apple Health enrollees has increased by 53% from FY 2011 to FY 2020. The number of dental users increased by 33%, while total expenditures increased by 38% (6% after adjusting for inflation).

Dental expenditures in FY 2020 decreased by 16% since FY 2019 as a result of COVID-19's impact on dental clinics, while the number of users decreased by 10%.



Dental Expenditures by Procedure Group: Adults and Children, FY 2020

Expenditures in this slide **exclude** child and adult claims that occurred in Federally Qualified Health Centers (FQHCs) as the type of dental procedures received in FQHCs cannot be identified.



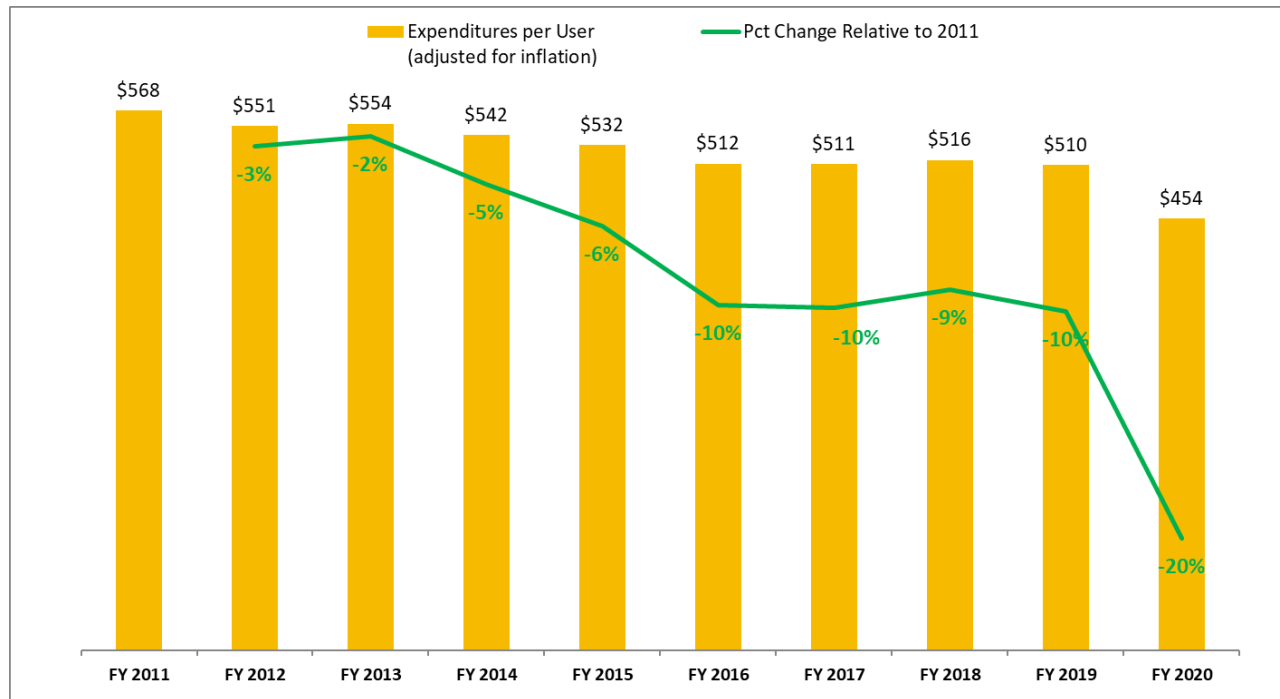
Note: Excludes FQHC claims, claims with missing values for procedure categories, and procedure categories with less than 1% of total expenditures in FY 2020. The following are not depicted in the pie charts: For adult expenditures: Orthodontics, Implant Services, and Prosthodontics Fixed, which combined represented only 0.1% of total expenditures. For children expenditures: Periodontics, Prosthodontics Removable, Implant Services, and Maxillofacial Prosthetics, which combined represented only 0.1% of total expenditures. See Appendix for information on procedure groups.

Section: All Ages

In FY 2020, restorative services accounted for the greatest portion of total expenditures (26% for children and 22% for adults).

Extractions, which fall within the oral surgery group (24%), were among the most frequently billed procedures for all adults. On the contrary, Periodic Oral Exam, Cleaning, Fluoride Varnish, and Sealants, which fall within the preventive group (20%), were the most frequently billed procedures for all children in FY 2020.

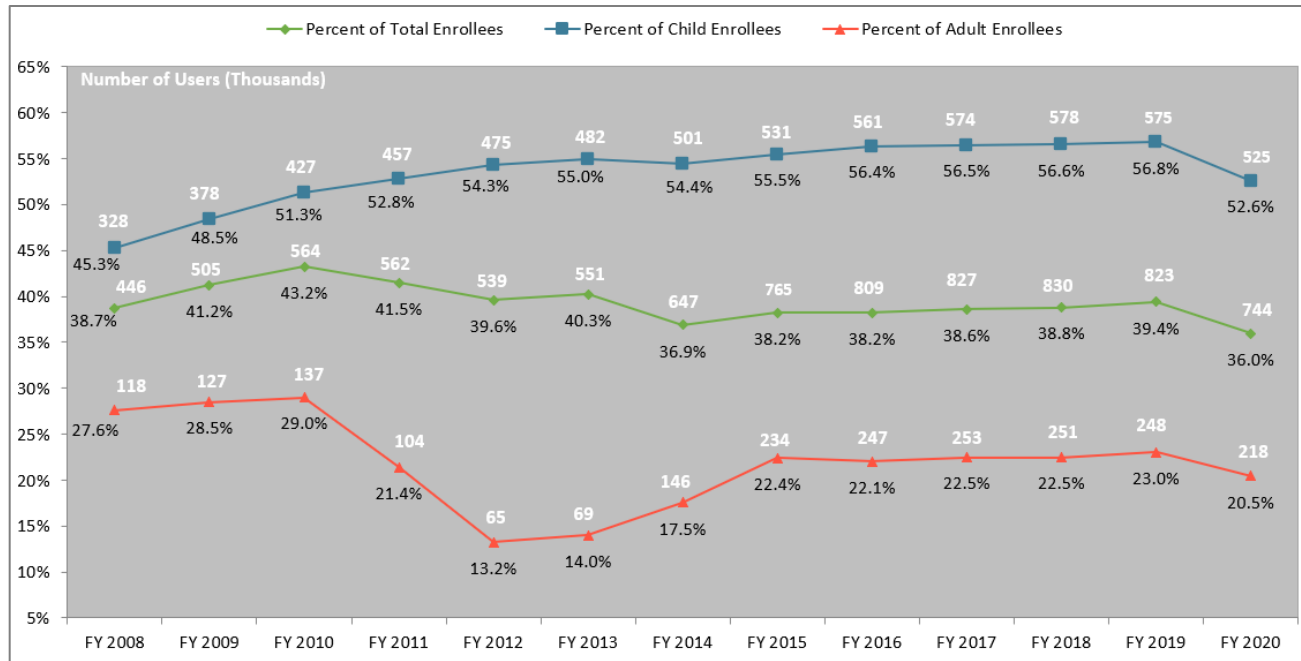
Average Expenditures per Dental User, FY 2011 – FY 2020



Section: All Ages

After adjusting for inflation, dental expenditures per user decreased from \$568 in FY 2011 to \$454 in FY 2020, a 20% decrease.

Enrollees with at Least 1 Dental Service, FY 2008 – FY 2020



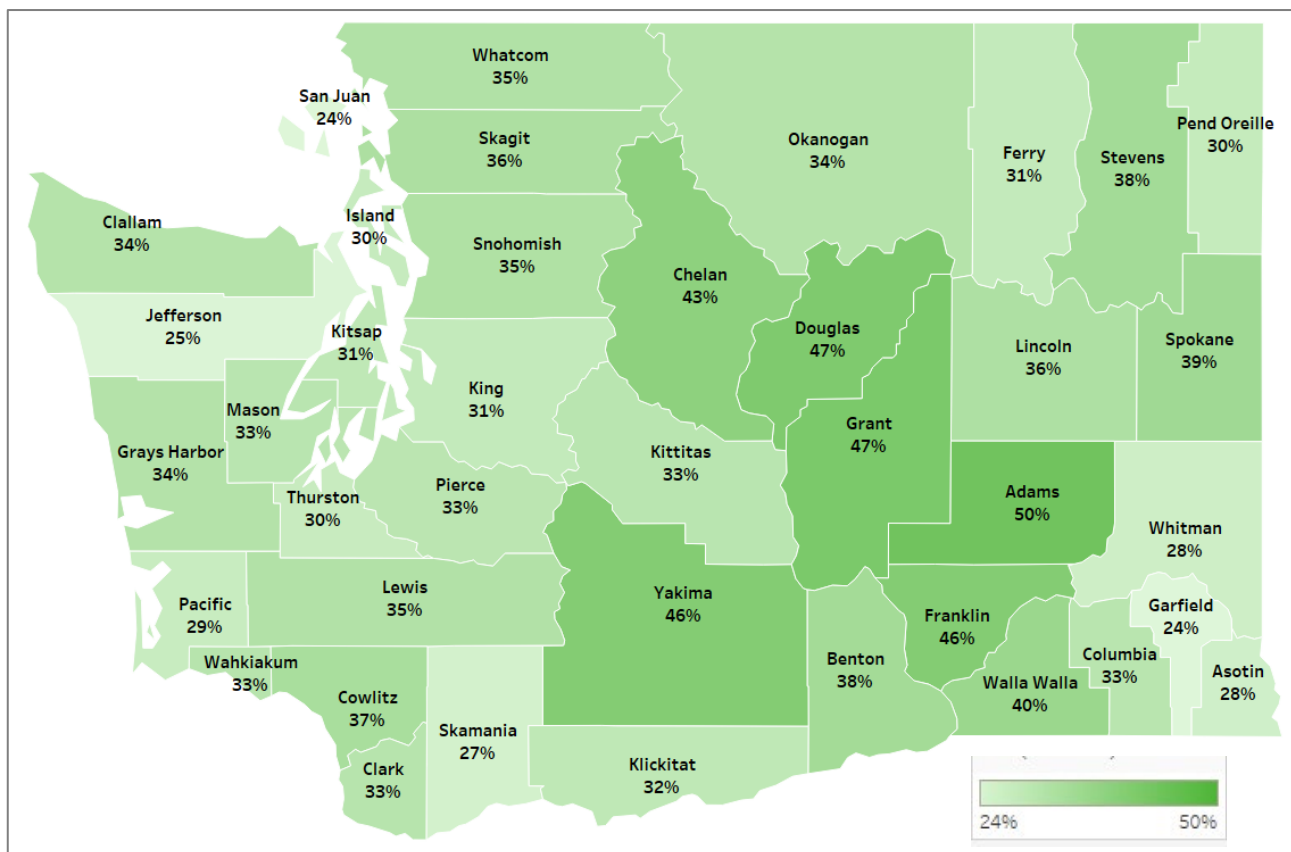
Section: All Ages

The percentage of children using dental services has risen steadily since FY 2008. In FY 2020, the utilization rates increased from 45% to 53%, a 16% increase.

With the restoration of adult dental program, the percent of adult enrollees using dental services increased from 13% in FY 2012 to 21% in FY 2020. Although utilization rates for adults is lower than years prior to the adult dental program cut, the number of adult users increased by 60% with more than 82,000 additional adults receiving care since 2010.

In the last fiscal year, access to care and utilization decreased across all age groups due to COVID-19's impact on dental clinics. Among children, dental utilization decreased by 7% since FY 2019, while it decreased by 11% among adults.

Enrollees with at Least 1 Dental Service by County, FY 2020



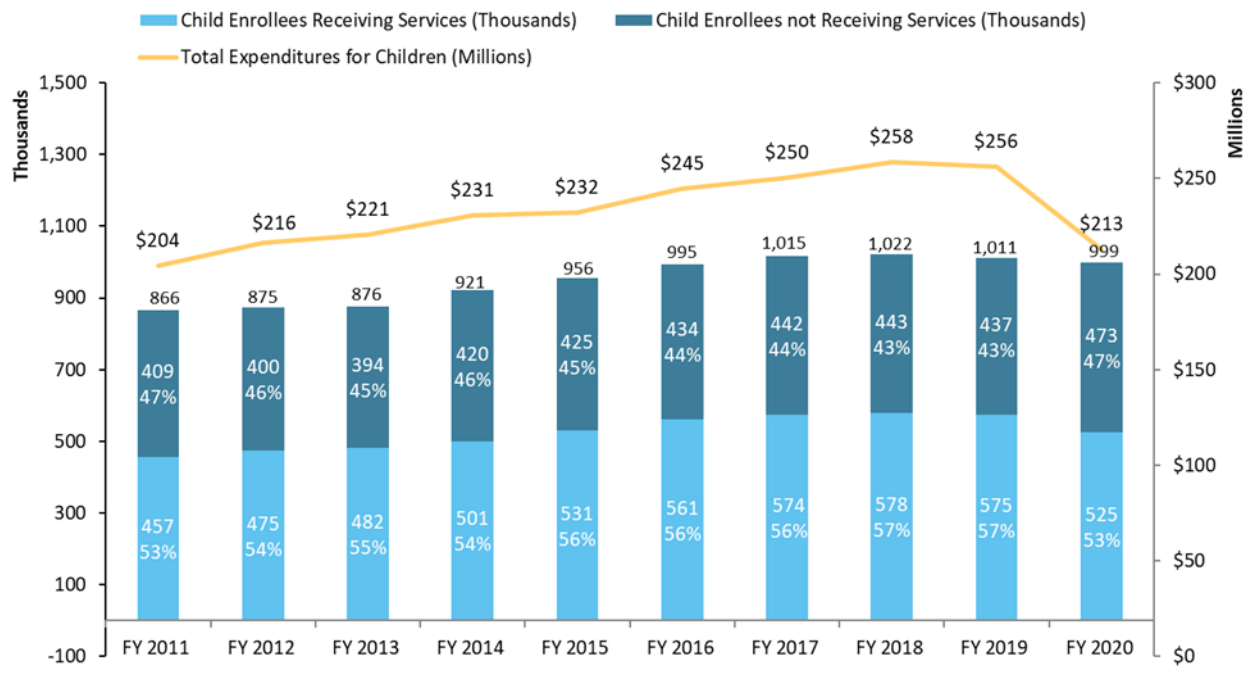
Statewide Utilization Total 36%

Section: All Ages

Utilization rates vary by county, with a low of 24% in San Juan County (indicated by light shading) and a high of 50% in Adams County (indicated by dark shading). King County, with the largest population in the state, had a rate of 31%.

Utilization and Expenditures among Children, FY 2011 – FY 2020

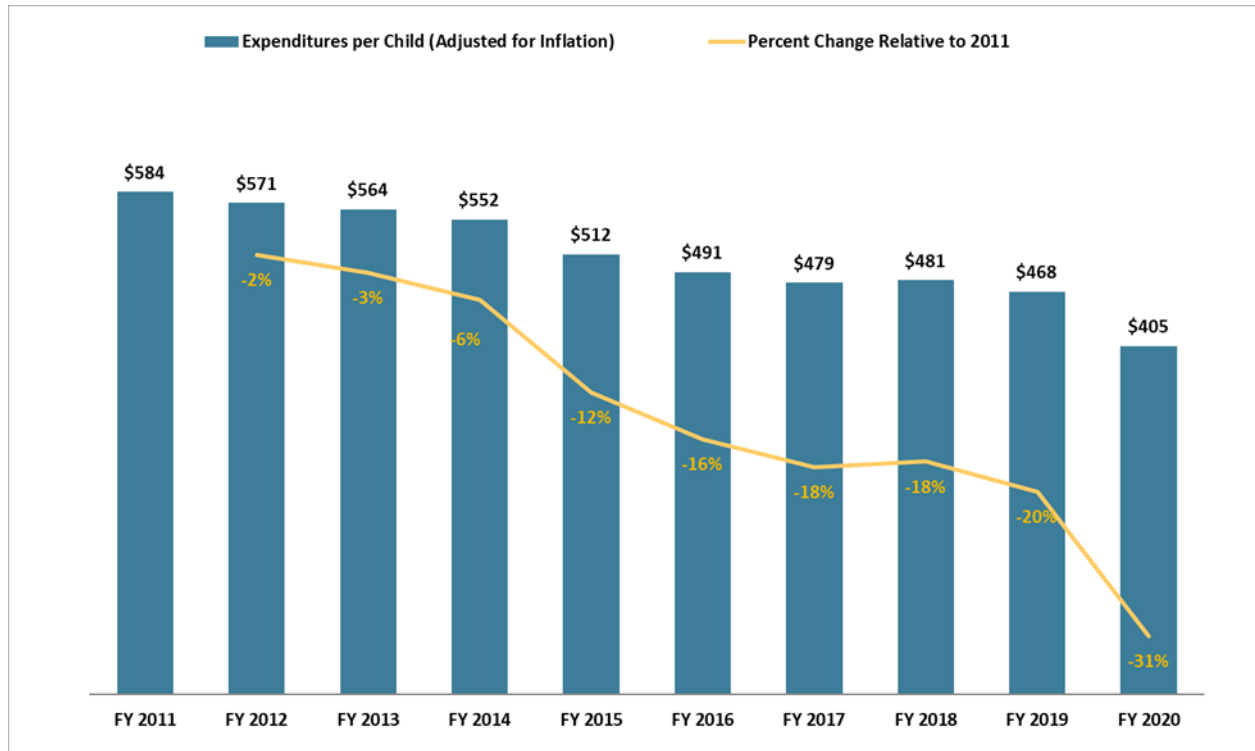
Section: Children



Between FY 2011 and FY 2020, there were increases in the number of children enrolled in Apple Health (15% increase), and the associated dental expenditures (4% increase).

In the last fiscal year, dental expenditures decreased by 17% (21% after adjusting for inflation), while number of children accessing care decreased by 9%, as a result of COVID-19's impact on dental clinics and overall access to care.

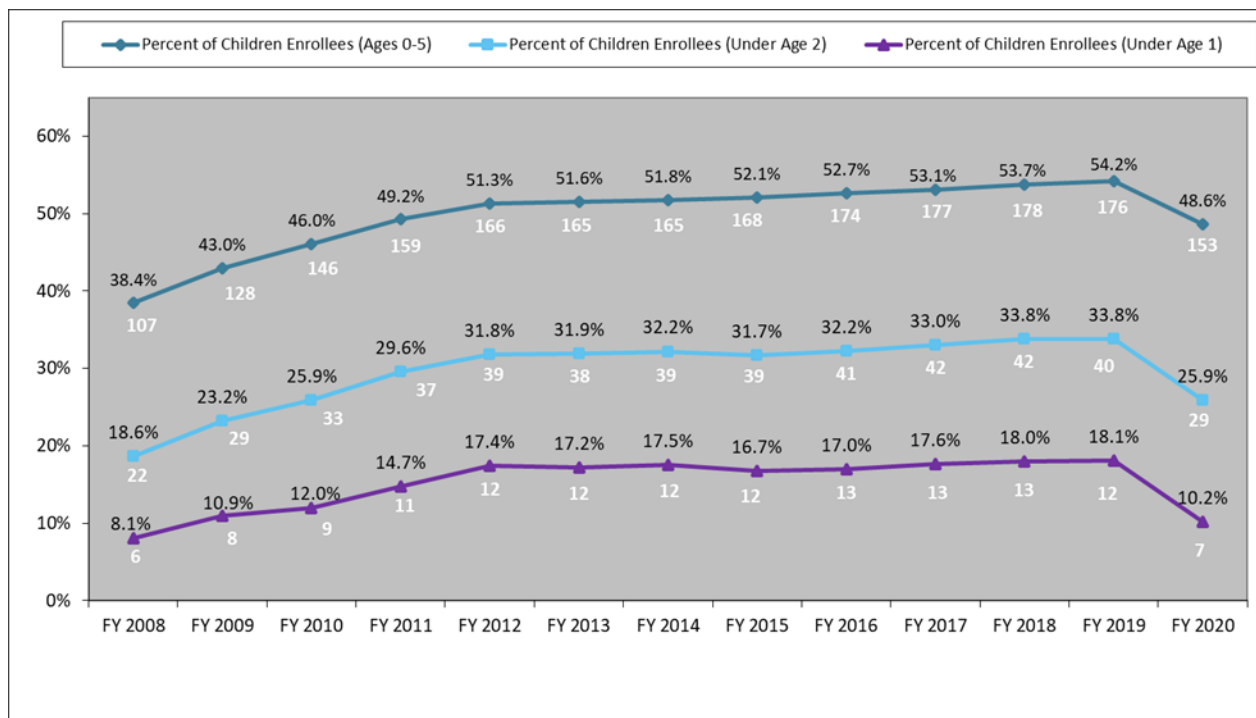
Average Child Dental Expenditures per User, FY 2011 - FY 2020



Section: Children

After adjusting for inflation, dental expenditures per child user decreased from \$584 in FY 2011 to \$405 in FY 2020, a 31% decrease. In the last fiscal year, dental expenditures per child decreased by 13% as a result of COVID-19's impact on dental clinics.

Children Enrollees under 6 with at Least 1 Dental Service, FY 2008 – FY 2020

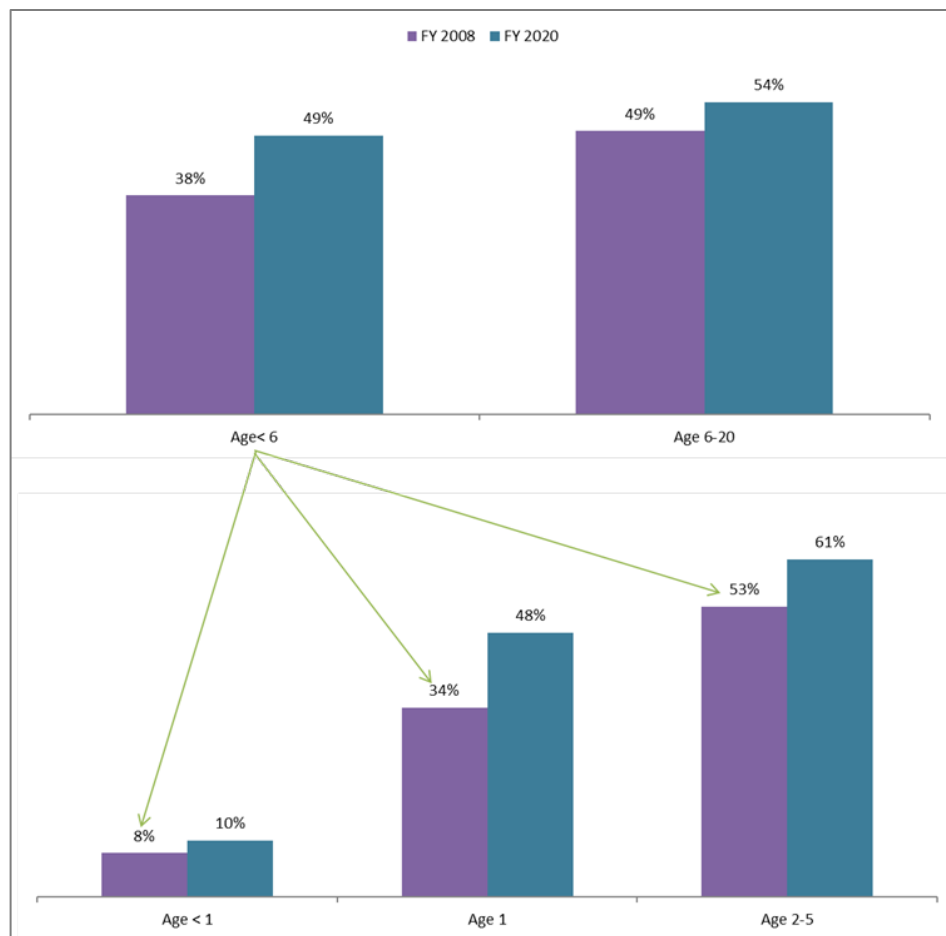


Section: Young Children

The percentage of children under 6 using dental services has risen steadily from FY 2008 to FY 2019.

In FY 2020, the dental utilization rates among children under age 6 decreased to 49%, a 10% decrease as a result of COVID-19's impact on dental clinics and access to care.

Percent of Child Enrollees Using at Least 1 Service by Age Group, FY 2008 vs. FY 2020



Note: The percent of children using at least 1 service for all age groups in FY 2008 was 45% and in FY 2020 was 53%.

Sources:

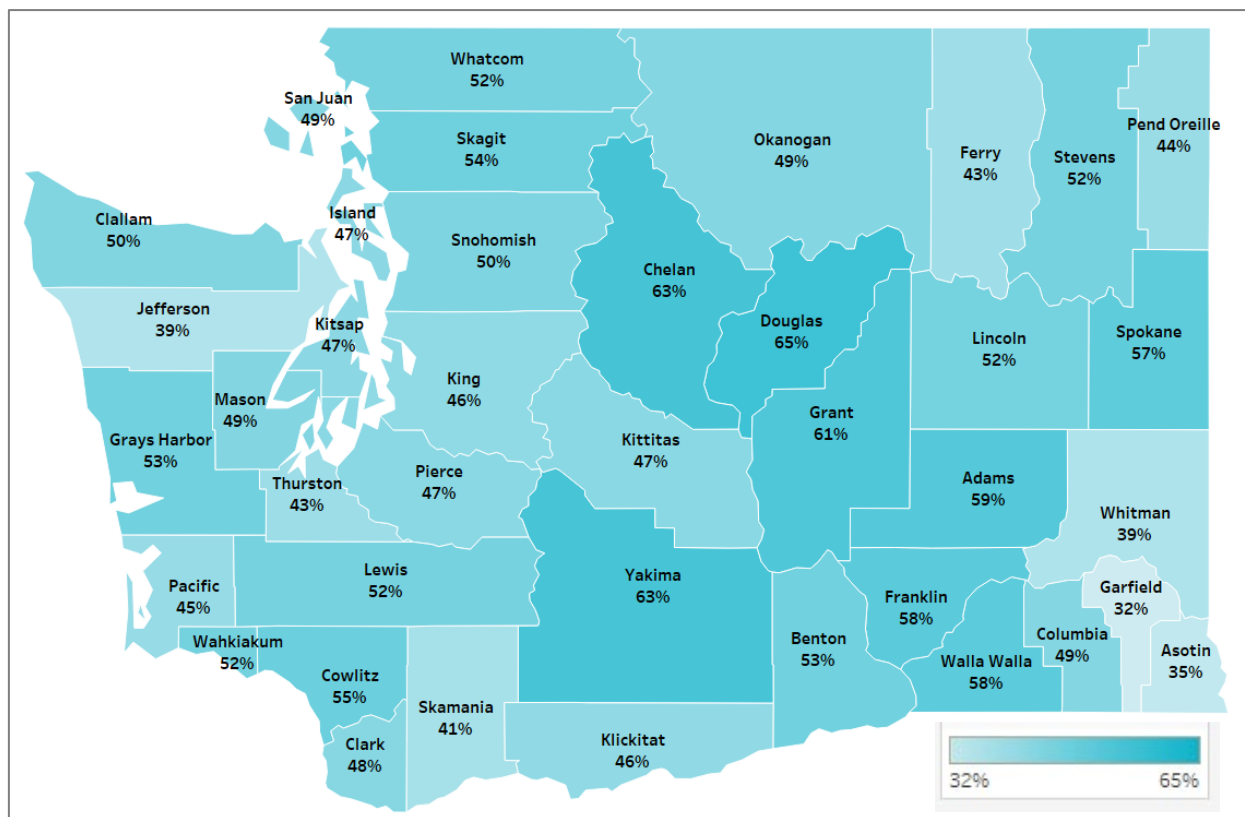
Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Washington State Health Care Authority, Washington Apple Health 2020 Comparative and Regional Analysis Report. Comagine Health

Section: Children

There have been notable increases since FY 2008 in the percent of children of all age groups that have received dental services. However, the percentage of children under 6 years accessing dental care is still significantly lower than the portion of similarly aged children accessing primary medical care in 2020 (87%).

Child Enrollees Ages 20 and Under with at Least 1 Dental Service by County, FY 2020



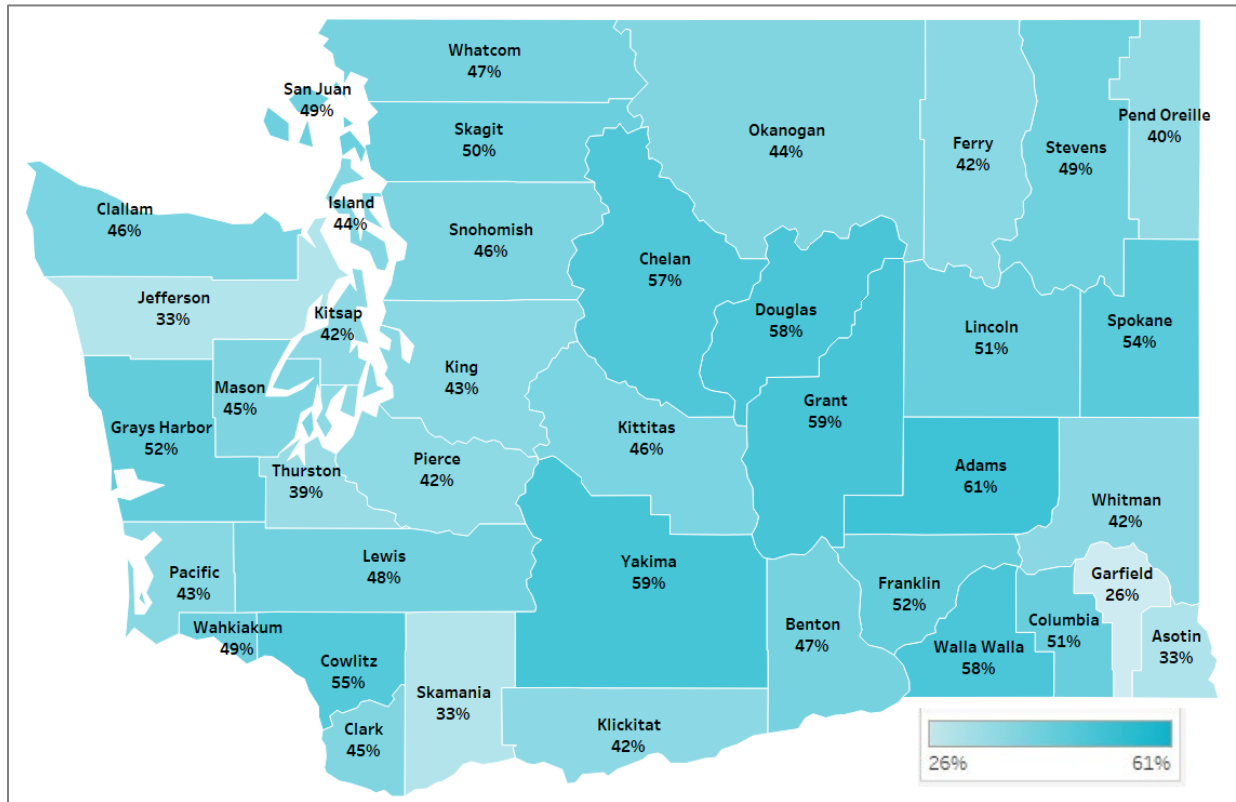
Statewide Utilization Total 53%

Section: Children

Utilization across the state ranged from 32% to 65%.

Douglas County had the largest percentage of children receiving dental services in FY 2020 (indicated by darker shading), while Garfield County had the lowest (indicated by lighter shading).

Child Enrollees under Age 6 with at Least 1 Dental Service by County, FY 2020

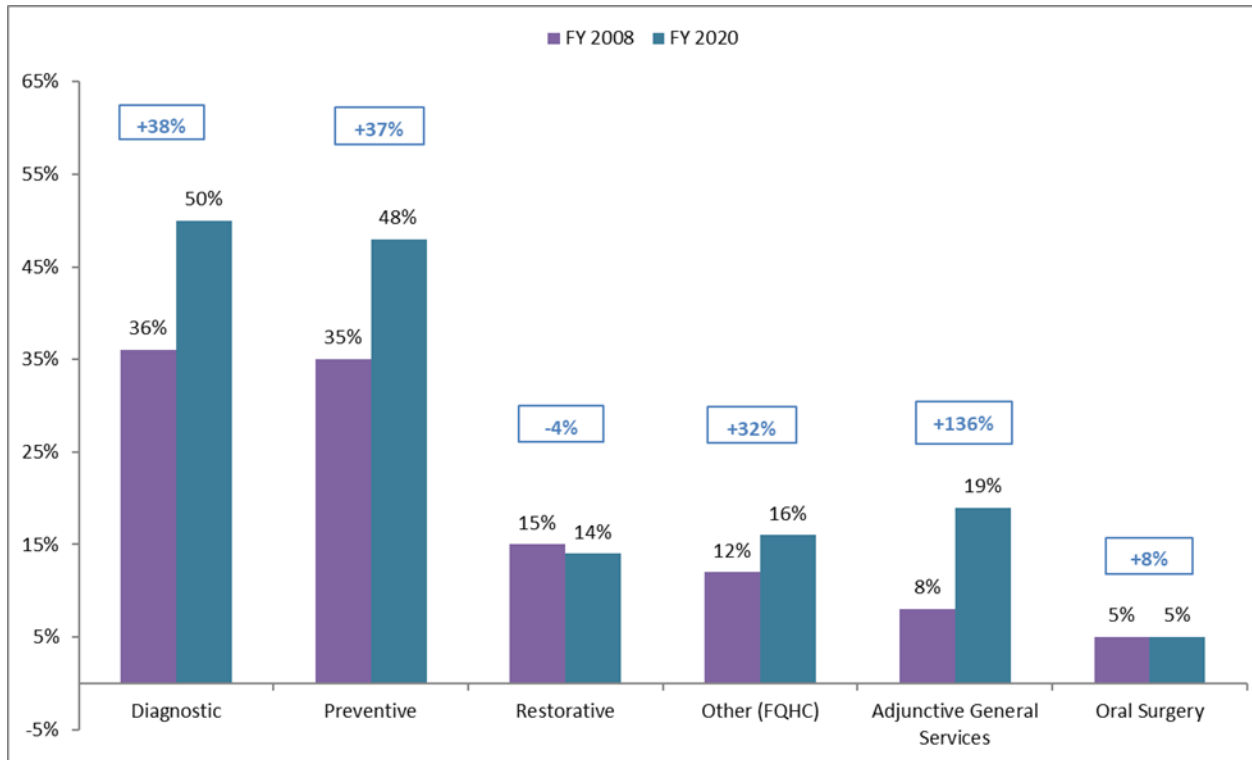


Statewide Utilization Total 49%

Section: Children

Utilization rates vary by county with a low of 26% in Garfield County (indicated by light shading) and a high of 61% in Adams County (indicated by dark shading). King County, with the largest population in the state, had a rate of 43%.

Percent of Child Enrollees Using Services by Procedure Group, FY 2008 vs. FY 2020



Note: The percent of users with Endodontics, Orthodontics, Periodontics, Prosthodontics (Removable), and Maxillofacial Prosthetics was 5% or less for both years.

Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

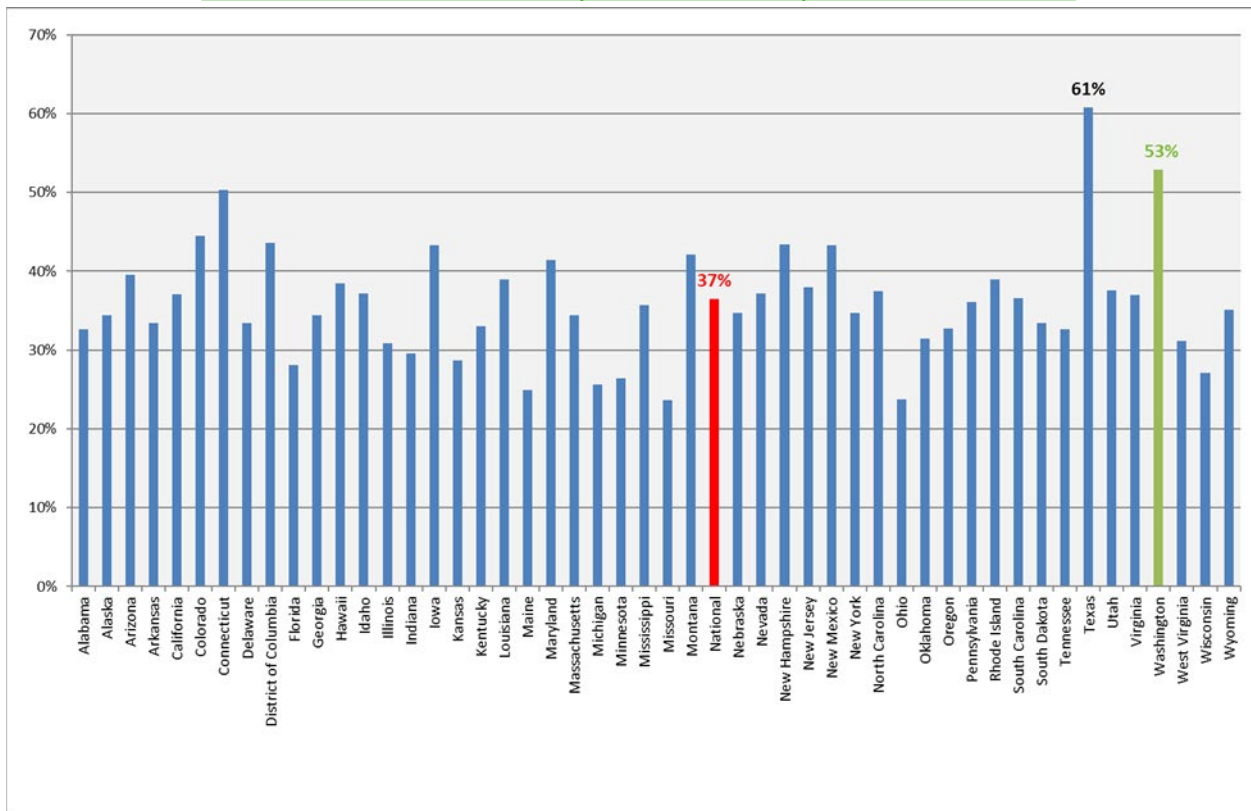
Section: Children

Among children eligible for care, there have been large increases in those that receive preventive and diagnostic services. On the other hand, there has been a slight decrease in the percent of enrollees receiving restorative care. This suggests that more children are getting the care needed to prevent disease, rather than solely treatment.

Utilization for Young Children Washington vs. Other States

Washington state is a national leader in the percentage of Medicaid-enrolled young children receiving preventive dental care.

Percentage of Children Ages 0-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Preventive Dental Services by or under the Supervision of a Dentist, 2019



Note: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

Source: 2019 CMS-416 reports, Line 1b and Line 12b (accessed 10/05/2021).

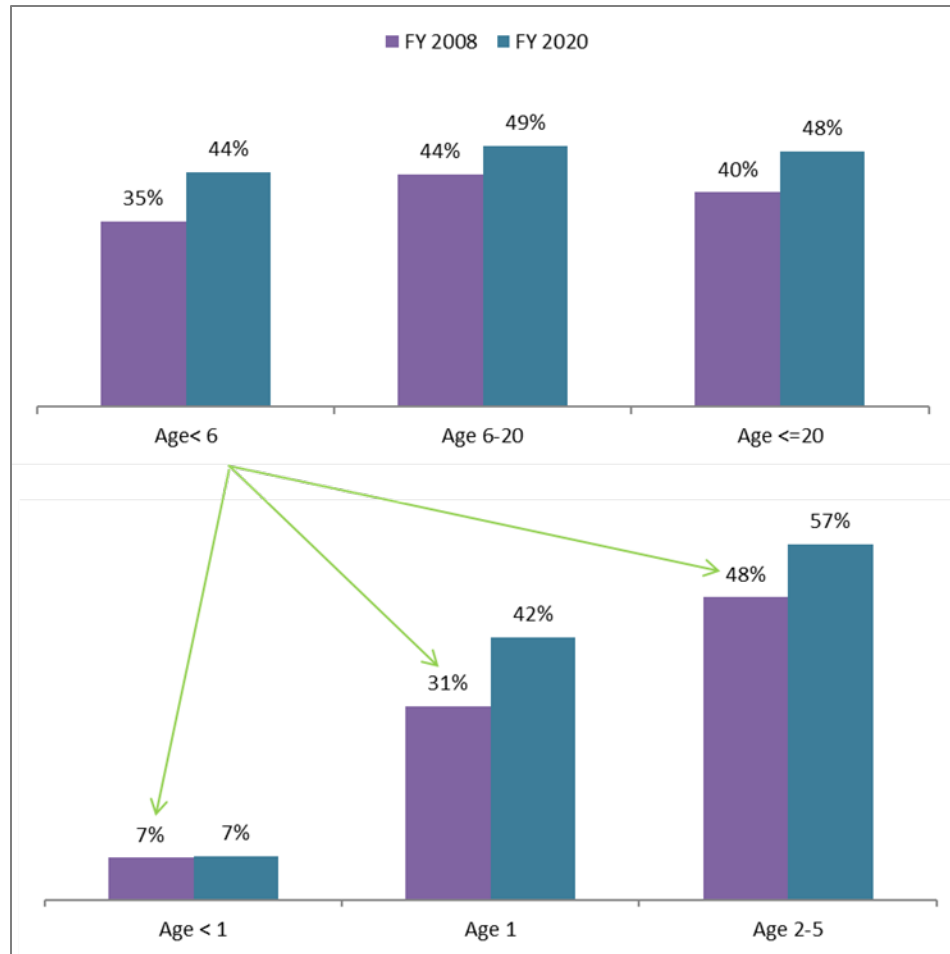
Section: Children

Washington state is 1 of the states that leads innovative programs to improve access to dental care for young children.

ABCD: Connects Apple Health-enrolled children under age 6 to dental care and engages primary care medical providers in delivering preventive services.

Early learning: Head Start and child care providers, as well as home visitors, have been trained to identify children at risk for oral health problems and connect them to community resources.

Percent of Child Enrollees Using Preventive Services by Age Group, FY 2008 vs. FY 2020



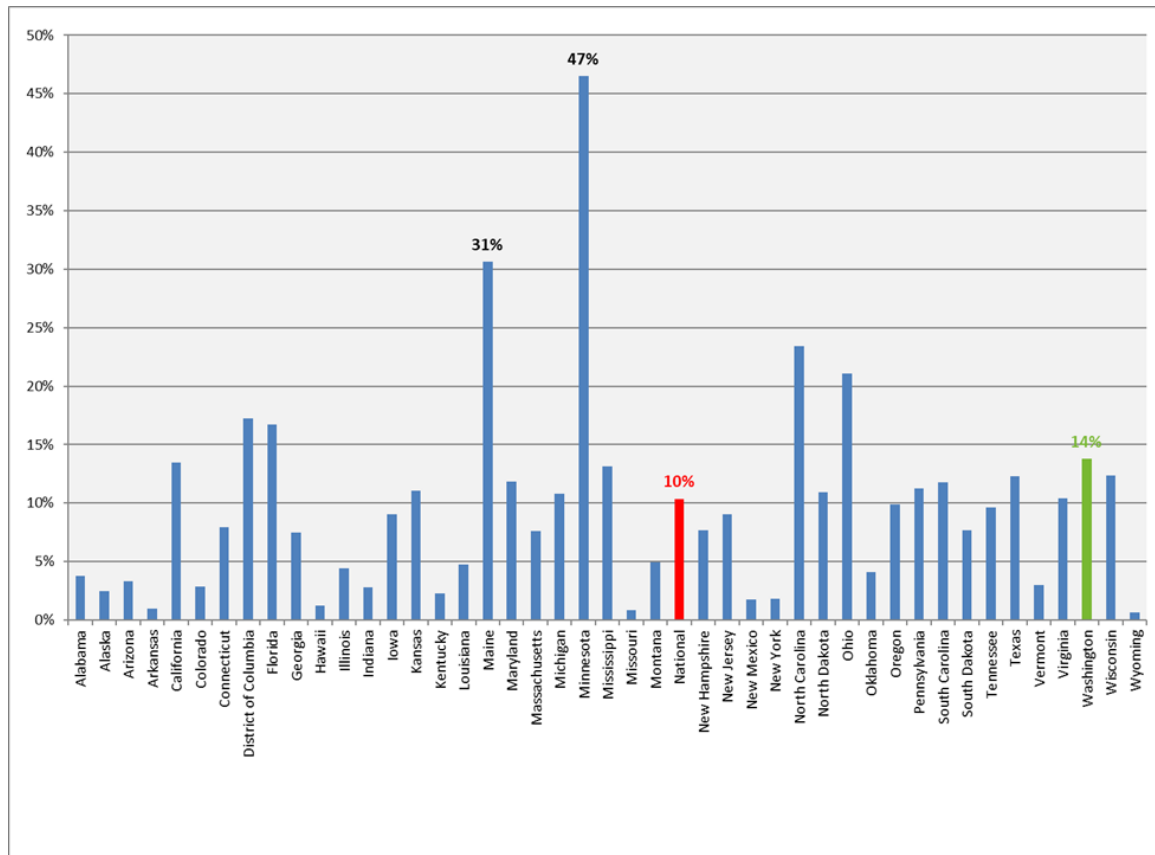
Section: Children

The percentage of children who received preventive dental care increased for most age groups from FY 2008 to FY 2020. By FY 2020, 57% of children between the ages of 2 and 5 received preventive dental care.

The percent of children using preventive services for all children (age 20 and under) in FY 2008 was 40% and in FY 2020 was 48%.

Children Receiving Oral Health Preventive Services by a Non-Dentist Provider

Percentage of Children Ages 0-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Oral Health Services Provided by a Non-Dentist Provider, 2019



Note: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

Non-Dentist Providers include pediatricians, independently practicing dental hygienists, and all other licensed practitioners that are not dentists.

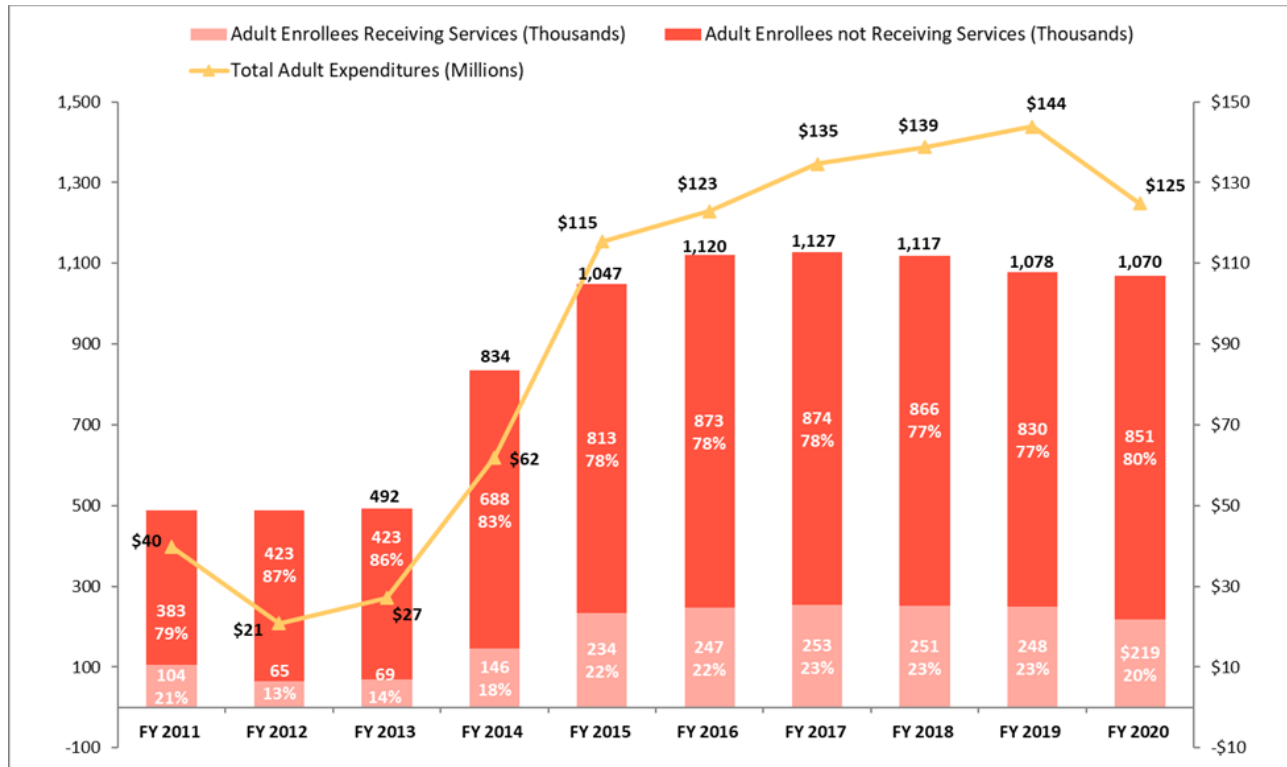
Source: 2019 CMS-416 reports, Line 1b and Line 12f (accessed 10/05/2021).

Section: Children

Incorporating Oral Health in the Primary Care Medical Setting

Approximately 14% of Apple Health-enrolled children under age 6 received oral health preventive services from a non-dental provider during early and periodic screening visits in 2019.

Trend in Dental Utilization and Expenditures among Adults 21 and Older, FY 2011 – FY 2020

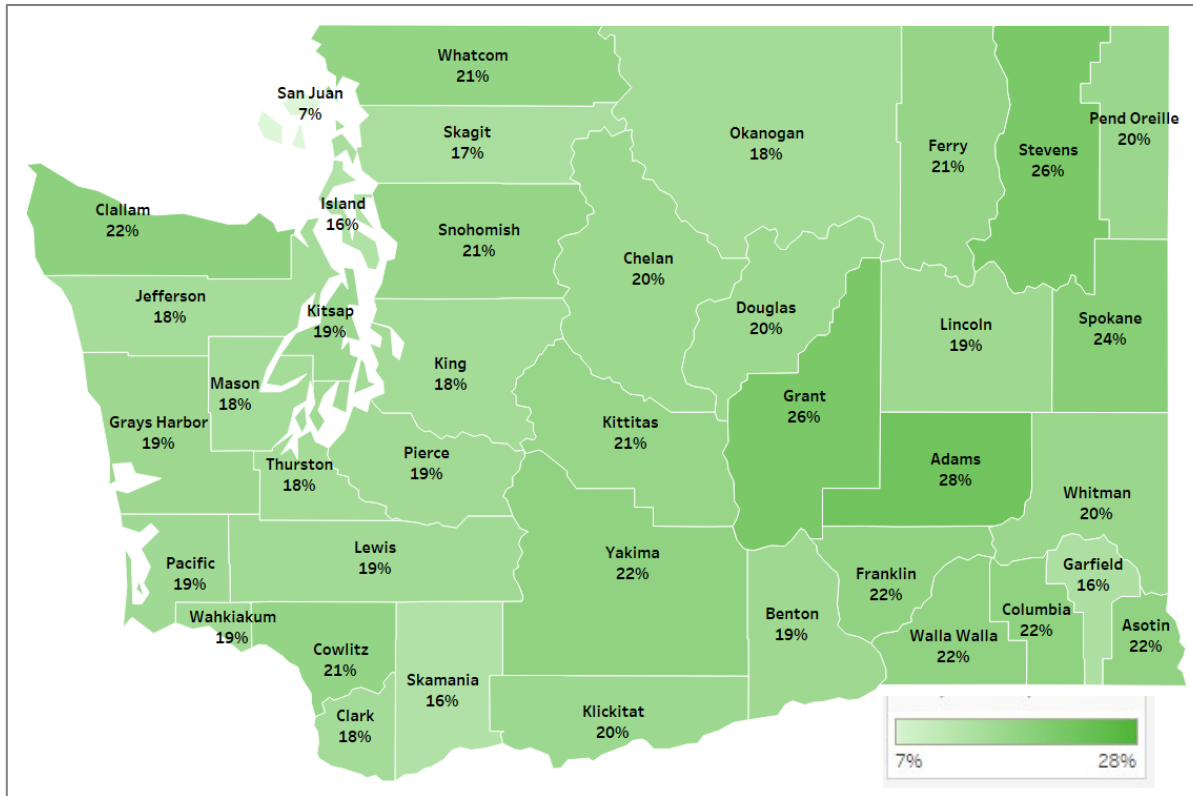


Section: Adults

Total expenditures and utilization fell dramatically after the adult dental cuts went in effect in January of 2011. Expenditures fell from \$40 million in FY 2011 to \$21 million in FY 2012. In FY 2015, with the first twelve months of adult dental restoration, expenditures dramatically increased to \$115 million.

Between FY 2015 and FY 2019, adult expenditures and utilization steadily increased. In FY 2020, both experienced a decrease as a result of COVID-19's impact on clinics. Utilization rates decreased by 11%, while expenditures decreased by 13% (17% after adjusting for inflation).

Adult Enrollees with at Least 1 Dental Service by County, FY 2020



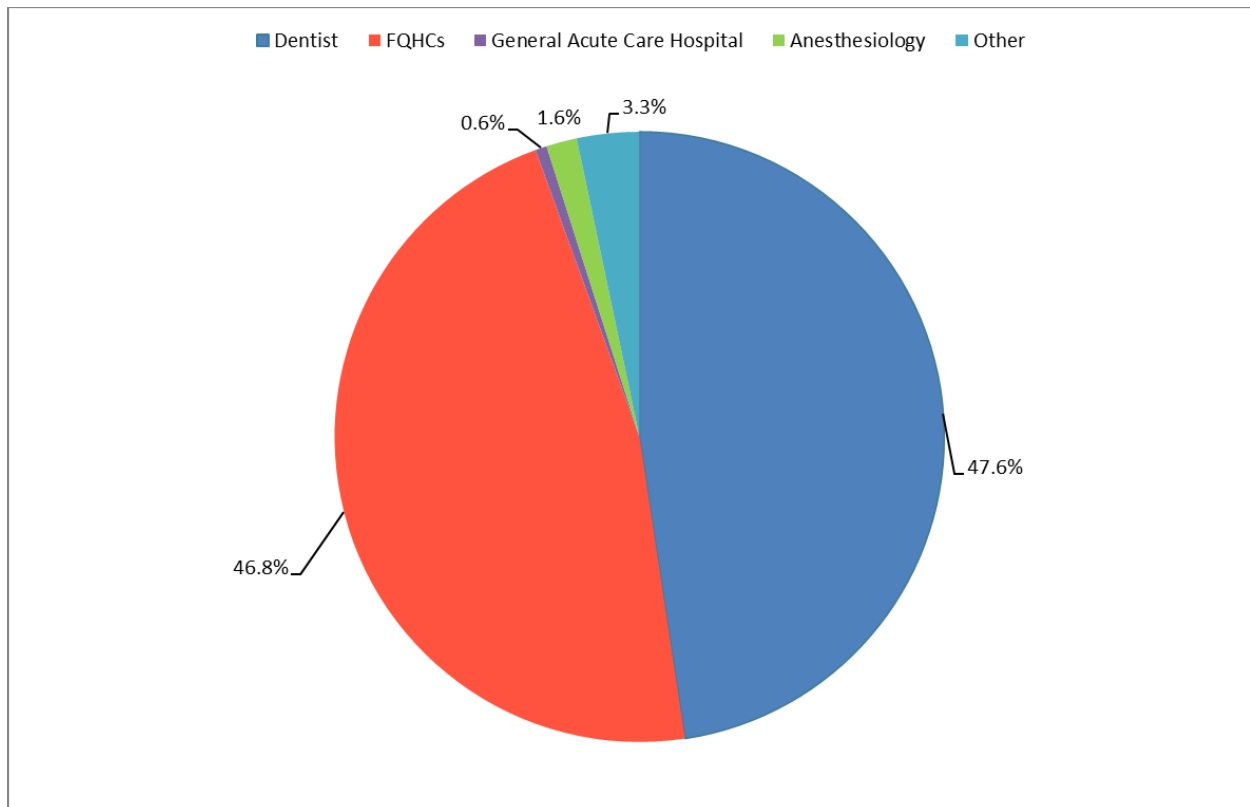
Statewide Utilization Total 20%

Section: Adults

Adams County had the largest percentage of Apple Health adult enrollees receiving dental services in FY 2020 at 28% (indicated by darker shading), while San Juan County had the lowest at 7% (indicated by lighter shading).

Expenditures by Billing Provider Type Specialty, FY 2020

Section: Providers



Notes: "Other" includes Multi-Specialty, Dental Hygienists, Pediatrics, Denturists, Oral & Maxillofacial Surgery, Nurse Anesthetist (Certified Registered), Single Specialty, Public Health, Family Practice, Nurse Practitioner, Nursing Facility, and General Practice. Oral health services provided by primary care providers (PCP) moved to Managed Care organizations' billing system in January 2020. FY 2020 Fee-for-Service dental claims data include oral health services provided by PCP for 6 months only (from 07/01/2019 to 12/31/2019).

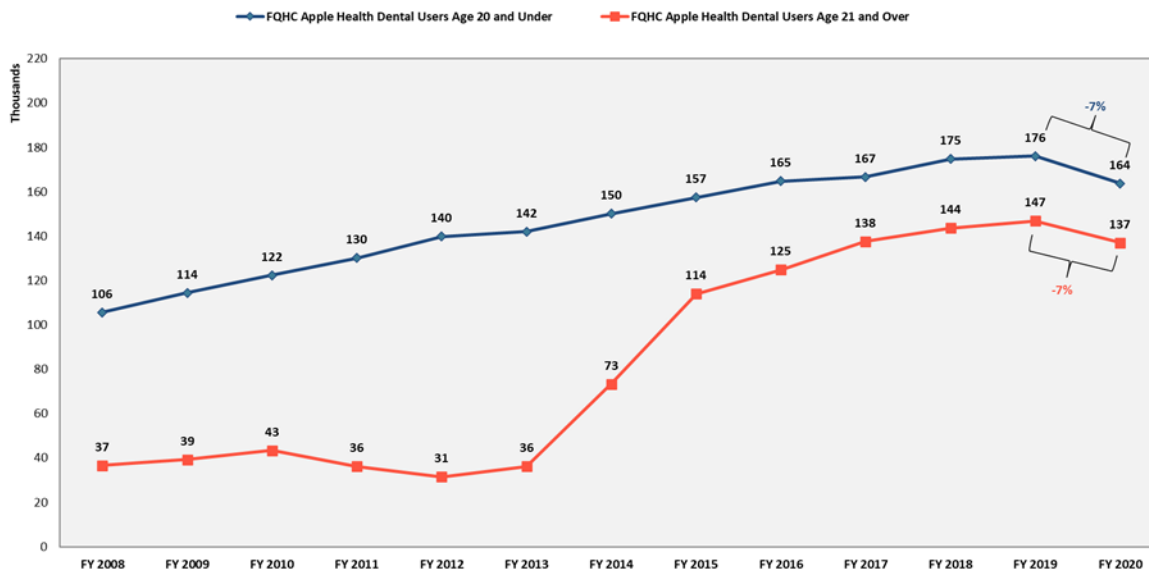
In FY 2020, ninety-four cents out of every dollar for Apple Health dental services went to dentists or Federally Qualified Health Centers (FQHCs). The remaining (6%) went to dental hygienists, anesthesiologists, primary care medical providers, and other dental providers.

Approximately 48% of dental expenditures in FY 2020 were provided by private practice providers (including not-for-profit), while 47% was provided by FQHCs.

HCA pays dental claims on a fee-for-service basis for private practitioners and not-for-profit providers that aren't federally qualified. FQHCs are reimbursed a flat fee for most patient visits, regardless of the services performed during that visit, as a way to compensate the FQHCs for their actual cost of care.

Apple Health Dental Users Served by Federally Qualified Health Centers, FY 2008 – FY 2020

Section: Providers



Overall, many more Apple Health-enrolled children are served by FQHCs than adults, as more children use dental services in general.

The number of adults served by FQHCs declined between 2011 and 2013, when the cuts to Apple Health adult dental benefits went into effect.

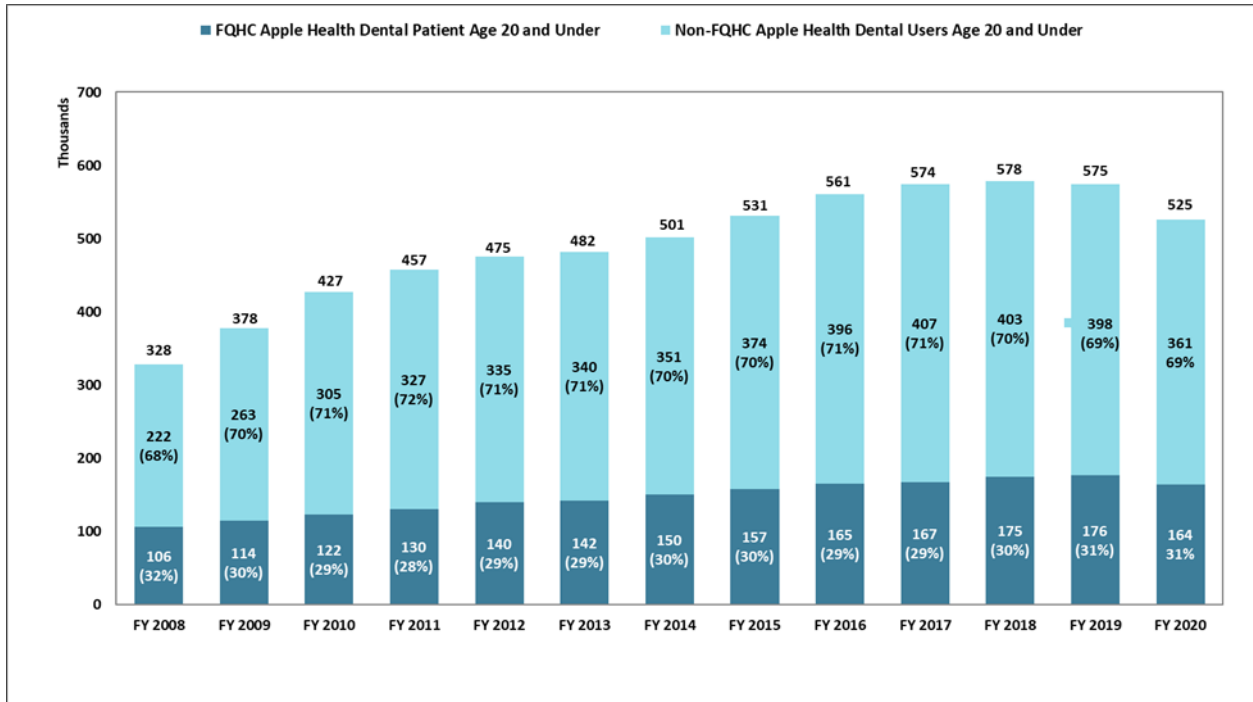
Upon the adult dental benefit restoration, the number of adults served by FQHCs initially increased by 55% in FY 2015 then maintained a steady increase until FY 2019(2.3% in the last fiscal year).

In FY 2020, the number of both adults and children served by FQHCs decreased by 7% as a result of COVID-19's impact on dental clinics.

Children Served by Federally Qualified Health Centers as a Portion of Total Child Users, FY 2008 – FY 2020

Section: Providers

The portion of child dental users served by FQHCs was consistent from FY 2008 to FY 2020, around 30%.

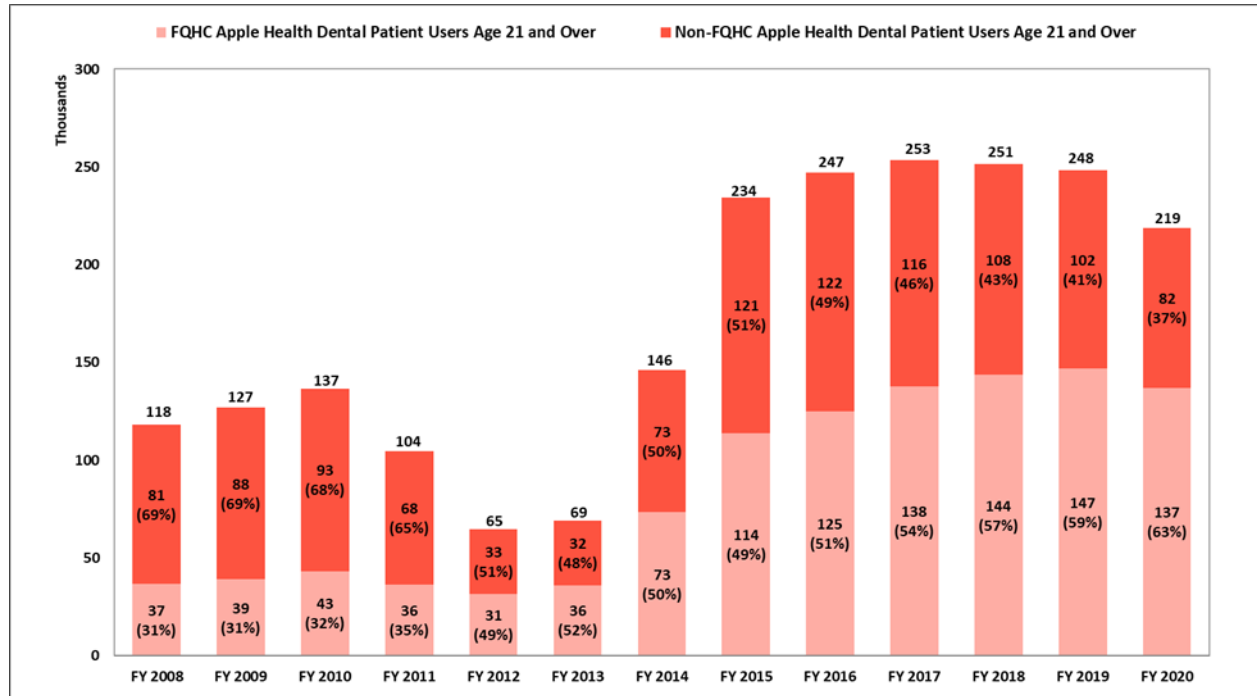


Note: Non-FQHC providers are private practice dentists and not-for-profit dental clinics that are not federally qualified such as UW School of Dentistry. The number of patients accessing Non-FQHCs is underestimated, as some clients may access both types of providers. This group was excluded from the Non-FQHCs users to avoid duplicate count of clients.

Adults Served by Federally Qualified Health Centers as a Portion of Total Adult Users, FY 2008 – FY 2020

Section: Providers

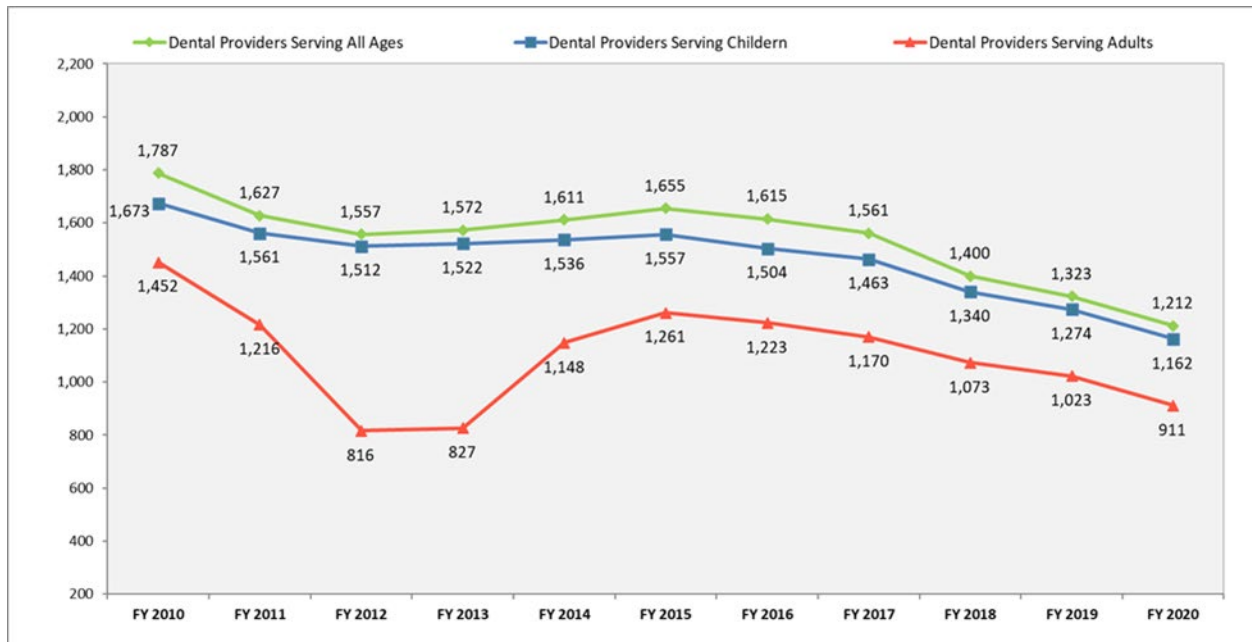
The portion of adult dental users served by FQHCs has been on the rise since FY 2011, peaking at 63% in FY 2020.



Note: Non-FQHCs that provide services to the remainder of Apple Health-enrolled adults are private practice dentists and not-for-profit dental clinics that are not federally qualified such as UW School of Dentistry. The number of patients accessing Non-FQHCs is underestimated, as some clients may access both types of providers. This group was excluded from the Non-FQHCs users to avoid duplicate count of clients.

Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Non-Federally Qualified Health Center Providers Serving Apple Health-enrolled Clients, FY 2010 – FY 2020



Notes: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015-FY 2020 data reflect full years of adult dental services.

Non-FQHC providers include unique individual dentists who billed Medicaid for dental services (dentists may all be working at the same clinic). Some providers serve adults and children; therefore, the total number of providers serving children and those serving adults do not add up to the overall number of providers serving all ages.

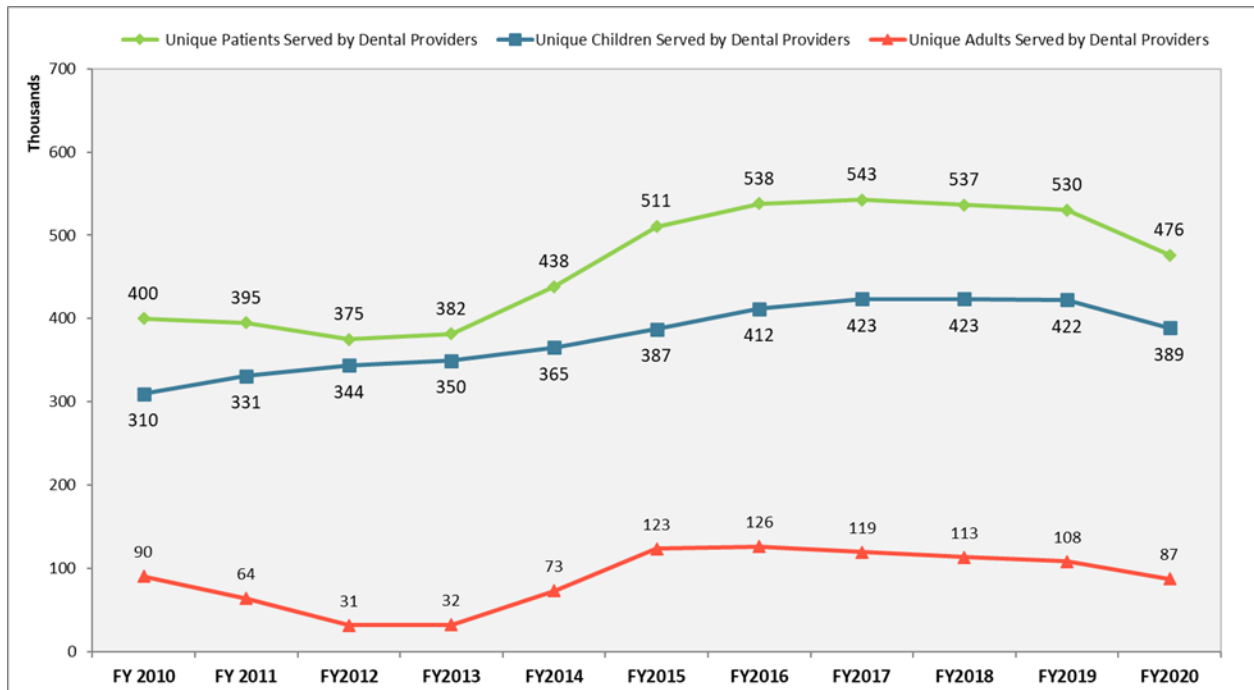
Dental providers were identified through provider taxonomy codes instead of providers' specialty, which was used in previous Facts and Figure reports. This approach is more accurate and previous result should be disregarded.

Section: Providers

As a result of the adult dental benefit restoration, the total number of Non-FQHC dentists serving adults increased by 51% between FY 2012 and FY 2015.

From 2016 to 2020, the total number of Non-FQHC providers serving Apple Health-enrolled clients gradually decreased. In the last fiscal year, it decreased by 8% (11% among adults and 9% among children).

Apple Health-enrolled Patients Served by Non-Federally Qualified Health Center Providers, FY 2010 – FY 2020



Notes: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015 - FY 2020 data reflect full years of adult dental services.

Non-FQHC providers include unique individual dentists who billed Medicaid for dental services (dentists may all be working at the same clinic).

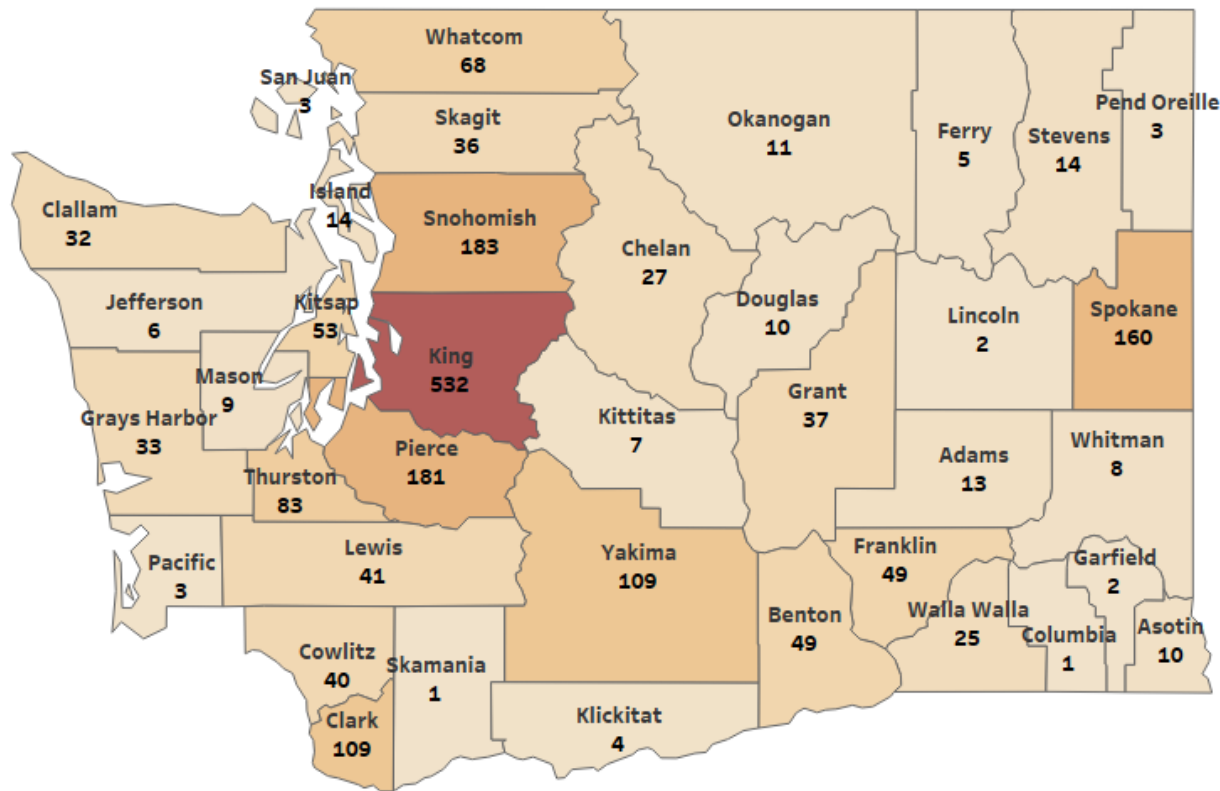
Section: Providers

Overall, many more Apple Health-enrolled children were served by non-FQHC dentists than adults, as more children use dental services, in general.

Between FY 2016 and FY 2019, the total number of clients served by non-FQHCs remained steady. In the last fiscal year, the number of clients decreased by 10% (8% among children and 19% among adults).

Dental Providers Serving Apple Health-enrolled Clients, FY 2020

Section: Providers



Statewide Dental Providers Total 1,703 (range 1-532)

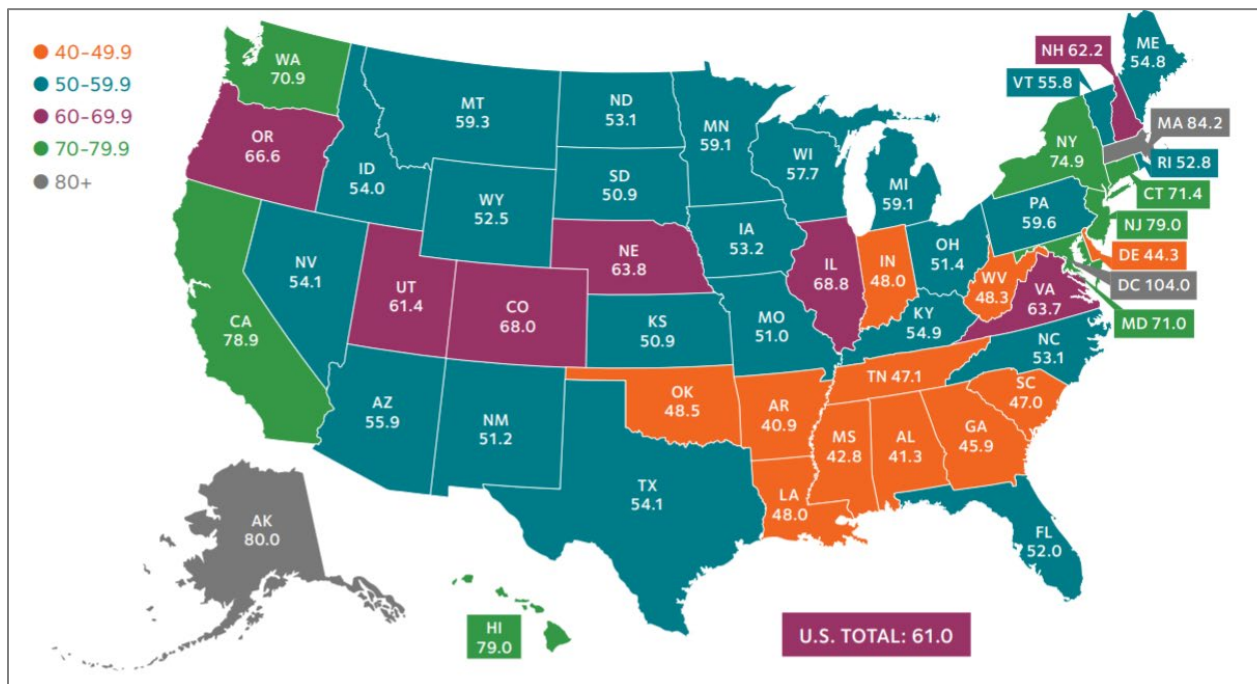
Note: Total providers include all types of unique individual dental providers identified through Provider Taxonomy Codes and aggregated using Service Provider's NPI (providers may all be working at the same clinic). Providers maybe practicing in FQHC or private practice setting.

The number of dental providers accepting Apple Health-enrolled clients and billing for dental services in FY 2020 varies by county with as low as 1 provider in some counties, indicated by light shading (Skamania and Columbia counties), and a high of 532 in King county, indicated by dark shading.

Dentist-To-Population Ratios– Washington State Compared Nationally, 2020

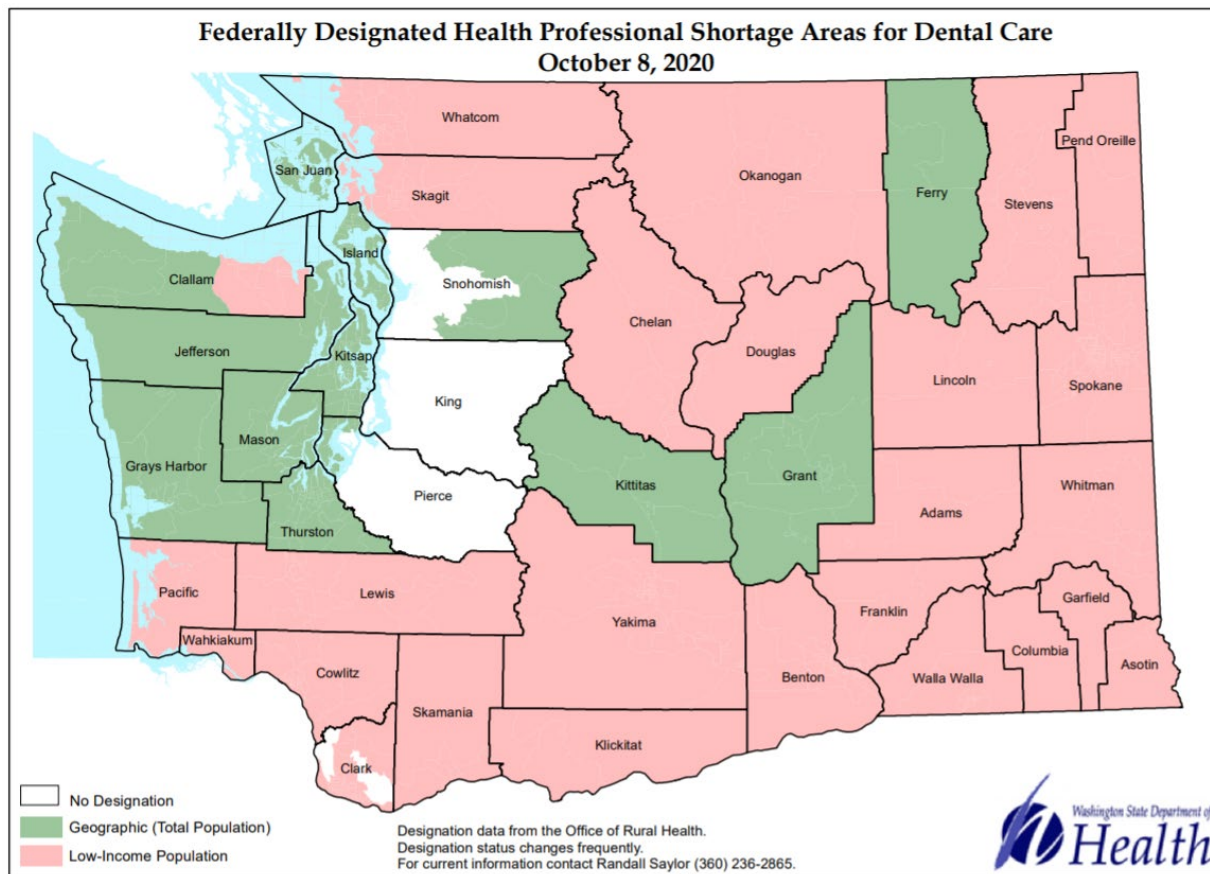
Section: Providers

In 2020, Washington state ranked 8th in the nation for dentists per capita (71 dentists per 100,000). It had a higher dentist to population ratio than the national average of 61 per 100,000.



Federally Designated Health Professional Shortage Areas for Dental Care, 2020

Section: Providers



Although Washington state has a higher dentist to population ratio than the national average and has 1 of the ten highest ratios in the nation (83 per 100,000 compared to 61 nationally), dentists are not evenly distributed throughout the state and there is a shortage of dentists serving the low-income population.

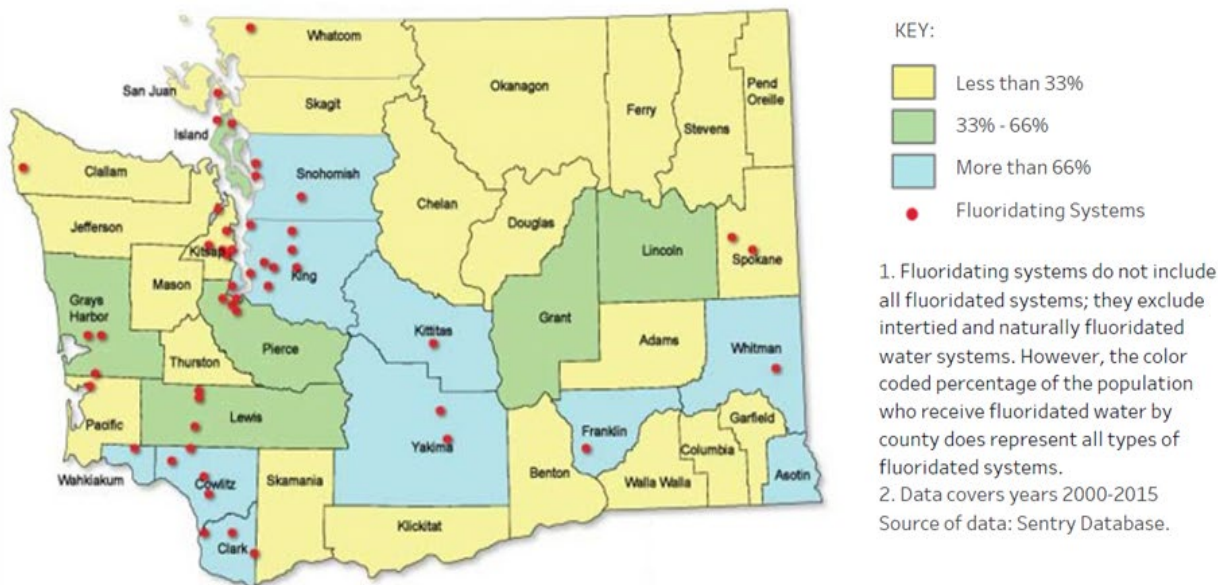
The dentist-to-population ratio varies widely by county. Adams (120 dentists) and King (110 dentists) counties have the highest dentist ratio per 100,000 people (120 & 110 dentists), while Skamania County has the lowest ratio of 8 dentists per 100,000 people. There are 11 counties with a ratio lower than 50 dentists per 100,000 people.

Source: Washington State Department of Health. Office of Community Health Systems. Dental Health Care Shortage Areas Map

County Health Rankings & Roadmaps/. Building a culture of Health, County by County. Ratio of population to dentists available from <https://www.countyhealthrankings.org/app/washington/2021/measure/factors/88/data>

Fluoridation: An Upstream Prevention Strategy

Public Water System Population Receiving Dentally Significant Fluoride Levels (0.6 - 2.0 mg/L)



Key Water System Fluoridation Concepts

Fluoridated Water
Water that has dentally significant fluoride levels of 0.6 - 2.0 mg/L

Fluoridating Systems
Water Systems whose staff adjust the water to optimal levels for dental health

Intertied Fluoridated Systems
Water systems that purchase water from fluoridating systems

Naturally Fluoridated Systems
Water systems that sell water with 0.6 - 2.0 mg/L of fluoride

Community Water Fluoridation (CWF) is an upstream prevention strategy recommended by the Centers for Disease Control and Prevention to prevent dental cavities by about 25% in both children and adults. CWF is proven effective for people of all ages, education levels, socioeconomic and insurance statuses and has been shown to reduce oral health inequalities among children.

There are 50 water systems in Washington state that provide community water fluoridation to all their customers. Despite this, only 56% of residents on public water systems have access to water with enough fluoride to prevent tooth decay.

CWF saves money for community members as well as health care systems. In cities with a population of 20,000 or more, fluoridation is estimated to save \$38 in dental treatment costs for every \$1 spent. Similarly large cost savings are seen when the calculation includes smaller communities (\$20 to \$1).

Sources:

Washington State Department of Health Office of Drinking Water Data (2013).

Washington State Department of Health

Overall Key Findings

- The percentage of children accessing dental services increased from 45% in FY 2008 to 53% in FY 2020. Moreover, the percentages of those receiving preventive dental care increased from 40% in FY 2008 to 48% in FY 2020.
- The number of adults accessing dental services increased since the restoration of adult benefits from 146,000 in FY 2014 to nearly 219,000 in FY 2020. However, 851,000 (80%) adults remain unserved.
- Restorative services were among the most common procedures for adults, while preventive services were most common for children.
- More adults received oral surgery procedures than preventive services, a consistent trend in the last 10 years.
- Total dental expenditures grew by \$94 million in the last ten years (from \$244 million to \$338 million). After adjusting for inflation, this is a 6% increase. Expenditures in the last fiscal year dropped by \$62 million, a 16% decrease due to COVID-19's impact on dental clinics.
- Nearly 31% of children and 59% of adults receiving care were served by FQHCs.
- The total number of private practice providers (including not-for-profit) serving the Apple Health-enrolled population has been decreasing in the last five fiscal years.
- Washington state has a higher dentist to population ratio than the national average. However, dental providers are unevenly distributed across Washington's counties. Rural areas of Washington have a disproportionately low supply of dental providers compared with urban areas.

Policy Implications and Opportunities

Washington state has made significant progress to improve our oral health system, especially for children. Yet the data show that much work remains to address disparities and ensure everyone is able to access the care they need, when and where they need it. That is how we can ensure that members of all our communities are able to reap the benefits of good oral health, including improved school readiness and learning, increased employability, reduced medical expenditures, avoidance of dental pain, better overall health, and the sense of wellbeing that comes from confidence in one's smile.

Recommended Policy Strategies:

- Invest in Increasing Utilization for Children.
 - Achieve parity between Apple Health medical utilization and Apple Health dental utilization for kids. As a result of Access to Baby & Child Dentistry (ABCD), our state has made great strides in children's access to dental care. However, we must do more to address enduring disparities.
 - Expand the programs that are working, including ABCD and build capacity at Federally Qualified Health Centers (FQHCs). Increase provider reimbursement rates to better ensure a more sustainable program for providers and patients.
 - Focus resources to invest in strategies that reach children who are not currently connected to care, including the use of Dental Health Aide Therapists in Tribal clinics, expansion of teledentistry and other community-based care, and support for community health workers.

Policy Implications and Opportunities

- Invest in Increasing Utilization for Adults.
 - Build on the important investments in the adult dental Medicaid program the Legislature made in 2021: continue to preserve the comprehensive adult dental benefit, set a goal of increasing overall adult Apple Health dental utilization, and increase the share of adult dental visits that are for routine care while reducing the proportion of visits that are for dental emergencies or urgently needed treatment.
 - Expand access points, especially in parts of the state with few providers, through increased dental capacity at FQHCs, dental residency programs, teledentistry and other initiatives.
 - Evaluate and expand Oral Health Connections, the pilot testing an enhanced Apple Health dental benefit for pregnant people and people with diabetes.
- Increase Prevention.
 - Expand access to community water fluoridation.
 - Support sealant programs and use of silver diamine fluoride (SDF), interim therapeutic restoration, and other minimally invasive and preventive techniques.
 - Expand hygiene care at senior facilities and other community settings.
 - Incentivize true whole-person care, integrating oral, physical and behavioral health to diagnose and treat disease early.

Policy Implications and Opportunities

Washington state's longstanding commitment to healthcare access and innovation, including Cover All Kids, implementing Medicaid Expansion, embracing public/private partnerships to pilot new ideas, and state funding to support connections to care (e.g. support for DentistLink, a dental referral tool used mainly by patients with Medicaid coverage), makes us well-positioned to seize these opportunities. Furthermore, there is a variety of stakeholders in Washington who recognize the importance of oral health for their constituencies and are potential partners in this work.

About the Sponsor

Arcora Foundation

Arcora Foundation completed this report for the purpose of better understanding the use and expenditures associated with dental services for Washington's Apple Health population. Arcora Foundation is a non-profit funded by Delta Dental of Washington, committed to lasting approaches to improving the oral health of Washington's residents. The Foundation's mission is to bend the arc of oral health toward health equity by partnering with communities and using evidence-based approaches to prevent disease, increase access to dental care, and ensure that oral health is part of whole person care.