

Inclusivity and Equity in Oral Health Across the Lifespan



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June 2, 2017
Clarksville, Maryland

Making Oral Health a Priority For Older Adults



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Making Oral Health a Priority For All

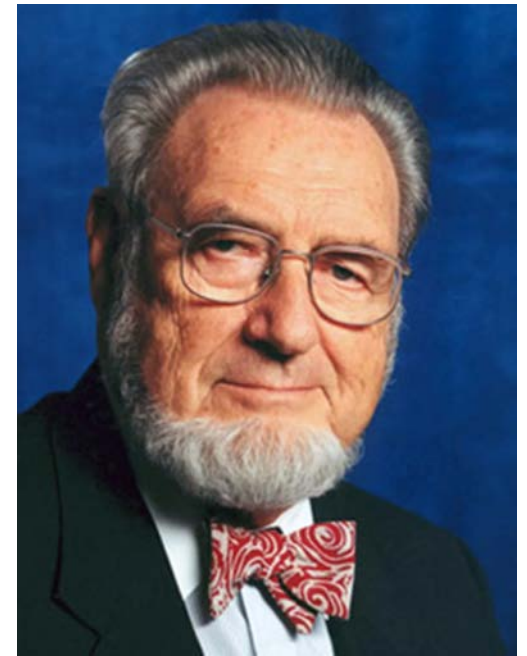


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The Big Picture

*“You are not healthy without
good oral health...”*

C. Everett Koop, MD
Surgeon General 1982-1989



- Dental care: the most common unmet health need
- Oral disease can severely affect systemic health
- Profound disparities in oral health and access to care exist at all ages
- Much oral disease is preventable or at least controllable

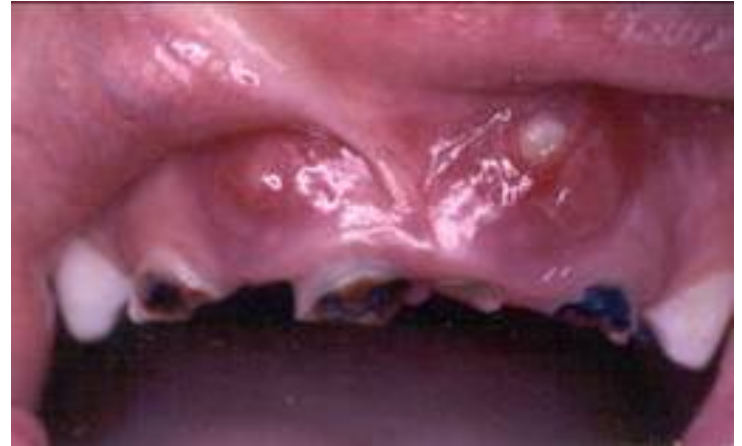
Prevalence of poor oral health

- Dental caries
 - Most common chronic disease of children
 - 5 times more common than asthma
 - Affects 50% of low income children
- Severe gum disease affects 19% of adults aged 25-44
- 45,000 oral/pharyngeal cancers diagnosed annually
 - 1 person dies every hour
 - Diagnosis is often late



Physical, Economic and Social Consequences

- Mounting evidence of **aggravating effects on systemic conditions**
- **Oral pain**
 - Poor school performance for kids
 - Work loss for adults
 - Poor chewing leading to malnutrition
 - Costly emergency department visits
- **Dental decay and tooth loss**
 - Aesthetics and self-image
 - Speech and language development
 - Costly restoration...operating room!



Prevalence of Geriatric Oral Health Issues

- 50% of the elderly (age >65) perceive their dental health as poor or very poor
- 33% of the elderly had untreated tooth decay.
- Low income elderly suffer more severe tooth loss than their wealthy counterparts
- Edentulism: 1/3 of those >age 65; 50% in nursing homes
- Periodontitis in 41% of the elderly
- Only 30% have dental insurance
- No oral health benefits in Medicare



Who's missing from much of this discussion?



Who are these people?

Maryland: the *Haves* and *Have Nots*

Statewide: 60% white (non-Hisp) / 30.5% black

- Median income (2007-2011): \$74,551, which is higher than national average at \$52,762.
- Residents living below FPL: 9.0%, which is lower than national average of 14.5%

Baltimore: 63.7% black / 28% white (non-Hisp)

- Median household income: \$40,100
- Residents living below FPL: 22.4%



Have we made a difference?



INTEGRATE TM

ADVOCATE

Why is Oral Health Important?...a case study





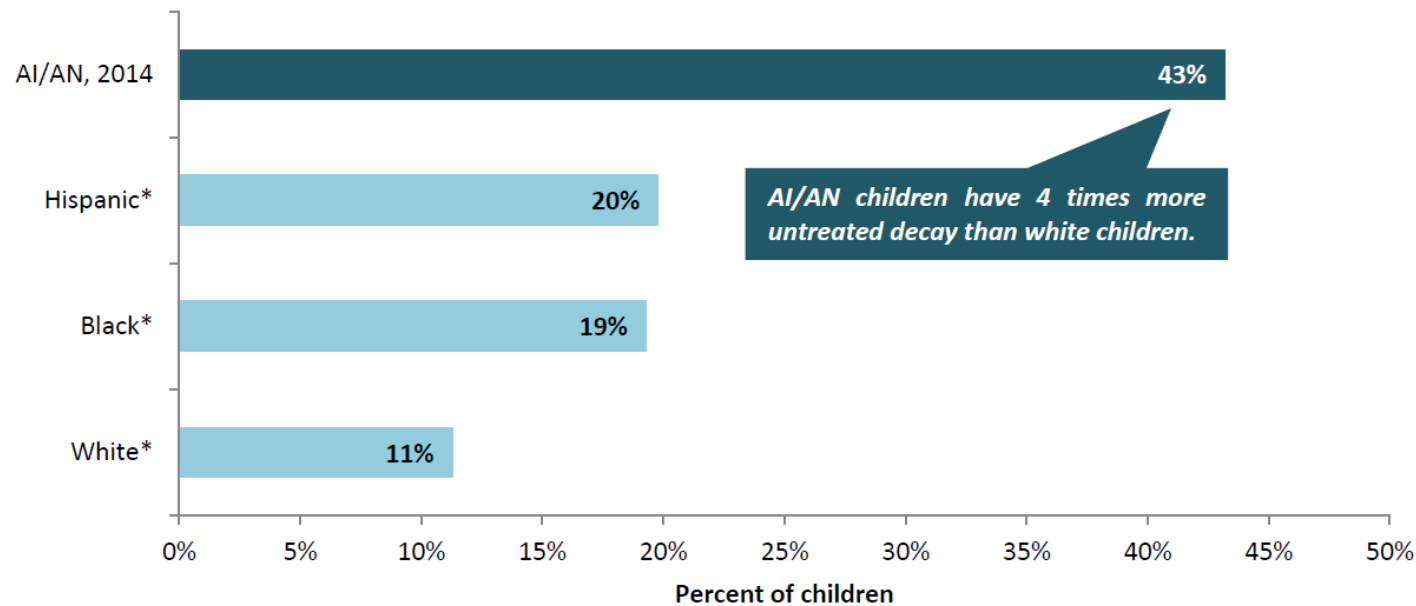
Disease burden overwhelming...



Untreated decay in children by comparison

Indian Health Service Data Brief ❖ April 2015

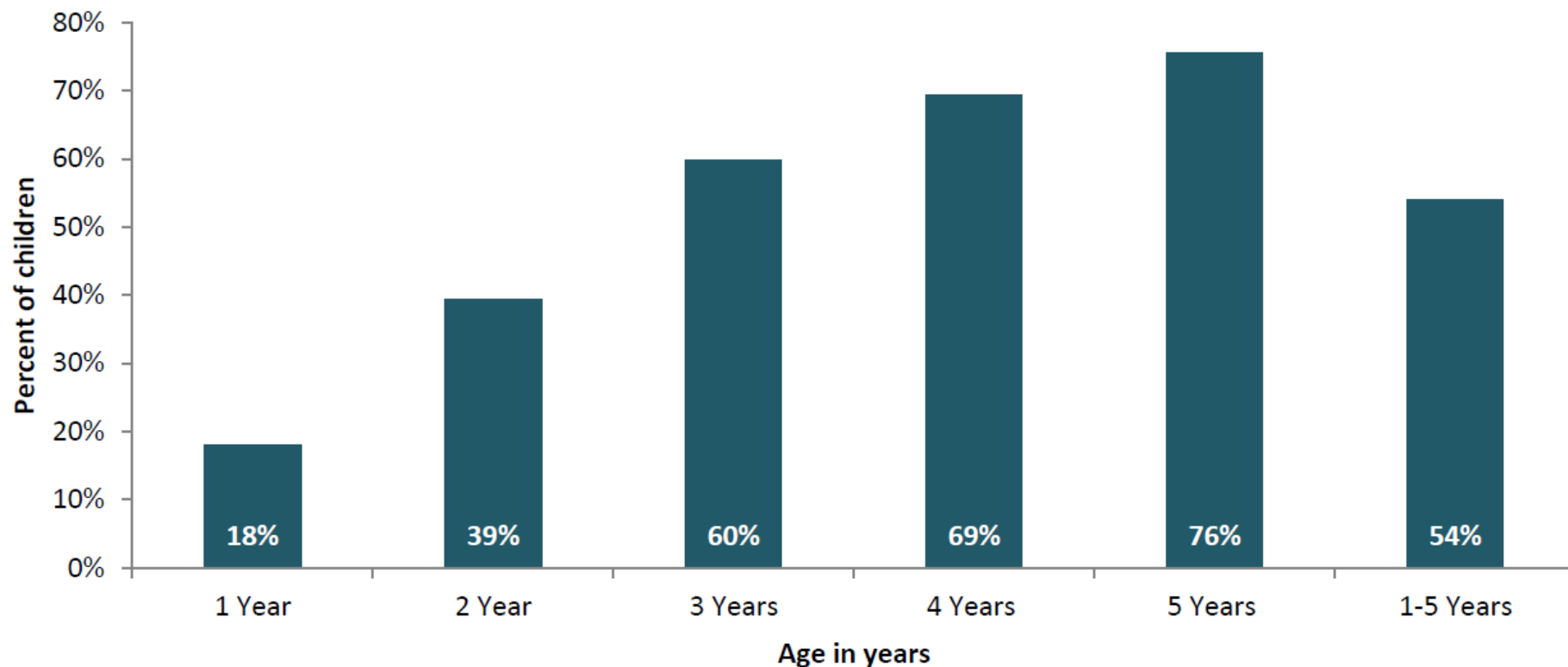
Figure 2. Percent with untreated decay among children 3-5 years of age

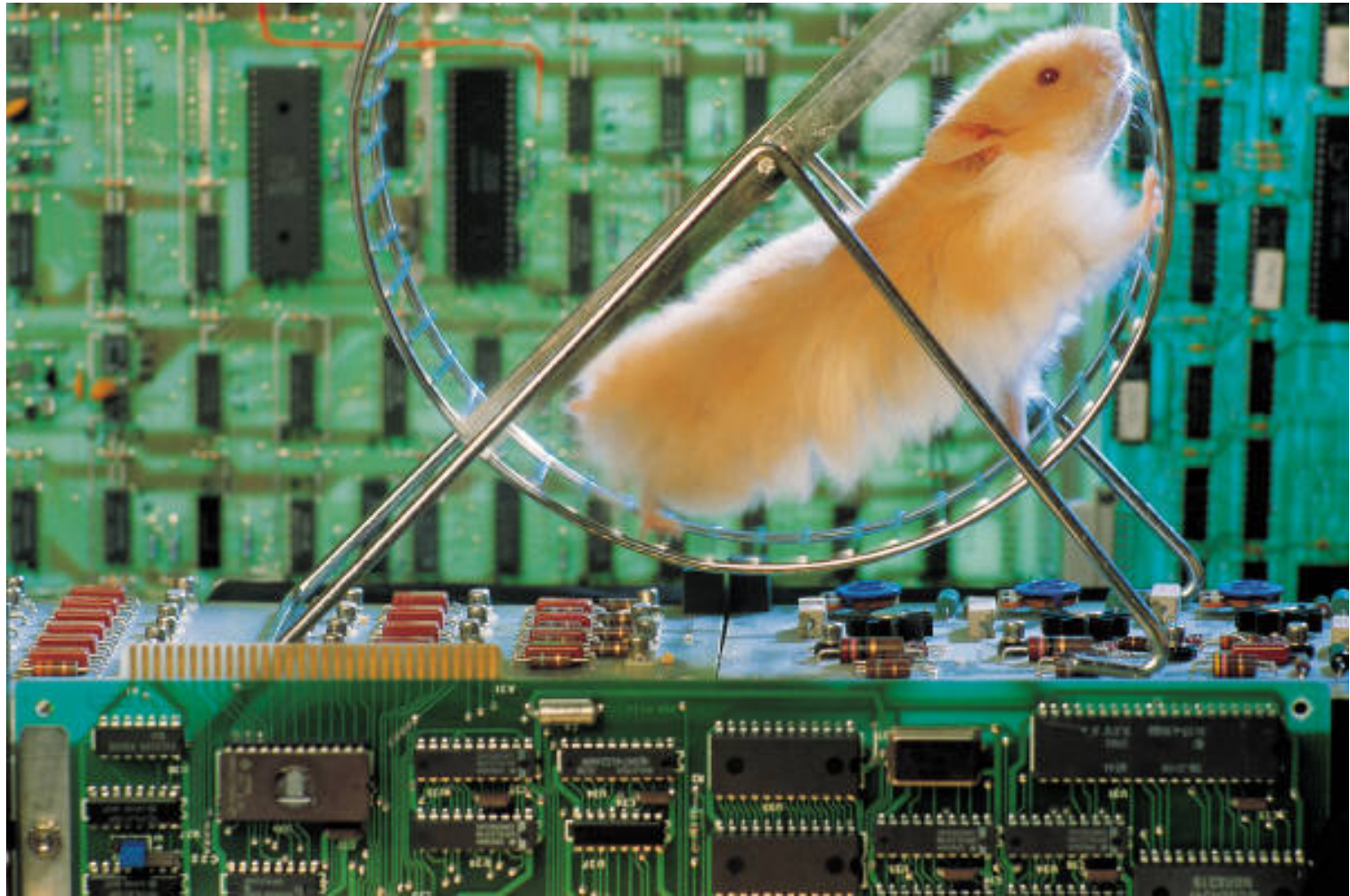


* Data Source: National Health and Nutrition Examination Survey (NHANES), 2009-2010

Decay experience in AI/AN children

Figure 3. Prevalence of decay experience in the primary teeth of AI/AN children by age, 2014





“Insanity: doing the same thing over and over again
and expecting different results.”

Albert Einstein

Have we made a difference?

Waiting for the Mission of Mercy to open...

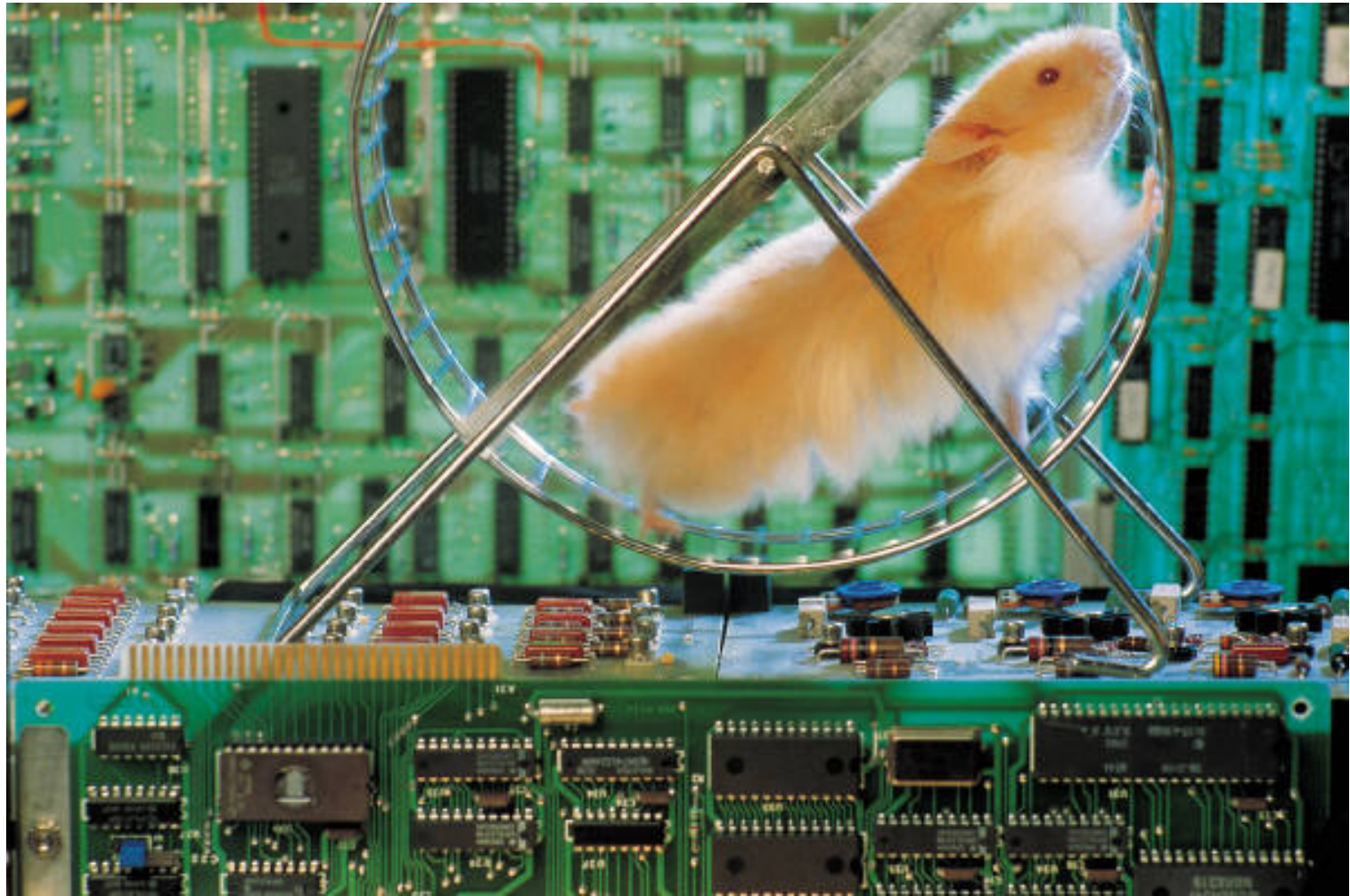


For many...the only available solution





*
CDR



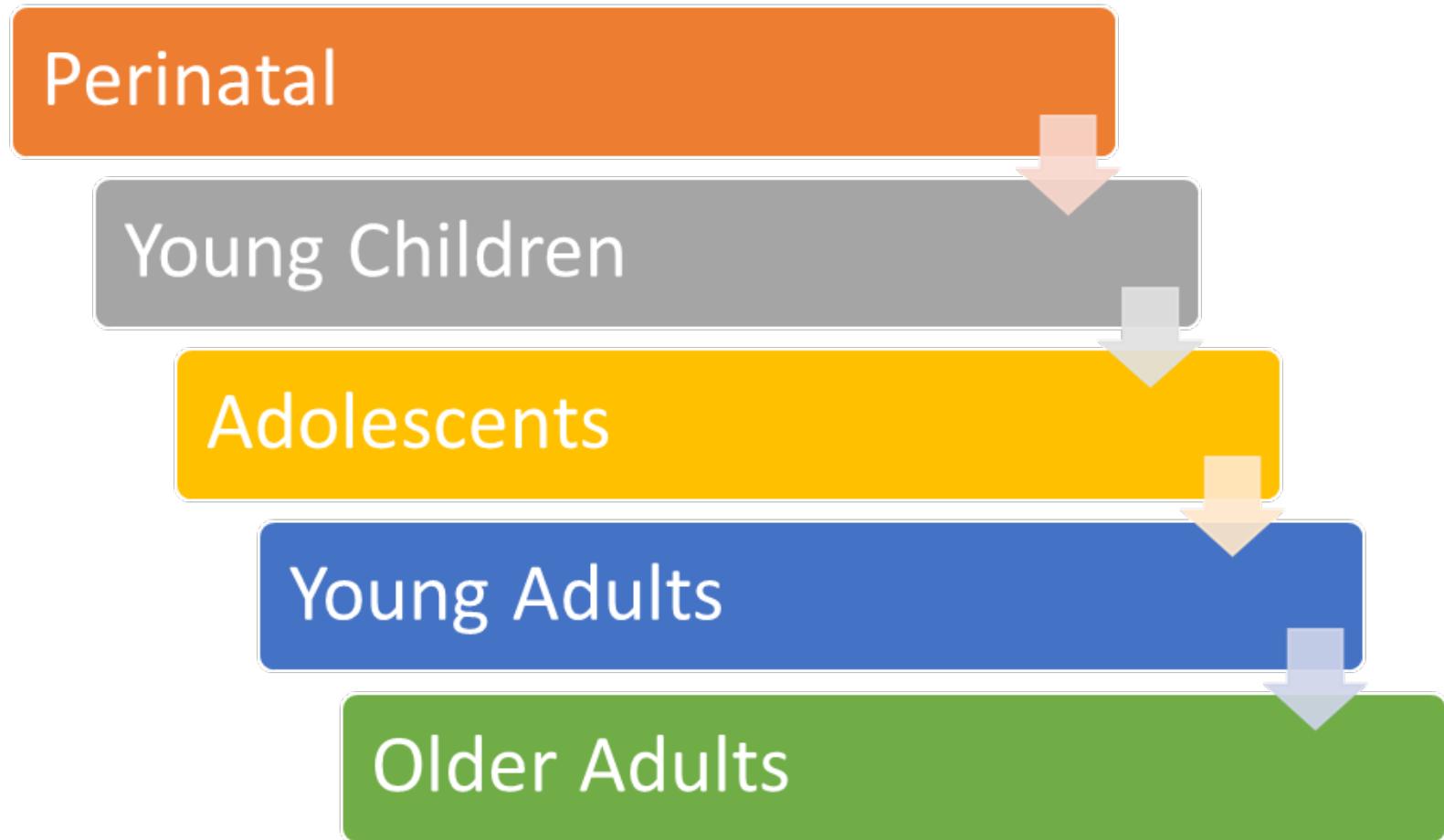
“Insanity: doing the same thing over and over again
and expecting different results.”

Albert Einstein

Prevention matters...individually and community-wide



Working across the lifespan



Practical Goals across the Lifespan...

- Every individual will have access to the benefits of fluoride.
- Every pregnant woman will have a healthy mouth.
- Every child will be caries-free upon entering kindergarten.



Practical Goals across the Lifespan...

- Every person with a chronic disease, such as diabetes or HIV, will receive oral health care as an integral part of their disease management.
- Every senior will have access to dentures or other replacement options.



What do these folks know about oral health?



Oral Health Knowledge Questions

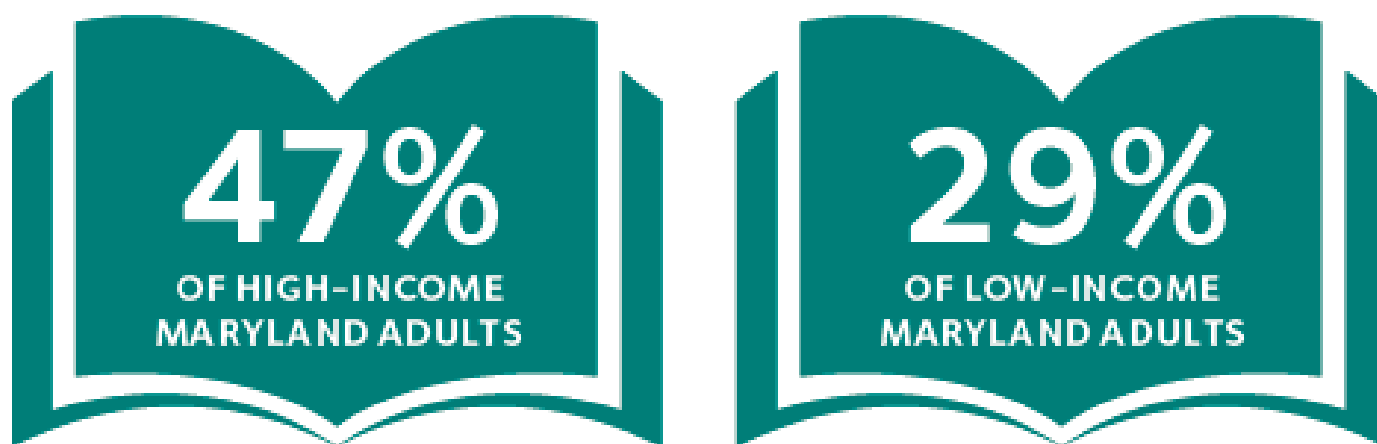
Table 1: Oral Health Knowledge Questions, Correct Response and Supporting Evidence

Question	Correct Response
Some medical conditions like diabetes affect the health of your mouth.	True ^{9,10,11}
People who smoke are more likely to have cancer in their mouth.	True ^{12,13}
Children do not need to see a dentist until they start school.	False ^{14,15,16}
Because they do not stay in your child's mouth very long, baby teeth are not that important.	False ^{14,17,18}
Some medicines can affect the health of your mouth.	True ^{19,20}
Blood on your toothbrush is a sign of gum disease.	True ^{21,22}
If I am not having any pain in my mouth, then my mouth is disease free.	False ^{23,24,25,26}
Sugary foods and drinks cause tooth decay.	True ^{27,28}

[ADA.org/~media/ADA/Science%20and%20Research/HPI/Files/HPI-Index-Methods.ashx](https://ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPI-Index-Methods.ashx).

Oral Health Care System: Maryland

Oral Health Knowledge Index Among Adults in 2015



**ANSWERED ALL OF HPI'S ORAL HEALTH KNOWLEDGE
SURVEY QUESTIONS CORRECTLY** COMPARED TO **52%** OF
HIGH-INCOME AND **44%** OF LOW-INCOME U.S. ADULTS

The Painful Truth about Teeth...



It has to start here....



legislate

advocacy
rights
views
people
express
concerns
information
access
promote
vulnerable
empower
particularly
society
defend
supports
understand
person
choices
services
voice
otherwise
speaking
wishes
genuinely
variations
enables
aims
many
seeks

be a
Champion

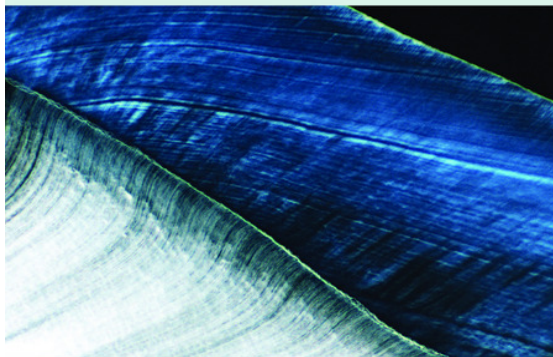


Oral Health in America:
A Report of the
Surgeon General



Department of Health and Human Services

Advancing
Oral Health
in America



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Improving Access to
Oral Health Care for
Vulnerable and
Underserved Populations



INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

ORAL
HEALTH
FOR ALL
2020



U.S. NATIONAL
ORAL HEALTH ALLIANCE

U.S. Department of Health and Human Services
**Oral Health Strategic Framework
2014–2017**



(seemingly) Eternal themes...

- Change perceptions (public and profession)
- Enhance Prevention and Public Health infrastructure
- Remove barriers to care
- Oral health as part of overall health
- Importance of metrics
- Health literacy as a path to health equity
- Evolving dental delivery system (dental/medical)
- Financing
- Public/private partnering



Progress...

- Grassroots involvement
- Public/private sectors are seeking common ground
- Specificity of goals and actions

Obstacles...





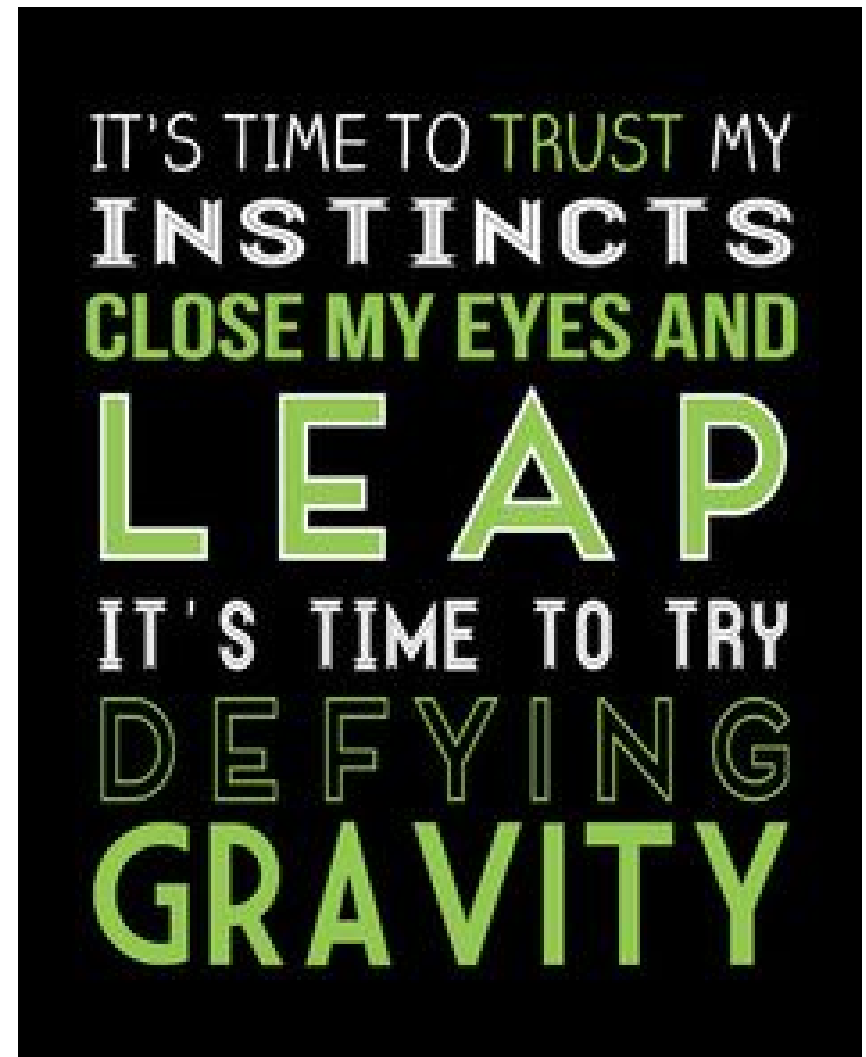




WICKED

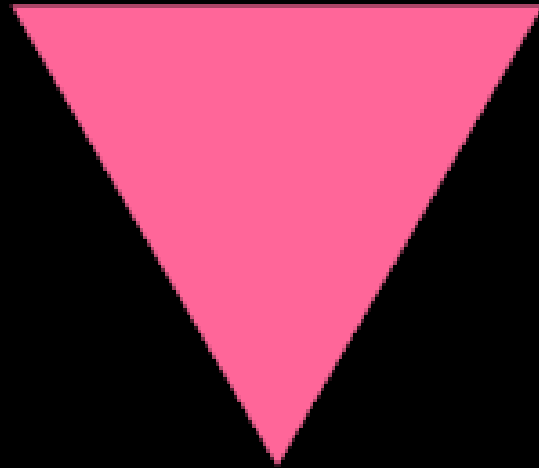






Activism that
challenges the status
quo, that attacks
deeply rooted
problems, is not for
the faint of heart.

Malcolm Gladwell



SILENCE = DEATH

A consistent message...



A consistent message...



Identify all your options

YOU COME IN
THROUGH THE
FRONT DOOR OR
NOT AT ALL.,

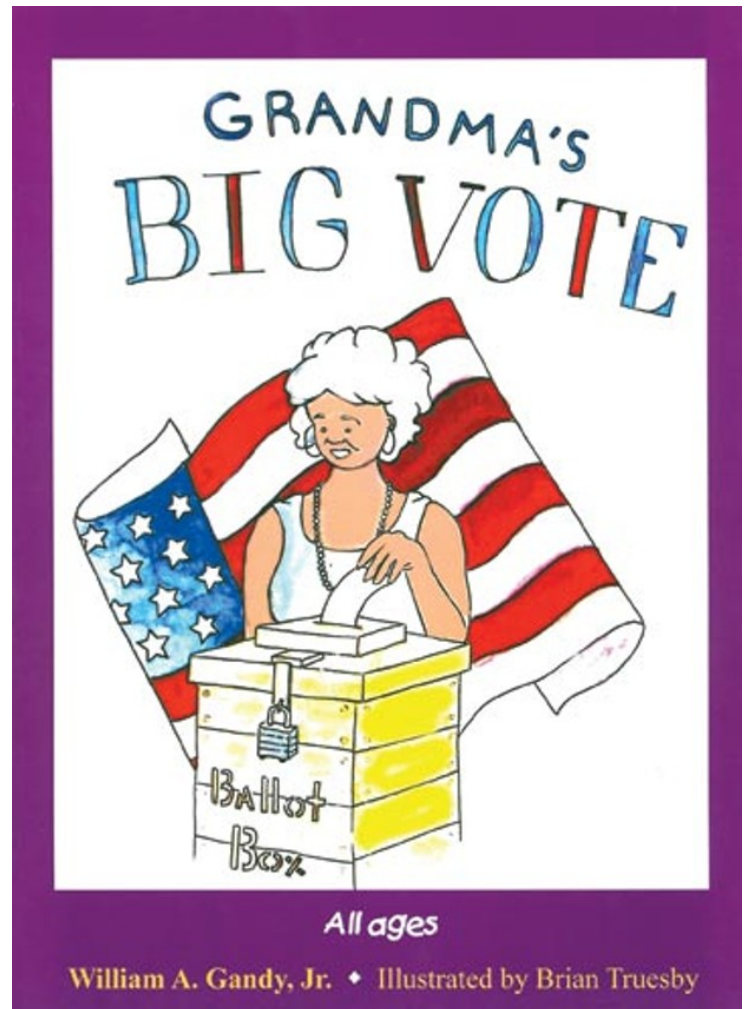


Priming the pump...



Educating a Grandma benefits multiple generations





Balance those state budgets...



AGING & HEALTH

Seeking Dental Care For Older Americans

Since Medicare doesn't cover most dental care, seniors often go without treatment.

BY SUSAN JAFFE

Medicare could save \$63.5 billion from 2016 to 2025. The \$7.2 billion cost for periodontal treatment “will be offset by an estimated \$70.7 billion reduction in Medicare spending, largely related to fewer hospitalizations and emergency room visits,” the study concluded.¹¹

AHCA CBO Score Highlights

Huge Coverage Losses

- 23 million lose coverage
- 14 million of those lose Medicaid

Medicaid Slashed

- States will face \$834 billion in federal cuts over 10 years
- **By 2026, spending will be cut by 25%**
- Medicaid expansion will end

Inadequate Coverage

- Insurer policies won't cover major medical risks
- **1/3 of people live in states that will narrow essential health benefits**
 - e.g., insurers won't have to cover pediatric oral health

Higher Premiums

- Increased premiums and out of-pocket costs
 - older adults/people w/ pre-ex
- **1/6 of people live in states that will also allow insurers to charge higher premiums to people with pre-existing conditions**

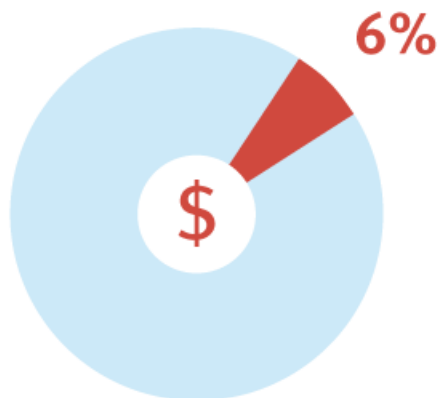
Seniors' Premiums Skyrocket under House Repeal Bill*

Individual:
64-year-old
Earns just under:
\$26,500/year

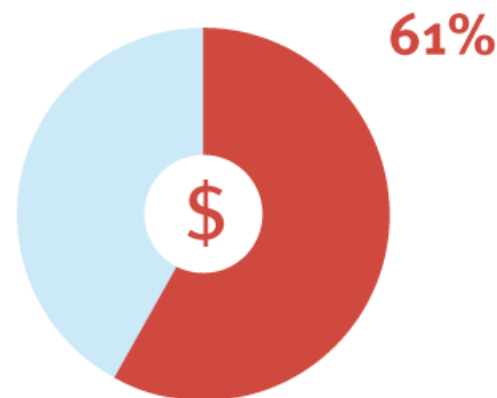
\$14,400

Increase in
Annual Premiums

ACA



HOUSE PLAN



Premiums as Percent of Annual Income

*Congressional Budget Office, Congressional Budget Office Cost Estimate: H.R. 1628 American Health Care Act of 2017, (Washington, DC: Congressional Budget Office, May 24, 2017), available online at <https://www.cbo.gov/publication/52752>

President's Budget

Cuts Medicaid even more than AHCA

- \$1.3 trillion over 10 years
- \$610 billion on top of AHCA cuts
- 45% reduction by 2026

20 percent cut to NIH budget

Cuts \$105 million from National Institute of Dental and Craniofacial Research

Eliminates funding for HRSA general and pediatric dental residencies

Cuts other health workforce development programs

Medicaid Messaging

Efforts to cap, cut, or defund Medicaid mean that millions of kids, seniors in nursing homes and people with disabilities will lose their health coverage or be forced to pay a lot more.

Medicaid pays for:

60% of all nursing
home care

60% of care for kids
with disabilities

Half of all
pregnancies

Telling your story...



*This hour in history needs a dedicated circle of nonconformists.
The saving of our world from pending doom will come not from
the actions of a conforming majority, but from the creative
maladjustment of a dedicated minority.*

Martin Luther King, Jr.

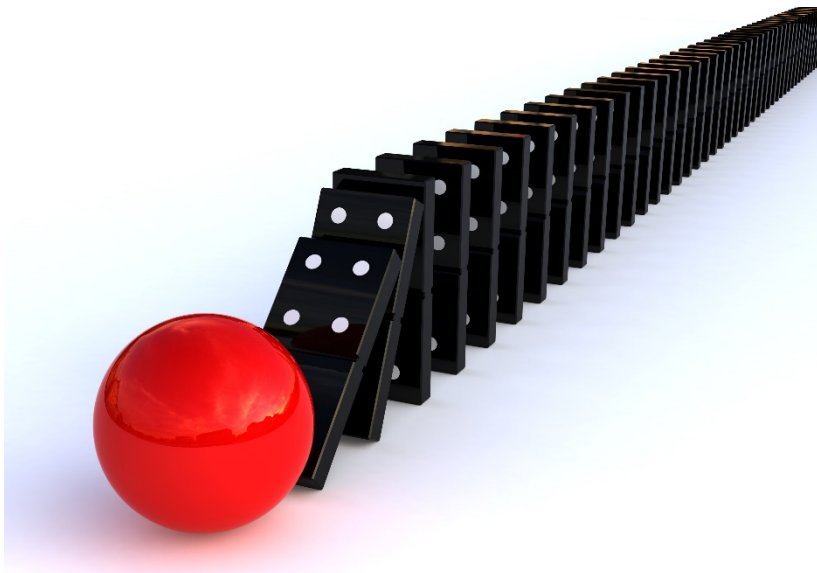




Integration of Oral Health and Primary Care Practice

Department of Health and Human Services
Health Resources and Services Administration
February 2014

<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/oralhealth/>



**Great things are not
done by impulse, but by
a series of small things
brought together.**

Vincent van Gogh

Perinatal Oral Health Consensus Statement

Collaboration among:

- American Dental Association
- American Congress of Obstetricians and Gynecologists
- Federal Government

http://mchoralhealth.org/materials/consensus_statement.php



CATOOH

(Chapter Advocacy Training on Oral Health)

- Collaboration between ADA Foundation and American Academy of Pediatrics
- Train the Trainer across all 50 states
 - Caries Risk Assessment
 - Anticipatory Guidance
 - Fluoride Varnish as appropriate
 - Referral to a dentist

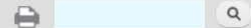


<http://www2.aap.org/commpeps/doch/oralhealth/>

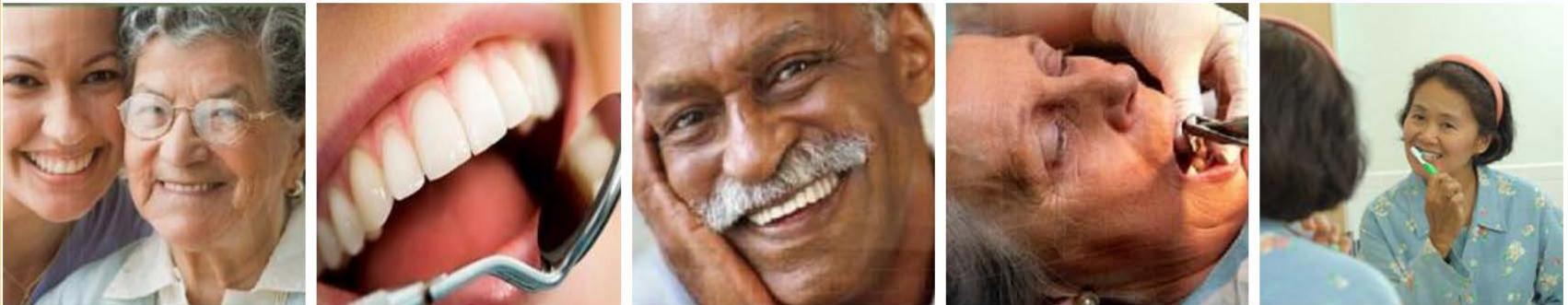
The Oral Health website is here!



Help Your Community Smile: Start or Enhance an Oral Health Program for Older Adults



[Oral Health Home](#) [About This Project](#) [Find a Program](#) [Oral Health Guide](#) [Key Resources](#) [FAQs](#) [Submit a Program](#) [Contact Us](#)



This website aims to help communities, governments, nonprofit organizations, foundations, and private businesses start or enhance community-based oral health programs for older adults. With two main components—a database of community-based oral health programs and The Community Guide to Adult Oral Health Program Implementation (Oral Health Guide)—this website offers access to essential tools for planning, designing, and implementing a new program or replicating or expanding an existing program.

Database

Visit the [Find a Program](#) page to search through approximately 200 community-based oral health programs, across the nation, in 11 categories. You can replicate one of these programs or adapt it to meet a specific need in your community. Or, you can design your own program, drawing from the experiences of included programs. You'll also find contact information (as available) for each program in its profile in the database.

Select [All Programs](#) for an alphabetical list of all the oral health programs in the database.

Oral Health Guide

The [Community Guide to Adult Oral Health Program Implementation](#) (Oral Health Guide) leads you step by step through the program development process, from assessing your community's need for

- Searchable Categories**
- ☐ Age
 - ☐ Specific populations
 - ☐ Geography
 - ☐ Service delivery setting
 - ☐ Service delivery model
 - ☐ Staffing
 - ☐ Payment for care
 - ☐ Program funding
 - ☐ Dental and oral health services
 - ☐ Other program services
 - ☐ Integration with services

<https://oralhealth.acl.gov/>

Smiles for Life: a national oral health curriculum

Eight annotated educational modules

1. The Relationship of Oral to Systemic Health
2. Child Oral Health
3. Adult Oral Health
4. Acute Dental Problems
5. Oral health & the Pregnant Patient
6. Fluoride Varnish
7. The Oral Examination
8. Geriatric Oral Health

<http://www.smilesforlifeoralhealth.org>



Preaching their gospel...*give and take*

- Prevention Services
 - Mammograms
 - Pap smears
 - Immunizations
 - Hypertension
- Staff education
- Diabetes
- Hygienist in Peds or a PA in Dental



Engaging the Patient...*go to them!!!*

Community Dental Health Coordinators

- Dental “community health workers” who perform outreach, community education and preventive services
- Dental team members who work in community settings, FQHCs, tribal clinics, senior citizen centers, Head Start programs, religious institutions, and private practices
- A new member of the dental team



Small steps accomplish big goals...



INTEGRATE™

ADVOCATE



HERE'S TO THE
CRAZY ONES

the **MISFITS** *the* **REBELS**

THE TROUBLEMAKERS



Excellence in Government Fellows Program

*Leaders are called to stand
in that lonely place
between the no longer and the not yet
and intentionally make decisions
that will bind, forge, move
and create history.*

*We are not called to be popular,
we are not called to be safe,
we are not called to follow.
We are the ones called to take risks,
we are the ones called to change attitudes;
to risk displeasures,
we are the ones called to gamble our lives
for a better world.*

*Mary Lou Andersen
April 1970*

Questions



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