Vision

> All people enjoy good oral and overall health with no one left behind
Our Three Pillars:

- Prevent Oral Disease
- Improve Access
- Transform Health Systems
100% access
0 disparities
Strategies to promote equity in oral health
Context: How we make a difference

Social and Community Effects

- Food, water, insurance, laws, schools

Mouth Care: brushing, flossing, tobacco, sugar

Daily Habits

Supports health, ideally doesn’t only see you when there is a problem

Beliefs around oral care, access to care

Health beliefs and access

Dentist
Focusing on health equity

> Clear and amplified voice for “why”
> Definition and blueprint by end of the year
> Well underway with a results-based accountability framework for evidence-based strategies most likely to impact health disparities
> Create the readiness for a diverse culture hyper-focused on equity.
Seniors: Oral health status

Significant disparities in seniors’ oral health exist when comparing those with higher incomes to those who are living on lesser means.

- 33% have tooth decay
- 19% have gum disease
- 45% have dental insurance

Earning less than $25K: 13% have tooth decay, 12% have gum disease, 64% have dental insurance.

Earning $25K or more: 13% have tooth decay, 12% have gum disease, 64% have dental insurance.
Seniors: Oral health status continued

African American and Hispanic seniors report poorer oral health than their white/Caucasian counterparts.
Seniors: What is being done?

- Oral Health for Caregivers Training
- Educational media campaigns
- Targeted print materials

For more information about oral health and diabetes:
1-800-DIABETES
Diabetes.org
DeltaDentalWA.com/diabetes

American Diabetes Association

Washington Dental Service Foundation
Community Advocates for Oral Health

Seniors’ Oral Health Survey
HealthCare Research, July 2017

The 2017 Seniors’ Oral Health Survey is the most recent statewide assessment of the oral health of older adults. Read More
Latinos:

- Hispanic families have more barriers to oral health care than other families in WA and in the US.
- Hispanic children have more untreated cavities than non-Hispanic children.
- Diabetes is common in Hispanic adults and people with diabetes have special oral health needs.
- Some older Hispanic adults have different understandings about dental health.
Latinos: What is being done?

> Culturally appropriate materials

> Community Health Worker Trainings

> Mighty Mouth Campaign to focus on Latinos
AI/AN dental patients are more than **twice as likely** to have untreated decay as the general U.S. population of the same age.
### Percent Difference in Total Number of Children Accessing Care at IHS/Tribal Dental Clinic by Quarter

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Ronde</td>
<td>-79.2%</td>
<td>261.5%</td>
<td>-10.6%</td>
<td>72.6%</td>
<td>-40.0%</td>
<td>32.2%</td>
<td>-6.1%</td>
<td>-17.6%</td>
<td>-44.9%</td>
</tr>
<tr>
<td>Port Gamble</td>
<td>-10.1%</td>
<td>-53.8%</td>
<td>137.8%</td>
<td>-5.7%</td>
<td>-3.6%</td>
<td>-73.8%</td>
<td>123.8%</td>
<td>14.9%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Puyallup</td>
<td>5.0%</td>
<td>-21.3%</td>
<td>22.3%</td>
<td>2.8%</td>
<td>-12.4%</td>
<td>-3.7%</td>
<td>-8.3%</td>
<td>-47.2%</td>
<td>131.6%</td>
</tr>
<tr>
<td>Swinomish</td>
<td>90.5%</td>
<td>-75.0%</td>
<td>380.0%</td>
<td>-10.4%</td>
<td>2.3%</td>
<td>6.8%</td>
<td>-25.5%</td>
<td>57.1%</td>
<td>-54.5%</td>
</tr>
<tr>
<td>LRCHC</td>
<td>131.8%</td>
<td>29.4%</td>
<td>-45.5%</td>
<td>-19.4%</td>
<td>27.6%</td>
<td>13.5%</td>
<td>9.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nisqually Tribe</td>
<td>-20.8%</td>
<td>89.5%</td>
<td>36.1%</td>
<td>-53.1%</td>
<td>34.8%</td>
<td>0.0%</td>
<td>-9.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoalwater Bay</td>
<td>87.5%</td>
<td>40.0%</td>
<td>41.9%</td>
<td>6.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

14 I Arcora Foundation
Access to community water fluoridation

Data covers years 2000-2015 from sentry database
WA Department of Health

- Less than 33%
- 33 – 66%
- More than 66%
- Fluoridating System
Access disparities: What is being done?

- Capital funding available
- Water operator trainings
- Community education
- Monitoring, Surveillance, and Technical Support
Federally designated health professional Shortage Areas for Dental Care, January 3, 2017
Washington state 2016 Apple Health utilization, adults 21 and over

SOURCE:
Washington State 2016 Apple Health Utilization, Children under 6

Statewide utilization: 52.6%
0.5% change from last year

Highest utilization:
Yakima County (65.2%)

Lowest Utilization:
Garfield County (31.1%)

Largest increase since 2015:
Jefferson County (9.3%)

Largest decrease since 2015:
Ferry County (-2.2%)
Access to care: What is being done?

- **Washington State's Medicaid/Apple Health Data**
  Washington State Health Care Authority. July 2017
  Snapshots of utilization for adults, all children, and young children by county. [Read More]

- **Smile Survey**
  Washington State Department of Health, August 2017
  Washington's 2015-2016 Smile Survey is the latest statewide assessment of children's oral health. [Read More]
Access disparities: What is being done?

Primary Care Medical Provider Trainings

✧ Since 2002, trainings have reached more than 1,612 of the 3,562 practicing Family Physicians and Pediatricians in WA.
Access disparities: What is being done?

Federally Qualified Health Center: dental visits improvements over time
Looking Ahead
Oral health campaigns are working

> The Mighty Mouth is Working

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree at Baseline</th>
<th>Strongly Agree at Follow-Up</th>
<th>Strongly Agree in 2016</th>
<th>2015/2016 Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Taking care of my teeth and gums is as important to me as taking care of my general health”</td>
<td>61%</td>
<td>64%</td>
<td>84%</td>
<td>+20</td>
</tr>
<tr>
<td>“My dentist thinks my oral health is important to general health”</td>
<td>53%</td>
<td>56%</td>
<td>86%</td>
<td>+30</td>
</tr>
<tr>
<td>“My doctor thinks my oral health is important to my general health”</td>
<td>33%</td>
<td>38%</td>
<td>67%</td>
<td>+29</td>
</tr>
</tbody>
</table>

> Tracking trends in oral health status through Smile Survey & Senior Survey

> Some improvements, but more work to do
2017: Big year for legislative policy

> Changes in Medicaid:
  > Transition to Managed Care planned
  > Oral Health Connections was funded to pilot program in three counties for specific target populations
  > DHAT bill passed, training underway
Accelerating impact: Experimenting scale

4 or more Accountable Communities of Health (ACHs) including oral health (some combo of):

- Disease severity diagnostic coding
- Integration into primary care
- Community-based care coordination
- Access to dental care and ED diversion
- Opioid prescribing practices
- Maternal and child health
- Chronic disease prevention and control
- Community-based prevention
Accelerating Impact: Experimenting with stickiness

> Local Impact Network (LIN) diving deep on improving oral health status in Spokane; more LINs are self-forming
  > Place-based with a population health lens
  > New way of showing up in a community: being an engine for change
  > Deeper investment in a portfolio of strategies that aligns local resources
  > Partnerships that share rewards and risks: Asking in addition to offering
  > Driving an agenda with local ownership
Partnership with WA state

- Encourage community water fluoridation
- Pilot “Oral Health Connections”
- Engage with Accountable Communities of Health
- Medicaid managed care
- Disease surveillance

What else?
Questions?

Emily Firman,
efirman@arcorafoundation.org

Laura Flores Cantrell,
lflores@arcorafoundation.org