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Recommended Strategies to Improve the Oral Health of Washington Residents

Presented by
Dr. Jim Sledge

Background

Board of Health Addresses Oral Health

- June 2012 – Briefing – Oral Health Risk Factors and Systemic Connections
- October 2012 – Briefing – Oral Health in Washington State
- March 2013 – Board approves implementation of the Oral Health Project

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Oral Health Project

- **Goal**
  - Create a Washington State Board of Health set of strategies to improve the oral health of Washington State residents

- **Purpose:**
  - To promote strategies that improve the oral health of Washington residents
  - To guide Washington State Board of Health (SBOH) rule and policy development activity

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Rationale

Oral diseases are costly, painful, debilitating, and widespread in Washington State

- Dental disease is the most common chronic disease of childhood (NHNES)
  - Nearly 40% of kindergarteners in WA have had tooth decay
  - 77% of WA's Native American kindergarteners have had tooth decay – Washington State Smile Survey 2010
- Nationally:
  - More than 51 million school hours are lost each year to dental-related issues.
  - Adults lose more than 164 million hours of work due to dental health issues – Report of the Surgeon General, 2000

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Rationale

- Poor oral health is costly for Washington residents:
  - Dental pain is the number one reason uninsured adults visited Washington state emergency rooms
  - Dental-related Emergency room charges were over $36 million in an 18 month period – Washington State Hospital Association, 2010
- Oral infections are also associated with systemic conditions such as diabetes, heart disease, and aspiration pneumonia

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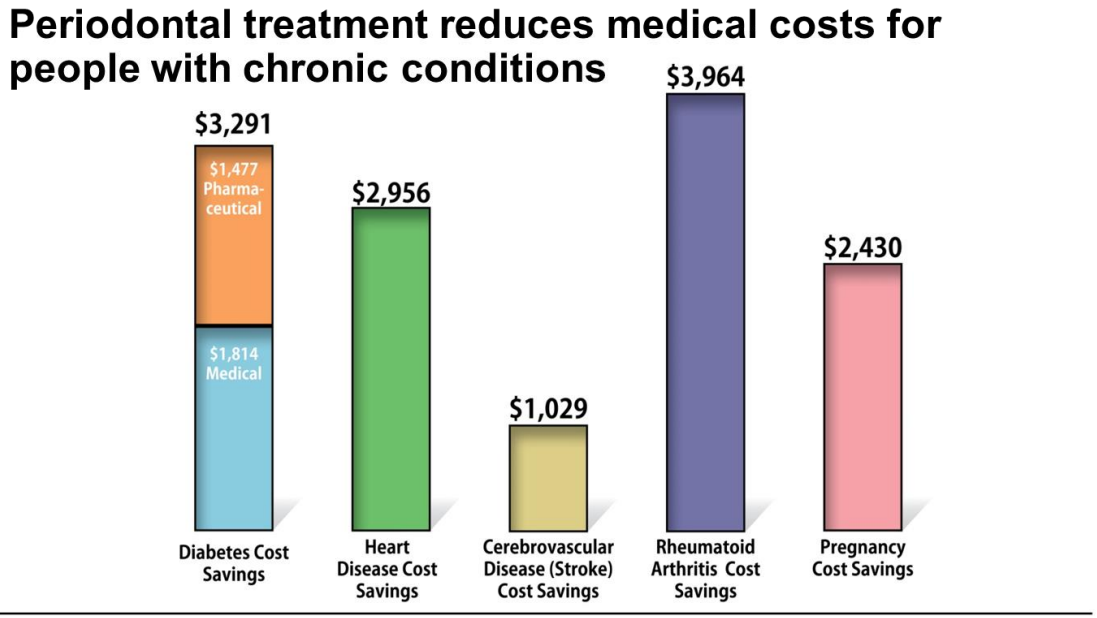
Rationale

- Strategies that prevent and treat dental disease improve oral health and save money



Study Conducted by University of Pennsylvania, School of Dental Medicine for United Concordia Dental

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Rationale

- In Washington, adults aged 55 years and older rank higher than the national average when it comes to dental insurance
  - However, 20% of adults ages 55 and older reported having a dental issue that needed to be addressed in the next month
  - Nearly 24% of seniors with an annual income under $25,000 have not seen a dentist in five years or more –

    2012 Older Adult Oral Health Survey, Washington Dental Service Foundation

- Older adults are particularly at-risk due to taking multiple medications that cause dry mouth and can lead to tooth decay

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Oral Health Project –Methods

- Reviewed literature
- Drafted strategic recommendations
- Shared proposed strategies with State expert review panel – updated recommendations
- Consulted with National oral health expert advisory group – updated recommendations

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Strategic Recommendations

Topic Areas

- Health Systems
- Community Water Fluoridation
- Sealant Programs
- Interprofessional Collaboration
- Oral Health Literacy
- Surveillance
- Work Force

(not ranked in order of importance)

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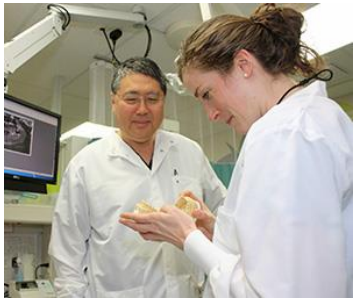
Health Systems

- Cost-effective programs allow more people to get the services they need at affordable rates



- **Recommendation**: Support policies and programs that improve oral health for Washington state residents

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Health Systems

Programs working for Washington:

- Adult Medicaid coverage restored
  - Over 750,000 adults will gain dental coverage in 2014
- Access to Baby and Child Dentistry (ABCD)
  - Connects Medicaid enrolled children with dental services
  - The program now operates in all 39 Washington counties
  - Percentage of low-income children accessing dental care has more than doubled since 1997- to 51%
- University of Washington Regional Initiatives in Dental Education (RIDE)
  - Over half of the graduates now work in dental underserved regions of the state

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Health Systems

Opportunities remain:

- Evaluate methods to ensure adequate access to treatment and prevention services with particular attention to:
  - Pregnant women
    - In 2010, over 50% of women who gave birth in Washington state were insured through Medicaid
    - Mothers with healthy teeth are less likely to pass cavity causing bacteria to their children
  - Low-income populations
    - With new coverage available to adults there will be an increasing demand for services

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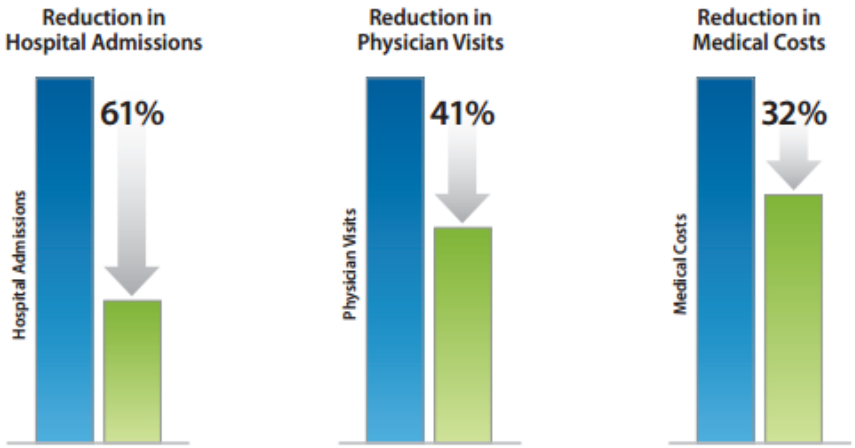
Health Systems

Opportunities remain:

- Diabetes and oral health
  - Collaborate to improve outcomes for people with diabetes



Jeffcoat M., et. al, Periodontal Therapy Reduces Hospitalization and Medical Costs in Diabetes, Abstract, American Association of Dental Research, March 23, 2012

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Community Water Fluoridation

- Access to community water fluoridation benefits the health of everyone: children, adults, and seniors

- **Recommendation:** Expand and maintain access to community water fluoridation

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Community Water Fluoridation

- CDC has recognized water fluoridation as one of 10 great public health achievements of the 20th century
- 65% of Washington's residents on public water supplies receive optimally fluoridated water as compared to 74% nationally
- Washington ranks 35th in the nation for communities receiving fluoridated water

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Community Water Fluoridation

- For water systems serving 20,000 people or more, every $1 invested in fluoridation saves $38 in dental treatment costs
- Water fluoridation reduces tooth decay by about 25 percent over a person's lifetime
- Community water fluoridation is safe. After 65 years in service and hundreds of studies it continues show its safety
- Water fluoridation reduces the disparities in tooth decay rates that exist by race, ethnicity and income

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Sealant Programs

- Children with fewer cavities are healthier and better able to learn, grow, and thrive

- **Recommendation**: Provide school-age children with access to dental sealants to prevent cavities

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Sealant Programs

- Dental sealants are placed on chewing surfaces to create a barrier between teeth and decay-causing bacteria
- The CDC's Task Force on Community Preventive Services (2002) found that school sealant programs are highly effective at preventing tooth decay
- According to the Surgeon General's Report on Oral Health (2000), sealants have been shown to reduce decay by more than 70% and are most cost-effective when provided to children who are at highest risk for tooth decay
- In Washington, the Smile Survey found that 51 percent of third grade children have received sealants

Interprofessional Collaboration:

- Collaboration between health professions and systems improves patient care

- **Recommendation**: Incorporate oral health improvement strategies across healthcare professions and systems to improve oral health knowledge and patient care

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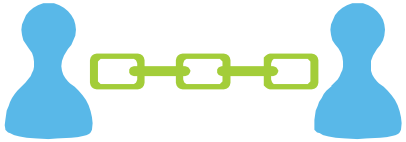
Interprofessional Collaboration:



- Dental diseases are highly prevalent, yet largely preventable
- Clear links exist between oral health and chronic conditions, including diabetes and cardiovascular disease
- Interprofessional Collaboration is supported by research from the Institute of Medicine to improve patient care

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Interprofessional Collaboration:

- Develops professionals who work together towards a common goal of optimizing patient care
- Fosters structures that support collaboration

Trained collaborative Dental, Medical, & Allied Professionals

Improved Understanding

A focus on high risk groups

- Diabetes
- Pregnancy
- HIV/AIDS
- Pneumonia

Improved outcomes & reduced treatment costs for Washington residents

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Interprofessional Collaboration:

- Medical providers have regular consistent contact with patients
  - Already doing prevention and looking in the mouth
  - Well-positioned to address oral health
- The National Interprofessional Initiative on Oral Health 2012 Report compared 4 states
  - Two-thirds of Washington programs included some oral health material

Physician Curriculum by State	Includes Oral Health
Colorado	40%
New York	29%
Virginia	62%
Washington	67%

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Oral Health Literacy

- Clear and accessible oral health information empowers people to make good choices for themselves and their families

- **Recommendation**: Improve the capacity of people to obtain, understand, and use health information in order to increase their acceptance and adoption of effective oral health focused preventive practices

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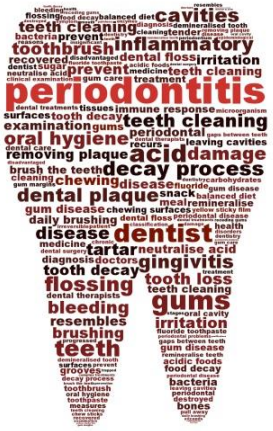
Oral Health Literacy

- Oral health literacy represents the capacity of people (individuals and policy makers) to obtain, understand, and use health information in order to make correct decisions – US National Oral Health Alliance
  - In 2006, only 12% of the US population had proficient health literacy
  - People with low health literacy have adverse health outcomes
  - Parental health literacy impacts the health outcomes of their children



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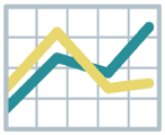
Surveillance

- Understanding the burden of oral disease for Washington residents allows programs to identify needs, work to achieve the biggest impact and measure progress and success



- **Recommendation**: Monitor trends in oral health indicators to ensure policies and programs are advancing the oral health of Washington residents, including those most at risk for poor oral health outcomes

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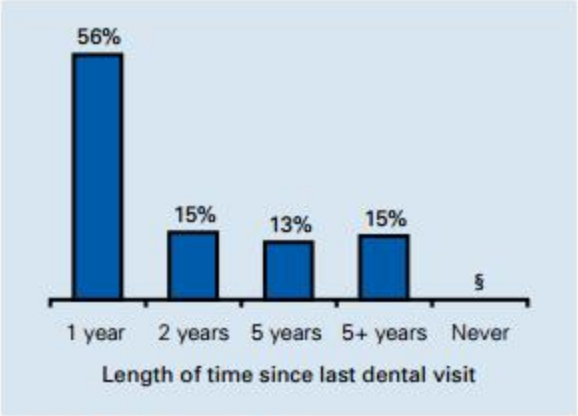
Surveillance

Sustain Data-based monitoring and decision making tools, like:

- The Impact of Oral Disease on the Lives of Washingtonians

Figure 30: Dental visits among adult smokers, 2004 WA BRFSS.



Note: § – Numbers too small to report.

- Report provides an overview of the burden of dental diseases on all Washingtonians
- Compares WA to nationally comparable objectives
- Includes data from the Behavioral Risk Factor Surveillance System (BRFSS) and the Washington State Oral Disease Surveillance System
- Published by the Department of Health, Oral Health Program

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Surveillance

Maintain the Washington State Smile Survey for pre-school and elementary school children

- Washington State Smile Survey:

- Assesses the oral health of school children every five years
- Provides benchmarks to compare with the Centers for Disease Control's Health People 2020 goals for oral health
- Completed in partnership with:
  - Washington State Department of Health
  - Washington Dental Service Foundation
  - Washington State Department of Early Learning
  - Superintendent of Public Instruction

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Surveillance

- Incorporate oral health measures in surveillance tools, BRFSS, Pregnancy Risk Assessment Management (PRAMS), etc.
- Develop and implement surveillance systems for vulnerable populations, e.g. Medicaid
- Maximize community data sources:
  - Dental Workforce Report, Washington State Dental Association, 2012
  - Oral Health Senior Survey, Washington Dental Services Foundation, 2012
  - Emergency Room Use Report, Washington State Hospital Association, 2010

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Work Force

- Health disparities decrease when all Washington residents are able to access dental care

- **Recommendation**: Develop health professional policies and programs which better serve the dental needs of underserved populations

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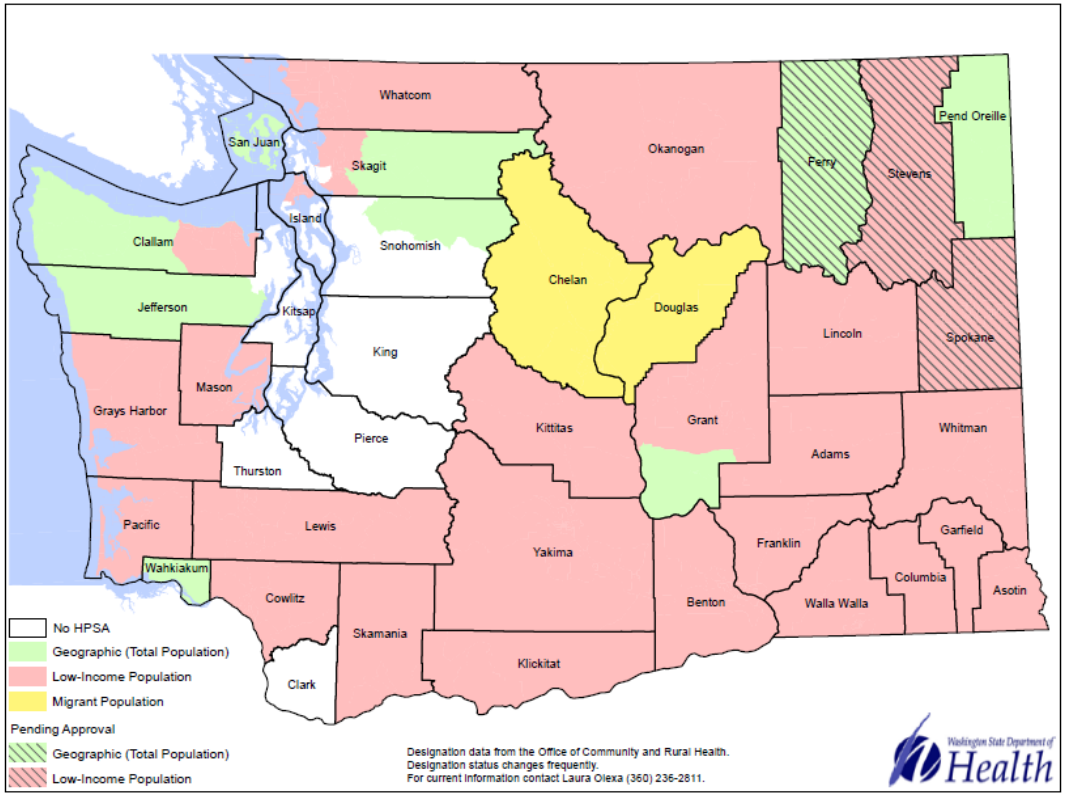
Work Force

- Federally Designated Health Professional Shortage Areas for Dental Care, July 2013



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Work Force

- Find Opportunities to develop a workforce that provides care to the dental underserved regions in our state
  - Partner with academic institutions
  - Recruit professionals:
    - From communities that face the highest incidence of tooth decay
    - To serve populations that currently lack access to dental services, including:
      - Rural communities
      - Low-Income families
      - Communities of color

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Summary

SBOH Strategic Recommendations on Oral Health:

- Improve Health Systems
- Expand Community Water Fluoridation
- Promote Sealant Programs
- Build Interprofessional Collaboration
- Improve Oral Health Literacy
- Sustain Surveillance programs
- Develop Work Force

Questions?

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