



# 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
- ▶ November 2013 – Board approves the Oral Health Strategy
- ▶ Summer 2014 – Board held interagency Oral Health workshop
- ▶ April 2015 – Board approves the workshop final report

# 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

# 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

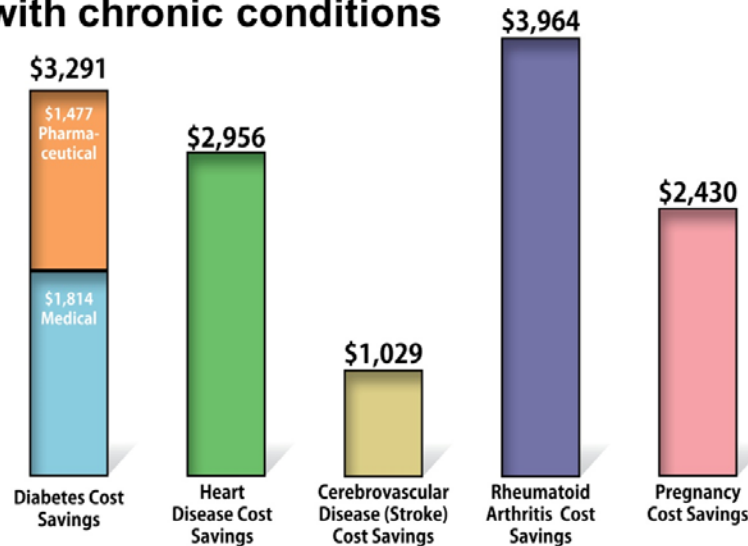
# Rationale

- ▶ 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

# Rationale

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

Periodontal treatment reduces medical costs for people with chronic conditions



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

# 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

# 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



# Strategic Recommendations

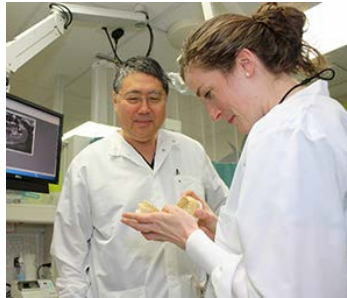
## Topic Areas

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

(not ranked in order of importance)

# 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

# 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

# Health Systems

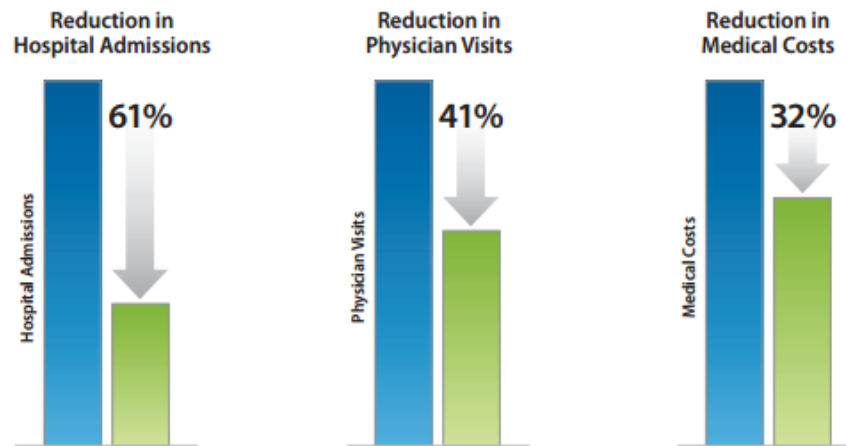
## Opportunities remain:

- ▶ Evaluate methods to ensure adequate access to treatment and prevention services with particular attention to:
  - Pregnant women
    - Over 50% of women born in Washington state 2010 were on 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

# 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

# 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

# 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

# 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



# 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

# 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

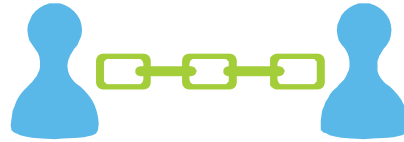
# Interprofessional Collaboration:

- ▶ 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

# 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

# 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



# 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%

# Oral Health Literacy

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

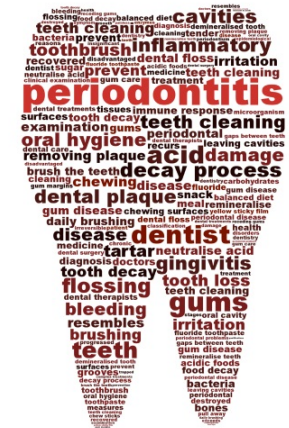


- ▶ **Recommendation:** Improve the capacity of people to obtain, understand, and use health information in order to increase their acceptance and adoption of effective oral health focused preventive practices



# 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





# 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



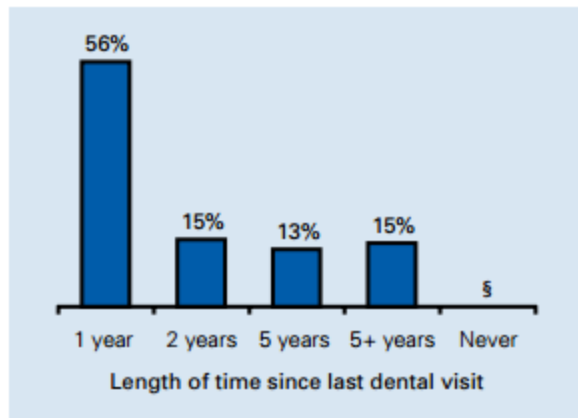
- ▶ **Recommendation:** Monitor trends in oral health indicators to ensure policies and programs are advancing the oral health of Washington residents, including those most at risk for poor oral health outcomes

# 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

# Surveillance

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

▶ Washington State Smile Survey:



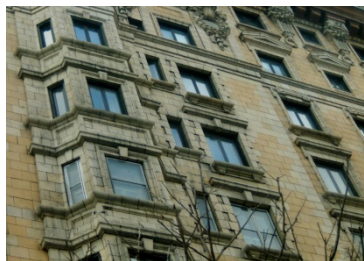
- Assesses the oral health of school children every five years
- Provides benchmarks to compare with the Centers for Disease Control's Health People 2020 goals for oral health
- Completed in partnership with:
  - Washington State Department of Health
  - Washington Dental Service Foundation
  - Washington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

# 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

# Work Force

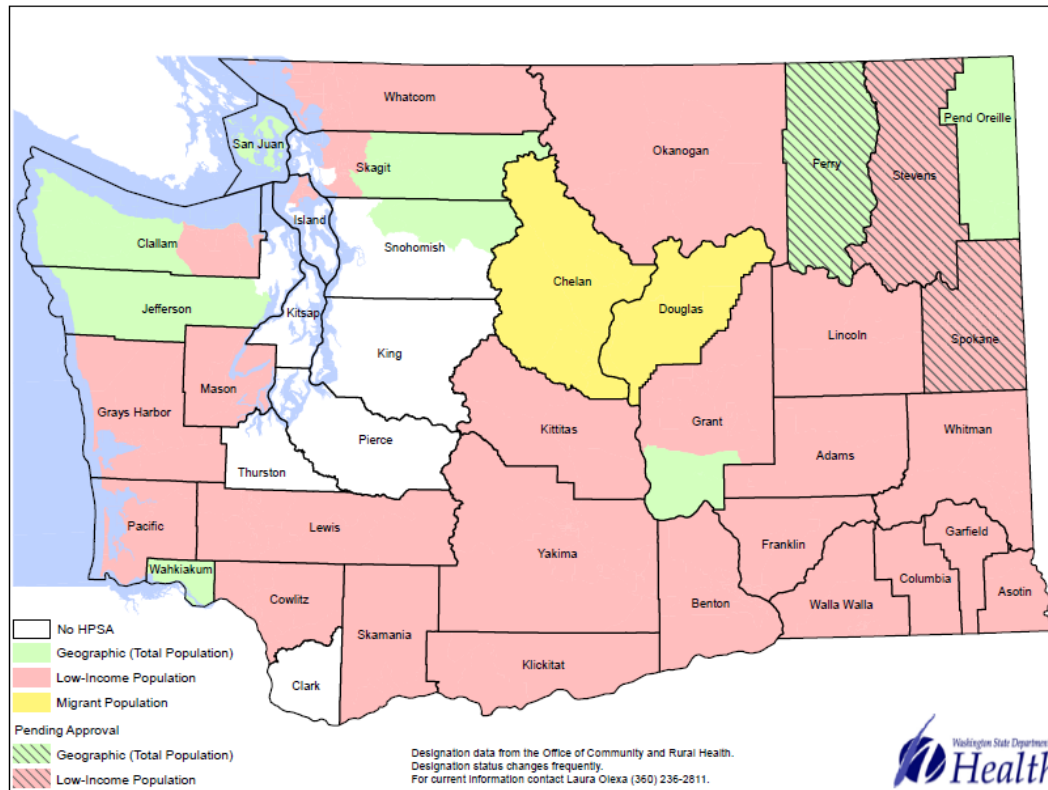
- ▶ Health disparities decrease when all Washington residents are able to access dental care



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

# Work Force

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



# 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

# 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?