Healthy People 2020: Who’s Leading the Leading Health Indicators?
Leading Health Indicators are:
- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
- Linked to specific Healthy People objectives
- Intended to motivate action to improve the health of the entire population

1200 Healthy People objectives

LHIs are a subset of Healthy People objectives
Who’s Leading the Leading Health Indicators?

Featured Speakers:

- **Karen B. DeSalvo, MD, MPH, MSc** – Acting Assistant Secretary for Health, U.S. Department of Health and Human Services

- **Gina Thornton-Evans, DDS, MPH** – Dental Officer, Division of Oral Health, Surveillance, Investigations, and Research Team; National Center for Chronic Disease Prevention; Centers for Disease Control and Prevention

- **Helene Bednarsh, BS, RDH, MPH** – Director HIV Dental Program, HIV/AIDS Services Division-IDB, Boston Public Health Commission

- **Anthony Silva, BA** – Senior Program Coordinator, HIV/AIDS Services Division-IDB, Boston Public Health Commission

- **Ben Penningroth, MPH** – Senior Program Coordinator for Quality Management, HIV/AIDS Services Division-IDB, Boston Public Health Commission
Oral Health

- Oral health is essential to good health.
- Poor oral health has serious consequences, including painful, disabling, and costly oral diseases.
- Millions of Americans are living with one or more oral diseases, including:
  - Dental caries (tooth decay)
  - Periodontal (gum) disease
  - Cleft lip and palate
  - Oral and facial pain
  - Oral and pharyngeal (mouth and throat) cancers
Children and Adolescents – Burden of Oral Disease

■ For children
  – In 2011-2012:
    ► 14% of children aged 2 to 8 had untreated tooth decay in primary teeth.

■ For adolescents
  – In 2011-2012:
    ► 15% aged 12 to 19 had untreated tooth decay in permanent teeth.
Adult and Older Adults – Burden of Oral Disease

■ For adults
  – In 2011-2012:
    ▶ 27% of adults aged 20-64 years had untreated tooth decay.

■ For older adults
  – In 2011-2012:
    ▶ 19% of adults aged 65 and older had untreated tooth decay.
Adult and Older Adults Oral Health

■ For adults
  – In 2011-2012:
    ▶ 47% of adults aged 30 years and older had gum disease.

■ For older adults
  – In 2011-2012:
    ▶ 70% aged 65 and older had gum disease.
Oral Health – Leading Health Indicator

- Increase the proportion of children, adolescents, and adults who used the oral health system in the past year.
Had a Dental Visit in the Past 12 Months, 2003–2013

Percent (age adjusted)

HP2020 Target: 49.0%

NOTES: Data are for persons aged 2 years and over with a dental visit in the past 12 months. Data are age-adjusted to the 2000 standard population.
SOURCE: Medical Expenditure Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ).
Had a Dental Visit in the Past 12 Months by Age, 2013

Percent

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-17</td>
<td>55.2%</td>
</tr>
<tr>
<td>18-44</td>
<td>31.1%</td>
</tr>
<tr>
<td>45-64</td>
<td>44.7%</td>
</tr>
<tr>
<td>65+</td>
<td>49.3%</td>
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</tbody>
</table>

NOTES: I = 95% confidence interval. Data are for persons aged 2 years and over with a dental visit in the past 12 months.
SOURCE: Medical Expenditure Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ).
Had a Dental Visit in the Past 12 Months by Race/Ethnicity, 2013

Percent (age adjusted)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>42.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41.2%</td>
</tr>
<tr>
<td>Black</td>
<td>33.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>37.0%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>47.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>46.5%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>44.4%</td>
</tr>
<tr>
<td>White</td>
<td>48.5%</td>
</tr>
</tbody>
</table>

HP2020 Target: 49.0%

NOTES: I = 95% confidence interval. Data are for persons aged 2 years and over reporting a dental visit in the past 12 months. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes other Pacific Islanders. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Data are age adjusted to the 2000 standard population.

SOURCE: Medical Expenditure Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ).
Oral Health Topic Area

- 4 Co-lead agencies
  - Representatives
    - Centers for Disease Control and Prevention (CDC)- Dr. Gina Thornton-Evans
    - National Institute of Dental and Craniofacial Research (NIDCR)-Dr. Tim Iafolla
    - Indian Health Service (IHS))-Dr. Carol Bassim
    - Health Resources and Services Administration (HRSA)- Dr. Renee Joskow

- 33 oral health objectives

- Objectives cover across the lifespan
  - Children/Adolescents
  - Adults
HHS Strategic Framework for Oral Health

http://www.hrsa.gov/publichealth/clinical/oralhealth/ohcc.html
CDC-Division of Oral Health

- Mission: To prevent and control oral diseases and conditions by building knowledge, tools, and networks that promote health behavior and effective public health practices and programs.

- Some Key Activities:
  - Funding 21 state oral health programs
  - Monitoring national surveillance indicators, like those contained in *HP2020*
  - Promoting evidence based interventions
Mission: To improve dental, oral and craniofacial health through research, research training, and the dissemination of health information.

Some Key Activities:
- Funding for Health Disparities Centers across the United States
- National Dental Practice-Based Research Network
- Salivary Diagnostics
IHS-Division of Oral Health

- Mission: To raise the physical, mental, social and spiritual health of American Indians and Alaska natives (AI/AN) to the highest level.

- Some Key Activities:
  - Early Childhood Caries Collaborative
  - Periodontal Disease Treatment Initiative
  - Promoting the use of electronic dental records
  - Surveillance of dental disease among AI/ANs
HRSA-Primary Health Care Program

- **Mission:** To improve the health of the nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

- **Some Key Activities:**
  - Nearly 300 HRSA health center grantees expanded oral health services in FY 2014.
  - Oral health training programs
  - Community-based Dental Partnership program and Dental Reimbursement Program which provide direct dental services to people living with HIV/AIDS.
Oral Health and People Living with HIV/AIDS (PLWHA)

- Among PLWHA, 32%–46% will experience at least one HIV-related oral health problem (e.g. tooth decay, periodontal disease, and fungal infections).
- Poor oral health has significant negative consequences for PLWHA.
- PLWHA face barriers that prevent access to oral health care, including: lack of insurance, limited incomes, lack of providers, and stigma.
- Among PLWHA, 58% to 64% do not receive regular dental care.
Boston Public Health Commission

Presenters:

- **Helene Bednarsh, BS, RDH, MPH** – Director HIV Dental Program, HIV/AIDS Services Division-IDB, Boston Public Health Commission

- **Anthony Silva** – Senior Program Coordinator III, HIV/AIDS Services Division-IDB, Boston Public Health Commission

- **Ben Penningroth, MPH** – Senior Program Coordinator for Quality Management, HIV/AIDS Services Division-IDB, Boston Public Health Commission
Mission:
The HIV Dental Ombudsperson Program (HIV DOP) strives to promote sound oral health in persons with HIV by facilitating their access to oral health care from knowledgeable and sensitive dentists in community-based, non-discriminatory setting. The receipt of early and routine oral health care will enhance the overall health and wellbeing of persons with HIV.

Objective:
Increasing the people living with HIV/AIDS (PLWHA) who received oral health care from the Boston Public Health Commission (BPHC) HIV Dental Program (HIVDP).
ORAL HEALTH (OH)*

Diagnostic, preventive, and therapeutic services provided by a licensed dental health care professional to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

*https://careacttarget.org/category/topics/oral-health-care
Established at BPHC in 1991 with Ryan White Part A funding to remove or reduce barriers to oral health services for PLWHA in the Boston Eligible Metropolitan Area (EMA).

- The EMA covers 10 counties in Eastern MA and 3 in Southern New Hampshire.

- In 2000 the Massachusetts Department of Public Health (MDPH) awarded funds to cover the entire Commonwealth of Massachusetts. We remain the only funded oral health program.
Program Description

- Services funded are recruitment of dentists and preventive, diagnostic and therapeutic services rendered by licensed dentists and dental hygienists.
- HIVDP also provides education and outreach for clients and providers.
- Since the beginning of the program we have served approximately 15,000 clients.
  - From March 1, 2015 to February 29, 2016 we provided 7,169 units of service to 1,747 unduplicated clients.
Demographic of PLWHA Using Oral Health Services

Race and Ethnicity

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic

Demographic of PLWHA Using Oral Health Services

Age Groups

- Dental
- Non-dental

- < 44 years:
  - Dental: 24%
  - Non-dental: 31%

- > 45 years:
  - Dental: 76%
  - Non-dental: 69%

Demographic of PLWHA Using Oral Health Services

Gender

- **Male**
  - Dental: 70%
  - Non-dental: 65%

- **Female**
  - Dental: 29%
  - Non-dental: 34%

- **Trans**
  - <1%
  - 1%

Demographic of PLWHA Using Oral Health Services

Exposure Category

- **Men who have sex with men**
  - Dental: 46%
  - Non-dental: 32%

- **Intravenous drug user**
  - Dental: 9%
  - Non-dental: 17%

- **Heterosexual**
  - Dental: 40%
  - Non-dental: 48%

Key Health Indicator Comparison: Dental vs. Non-Dental Clients

Health Indicators

- % of clients virally suppressed: 91% Dental Clients, 79% Non-Dental Clients
- % of clients permanently housed: 91% Dental Clients, 62% Non-Dental Clients
- % of clients routinely taking all HIV medication: 85% Dental Clients, 62% Non-Dental Clients

Best Practices

● Client
  ○ Collaboration with medical case managers on enrollment, engagement and updates (generated by client activity).
  ○ Client referral based on expressed need and location.
  ○ We encourage client communication between medical and dental providers.

● Dental Provider
  ○ HIVDP reviews treatment plans for approval of specific services. We prepare invoices based on claims for services provided.
  ○ We are payer of last resort and require dentists to bill other third party payers before accessing our funding.
Best Practices

- Education and Outreach to Providers and Clients
  - Providers are sent materials regarding HIV oral health and infection control. Presentations to dental societies and educational institutions. Annual exhibit at the Yankee Dental Congress to educate the broader dental community.
  - Presentations at client events such as health fairs at AIDS Service Organizations (ASOs).
  - Active participation in oral health and HIV advocacy coalitions.
- Linkage to Part F
  - Active referral with Part F programs, which is critical for specialty care but may be limited by institutions due to low reimbursement by Health Resources and Services Administration (HRSA)
Challenges

- Oral health literacy and cultural norms may affect a client’s adherence to oral health treatment.

- Our client population is aging, medically complex and may present with co-morbidities.

- Many clients have not engaged in dental care and present with treatment needs which may be very costly to the program.

- Dental specialists are needed, but few participate in the program due to low reimbursement required by grant criteria.
Challenges

- MassHealth/Medicaid
  - Approximately 70% of clients have coverage
  - Limited scope of dental services
  - Not a reliable alternative payment system

- Private Dental Insurance
  - Approximately 4% of clients have coverage. HIVDP only assists financially when insurance is exhausted for the year.

- Transportation
  - Diverse distribution of clients’ location compared to location of dental providers. New Hampshire and rural Massachusetts are limited in the number of current providers. Specialty care is even more limited in these areas.
Lessons Learned

○ Our model is innovative, sustainable and replicable. Versions of it have been used in such areas as MI and WI. This model could be adapted for use with other vulnerable populations.

○ Case managers are important for keeping clients engaged with the program and being retained in oral health care.

○ Dental offices assist with client retention and provide a source for new clients referrals to the HIVDP.

○ It is critically important to monitor Medicaid and other health safety nets in case of financial or service changes. The program must be prepared to make adjustments should they become necessary.
Next Steps

- Continue to expand by recruiting more providers, particularly specialists and to serve more clients if resources are available.
- Continued involvement in Oral Health and HIV coalitions which advocate for increased funding and services.
- Developing a dental data module to simplify reimbursements, service tracking, and client information.
- Promote our model and assist others who would like to adapt it to their needs.
Thank you!
Roundtable Discussion
Please take a moment to fill out our brief survey.
Get involved with the development of Healthy People 2030!

We’re looking for public health leaders to serve on the Healthy People 2030 Advisory Committee. Applications are due April 18. Get more information at www.healthypeople.gov.
Stay Connected

- Visit [healthypeople.gov](http://healthypeople.gov) to learn more about the Healthy People 2020 Leading Health Indicators

- To receive the latest information about Healthy People 2020 and related events, visit our website to:
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