

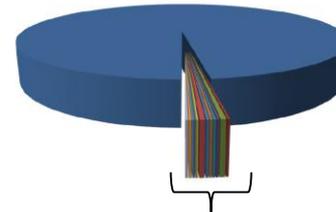


Who's Leading the Leading Health Indicators?

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 measures



LHIs are a subset
of Healthy People
measures



Who's Leading the Leading Health Indicators?

- Featured Speakers:

William Bailey, DDS, MPH

Assistant Surgeon General, Chief Dental Officer, USPHS

Bob Russell, DDS, MPH

Dental Director, Iowa Department of Public Health

- Panelists:

Katherine Weno, DDS, JD

Director, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, CDC, HHS

Gina Thornton-Evans, DDS, MPH

Dental Officer, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, CDC, HHS



Oral Health: Beyond Brushing

- Essential component to overall health and well-being
- Leading Health Indicator:
 - OH 7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
- Effective prevention and treatment strategies
 - Access to services
 - Dental sealants
 - Community water fluoridation

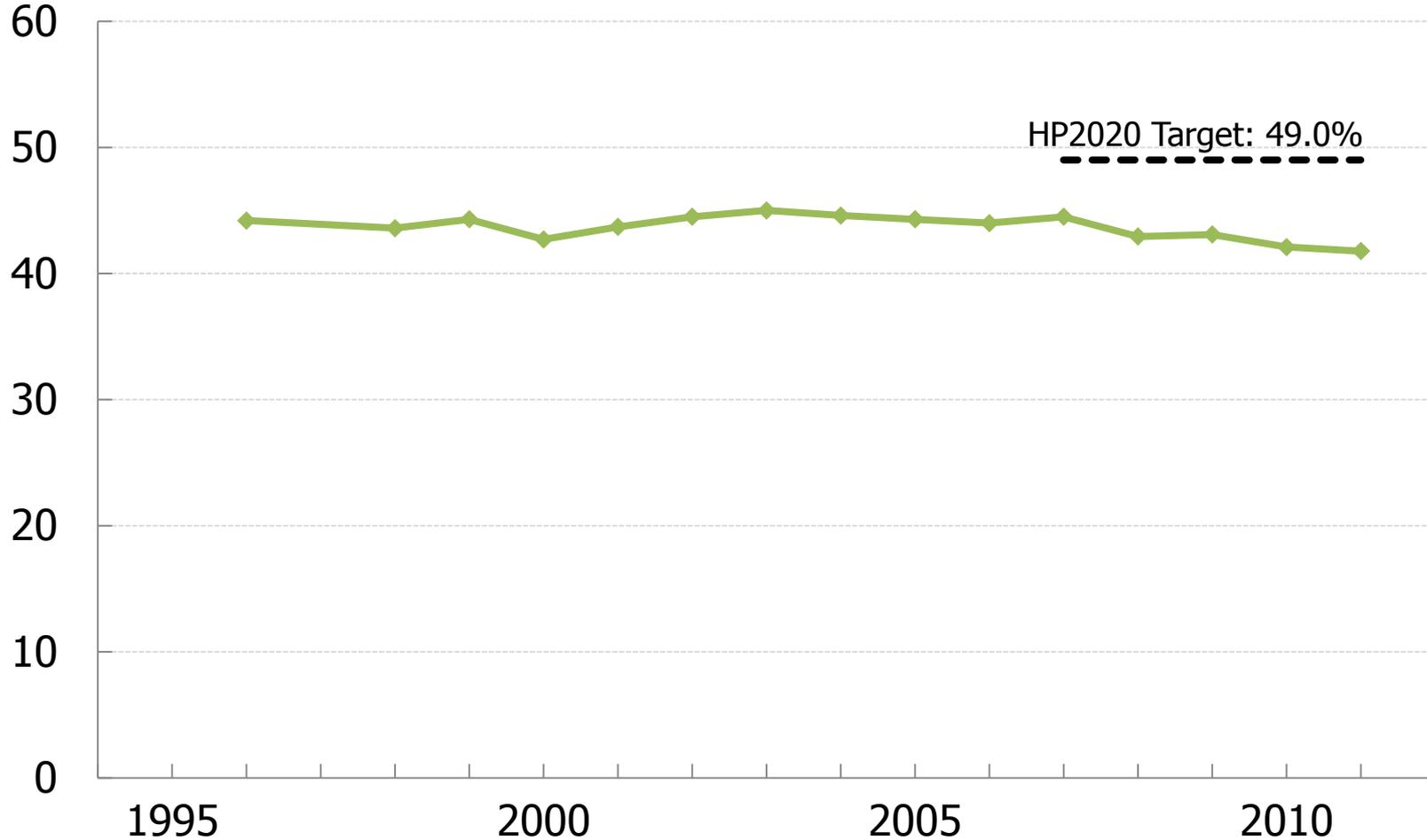


Barriers to Oral Health

- Care across the lifespan
 - Underserved populations
 - Older adults
- Support from the Affordable Care Act
 - Medicaid expansion projects

Children, adolescents, and adults (2+ years) who visited the dentist in the past year, 1996–2011

Percent

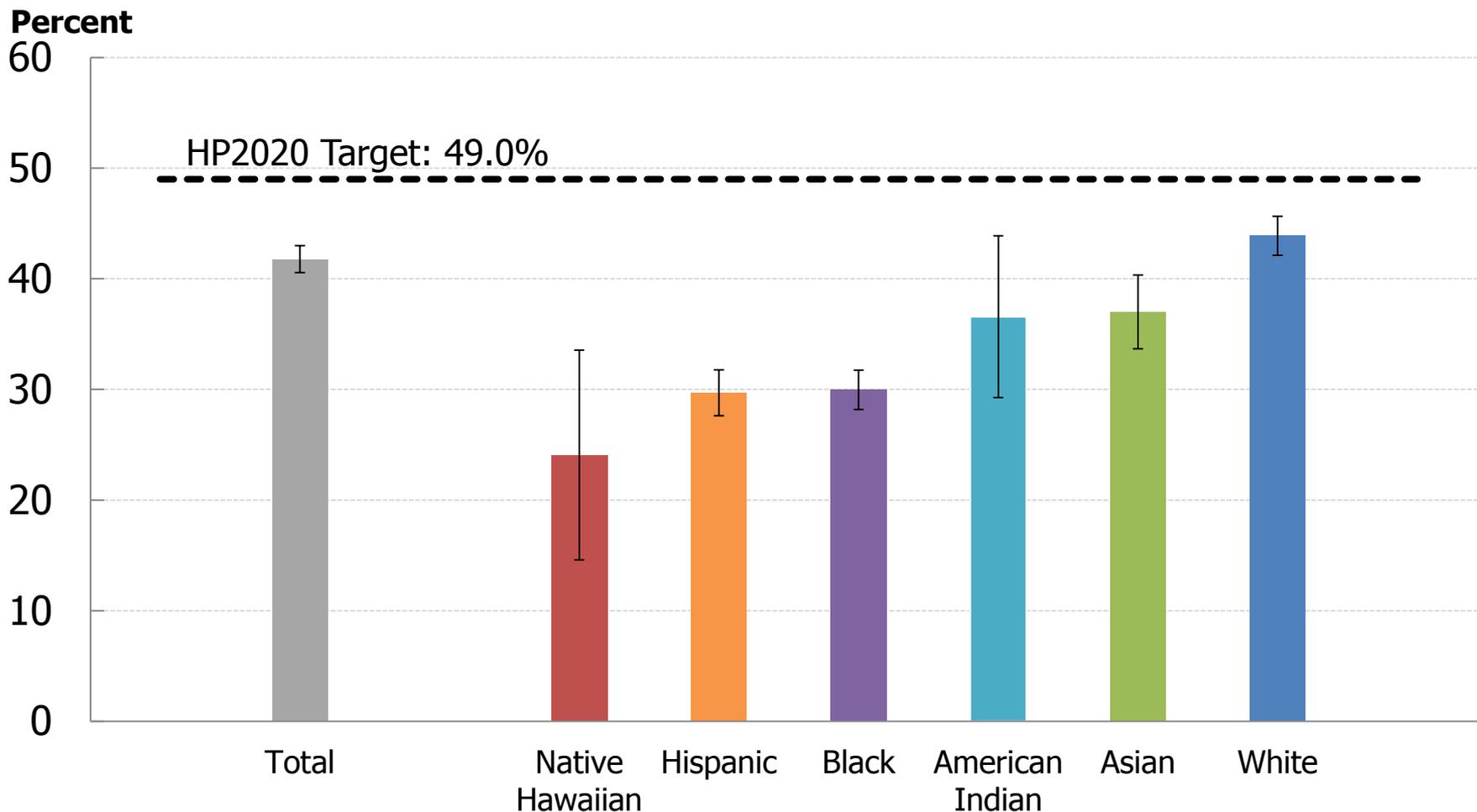


NOTES: Data are persons aged 2 years or over reporting a dental visit in the past 12 months. Data are age-adjusted to the 2000 standard population.

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

Obj. OH-7
Increase desired

Children, adolescents, and adults (2+ years) who visited the dentist in the past year by race/ethnicity, 2011

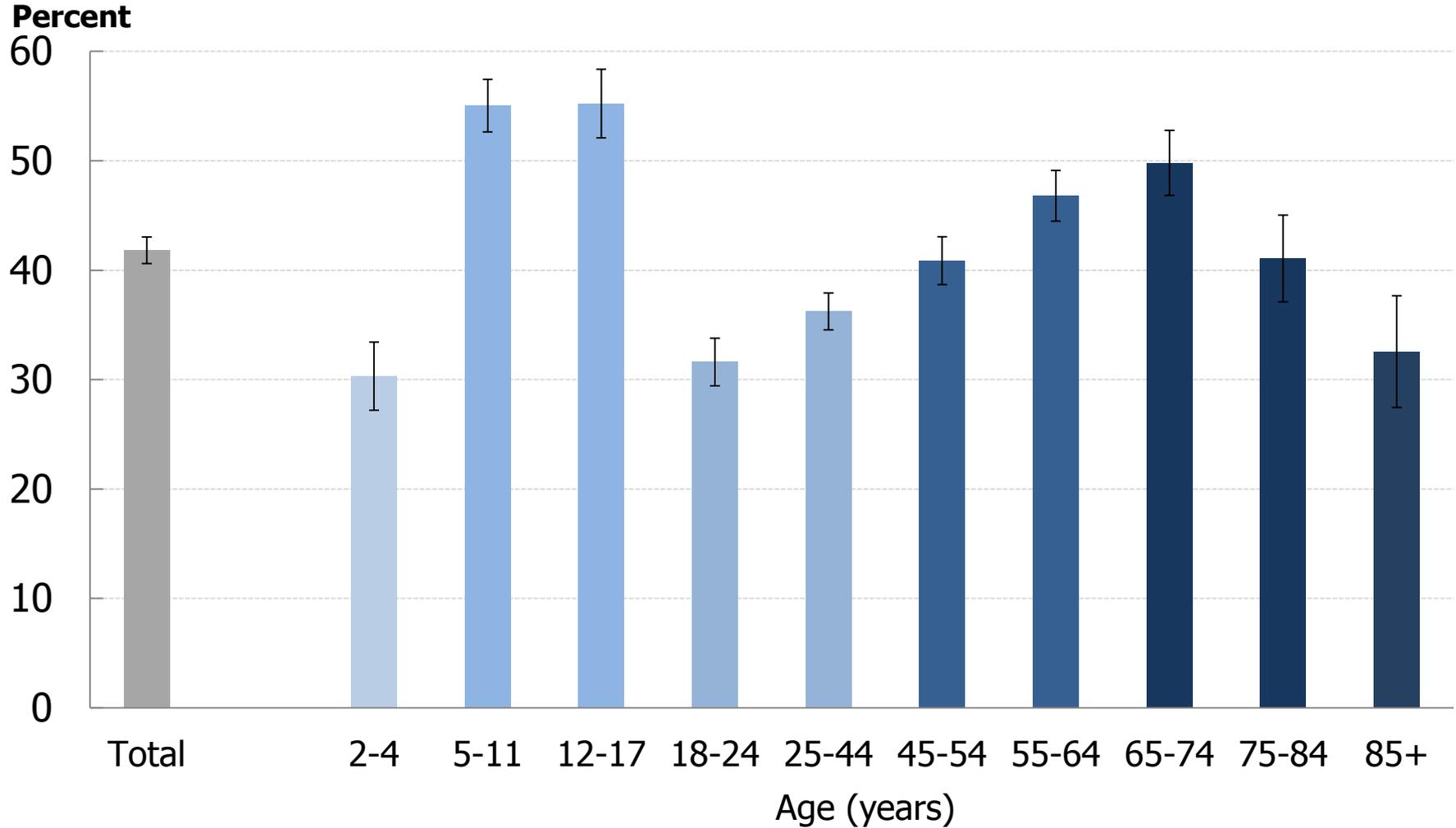


NOTES: I = 95% confidence interval. Data are persons aged 2 years or over reporting a dental visit in the past 12 months. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes other Pacific Islanders. 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).

Obj. OH-7
Increase desired

Children, adolescents, and adults (2+ years) who visited the dentist in the past year by age, 2011



NOTES: I = 95% confidence interval. Data are persons aged 2 years or over reporting a dental visit in the past 12 months.
SOURCE: Medical Expenditure Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ).

Obj. OH-7
Increase desired

**Building State Dental Health Care
Systems to Meet State's Needs:
*Steps for improving dental care
delivery***

Bob Russell, DDS, MPH
Iowa Department of Public Health

Iowa Prior to 2005

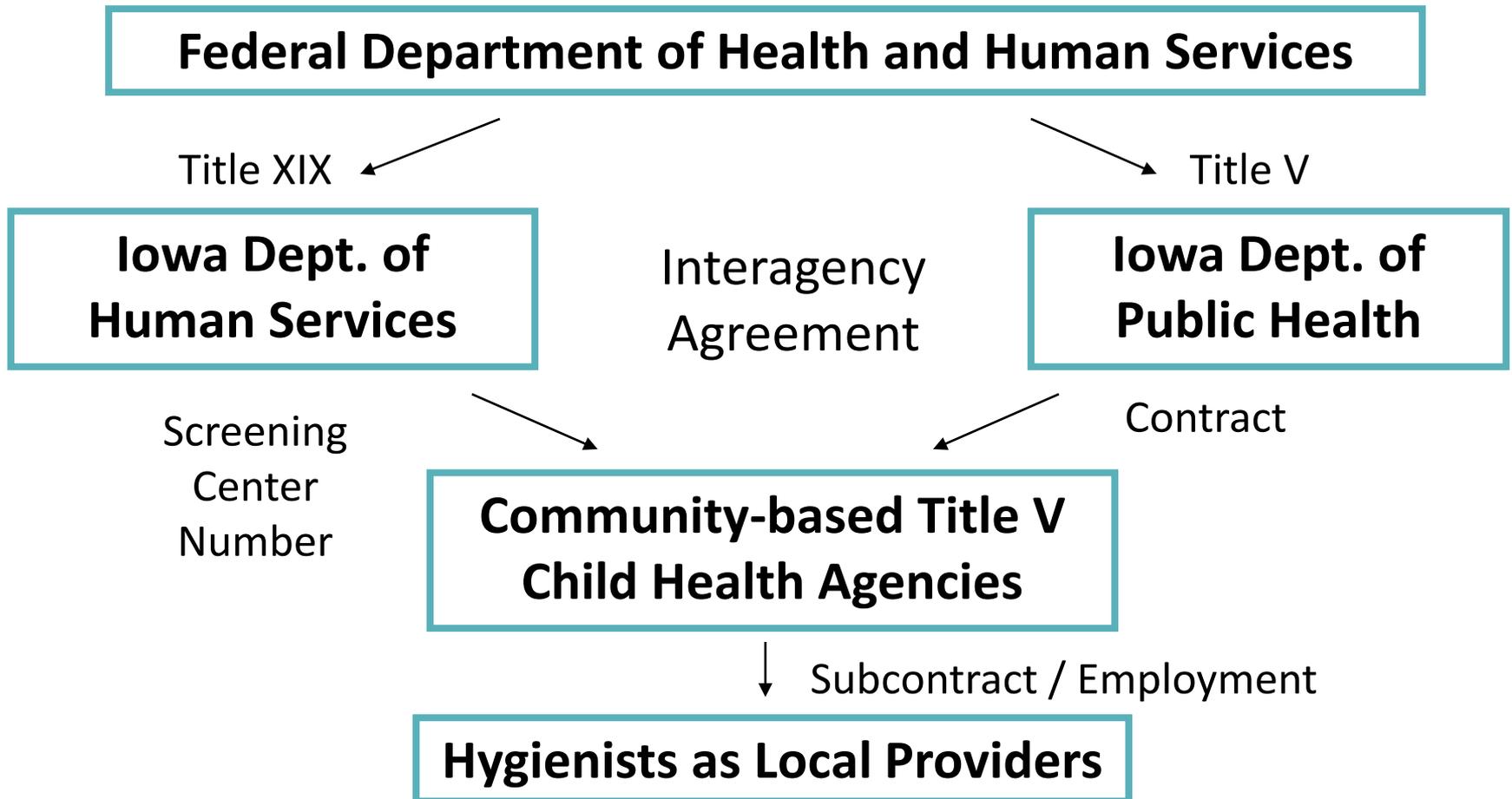
- Dental care access is a growing problem for low-income, Medicaid enrolled, uninsured, and minority populations
- Practice maldistribution and an aging dental workforce
- Many general dentists express discomfort treating children under age 4
- Medicaid rates did not assure dental participation or access to care
- Little public education in dental disease prevention
- Difficult to locate dental services

Iowa Strategy: Care Coordination as a First Step in Medicaid Dental Enhancement

Assumptions:

- Dental care coordination in public health settings can enhance working models of medical-dental collaboration
- Case management and community care coordination can increase access to the health delivery network in urban and rural settings
- Statewide care coordination systems can be effective in increasing dental access when deployed (*Iowa I-Smile model*)

Creating I-Smile





I-Smile Program

- Goal: link children to a dental home
- Conducted through Iowa's Title V child health system
- Benefits low-income, uninsured, and underinsured children 12 years and younger
- 55,089 dental screenings conducted in fiscal year 2011

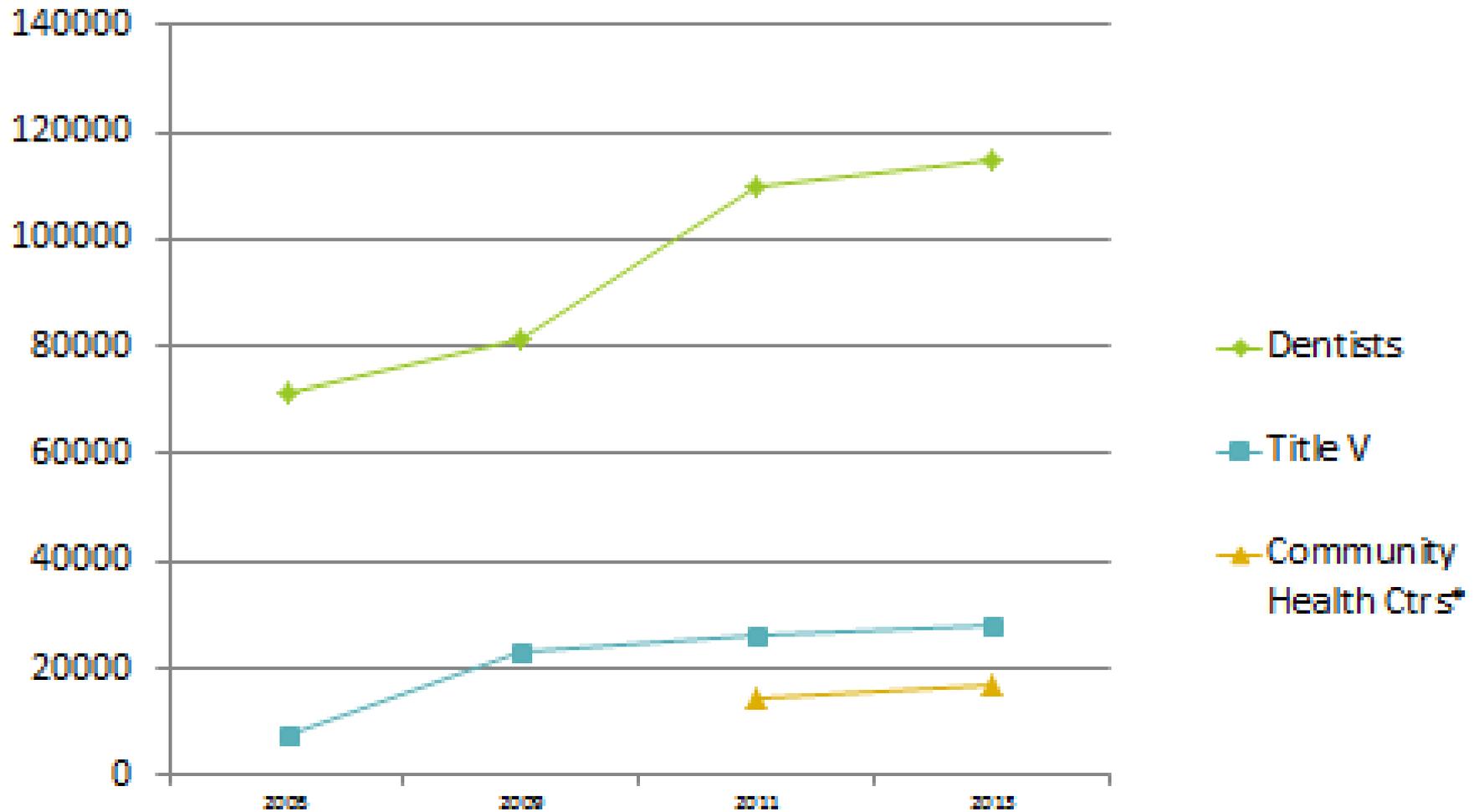


I-Smile Primary Benefits

Statewide Dental Care Coordination:

- Provide families with the names and locations of dental providers
- Link medical providers with sources of dental care
- Assist families with appointments
- Arrange support services, such as transportation and translation
- Maintain statewide tracking database and registry

Number of Medicaid-enrolled children receiving dental services

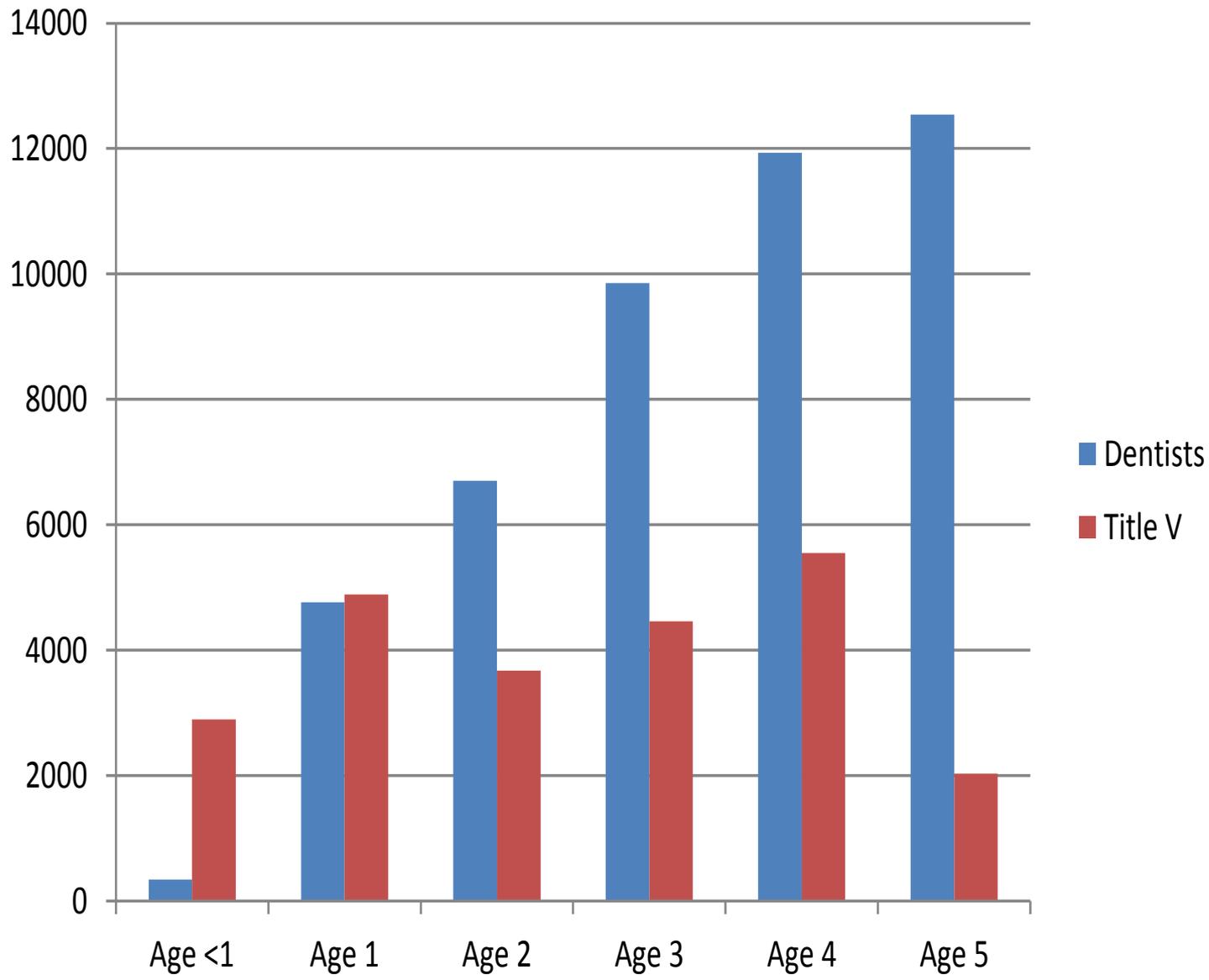


-CHC data is unavailable for 2005 and 2009

***I-Smile: Special Targeted
Population***

Children Ages 5 and Under

Number of Medicaid-enrolled Children Ages 0-5 Who Received a Dental Service in 2013 from Dentists and Title V Agencies



2013 Enrollment	
Age <1	23,549
Age 1	20,344
Age 2	20,444
Age 3	20,741
Age 4	20,770
Age 5	20,025



I-Smile: The Future *Flexible and Expandable!*

- Expand to include adults aged 19-64 – Iowa Health and Wellness Program/Medicaid Expansion Pilot (*May, 2014*)
- Increase agency networks beyond Title V – ACOs, Area Aging Agencies, etc...
- Increase outreach and promotion
- Improvement in payment systems under Medicaid and Marketplace Exchanges = more dental provider participation increasing available dental homes (*in planning stage*)
- Increase care coordination and opportunities for integrated health home efforts.

Bob Russell, DDS, MPH
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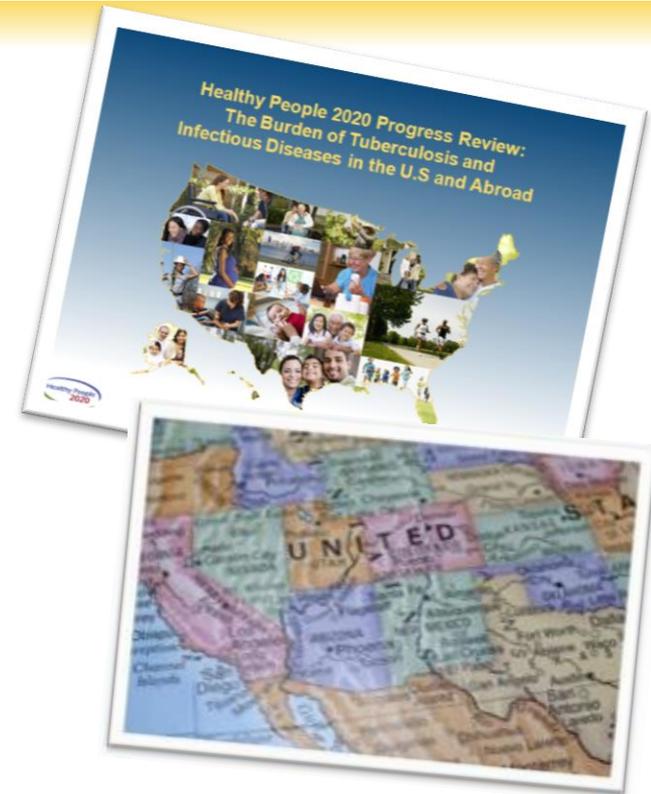
Healthy People 2020 Progress Review Webinar

Mental Health Mental Disorders and Substance Abuse

February 2014

Please join us as we review the progress of select
Healthy People 2020 objectives in the
Mental Health Mental Disorders and Substance Abuse
Topic Areas.

***To learn more and to register, visit:
www.healthypeople.gov***





Additional Resources

- I-Smile Program (Iowa Department of Public Health)
 - <http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Reports>
- Healthy People 2020 Oral Health Topic Area
 - <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>



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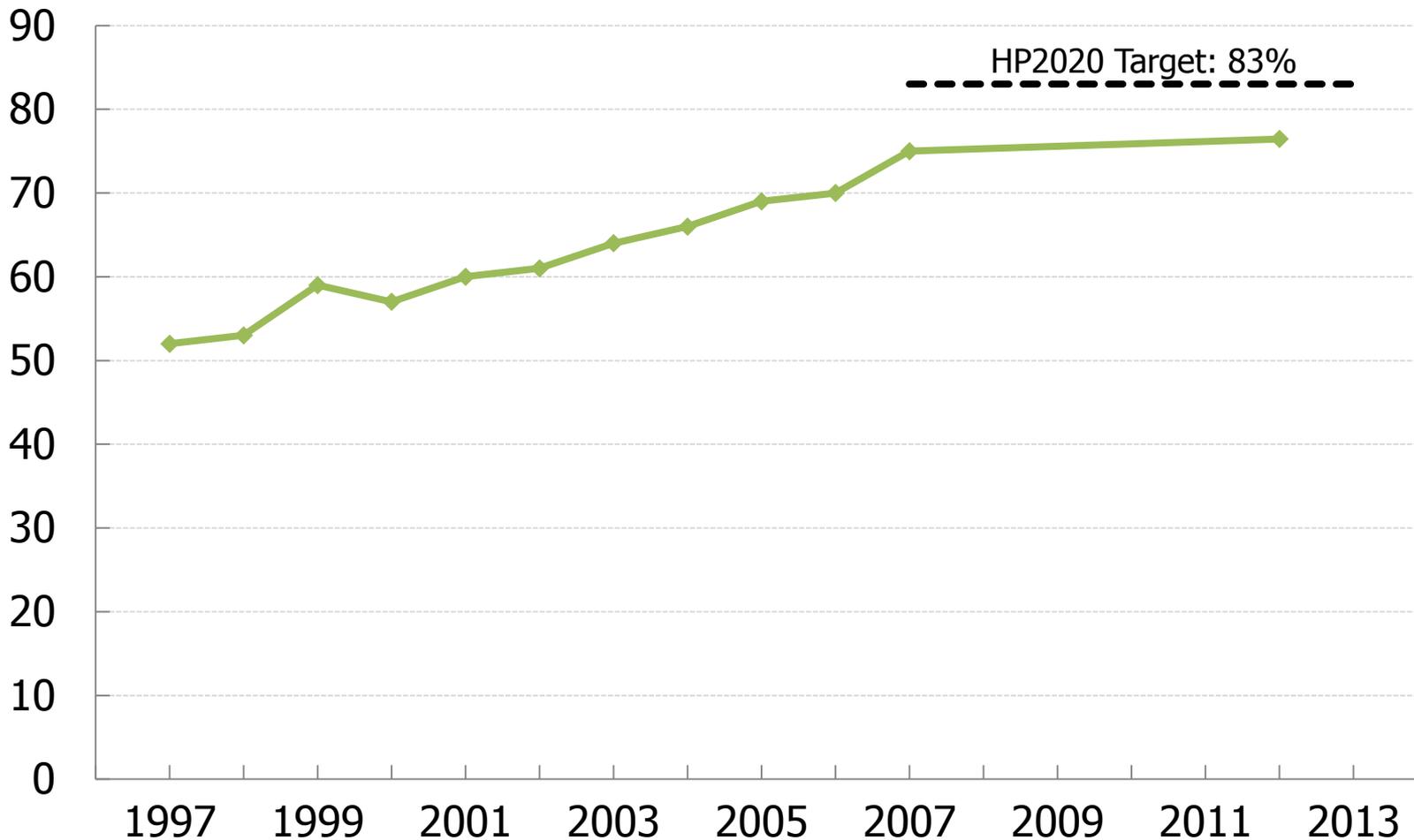
Watch past Webinars at www.YouTube.com/ODPHP

Q&A Slides



Federally Qualified Health Centers with an oral health care program, 1997–2012

Percent



NOTE: Grant-Supported Federally Qualified Health Centers are non-profit organizations that meet certain criteria under the Medicare and Medicaid Programs and receive funds under Section 330 of the Public Health Service Act. A Federally Qualified Health Center with an oral health component is defined by HRSA as a Health Center that has at least 0.5 FTE Dentists and/or sees 500 patients or more per year.

SOURCE: Uniform Data System (UDS), HRSA/BPHC.

Obj. OH-10.1
Increase desired

Patients at Federally Qualified Health Centers receiving dental services, 2007 and 2012

Percent

50

40

30

20

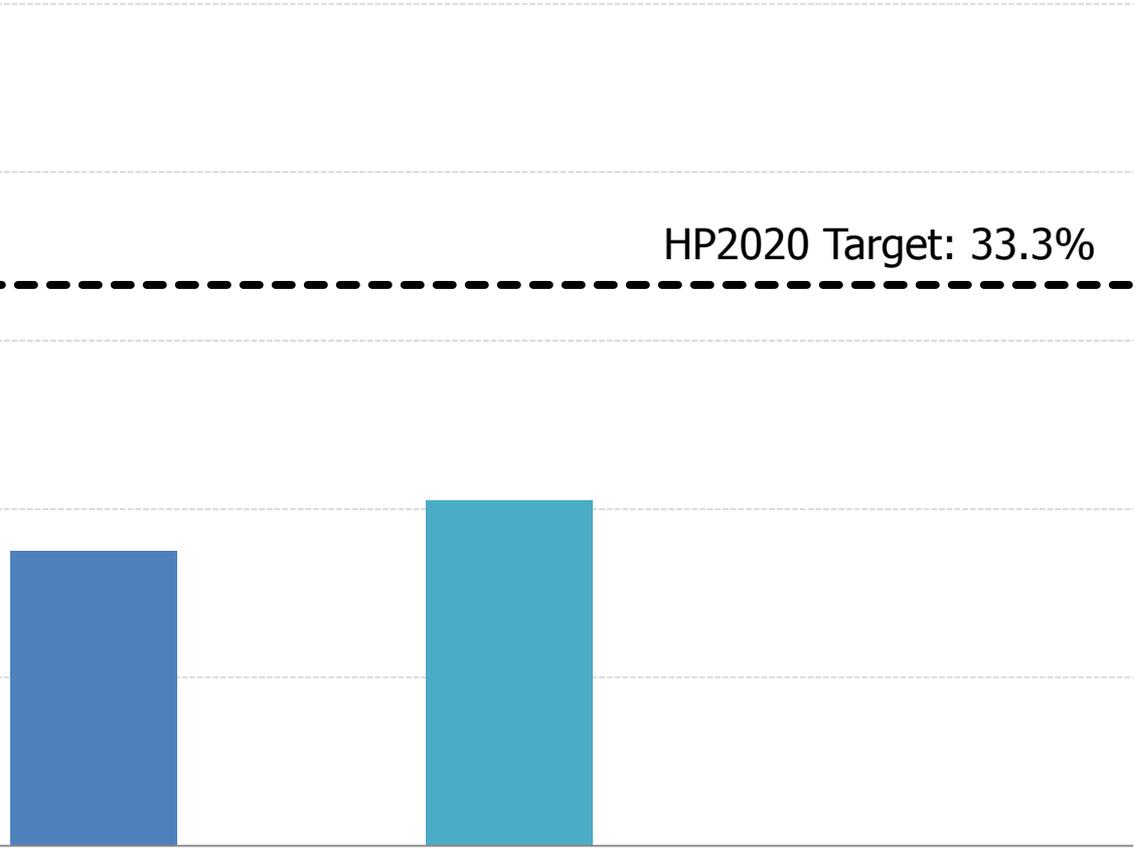
10

0

HP2020 Target: 33.3%

2007

2011



NOTE: Data are for patients that receive any health service (including oral health services) at Federally Qualified Health Centers who receive oral health services. Grant-Supported Federally Qualified Health Centers are non-profit organizations that meet certain criteria under the Medicare and Medicaid Programs and receive funds under Section 330 of the Public Health Service Act.

SOURCE: Uniform Data System (UDS), HRSA/BPHC.

Obj. OH-11
Increase desired

Number of Medicaid-enrolled children ages 0-12 receiving a dental service from dentists

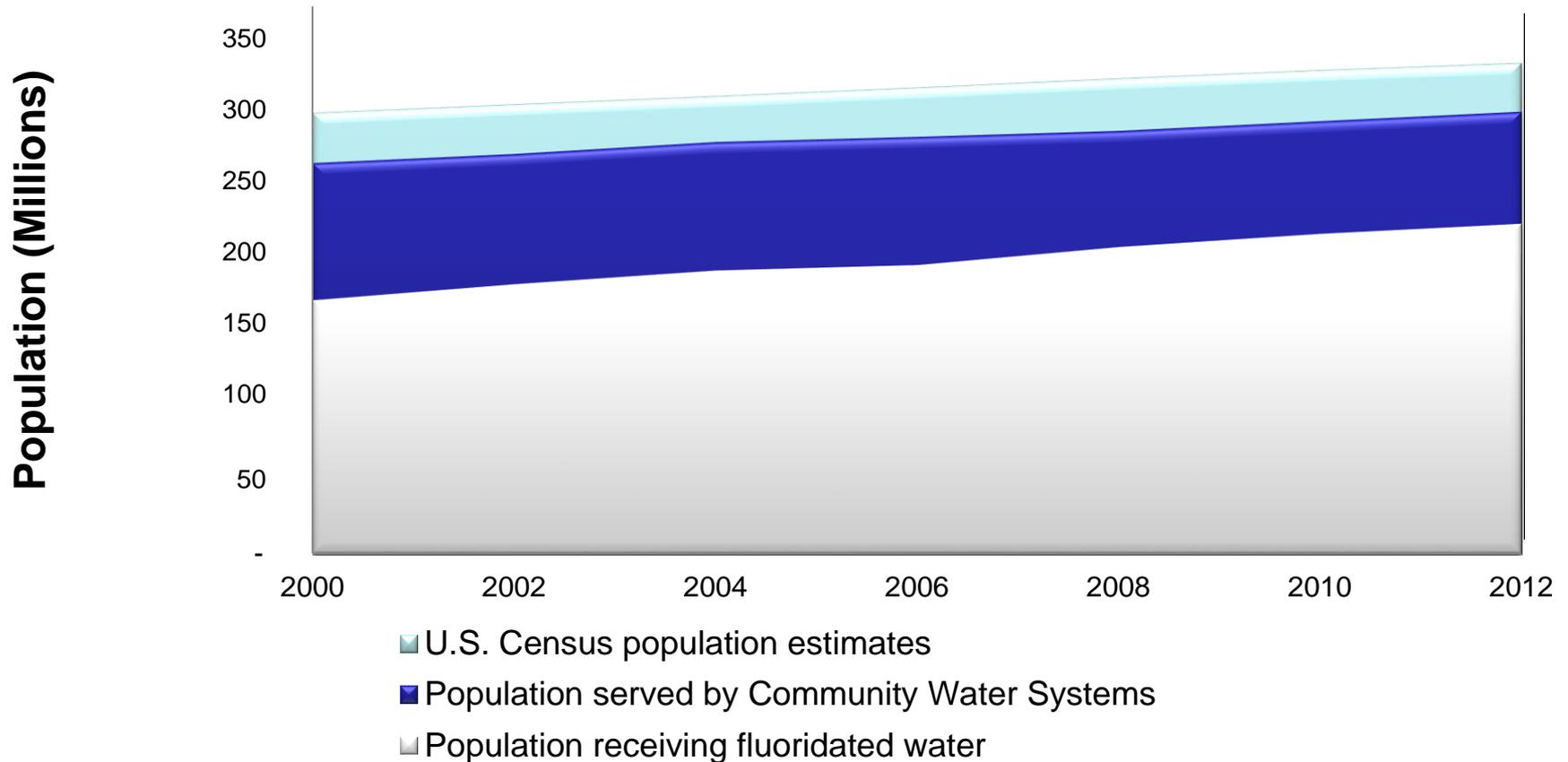
	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2013	2005	2013	2005	2013	2005	2013	2005	2013
Number of children receiving a service	4,901	11,806	21,832	34,327	26,994	42,738	17,466	26,027	71,193	114,898
Total Enrolled	48,573	64,337	40,396	61,536	43,981	68,472	30,726	44,214	163,676	238,559
Increase in number	6,905		12,495		15,744		8,561		43,705	
Percent increase	141%		57%		58%		49%		61%	
Rate of increase	2.4 times		1.6 times		1.6 times		1.5 times		1.6 times	

Number of Medicaid-enrolled children ages 0-12 receiving a dental service from Title V dental hygienists and nurses

	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2013	2005	2013	2005	2013	2005	2013	2005	2013
Number of children receiving a service	3,104	11,463	3,246	12,047	1,010	3,418	503	1,155	7,863	28,083
Total Enrolled	48,573	64,337	40,396	61,536	43,981	68,472	30,726	44,214	163,676	238,559
Increase in number	8,359		8,801		2,408		652		20,220	
Percent increase	269%		271%		238%		130%		257%	
Rate of increase	3.7 times		3.7 times		3.4 times		2.3 times		3.6 times	

People Reached by Community Water Fluoridation

Trends in population receiving fluoridated water — U.S. 2000–2012



I-Smile Activities

- Care Coordination and Public Dental Educational Network
- *Oral Screening and Risk Assessment*
 - Determine future dental disease risk, current oral health status, and level of care needed for each child
 - Provide training on screening and fluoride varnish technique for non-dental healthcare providers
 - 24 Licensed dental hygienists cover 22 regions, within Iowa which includes all 99 counties
 - Public Health Supervision Rules under the Iowa Dental Board allows expanded functions for hygienists outside the traditional dental office



I-Smile Background Activities

- Preventive Oral Health Services
 - Fluoride varnish
 - Dental Sealants
 - Cleanings
 - School dental screenings



Locations: child health clinics, WIC clinics, Head Start centers, child care centers, schools

A State-Federal Partnership

