Healthy People 2020: Who’s Leading the Leading Health Indicators?
Carter Blakey
Deputy Director
Office of Disease Prevention and Health Promotion
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
William Bailey, DDS, MPH
Assistant Surgeon General
Chief Dental Officer, USPHS
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

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).
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).
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).
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

Federal Department of Health and Human Services

Title XIX

Iowa Dept. of Human Services

Interagency Agreement

Iowa Dept. of Public Health

Contract

Community-based Title V Child Health Agencies

Subcontract / Employment

Hygienists as Local Providers

Screening Center Number
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

<table>
<thead>
<tr>
<th>Age</th>
<th>Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>23,549</td>
</tr>
<tr>
<td>1</td>
<td>20,344</td>
</tr>
<tr>
<td>2</td>
<td>20,444</td>
</tr>
<tr>
<td>3</td>
<td>20,741</td>
</tr>
<tr>
<td>4</td>
<td>20,770</td>
</tr>
<tr>
<td>5</td>
<td>20,025</td>
</tr>
</tbody>
</table>

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
State of Iowa Public Health Dental Director
515-281-4916
e-mail: bob.russell@idph.iowa.gov
Roundtable Discussion

Please take a moment to fill out our brief survey.
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)

■ Healthy People 2020 Oral Health Topic Area
Stay Connected

- Visit 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:
  - Join the Healthy People 2020 Consortium
  - Share how your organization is working to achieve Healthy People goals

Follow us on Twitter @gohealthypeople

Join our Healthy People 2020 group on LinkedIn

Watch past Webinars at www.YouTube.com/ODPHP
Q&A Slides
Federally Qualified Health Centers with an oral health care program, 1997–2012

Percent

HP2020 Target: 83%

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

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.

HP2020 Target: 33.3%

Obj. OH-11
Increase desired
## Number of Medicaid-enrolled children ages 0-12 receiving a dental service from dentists

<table>
<thead>
<tr>
<th></th>
<th>Ages 0-2</th>
<th>Ages 3-5</th>
<th>Ages 6-9</th>
<th>Ages 10-12</th>
<th>Ages 0-12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Baseline</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Current</td>
</tr>
<tr>
<td>Number of children receiving a service</td>
<td>4,901</td>
<td>11,806</td>
<td>21,832</td>
<td>34,327</td>
<td>71,193</td>
</tr>
<tr>
<td>Total Enrolled</td>
<td>48,573</td>
<td>64,337</td>
<td>40,396</td>
<td>61,536</td>
<td>163,676</td>
</tr>
<tr>
<td>Increase in number</td>
<td>6,905</td>
<td>12,495</td>
<td>15,744</td>
<td>8,561</td>
<td>43,705</td>
</tr>
<tr>
<td>Percent increase</td>
<td>141%</td>
<td>57%</td>
<td>58%</td>
<td>49%</td>
<td>61%</td>
</tr>
<tr>
<td>Rate of increase</td>
<td>2.4 times</td>
<td>1.6 times</td>
<td>1.6 times</td>
<td>1.5 times</td>
<td>1.6 times</td>
</tr>
</tbody>
</table>
### Number of Medicaid-enrolled children ages 0-12 receiving a dental service from Title V dental hygienists and nurses

<table>
<thead>
<tr>
<th></th>
<th>Ages 0-2</th>
<th>Ages 3-5</th>
<th>Ages 6-9</th>
<th>Ages 10-12</th>
<th>Ages 0-12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
</tr>
<tr>
<td>Number of children receiving a service</td>
<td>3,104</td>
<td>11,463</td>
<td>3,246</td>
<td>12,047</td>
<td>1,010</td>
</tr>
<tr>
<td>Total Enrolled</td>
<td>48,573</td>
<td>64,337</td>
<td>40,396</td>
<td>61,536</td>
<td>43,981</td>
</tr>
<tr>
<td>Increase in number</td>
<td>8,359</td>
<td>8,801</td>
<td>2,408</td>
<td>652</td>
<td></td>
</tr>
<tr>
<td>Percent increase</td>
<td>269%</td>
<td>271%</td>
<td>238%</td>
<td>130%</td>
<td></td>
</tr>
<tr>
<td>Rate of increase</td>
<td>3.7 times</td>
<td>3.7 times</td>
<td>3.4 times</td>
<td>2.3 times</td>
<td></td>
</tr>
</tbody>
</table>
People Reached by Community Water Fluoridation


- U.S. Census population estimates
- Population served by Community Water Systems
- Population receiving fluoridated water

CDC, Water Fluoridation Reporting System
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
So far, 25 states and DC have indicated they will expand Medicaid to low-income adults in 2014 – discussions continue to evolve.