



2ND ANNUAL

HEALTH ADVOCACY

S Y M P O S I U M

2017

A Seminar for Stakeholders in Health

**“POWERING-UP FOR EQUITY:
ENGAGE, EMPOWER,
ADVOCATE”**

Saturday, September 23, 2017

9:00 a.m. – 1:00 p.m.

**EVENT
PROGRAM**

Hosted by the
NATIONAL DENTAL ASSOCIATION

Supported by an educational grant from **Colgate®**

Visit: www.ndaonline.org/meetings/legislative

RENAISSANCE HOTEL

999 Ninth Street, NW
Washington, DC 20001



**Legislative Priorities and Positions
The Integration of Oral Health and Primary Care
Pathways
to
Health Equity?**

**Kim B. Perry, DDS, MSCS
National Dental Association, President
NIH Clinical & Translational Research Scholar
Associate Professor
Vice President, University Strategic Partnerships
A.T. Still University**

**2nd Annual Health Advocacy Symposium
September 23, 2017
Washington, DC**



NDA MISSION

The National Dental Association **promotes oral health equity** among people of color **by harnessing the collective power of its members, advocating** for the needs of and mentoring dental students of color, and **raising the profile** of the profession in our communities.

CORE VALUES

Leadership, Service, Life-Long Learning
Innovation and Family

Recommendations for Improving Outcomes and Achieving Health Equity for Our Underrepresented Communities





CHALLENGES/BENEFITS ACA

ACA attempted to address concerns Children, Adolescents, and Adults

- ✓ **While it is a start the ACA can still benefit from further enhancements** as it does not meet all of the needs and has not fully answered access to care.
- ✓ **While some benefits are available in some states for adults, we believe that the ACA falls short of providing comprehensive oral health care to adults and seniors**, because we know that comprehensive care has a greater potential of improving health outcomes vs. acute care.

CHALLENGES/BENEFITS ACA

ACA attempted to address concerns Children, Adolescents, and Adults

- ✓ Attempted to provide access to care for children and families, this varied from state to state;
- ✓ Expanded Medicaid in some 31 states for adults, providing an adult dental benefit, whether for acute care or comprehensive care and this varied from state to state
- ✓ **Research:** adults/caregiver who value their oral health care will value the care of their child





CHALLENGES/BENEFITS ACA

ACA attempted to address concerns Children, Adolescents, and Adults

- ✓ **Recognized the oral/systemic link** and began to integrate oral health into primary care;
- ✓ **Provided comprehensive care for children**-which has the potential to improve oral health outcomes and when we improve oral health outcomes, we can begin to turn our communities around;
- ✓ **Provided care while limited to pregnant women** (limitations varied from state to state).



Recommendations for Improving Outcomes and Achieving Health Equity

Priorities, Policies, Issues, and Opportunities

Provide quality care that *is patient - centered, integrated, inter-professional, comprehensive and affordable for underrepresented communities*

ACA - Maintain our gains:

- ✓ Expansion of Medicaid for adults and the provision for comprehensive care;
- ✓ Reauthorization of the Children's Health Insurance Program – CHIP;
- ✓ Maintain healthcare and oral healthcare under CHIP for children;
- ✓ Pediatric oral health, as one of the 10 essential health benefits, as a required coverage purchase;



Recommendations For Improving Outcomes and Achieving Health Equity

Priorities, Policies, Issues, Opportunities

- ✓ Promote public education initiatives for outreach and awareness that also includes an emphasis on prevention and oral health disease recognition and control.
- ✓ Support pre-existing conditions;



Recommendations For Improving Outcomes and Achieving Health Equity

Priorities, Policies, Issues, Opportunities

- ✓ Allow an individual the ability to **remain on their parent's insurance until age 26;**
- ✓ **Support the RAISE Act** (increase in flexible spending accounts, allows more purchasing power for oral healthcare for families);



Recommendations For Improving Outcomes and Achieving Health Equity

Priorities, Policies, Issues, Opportunities

- ✓ **Remove the Medical Device Tax of 2.3% on items such as O₂ tanks and laboratory equipment** (as this cost is passed on to patients, thus increases the cost of their care);
- ✓ **Support funding to answer those meaningful research** questions that can positively impact the health within communities of color and underrepresented communities;



Recommendations For Improving Outcomes and Achieving Health Equity

Increase Access To Care

- ✓ **NDA's Top Priority:** Increasing and sustaining the number of African American dentists and African American allied oral health care professionals in the workforce in our communities.
- ✓ **Remove measures such as block grants** to states that reduce healthcare coverage/Medicaid dollars, and increase the numbers of uninsured and underinsured;



Recommendations For Improving Outcomes and Achieving Health Equity


Increase Access To Care

- ✓ **Expand Medicare** to include oral health for seniors
- ✓ Embedded dental plans within medical plans have one premium which is beneficial however, the combined medical and dental deductible becomes too high and families cannot afford the needed care for their children. **Recommend deductibles that are more affordable for families;**



Recommendations For Improving Outcomes and Achieving Health Equity

Increase Access To Care

- 
- ✓ **Identify oral health professionals in communities who provide care to the underserved and accept Medicaid; as safety - net providers and more importantly, as those who contribute to the primary health infrastructure of communities;**
 - ✓ **Oral health professionals, who provide care to the underserved and accept Medicaid, should be compensated at a rate more commensurate with the cost of the care that is provided;**



Recommendations For Improving Outcomes and Achieving Health Equity

Increase Access To Care

- ✓ Expand the scope of care provided to adults as such **provide comprehensive oral healthcare and support ready to work oral health needs that impact employment opportunities;**
- ✓ **Advocate for student loan reform/relief** , which will allow communities to continue to identify, encourage, recruit and graduate oral health professionals to address community oral health needs;



Recommendations For Improving Outcomes and Achieving Health Equity

Increase Access To Care

- ✓ Consider alternative workforce models;
- ✓ Urge expansion of workforce diversity and opportunities across the oral health/dental health business, academia and industry;
- ✓ Support provisions, programs and initiatives that increase the ranks of underrepresented racial and ethnic persons in the workforce.

(Pipeline Programs)

WHY!

Opportunities to Improve Oral Health Outcomes



Little To No Change



Children and Adolescents:

- 6-9 years with caries experience
- 13-15 years with caries experience
- 13-15 years untreated dental caries

Adults:

- 35-74 years untreated dental caries
- Detection of pharyngeal cancer at early stages

Opportunities to Improve Oral Health Outcomes



Little To No Change

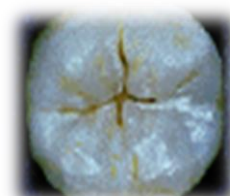


Children, Adolescents, and Adults :

- ✓ Usage of oral health care system in last year

Adults:

- ✓ Referral for glycemetic control
- ✓ Referral for Smoking cessations or reduction in tobacco usage



The Surgeon General Report - 2000

Alerted us to the Status of Oral Health in America

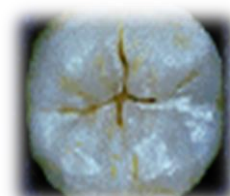
- “Silent Epidemic” of poor oral health in America
- **Oral health disparities exist**
- Most **common** chronic disease in children is ***dental caries***.
- Although largely **preventable**, among children aged 3 to 17 years – dental caries (*59%*) *5 times more common* than asthma (*11%*)



The Surgeon General Report -2000

Alerted us to the Status of Oral Health in America

- Untreated dental caries among low-income children ages 3-5, 6-9, and 13-15 years continues to be an significant public health problem.
- Dental caries is an infectious disease– can be transmitted from caregiver to child
- **Oral health is important to overall health and ones quality of life**



The Surgeon General Report -2000

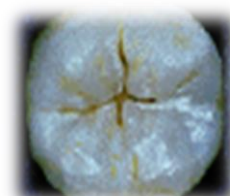
Alerted us to the Status of Oral Health in America
(2011-2014)

Burden of disease:

- Primarily impacts Children (5-19 years) **African American (23.4%)**, Hispanic **(21.7%)**(**Mexican-23.8%**) and other low-income children in underrepresented communities. National Average **(15.6%)** and compared to white children **(16.7%)**.
- **Adults** (20-44years) are not left out: **African American (46.1%)**, Hispanic **(37.8%)** (**Mexican-40.0%**) . National Average **(31.6%)** and compared to white adults **(27.1%)**.

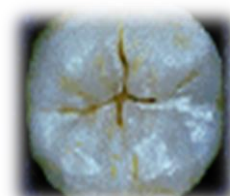
These populations continue to fall through the cracks of oral health care in America





Social Impact of Oral Disease in America

- Untreated dental caries impacts quality of life:
 - ✓ Pain and suffering,
 - ✓ difficulty eating,
 - ✓ nutritional problems,
 - ✓ lag behind in speech development,
 - ✓ learning difficulties,
 - ✓ suffer from poor self esteem
- 51 million plus hours of school
- Morbidity and in rare cases mortality (Deamonte Driver-2007)



Social Impact of Oral Disease in America

- Traditional means alone for attempting to improve oral health outcomes for these populations have been unsuccessful:
 - ✓ Private practice,
 - ✓ Safety-net health centers,
 - ✓ Volunteerism efforts
 - ✓ CHIP and Medicaid
- Many seek care in ER - cost of this care has become astronomical, with minimal impact on ones oral health outcomes.
- Under employment/unemployment



While Gains Have Been Made

- Health literacy and access to care programs alone had shown little promise *
- Healthy People 2010 Midcourse Review
 - ✓ Little progress in caries reduction 6-9 year olds
 - ✓ Need an increase in sealants in 14 year olds (to reduce caries)
 - ✓ Increase health literacy
- Surgeon General Report indicates that oral health data on racial and ethnic minorities on a local and state level are rare or unavailable and reflect limited capacity of the US infrastructure for oral health.
- **Oral health disparities** continue as a significant problem for underrepresented and other vulnerable populations.

Driving Forces >>>> Paradigm Shift

Weinstein 2004/2006
Healthy People 2010
Mouradian, et al, 2007

Oral Health in America: A Report of the Surgeon General. 2000



Driving Forces for Change

<p>2003</p>	<p><u>National Call to Action to Promote Oral Health,</u> Surgeon General Report (2003)</p>	<p>“Change the perception “ of oral health being separate from overall health</p>	<p>“Partnerships between oral health professionals to partner in research and policy efforts “</p>
<p>2007</p>	<p>Death of Deamonte Driver</p>	<p>Transformed the discussion of oral health as many came to recognize the seriousness of untreated dental caries</p>	
<p>2011</p>	<p><u>Advancing Oral Health in America</u></p> <p><u>Access to Oral Health Care for Vulnerable and Underserved Populations,</u></p> <p>Institute of Medicine (IOM)</p>	<ul style="list-style-type: none"> •Oral Health Absent from healthcare •Lack of coverage •Poor oral health Literacy and dissemination of info. •Social Determinants of Hx. •Access •Lack of Quality Measures •Transform America’s oral healthcare system 	<p>“Collaborative and multidisciplinary healthcare teams working together across the healthcare system in an effort effectively address oral healthcare in America”</p>



Driving Forces for Change

2014

Integration of Oral
Health and Primary
Care Practice
(IOHPCP)
HRSA

In response to
the IOM Report

- Improve access to preventive care
- Early detection of oral disease
- Expanding the oral health clinical competency of primary care providers

2014

Workforce innovations

- Core competency development
- Inter-professional, team-based approaches
- Best use of new and existing oral health care professionals
- Increase diversity

Oral Health Disparities Paradigm Shift

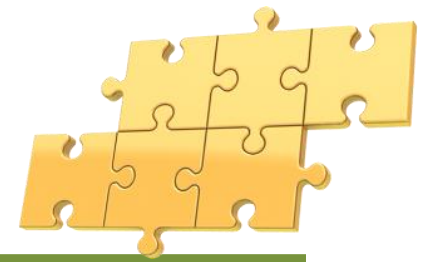


“Change the Perception “
Driving Forces
Critical Barriers
Outcomes

- Access to care
- Social Determinants of Health
- Cost
- Separation of oral healthcare from general healthcare



Oral Health Disparities Paradigm Shift



“Change the Perception “
Driving Forces
Critical Barriers
Outcomes

- Inter-professional Collaborations



- Early detection



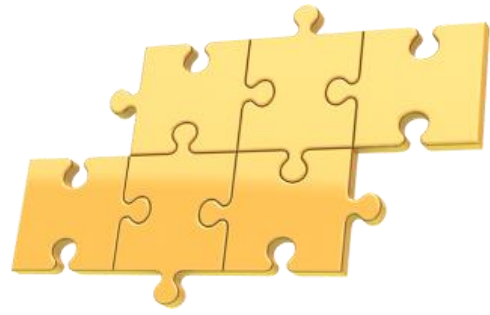
- Training in oral health



- Quality measures

**Is there a
Broader Perspective?**





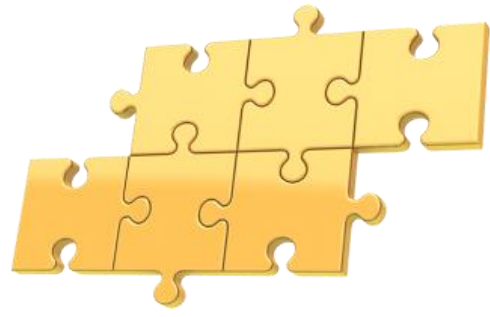
Oral Health Disparities/ The Broader Perspective and The Factors That Really Matter

1. Context of social justice and health equity
Oral health as a right and not a privilege
2. Factors impacting oral health and overall health
 - ✓ Macro-level factors
 - ✓ Micro-level factors

Delaware Health and Social Services, Division of Public Health, Community Health, June 2015

World Health Organization, 2010

How to Apply a Health Equity and Social Justice Lens, Oral Health For All 2020



Oral Health Disparities/ The Broader Perspective and The Factors That Really Matter

3. Oral Health Integration into Primary Care

- ✓ **Federally Qualified Health Centers – Successful models**
- ✓ Patient-Centered Medical Home (PCMH)
- ✓ Integration of Oral Health and Primary Care Practice (IOHPCP)
- ✓ Community Based Components – NDA HEALTH NOW

**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**

1. Context of Social Justice and Health Equity



Putting the pieces together

Health Equity: Attainment of the highest level of health for all people. Health Equity means efforts to ensure that all people have **full and equal access to opportunities that enable them to lead healthy lives.**

Health Inequities: Differences or “gaps” in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.

Health Disparities: Differences in health outcomes among groups of people.

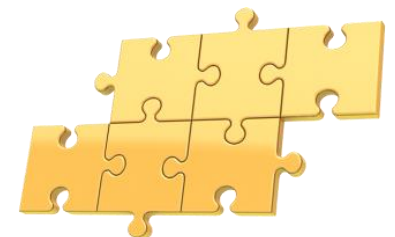
Oral Health Disparities/ The Broader Perspective and The Factors That Really Matter

1. Social Justice and Health Equity

Health Equity: Attainment of the highest level of health for all people.

Important factors to achieve health equity:

- ✓ Value everyone equally
- ✓ Focus on societal efforts to address avoidable inequalities
- ✓ Recognize and rectify historical injustices



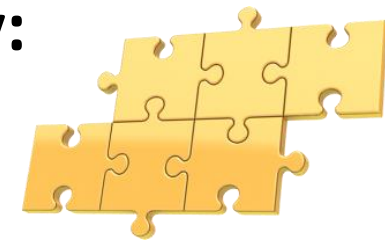
Oral Health Disparities/ The Broader Perspective and The Factors That Really Matter

1. Social Justice and Health Equity

Health Equity: Attainment of the highest level of health for all people.

Important factors to achieve health equity:

- ✓ Address contemporary injustices
- ✓ Eliminate health and healthcare disparities, and
- ✓ Assure structural and personal conditions are in place to support optimal health.

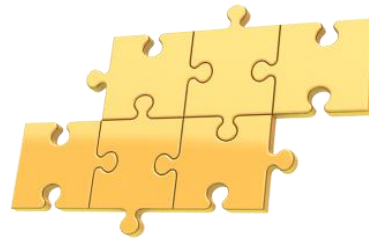


Oral Health Disparities/ The Broader Perspective and The Factors That Really Matter

1. Social Justice and Health Equity

Paradigm Shift

- Oral health and access to effective and affordable oral health care as **a right and not a privilege,**
- Focusing systemic changes that lead **to social justice and health equity.**




**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**



**2. Macro-level Factors that
Impact social justice and health
equity framework**

Macro Level Upstream Factors: Global forces,
government policies, Social and Structural
influences on health



- Continued Privilege or
- Continued Discrimination:
racism(institutional/ structural),
gender identity, age sexual,
distribution of power, orientation,
special needs,

Jonathan Heller, 2016

Levels of Racism: A Theoretic Framework and a Gardener's Tale, C. Jones, 2000

How to Apply a Health Equity and Social Justice Lens, Oral Health For All 2020

Integration of Oral Health with Primary Care in Health Centers: Profiles of Five Innovative Models

**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**



**2. Macro-level Factors that
Impact social justice and health
equity framework**

Lead to: Childhood difficulties, speech, challenges in school, with relationships, poor healthcare and outcomes, employment challenges, poverty, segregation, community violence, lack of empowerment, increased stress, food deserts, lack of safe environments, sidewalks etc.



Health Inequities

Jonathan Heller, 2016

Levels of Racism: A Theoretic Framework and a Gardener's Tale, C. Jones, 2000

How to Apply a Health Equity and Social Justice Lens, Oral Health For All 2020

Integration of Oral Health with Primary Care in Health Centers: Profiles of Five Innovative Models

**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**

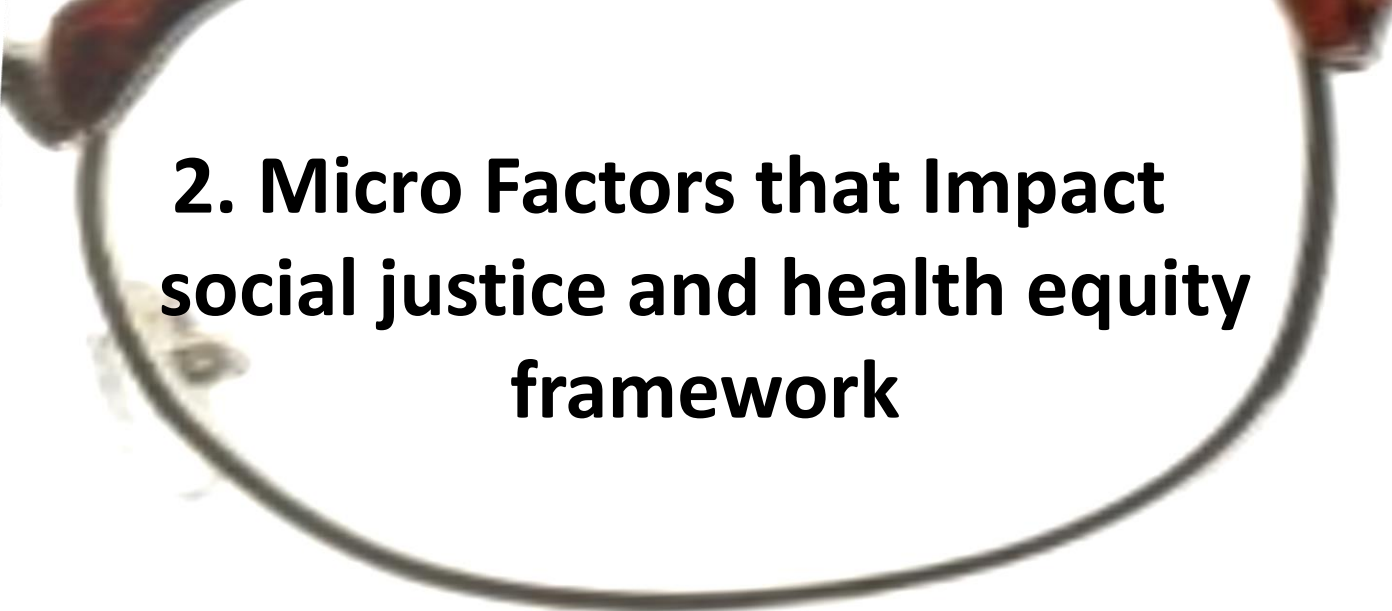
**2. Micro Factors that Impact
social justice and health equity
framework**

Address: the Macro Level Upstream
Factors: Global forces, government policies,
Social and Structural influences on health

Provide: Oral health care for all, health
and dental insurance, access to
providers, Quality comprehensive
healthcare for all, culturally sensitive,
and affordable care



**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**



**2. Micro Factors that Impact
social justice and health equity
framework**

Possible Outcomes:

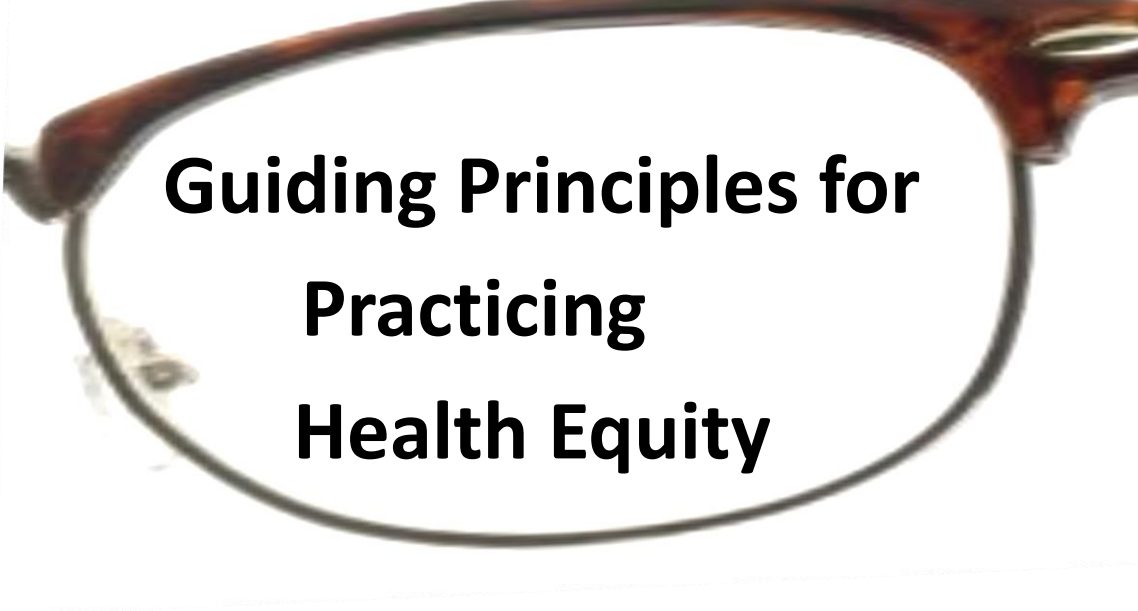
Culture focused on comprehensive care,
Patient – centered care, Increased trust in
the patient-provider relationship

Improved living conditions, safer
environment, focus on oral health as a part
of systemic health



**Greater Social Justice, Eliminate
Health Disparities and Create Health
Equity**

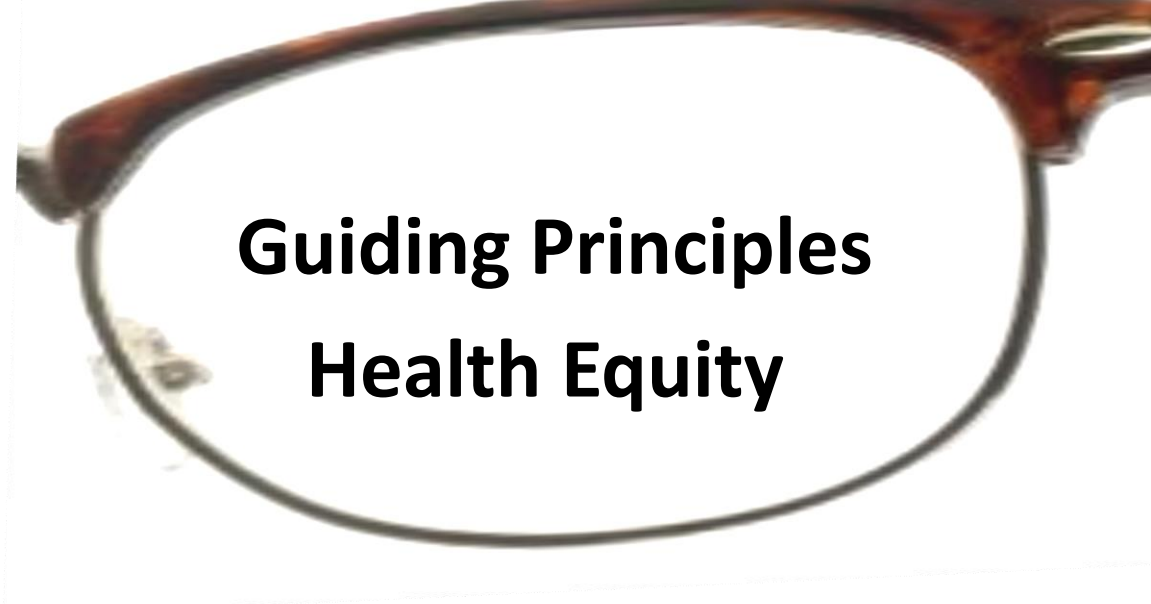
**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**



**Guiding Principles for
Practicing
Health Equity**

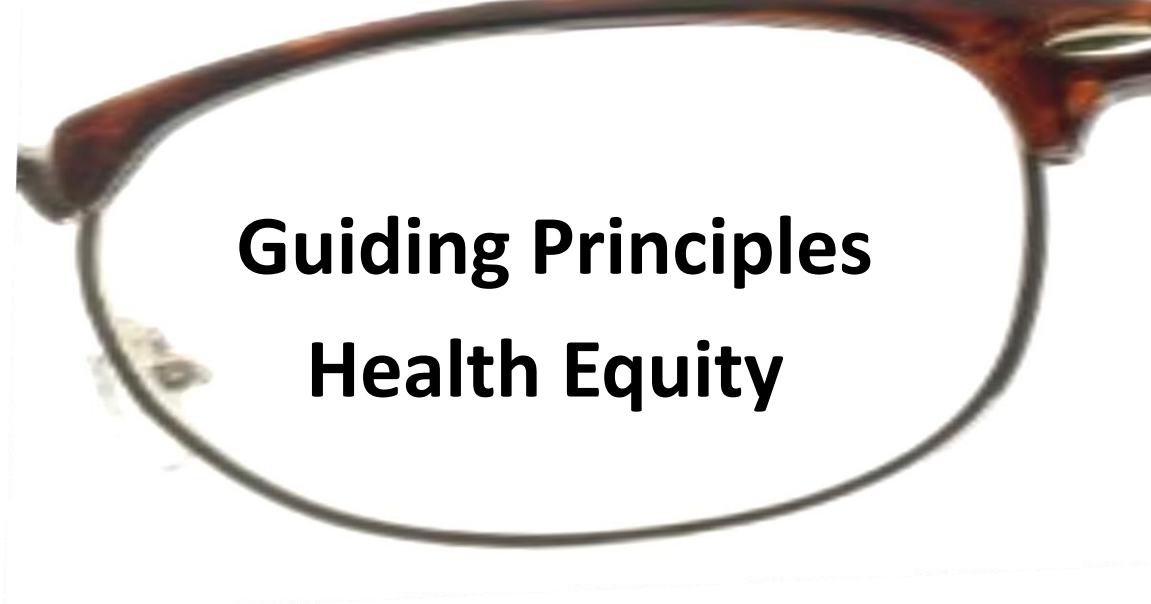
- **Collect and analyze the data** and include the community stakeholders
- **Let the data guide** you and test your assumptions
- **Investigate other reasons** for behaviors such as the social determinants of health

**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**



- **Explore how historical forces** have impacted current economic and social conditions
- **Community participatory engagements-** involve the key stakeholders throughout, ask them what the concerns are and how we can help.

**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**



**Guiding Principles
Health Equity**

- **Identify ways to reach out to patients** who appear to be non-compliant, try a patient center-approach
- **Acknowledge the impact of discrimination** and advocate

**Oral Health Disparities/
The Broader Perspective
and
The Factors That Really
Matter**



**3. Oral Health Integration into
Primary Care**

Healthy People 2020

Healthy People 2020 charged Federally Qualified Community Health Centers to play a significant role in reducing oral health disparities

- **Emphasizes placed on oral health**
- 80% of the FQHC provide dental care to underrepresented and vulnerable populations
- Model for primary care delivery in FQHC is the Patient – Centered Medical Home (PCMH) model.
 - ✓ Patient centered care
 - ✓ Comprehensive care
 - ✓ Coordinated
 - ✓ Accessible
 - ✓ Systems-based approach

Federally Qualified Community Health Centers Model

HRSA developed a framework of 5 domains for the successful integration of Oral Health and Primary Care Practice (IOHPCP)

1. Risk Assessment
2. Oral Health Evaluation
3. Preventive Intervention
4. Communication and Education
5. Inter-professional Collaborative Practice

Integration of Oral Health and Primary Care Practice in Health Centers



Rethinking Oral Health

- Component of overall health
- Free
 - ✓ Disease
 - ✓ Pain
 - ✓ Proper form and function

Rethinking Oral Healthcare

- Care of oral health
 - Component of overall patient care
 - Risk Assessment
 - Health Promotion
 - Disease Prevention
 - Referral of Dental Services
 - **Everyone's responsibility**
-
- **Dental Care**
 - ✓ Trained professionals
 - ✓ Preventive
 - ✓ Restoring oral health

Successful Models

Common Goals

“New Directions”

- Improved oral and overall health
- Committed, inter-professional and collaborative medical and dental care teams
- Population and patient approach to care
- Embedded hygienist into the primary care team to provide oral health care



Successful Models

Common Goals

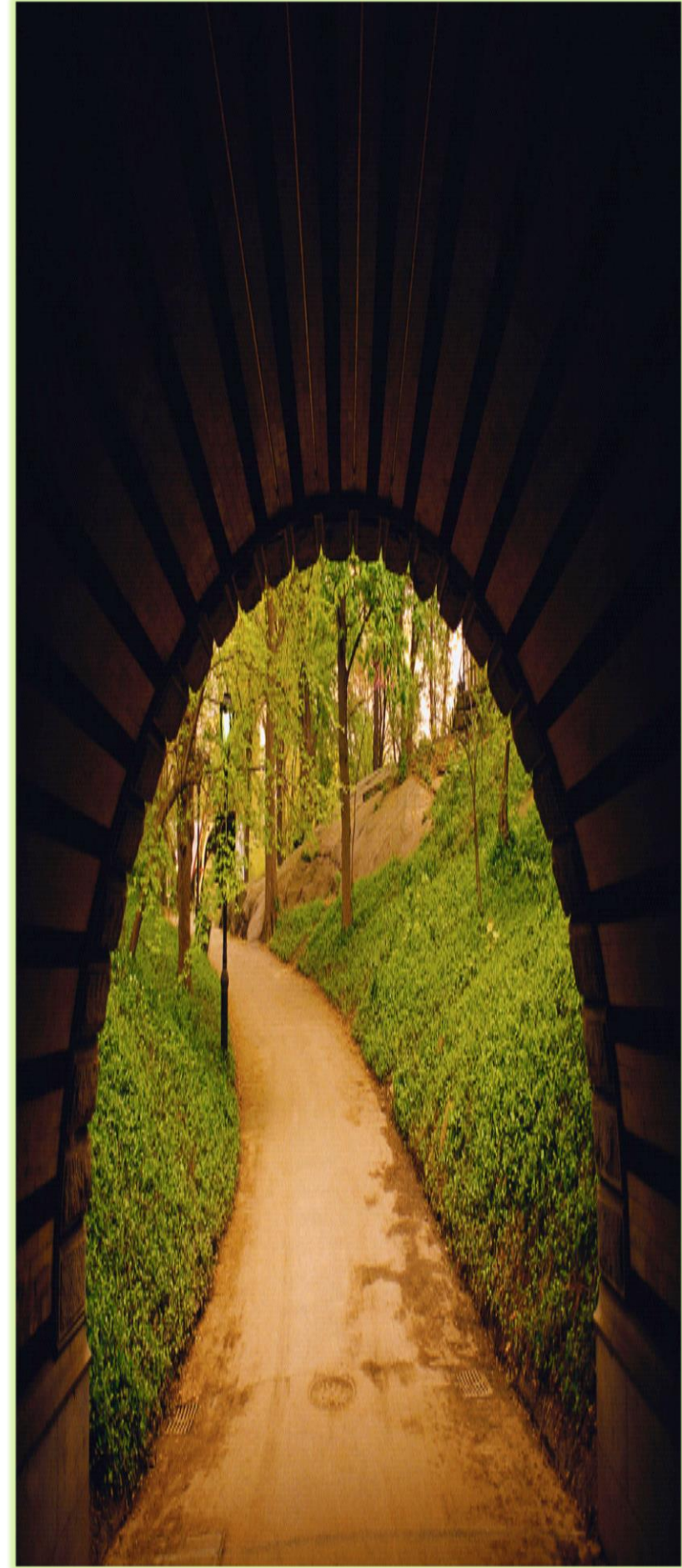
“New Directions”

- Strategies: Identified a “champion” for oral health integration
- Integration of medical and dental EDR
- Oral healthcare and preventive services are provided in the primary care system
- “Coordinated” referral of dental care



Successful Models Common Goals “New Directions”

- Trained existing primary care team member in oral health
- Evaluation processes –Improvements
- Community Voices –Testimonies from the community
- Outreach coordinator

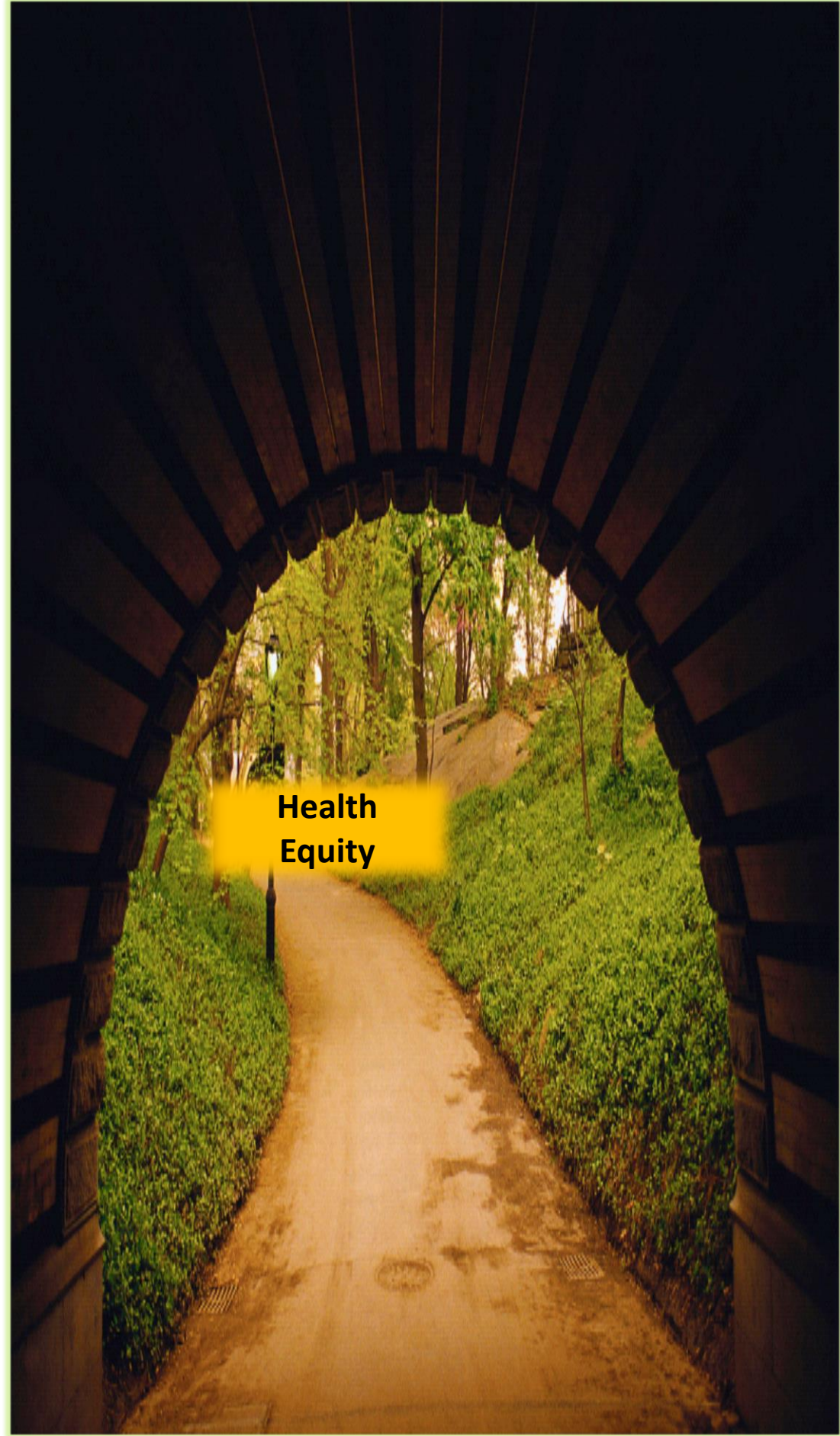


Will These Proposed Pathways Lead Us To Health Equity?

To learn more about
the specific NDA
public
policy/advocacy
positions please refer
to the following link:

[http://ndaonline.org/a
bout-nda/](http://ndaonline.org/about-nda/)

NATIONAL DENTAL ASSOCIATION (NDA)
Priorities, Policies, Issues, Opportunities





Thank You !

Questions?

kbperry@atsu.edu

Dr. should I brush all of my teeth everyday?
Oh No! *only* the ones that you want to *keep*,
and the rest will go *away*.....Smile

Sponsor

Colgate - Palmolive

The Colgate logo, featuring the word "Colgate" in white, italicized, sans-serif font on a red, slanted rectangular background.