



# The Role Of Oral Health in Health Equity

*National Association of States United for Aging and Disabilities HCBS Conference*



August 27, 2019

# What is Health Equity?

- Attainment of the highest level of health for all people <sup>*\*HP2020*</sup>
- Assurance of the conditions for optimal health for all people <sup>*\*C. Jones*</sup>
- Everyone has a fair and just opportunity to be as healthy as possible <sup>*\*RWJ*</sup>

# Equality is not Equity

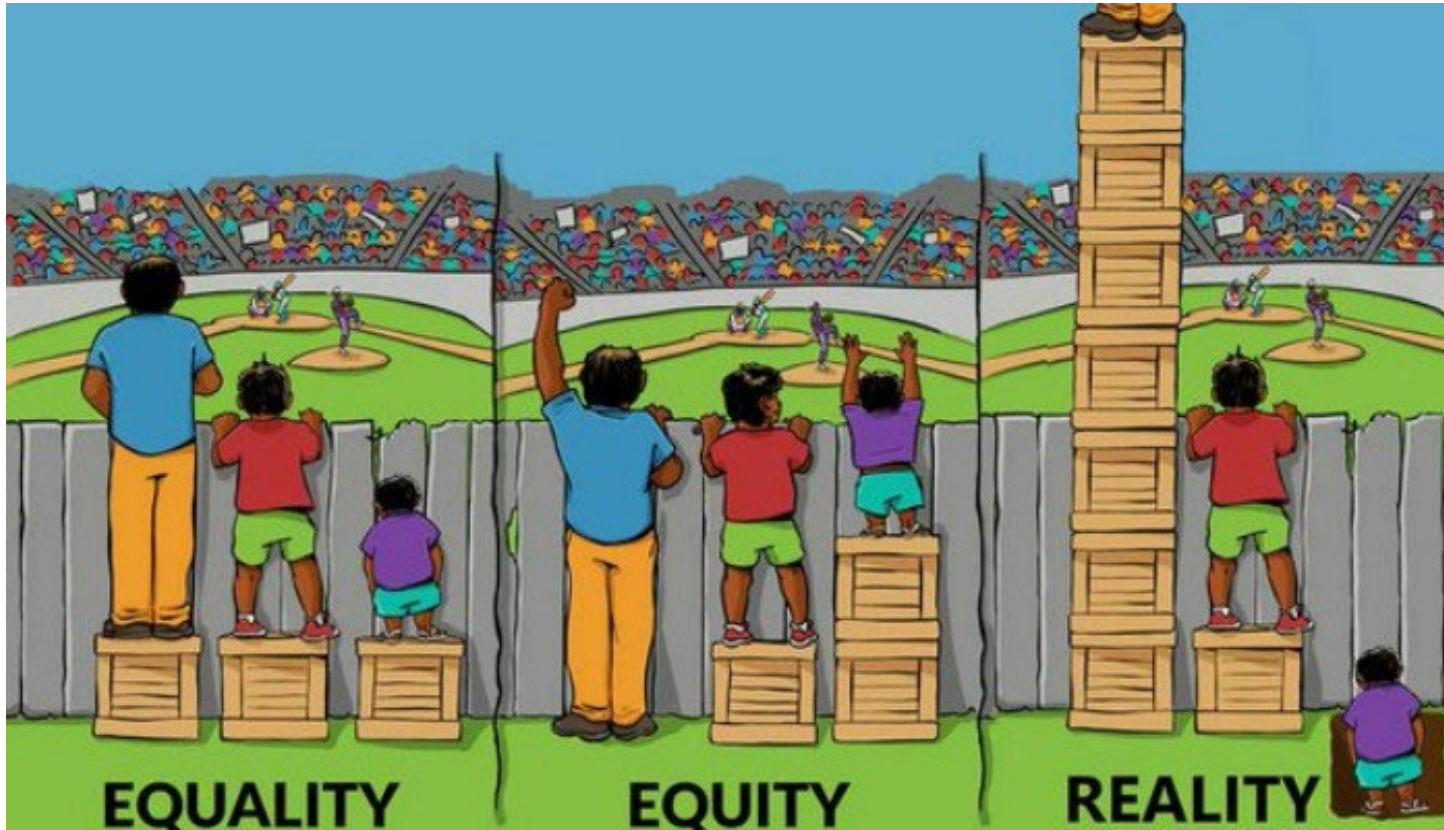


Source: <http://www.rwjf.org/en/library/features/achieving-health-equity.html>

# Social Determinants of Health

- The social determinants of health are the conditions in which people are born, grow, live, work and age.
- These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
- The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries

# Equality, Equity and Reality



# The Five Whys

- Why is Brittany in the Emergency Room?
  - *Because Brittany has a swollen face and an abscess in her mouth*
- Why does Brittany have a swollen face and an abscess in her mouth?
  - *Because Brittany has a persistent toothache*
- Why does Brittany have a persistent toothache?
  - *Because Brittany hasn't been to see a dentist*
- Why hasn't Brittany been to see a dentist?
  - *Because . . .*

# The Five Whys

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  - *Because Brittany hasn't been to see a dentist . . .*
- Why hasn't Brittany been to see a dentist?
  - *Because . . .*

## SMALL GROUP ACTIVITY

- Pick up on the series questions by answering the last one “Why hasn’t Brittany been to a dentist?”
- There are no right answers, and there may be multiple answers.
- Ask as many “why” questions until you can’t go any further. The idea is to get the the root cause of Brittany’s issue.
- Then, if time permits, go back to another branch and do the same thing.

# The Five Whys

## *Group Sharing*



# Achieving Good Oral Health Is a Significant Challenge for Many

Irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving *dental care*, compared to any other type of health care  
*American Dental Association*



Lack of access to dental care leads to expensive emergency room care  
*Association of Health Care Journalists*

*U.S. Surgeon General* “...there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a *silent epidemic* of dental and oral diseases is effecting some population groups.”

“Individuals who are *medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health.*”

38% of older adults perceive their oral health as fair or poor; 40% have not seen a dentist in the past year  
*National Center for Health Statistics*



An estimated 164 million work hours and 51 million school hours are lost each year due to oral disease  
*CDC, Division of Oral Health*

Dental problems are among the most common health problems experienced by older adults.  
*American Geriatric Society's Health in Aging Foundation*



# “Oral health disparities are profound in the United States”

*Centers for Disease Control and Prevention*

- **Overall.** Non-Hispanic blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health of any racial and ethnic groups in the United States.
- **Children and Tooth Decay.** The greatest racial and ethnic disparity among children aged 2–4 years and aged 6–8 years is seen in Mexican American and black, non-Hispanic children.
- **Adults and Untreated Tooth Decay.** Blacks, non-Hispanics, and Mexican Americans aged 35–44 years experience untreated tooth decay nearly twice as much as white, non-Hispanics.



# “Oral health disparities are profound in the United States”

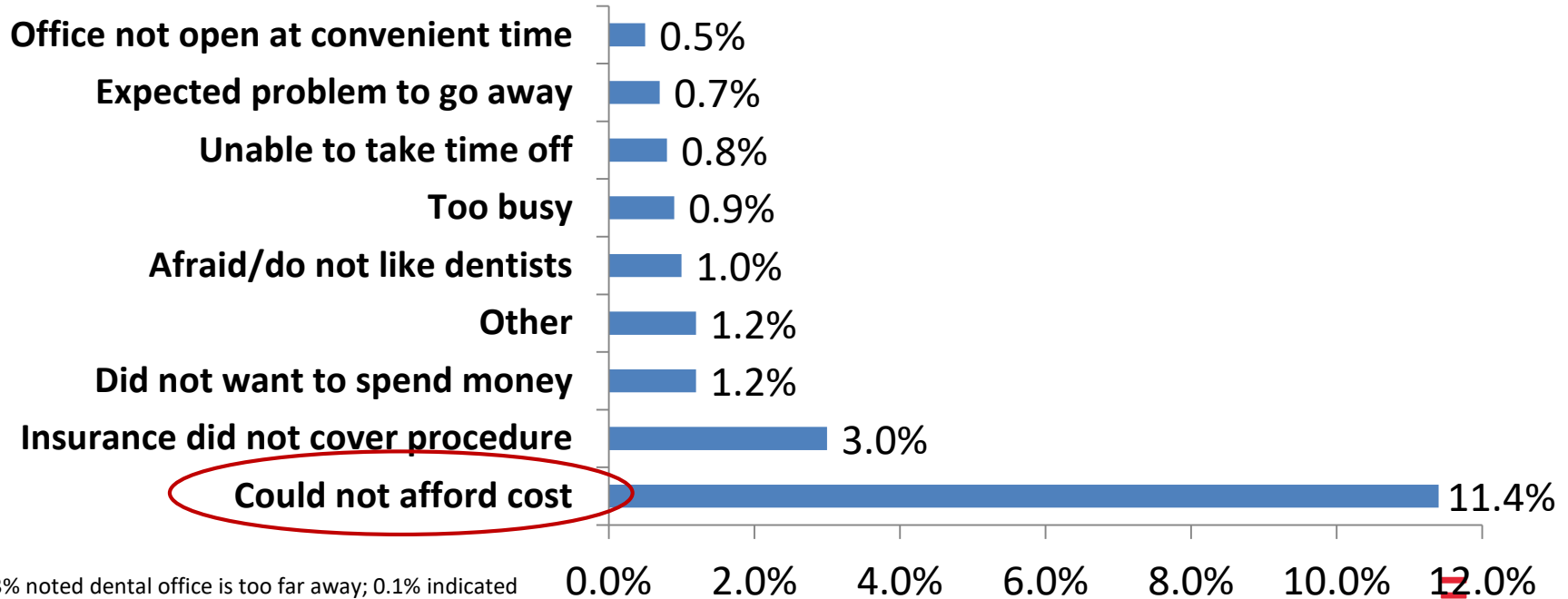
*Centers for Disease Control and Prevention*

- **Tooth Decay and Education.** Adults aged 35–44 years with less than a high school education experience untreated tooth decay nearly three times that of adults with at least some college education.
  - In addition, adults aged 35–44 years with less than a high school education experience destructive periodontal (gum) disease nearly three times that of adults with at least some college education.
- **Adults and Oral Cancer.** The 5–year survival rate is lower for oral pharyngeal (throat) cancers among black men than whites (36% versus 61%).
- **Adults and Periodontitis.** 47.2% of U.S. adults have some form of periodontal disease. In adults aged 65 and older, 70.1% have periodontal disease.
  - Periodontal Disease is higher in men than women, and greatest among Mexican Americans and Non-Hispanic blacks, and those with less than a high school education



# Cost Remains As #1 Barrier to Needed Dental Care

## Reasons for Not Obtaining Needed Dental Care

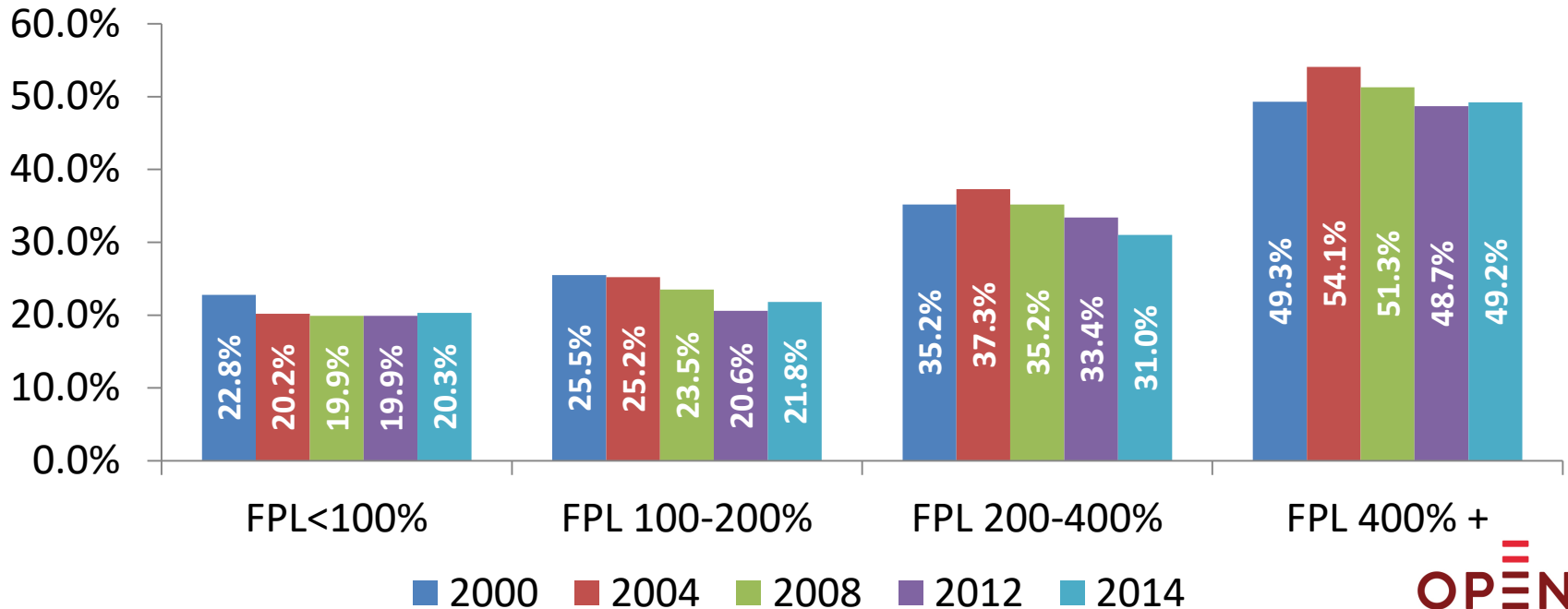


Note: 0.3% noted dental office is too far away; 0.1% indicated another dentist recommended not doing procedure



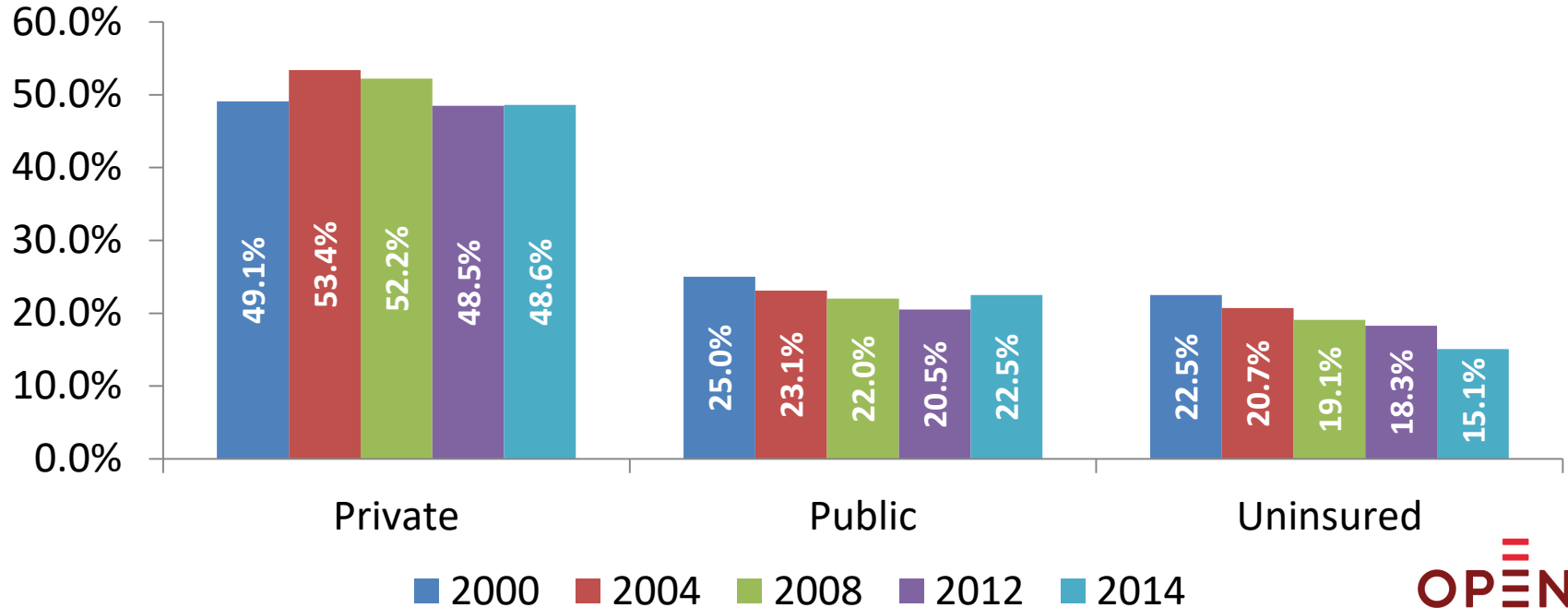
# Utilization of Dental Services: Low Income Groups Have Far Less Access to Care

Percentage of Adults Ages 19-64 with a Dental Visit in the Year for Select Income Groups, 2000-2014

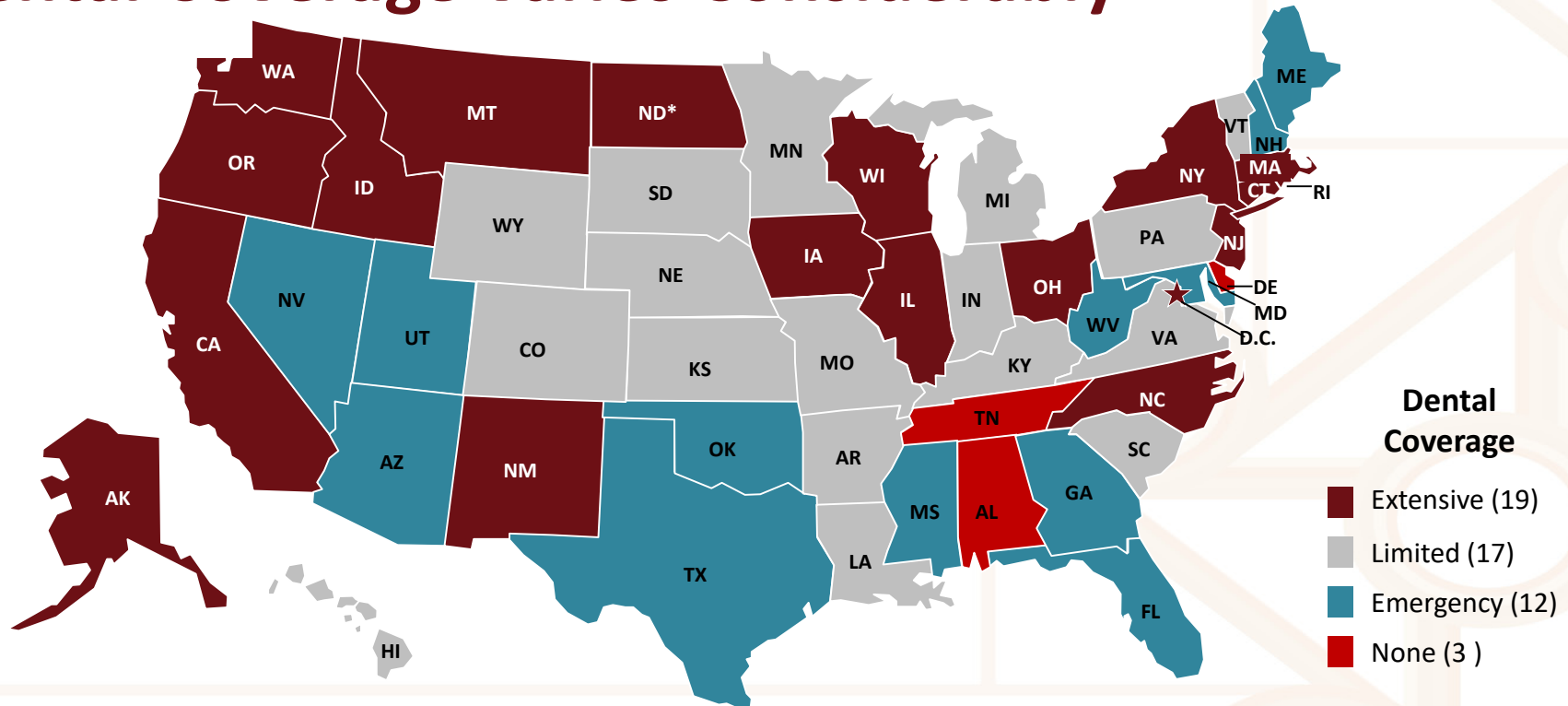


# Utilization of Dental Services by Dental Benefits Status

Percentage of *Adults 19-64* with a Dental Visit in the Year by Dental Benefits Status, 2000-2014



# As An Optional Benefit, States' Medicaid Adult Dental Coverage Varies Considerably



\* Nearly all states that expanded Medicaid under the ACA offer the same adult dental benefits to their expansion population, except North Dakota, which offers no benefits. Delaware passed legislation in 2019 to add dental benefits for Medicaid adults. If signed by the Governor, coverage will become effective April 1, 2020.

# Medicaid Dental Benefit Definitions

Benefit Level	Definition
<b>None</b>	No dental benefits
<b>Emergency</b>	Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.
<b>Limited</b>	A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of \$1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA's Code on Dental Procedures and Nomenclature.
<b>Extensive</b>	A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least \$1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per ADA's Code on Dental Procedures and Nomenclature





# State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults

- **California:**
  - Eliminating Medicaid adult dental coverage in California led to:
    - 1,800 additional E.D. visits per year
    - 68 percent increase in average yearly costs associated with dental E.D. visits
- **Maryland:**
  - Medicaid adults constitute:
    - 15.3% of total adult population and 53% of 42,327 E.D. dental visits
    - 44% of \$22.7 million in E.D. dental visits
  - Rates of visits for Medicaid adults are more than 3 times higher than total adult population

The logo for Health Affairs, featuring the text "HealthAffairs" in white on a red background.The logo for the Maryland Dental Action Coalition, with "Maryland" in yellow and "Dental Action Coalition" in maroon.

&

The logo for DentaQuest, with "DentaQuest" in blue and a small graphic of teeth to the right.

Partnership  
for Oral Health Advancement

The logo for OPEN, with "O" and "P" in maroon and "E" and "N" in white, with a vertical stack of red bars to the right.

# State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults (cont.)

- **Oregon**

- Eliminating Medicaid adult dental benefits in Oregon caused a threefold increase in the level of unmet dental care needs and substantially higher likelihood of emergency room visits for oral health issues.



- **Missouri**

- Medicaid adult dental services started January, 2016
- By January, 2018, non-traumatic dental visits to E.D. decreased 44%
- Rate per 100,000 is 38% lower
- Significant decrease in the percent of E.D. visits with opioids



# Dental Visits to the E.D. Often Result in an Opioid Prescription

- Approximately 50.3% of patients who present with non-traumatic dental pain in the E.D. receive a prescription for opioid drugs
  - In contrast, opioid analgesics were prescribed for just 14.8% of all other E.D. patients
- Uninsured patients had the highest likelihood of receiving an opioid prescription (57.1%)
- The high frequency of recurrent E.D. visits for acute dental pain may be contributing to the increased availability of opioid drugs, addiction, and morbidity and mortality associated with prescription opioid abuse



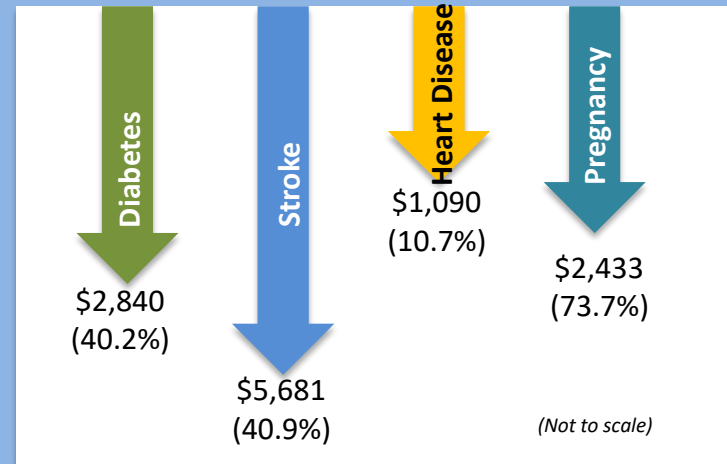
# Evidence of How Oral Health Affects Overall Health Continues to Grow

## Medicaid Adults with Preventive Dental Benefits Have Lower Costs for Treating Certain Chronic Conditions

Chronic Condition	Cost Reduction
Heart Attack	36%
Diabetes	36%
High Blood Pressure	31%
Stroke	52%
Cancer	67%

Source: National Association of Dental Plans; Analysis conducted by Dept. of Public Health, University of Maryland; Nov. 23, 2017  
<https://www.nadp.org/PressReleases/2017/11/23/nadp-analysis-shows-adults-with-medicaid-preventive-dental-benefits-have-lower-medical-costs-for-chronic-conditions>

## Treating Gum Disease Means Lower Annual Medical Costs



Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

Source: Jeffcoat, M., et al., "Periodontal Therapy Improves Outcomes in Systemic Conditions." Abstract, American Association of Dental Research; March 21, 2014



# Rural America Faces Significant Oral Health Provider Shortages

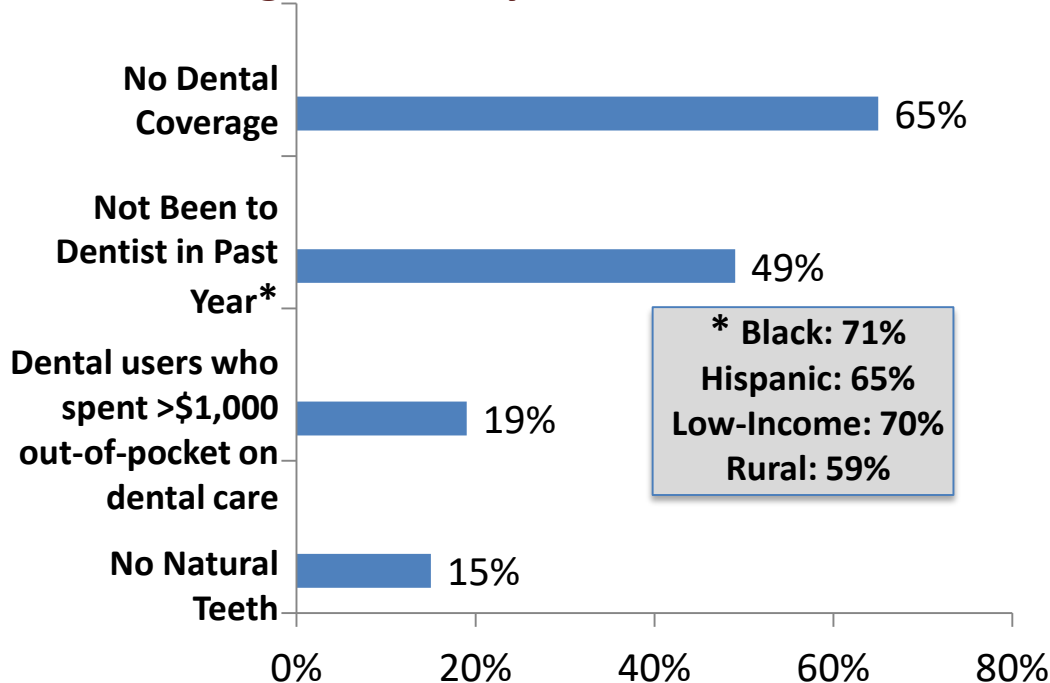
## HRSA's FY18 Third Quarter report on Dental Health Professional Shortage Areas

Rural/Non-rural Designation	Number of Designations	Percentage of All Designations	Population of Designated HPSAs	Dental Practitioners Needed to Remove Designations
Rural	3,494	59.03%	20,582,142	3,533
Non-Rural	2,047	34.58%	29,333,095	5,101
Partially Rural	374	6.32%	13,385,082	2,225
Unknown	4	0.07%	38,763	7

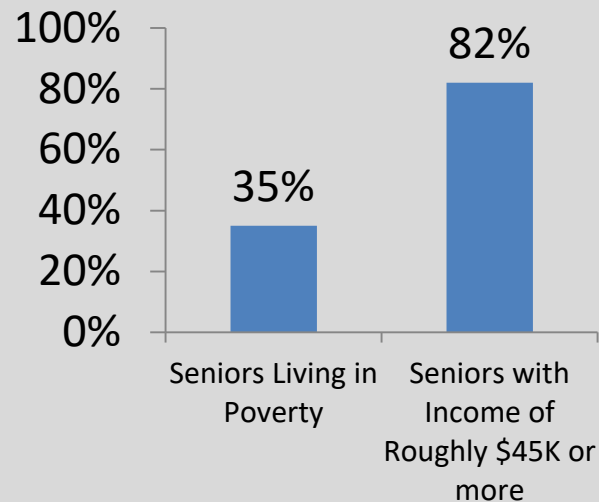


# Traditional Medicare Does Not Cover Dental Services; Disparities Seen in Access to Care

## Most People on Medicare Have No Dental Coverage, and Many Go Without Needed Care

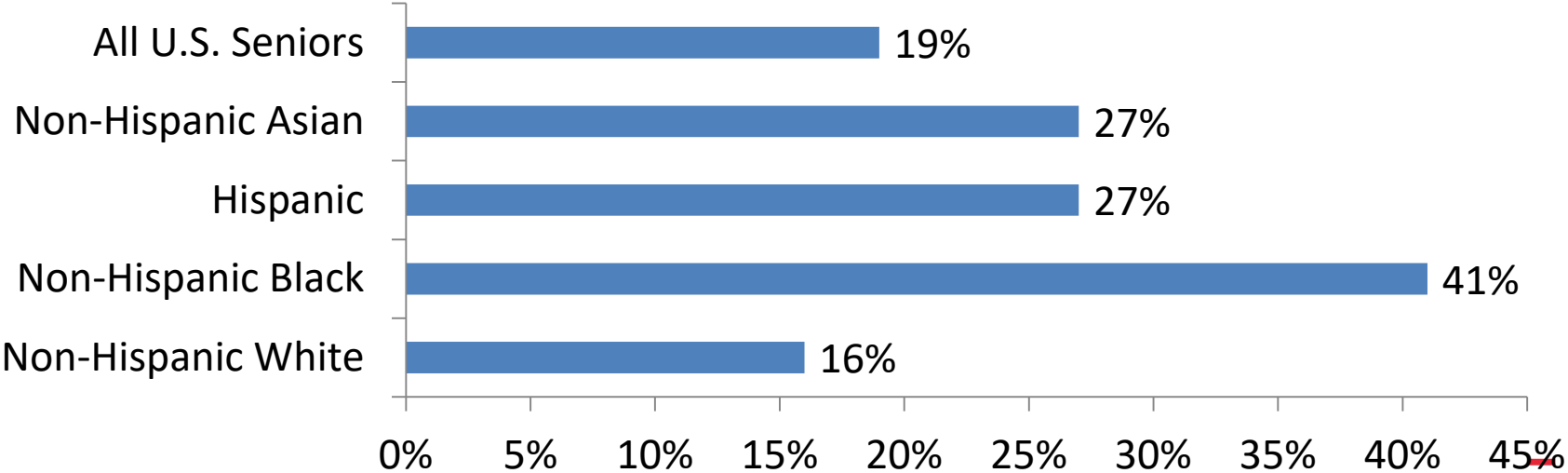


## Seniors with a Dental Visit in 2014



# Seniors of Color Are More Likely to Have Untreated Tooth Decay

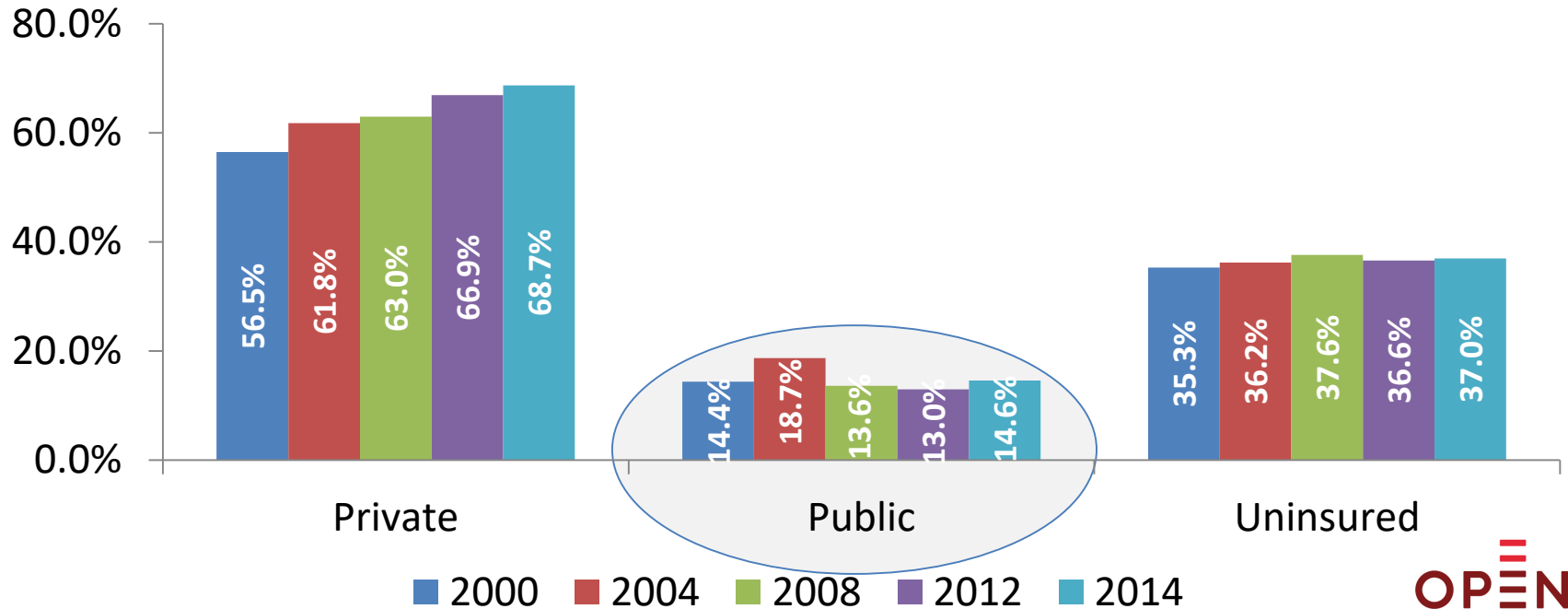
## Rates of Untreated Decay Among U.S. Adults 65 & Older (2011-2012)



SOURCE: The Pew Charitable Trusts : [https://www.pewtrusts.org/-/media/assets/2016/07/olderamericans\\_fs\\_final.pdf](https://www.pewtrusts.org/-/media/assets/2016/07/olderamericans_fs_final.pdf)

# Lack of Medicare Dental Coverage Negatively Impacts Access to Care

Percentage of *Adults Ages 65 and Older* with a Dental Visit in the Year by Dental Benefits Status, 2000-2014





# Bills Have Been Introduced in Congress to Add Dental Benefits to Medicare

Bill Number	Title	Sponsor
<a href="#"><u>S. 22</u></a>	“Medicare Dental Benefit Act of 2019”	Senator Cardin
<a href="#"><u>S. 1423</u></a>	“Medicare and Medicaid Dental, Vision and Hearing Benefit Act of 2019	Senator Casey
<a href="#"><u>H.R. 576</u></a>	“Seniors Have Eyes Ears and Teeth Act”	Rep. Roybal-Allard
<a href="#"><u>H.R. 1393</u></a>	”Medicare Dental, Vision and Hearing Benefit Act of 2019”	Rep. Doggett
<a href="#"><u>S.1129</u></a>	“Medicare for All Act of 2019”	Senator Sanders
<a href="#"><u>H.R. 1384</u></a>	“Medicare for All Act of 2019”	Rep. Jayapal

# National Network of Oral Health Advocates Continues to Evolve, Grow, and Succeed

ORAL  
HEALTH  
FOR ALL  
2020



OPEN  
Oral Health  
Progress and  
Equity Network

- Transition to “OPEN” Through 2-Year Restructuring/Rebranding Process
  - Greater emphasis on health equity and social justice
- Developing greater independence and an effective governance structure
  - 70% growth in active membership to more than 1,700 members
- Achieved, or on our way, to meeting 75% of milestones identified in 2014 (as of fall 2018)

OPEN

# OPEN: A National Network Working to Improve the Oral Health of All



- 33 statewide networks
- 37 State Primary Care Associations
- 20 “Grassroots” organizations in 6 states
- DentaQuest Partnership grantees in every state
- >1,700 users of OPEN web-based collaboration tool

**ADA** American Dental Association®  
America's leading advocate for oral health

# 2020 DESTINATIONS: MAKING OUR NATION AS HEALTHY AS IT CAN BE

Healthier mouths mean healthier people.  
And healthier people mean stronger communities.



## DESTINATION

### ERADICATE DENTAL DISEASE IN CHILDREN

**TARGET** With a closing of disparity gaps, 85% of children reach age six without a cavity.

**TARGET** 15% of Title I schools have oral health fully incorporated into their systems.



## DESTINATION

### BUILD A COMPREHENSIVE NATIONAL ORAL HEALTH MEASUREMENT SYSTEM

**TARGET** Public and private health systems and payers are aligned in oral health surveillance and measurement priorities so that data are consistently collected and readily accessible at the national, state, and local levels.



## DESTINATION

### INTEGRATE ORAL HEALTH INTO PERSON-CENTERED HEALTH HOMES

**TARGET** Oral health is integrated into at least 50% of emerging person-centered care models, through payment/coverage and health care service delivery and coordination.



## DESTINATION

### INCLUDE AN ADULT DENTAL BENEFIT IN PUBLICLY FUNDED HEALTH COVERAGE

**TARGET** Medicare includes extensive dental coverage.

**TARGET** At least 30 states have an extensive Medicaid adult dental benefit.



## DESTINATION

### IMPROVE THE PUBLIC PERCEPTION OF ORAL HEALTH, CREATING A MORE ACTIONABLE POLICY ENVIRONMENT TO ADVANCE ALL OPEN GOALS.

**TARGET** Oral health is increasingly included in health dialogue and public policy advocacy.

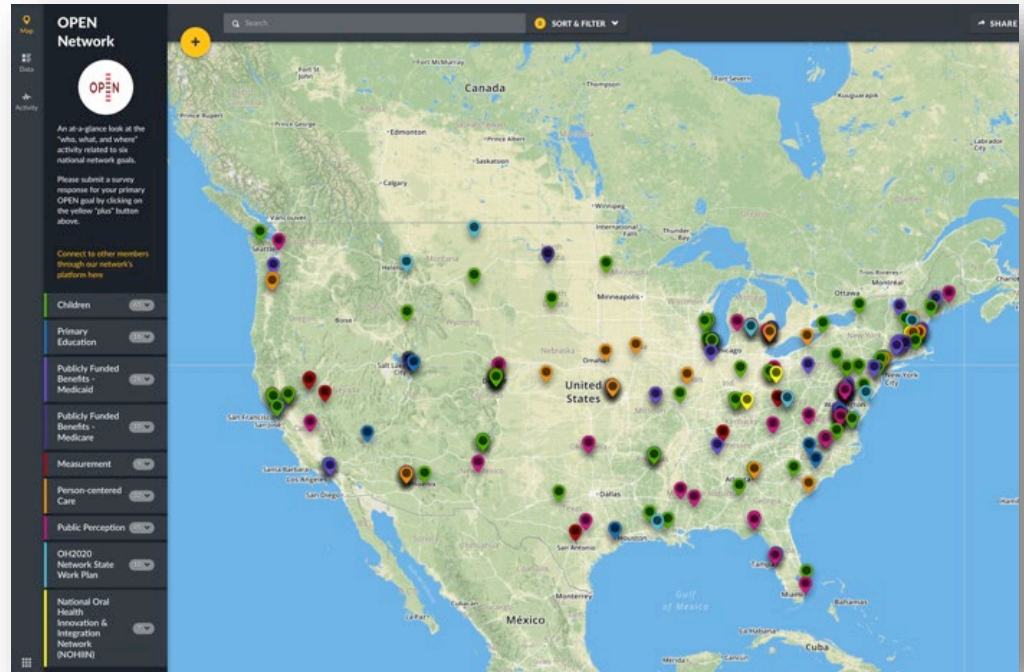
# Benefits of Partnership with OPEN

- Network spotlight/network news now
- Participation in action teams for branding, messaging, policy, data/measurement, rural, Latino, Native American and others
- Access to over 1,700 partners across the country using an e-community platform



# Virtual Roadmap

- Visit the virtual roadmap to see who is working on what efforts across the country.



# www.oralhealth.network

- Join our e-community to find resources, make connections with members, and participate in forums.

The screenshot shows the homepage of the Oral Health Progress and Equity Network (OPEN). The top navigation bar includes links for "Login" and "Request Login". The main header features the OPEN logo and the text "Oral Health Progress and Equity Network". Below the header is a dark red navigation bar with "Home" and "About Us" links. The main content area has a welcome message: "Welcome to Socious! The Oral Health Progress and Equity Network Community Platform". To the right of this message are three red buttons: "Our Core Values", "Goals & Targets", and "Our Approach". Below the welcome message is a photograph of four people (three women and one man) engaged in conversation at a social event.

# *Thank You!*

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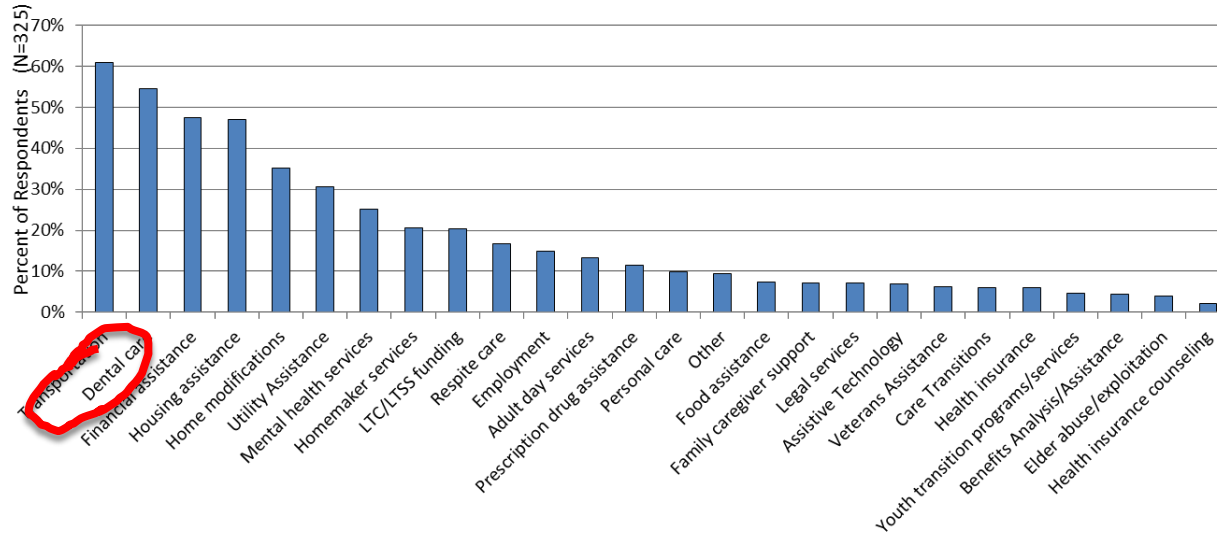


# ORAL HEALTH FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

Damon Terzaghi  
Senior Director  
NASUAD  
August 27, 2019

# 2015 NASUAD I&R Survey Highlights: Most frequent unmet service needs

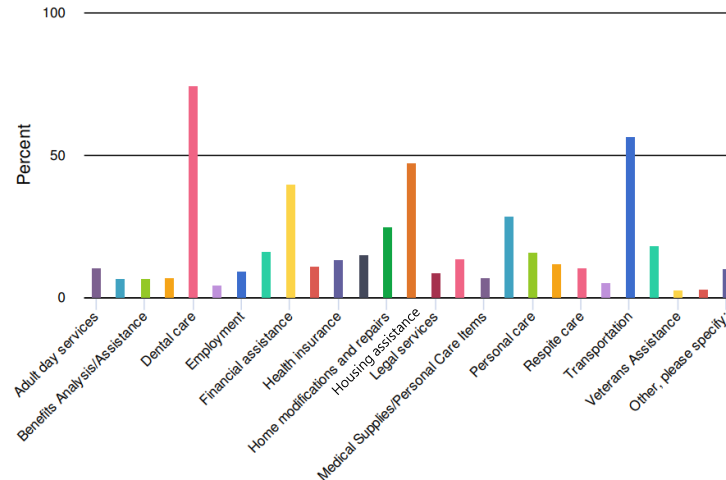
### Most Frequent Unmet Service Needs



# Findings from July 2017 Oral Health Survey of I&R/A Programs

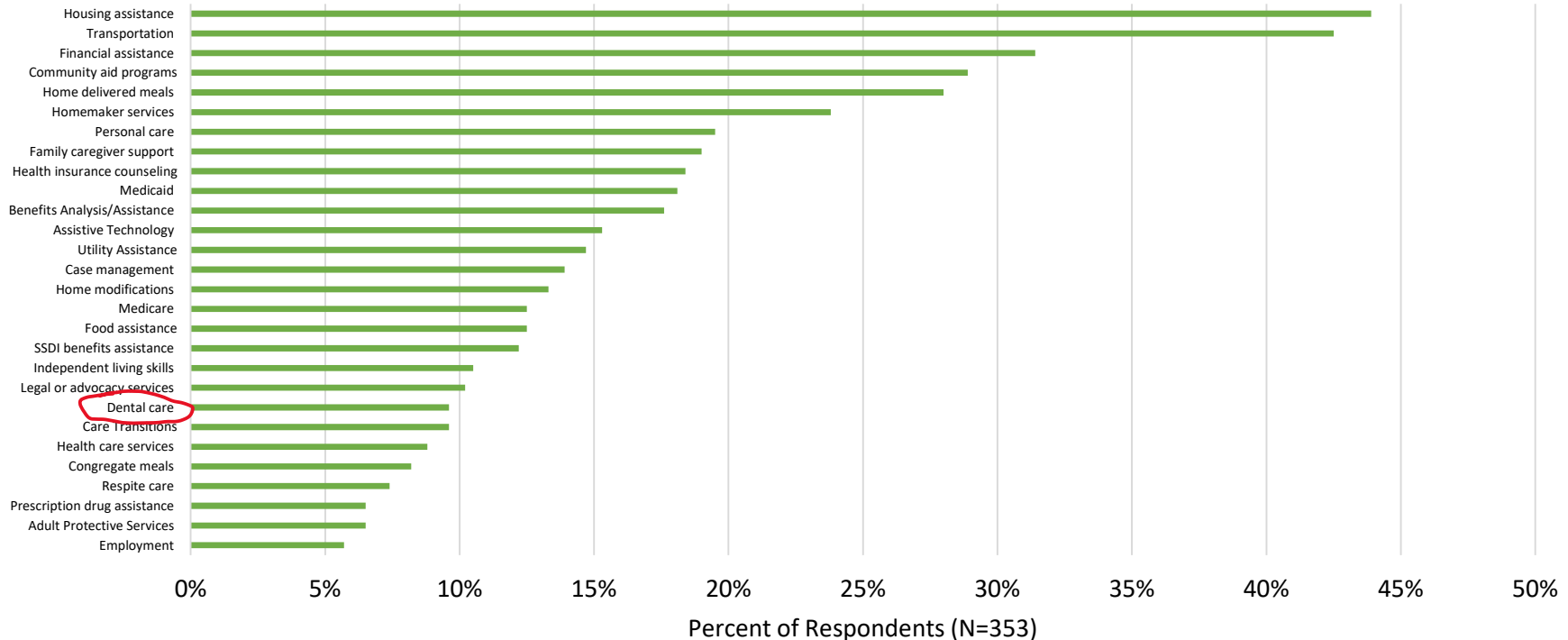
■ In 2017, NASUAD fielded another survey to learn more about the unmet needs that I&R professionals saw in their communities.

Most Frequent Unmet Service Needs As Identified by I&R/A Specialists (July 2017):



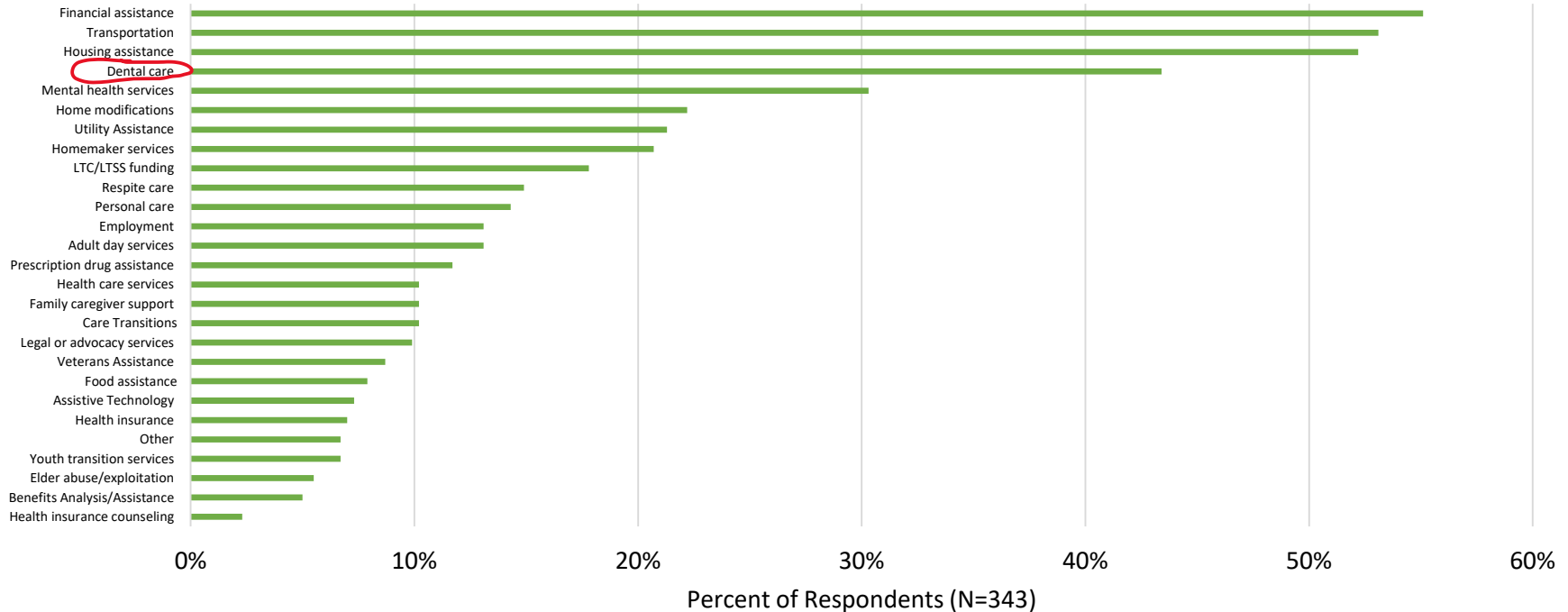
# 2019 I&R Report Demonstrates a Continued Trend

### Most Frequently Requested Services

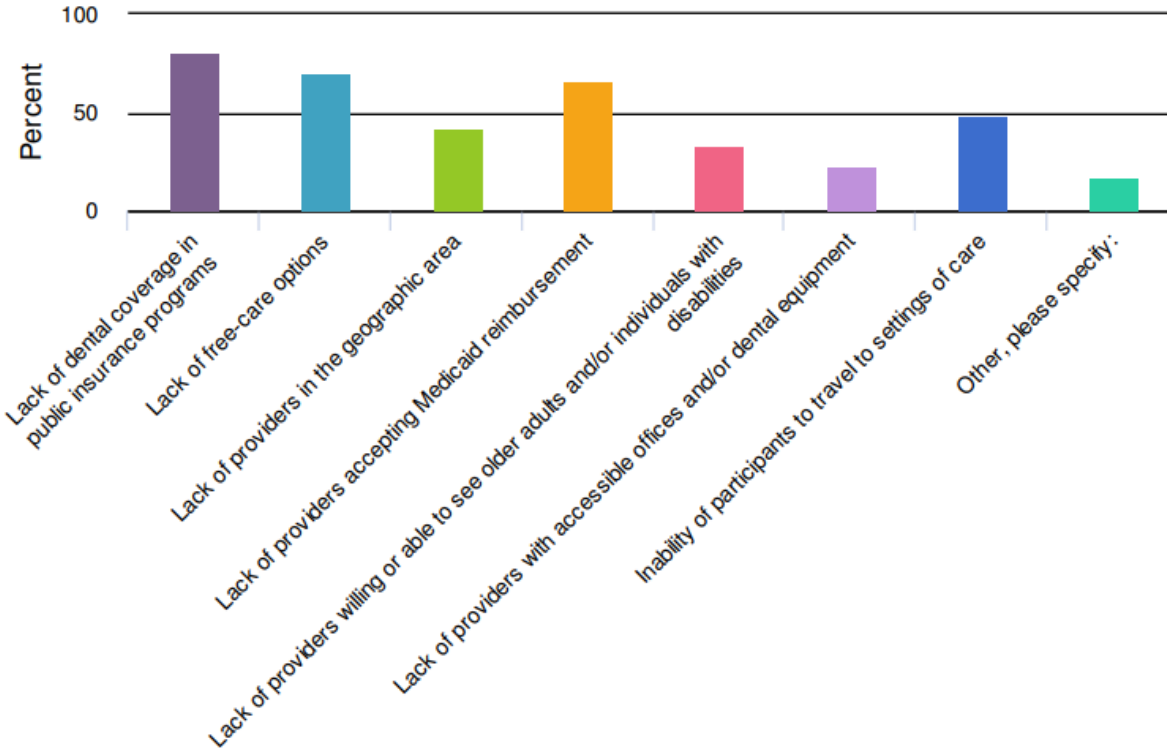


# 2019 I&R Report Demonstrates a Continued Trend

## Most Frequent Unmet Service Needs



# Factors that Contribute to Dental Services being an Unmet Need As Identified by I&R/A Specialists



# 2019 NCI-AD Consumer Survey Shows Similar Trends



39

- NASUAD's NCI-AD initiative is a consumer-focused survey that looks at participant experience in publicly-funded aging and disability programs from a systems-level;
- Goal of NCI-AD is to measure:
  - The quality of publicly funded LTSS; and
  - The outcomes experienced by service recipients.
- The 2017-2018 national report, due out in September, covered 16 states and captured important information and context about participants' access to oral health services.

## Percent of participants with a routine dental visit in the past year

State	Overall		HCBS only								NFs only
	Overall	Total N (observed)	Overall – HCBS only	PACE	MLTSS HCBS	Combined Medicaid	Aging Medicaid	PD Medicaid	BI Medicaid	OAA	NFs
NE	62%	627	55%	n/a	n/a	55%	n/a	n/a	n/a*	n/a	69%
NJ	55%	774	53%	69%	52%	n/a	n/a	n/a	n/a	n/a	59%
WI	51%	2159	50%	69%	51%	46%	n/a	n/a	n/a	n/a	57%
MN	49%	3571	49%	n/a	45%	48%	43%	67%	86%	n/a	n/a
TX	48%	1759	48%	64%	47%	n/a	n/a	n/a	n/a	n/a	n/a
CO	44%	971	44%	n/a	n/a	45%	n/a	n/a	n/a	39%	n/a
OR	42%	620	42%	77%	n/a	43%	n/a	n/a	n/a	28%	45%
VT	39%	397	39%	n/a	n/a	37%	n/a	n/a	n/a*	n/a	n/a
KS	36%	404	36%	n/a*	34%	n/a	n/a	n/a	n/a	42%	n/a
IN	36%	1276	36%	n/a	n/a	37%	n/a	n/a	n/a	35%	35%
DE	34%	629	30%	n/a	30%	n/a	n/a	n/a	n/a	n/a	41%
TN	33%	777	25%	n/a	25%	n/a	n/a	n/a	n/a	n/a	40%
OH	29%	846	29%	n/a	34%	35%	22%	n/a	n/a	n/a	n/a
MS	23%	410	23%	n/a	n/a	22%	n/a	29%	26%**	n/a	n/a
NV	21%	400	21%	n/a	n/a	n/a	19%	31%	n/a	n/a	n/a
GA	20%	718	20%	n/a	n/a	n/a	n/a	n/a	n/a	20%	n/a
NCI-AD average	41%	16338	41%	68%	43%	40%	32%	53%	43%	32%	46%



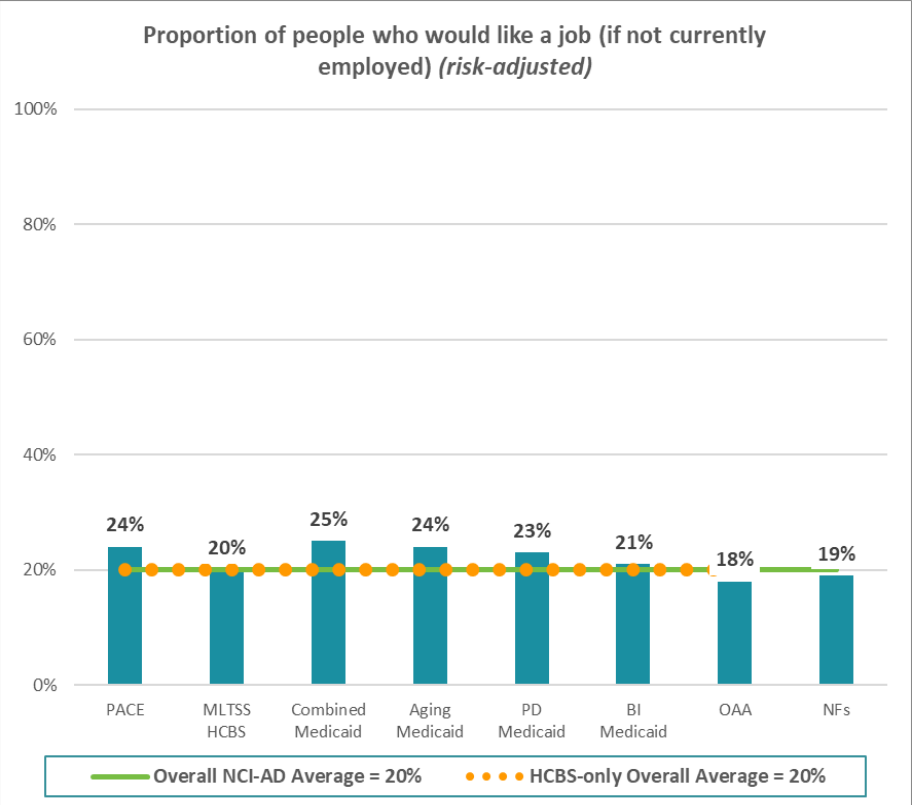
# ...in other words

- 41% of surveyed participants across the 16 states had visited the dentist for a routine visit in the past year:
  - ▣ Ranging from 20% in Georgia to 62% in Nebraska;
- Participants in PACE plans (Program of All-inclusive Care for the Elderly for Dual Eligibles) were most likely to report having a visit (68%) whereas individuals receiving OAA services were least likely (32%);
- As noted in prior NCI-AD surveys, nursing home residents (46%) were more likely to report a dental visit than individuals in HCBS programs (41%).

## Additional services that might help meet people's needs and goals

State	N (observed)	Health care	Mental health care	Dental care	Housing assistance	Heating/ cooling assistance	Hospice
CO	632	6%	8%	16%	19%	11%	1%
DE	386	4%	6%	46%	13%	9%	6%
GA	453	6%	0%	23%	13%	14%	2%
IN	669	3%	2%	8%	8%	10%	1%
KS	183	4%	2%	19%	7%	8%	0%
MN	1673	4%	4%	11%	21%	14%	2%
MS	156	6%	0%	27%	24%	8%	0%
NE	377	3%	8%	16%	18%	15%	11%
NJ	360	4%	3%	14%	15%	5%	1%
NV	112	3%	3%	16%	9%	2%	3%
OH	318	2%	2%	13%	16%	14%	1%
OR	347	14%	6%	14%	18%	13%	3%
TN	373	4%	2%	17%	10%	4%	0%
TX	1038	4%	5%	13%	16%	8%	1%
VT	275	6%	3%	12%	15%	8%	1%
WI	1125	7%	11%	17%	21%	12%	4%
<b>NCI-AD Average</b>	8477	5%	5%	15%	16%	11%	2%

# Employment is an Important Component of Services/Supports



# ...and Don't forget Medicare!

- Medicare is the primary source of health insurance for most senior citizens;
- The absence of a Medicare dental benefit is detrimental to the overall health of seniors and people with disabilities;
- NASUAD's board voted to endorse adding a Medicare oral health benefit to our association's policy priorities in 2013
  - ▣ NASUAD membership reaffirmed the policy platform, including this provision, in 2015

# So...what does this all mean?

- We know that:
  - Older adults and people with disabilities have disproportionate barriers when seeking oral health services, which can be due to a variety of factors;
  - Oral health is essential to overall health and wellness;
  - Employment is an increasing area of demand for participants and there are key links between oral health and employability;
  - Much of the conversation about SDOH is actually a conversation about *poverty*.
- Therefore:
  - It is incumbent upon us to focus our efforts on health equity and on improving the overall health and wellbeing of older adults and people with disabilities.



For additional information:

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