

Healthy People 2020: Who's Leading the Leading Health Indicators?



Don Wright, M.D., M.P.H. Deputy Assistant Secretary for Health Promotion and Disease Prevention





“Who’s Leading the Leading Health Indicators?”

- Eighth installment of the monthly series, “Who’s Leading the Leading Health Indicators?”
- Highlight organizations using evidence-based approaches to address one of the Healthy People 2020 Leading Health Indicator (LHI) topics.



Webinar Participants

- **Don Wright, M.D., M.P.H.**

HHS Deputy Assistant Secretary for Disease Prevention and Health Promotion

- **Howard K. Koh, M.D., M.P.H.**

HHS Assistant Secretary for Health

- **Harry Goodman, D.D.S.**

Director, Office of Oral Health

Maryland Department of Health and Mental Hygiene

- **Panelists:**

- RADM William Bailey, D.D.S., M.P.H.

- Jane Casper, R.D.H., M.A.

- Daphene Altema-Johnson, M.B.A., M.P.H.



What are the Leading Health Indicators (LHIs)?

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.

Howard K. Koh, M.D., M.P.H. Assistant Secretary for Health





Impact & Context: Oral Health

- Access and Prevention
- Tooth decay among children
- Health disparities





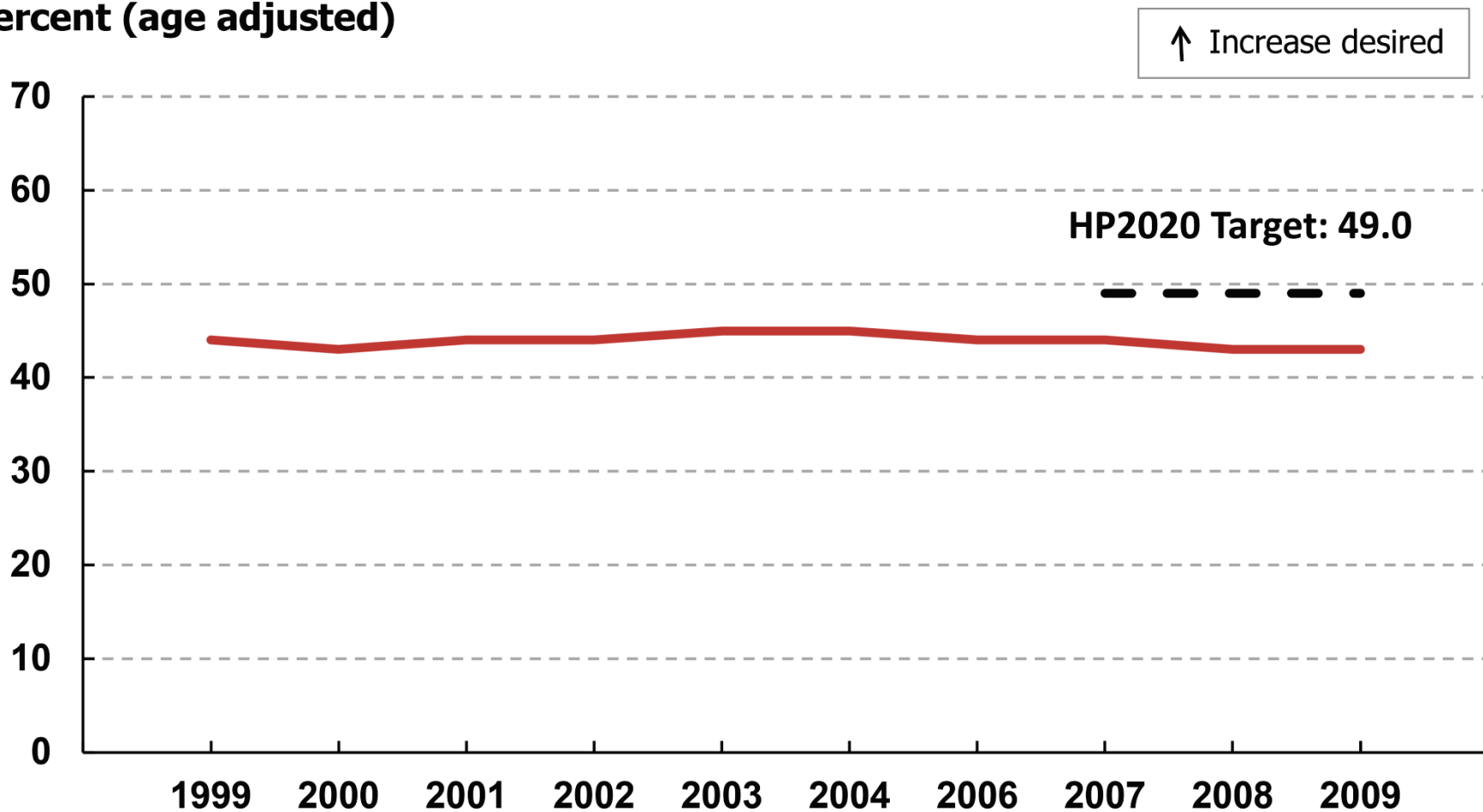
Leading Health Indicators: Oral Health

- **Indicators for oral health:**
 - Persons aged 2 years and older who used the oral health care system in the past 12 months (OH-7)



Dental Visit in the Past Year: 2 Years and Over, 1999-2009

Percent (age adjusted)

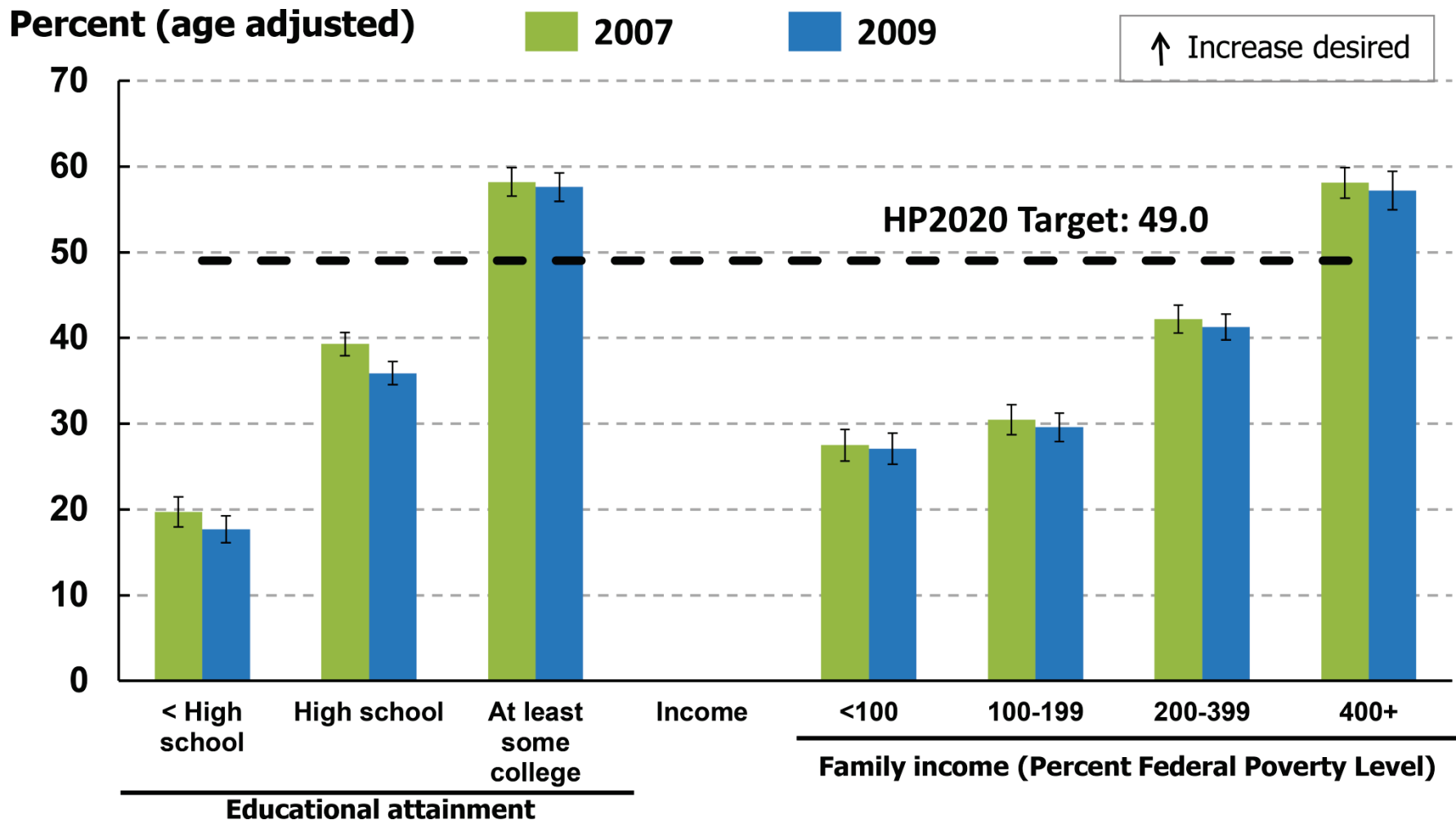


Note: Persons aged 2 years or over reporting a dental visit in the past 12 months.

Data are age-adjusted to the 2000 standard population.

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

Dental Visit in the Past Year: 2 Years and Over by Education and Income, 2007 and 2009

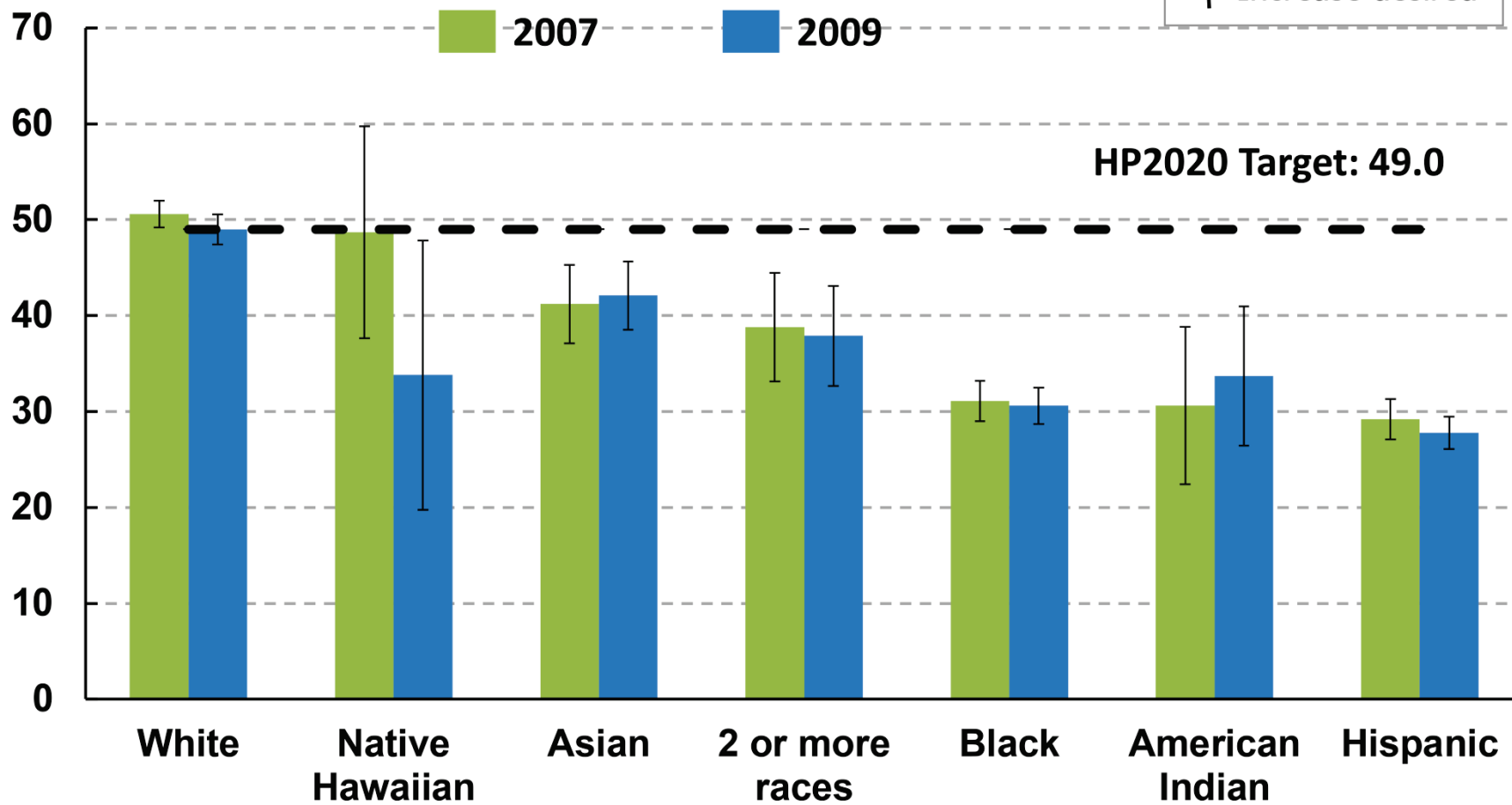


Note: I= 95% confidence interval. Persons aged 2 years or over reporting a dental visit in the past 12 months. Educational attainment data are for persons aged 25 years and over. Data are age-adjusted to the 2000 standard population.

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

Dental Visit in the Past Year: 2 Years and Over by Race and Ethnicity, 2007 and 2009

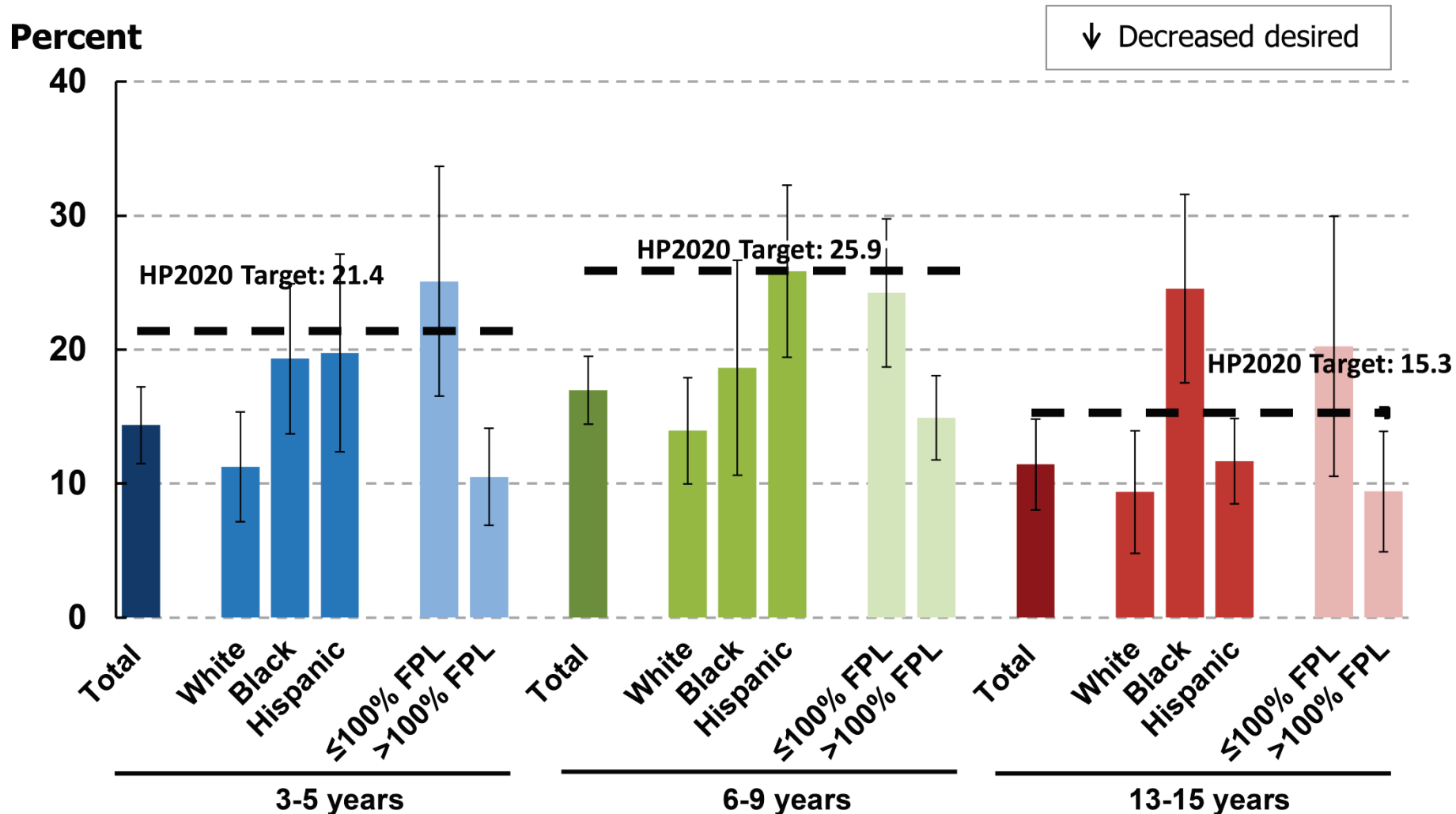
Percent (age adjusted)



Note: I= 95% confidence interval. Persons aged 2 years or over reporting a dental visit in the past 12 months. American Indian includes Alaska Native. Native Hawaiian includes Other Pacific Islanders. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Single race categories 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).

Untreated Dental Decay: Children and Teens by Race/Ethnicity and Income, 2009-2010



Note: I= 95% confidence interval. Data are for coronal caries observed in at least one primary tooth (3-5 yrs), primary or permanent tooth (6-9 yrs), and permanent tooth (13-15 yrs). Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Single race categories are for persons who reported only one racial group. Data for families living at or below the Federal Poverty Level are labeled ≤100% FPL and those above are labeled >100% FPL.

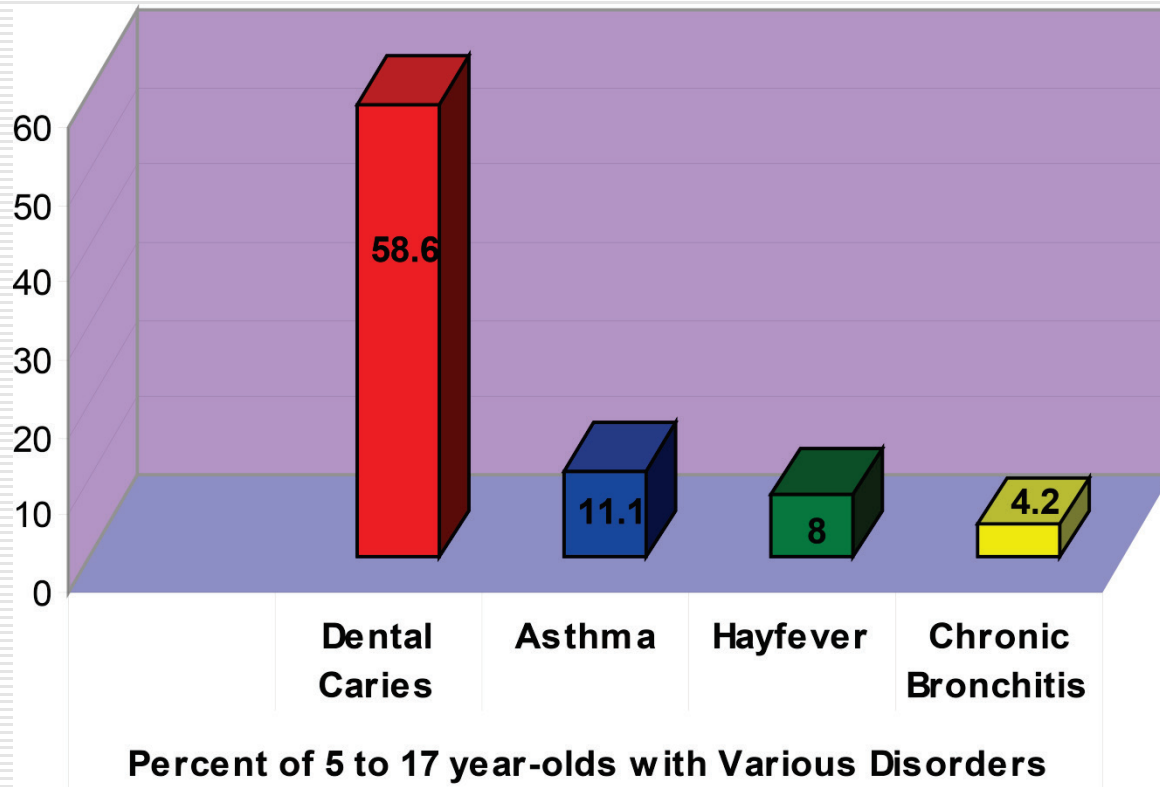
Source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Obj. OH-2.1 – 2.3

Maryland Oral Health Reforms: Progress in the Face of Tragedy

Dr. Harry Goodman
Director, Maryland Office of Oral Health

Importance of Oral Health



Dental Caries in a 3-year old



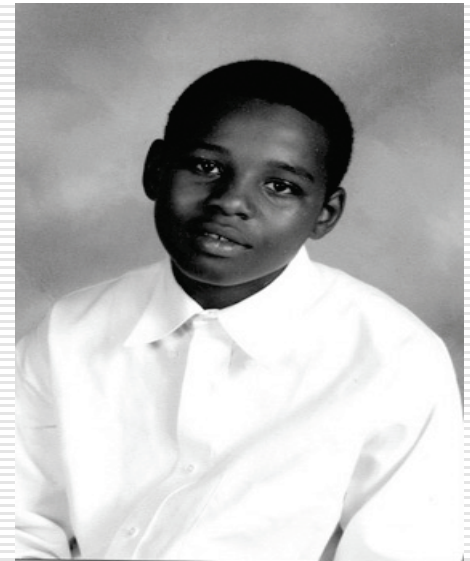
Impact of Oral Health in Maryland

- ❑ Oral disease in children can impact somatic, psychological and social health - affects their ability to concentrate and learn
- ❑ 31% of Maryland children in Kindergarten and 3rd grade with tooth decay
- ❑ 27% of Maryland children in K and 3rd grade with at least 1 dental sealant
- ❑ Disparities by race, ethnicity and geographic region
- ❑ Designated Dental Health Professional Shortage Areas throughout Maryland



The Tragedy: Death of Deamonte Driver

- ❑ 12-year Maryland boy from DC suburbs who died from untreated dental infection
- ❑ He wasn't complaining; no one was looking
- ❑ Untreated dental infection resulted in 2 brain surgeries, seizures, 1 tooth extracted, and 6 weeks in a hospital at a cost of \$250,000
- ❑ Lacked access to education, prevention and treatment services



The Progress: Dental Action Committee (DAC): Oral Health Access Reforms in the Face of Tragedy

- ❑ February 2007 – Death of Deamonte Driver
- ❑ June 2007 – DAC convened by State Health Secretary
- ❑ September 2007 – DAC report
 - 7 primary recommendations
- ❑ October 2007 – All DAC recommendations supported by DHMH Secretary and Governor
- ❑ April 2008 - Governor's DAC budget initiatives and other DAC-related legislation passed and signed into law



Toward Dental Homes: Reforming the Dental System



- ❑ Medicaid dental reforms
 - Single administrator for Medicaid program
 - Increased dental reimbursements
 - Eased dental provider credentialing and application processes
 - Instituted “user-friendly system”
 - ❑ Enhancing the dental public health safety net
 - ❑ Creating public health dental hygienist category
 - ❑ Piloting an oral health school screening program
-



Toward Dental Homes: Engaging Providers and Consumers

- ❑ “Healthy Teeth, Healthy Kids” oral health literacy media campaign for targeted low-income families of children 0-6 and pregnant women
(<http://www.healthyteethhealthykids.org>)
 - ❑ Maryland Mouths Matter fluoride varnish/training program for certified EPSDT Medicaid medical providers
 - Medicaid reimbursement for fluoride varnish
 - Provide oral health risk assessment
 - Educate caregivers on proper oral health practices
 - Refer high risk children to a dentist
 - ❑ Train general dentists in clinical pediatric dentistry
-

Dental System Expansion and Outcomes

- ❑ 64% of Medicaid children (214,265 children) receiving dental services in 2010 vs. 54% (149,673) in 2008 and 44% (117,532) in 2006
 - ❑ 1,190 Medicaid dentists in 2011 vs. 649 in 2009
 - ❑ 489 pediatricians, family physicians and nurse practitioners trained - over 60,000 fluoride varnish applications
 - ❑ Residents in all 24 Maryland counties now have access to a public health dental program
 - 5 new county public health dental clinics established
 - ❑ Oral Health Literacy Campaign – tv, radio, social media, website, hotline, and distribution of kits and brochures
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Key to Success: Partnerships

- Galvanizing event coalesced network and plans already in place
 - Recognize and acknowledge current “sense of urgency”
 - Create a community with commitment to a common goal
 - Overcome rivalries and develop trust
 - Information exchange
 - Pool political capital
 - Catalyze efforts through many networks in multiple sectors across Maryland
-

From Committee to Coalition

- Conversion from government charged Committee (DAC) to an independent Maryland Dental Action Coalition (MDAC)
 - Focus on policy, education, and prevention
 - Independent voice for oral health representing many constituencies
 - Continued collaboration with the Office of Oral Health
 - Carrying messages for the oral health literacy campaign
 - Developed 5-Year Maryland Oral Health Plan
 - Sponsored Maryland Oral Health Summit
 - Important to establish early successes to gain credibility
 - Pick off “low hanging fruit”
 - Do not get entangled in controversial issues
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Progress and Recognition



- ❑ Maryland's "A" on the Pew Center Report Card
 - ❑ CMS highlighting Maryland in its report on best practices in increasing Medicaid dental service utilization
 - ❑ But much more needs to be done...
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Future Directions

- ❑ Maintaining current momentum
- ❑ Implementing the state oral health plan
- ❑ Expanding statewide prevention programs
- ❑ Countering anti-fluoridation efforts
- ❑ Providing a dental home for all Marylanders including adults
- ❑ Oral health services within the state Health Benefit Exchange (ACA)
- ❑ Integration of oral health with overall health system services
- ❑ Extending Oral Health Literacy Campaign



But Together – We Can Continue Our Progress!

Still Awake?



(my always inspired boys)

Thank You

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Roundtable Discussion

Please take a moment to fill out our brief survey.





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