

Progress Review Webinar: Access to Health Services and Oral Health

June 13, 2017



Maximizing Access: Connecting Health Care and Oral Health Care

Don Wright, MD, MPH

Acting Assistant Secretary for Health

U.S. Department of Health and Human Services



Chair

- *Don Wright*, MD, MPH, Acting Assistant Secretary for Health, HHS

Presentations

- *Charles Rothwell*, MBA, MS, Director, National Center for Health Statistics, CDC
- *Arlene Bierman*, MD, MS, Director, Center for Evidence and Practice Improvement, AHRQ
- *Renée Joskow*, DDS, MPH, Chief Dental Officer, HRSA
- *Casey Hannan*, MPH, Director (Acting), Division of Oral Health, CDC
- *Martha Somerman*, DDS, PhD, Director, National Institute of Dental and Craniofacial Research, NIH
- *Christopher Halliday*, DDS, MPH, Deputy Director, Division of Oral Health, IHS

Community Highlight

- *Greg Nycz*, Director, Family Health Center of Marshfield, Marshfield, Wisconsin

Healthy People at the Forefront of Public Health



HEALTHY PEOPLE
The Surgeon General's Report on
Public Health and Disease Prevention



1979



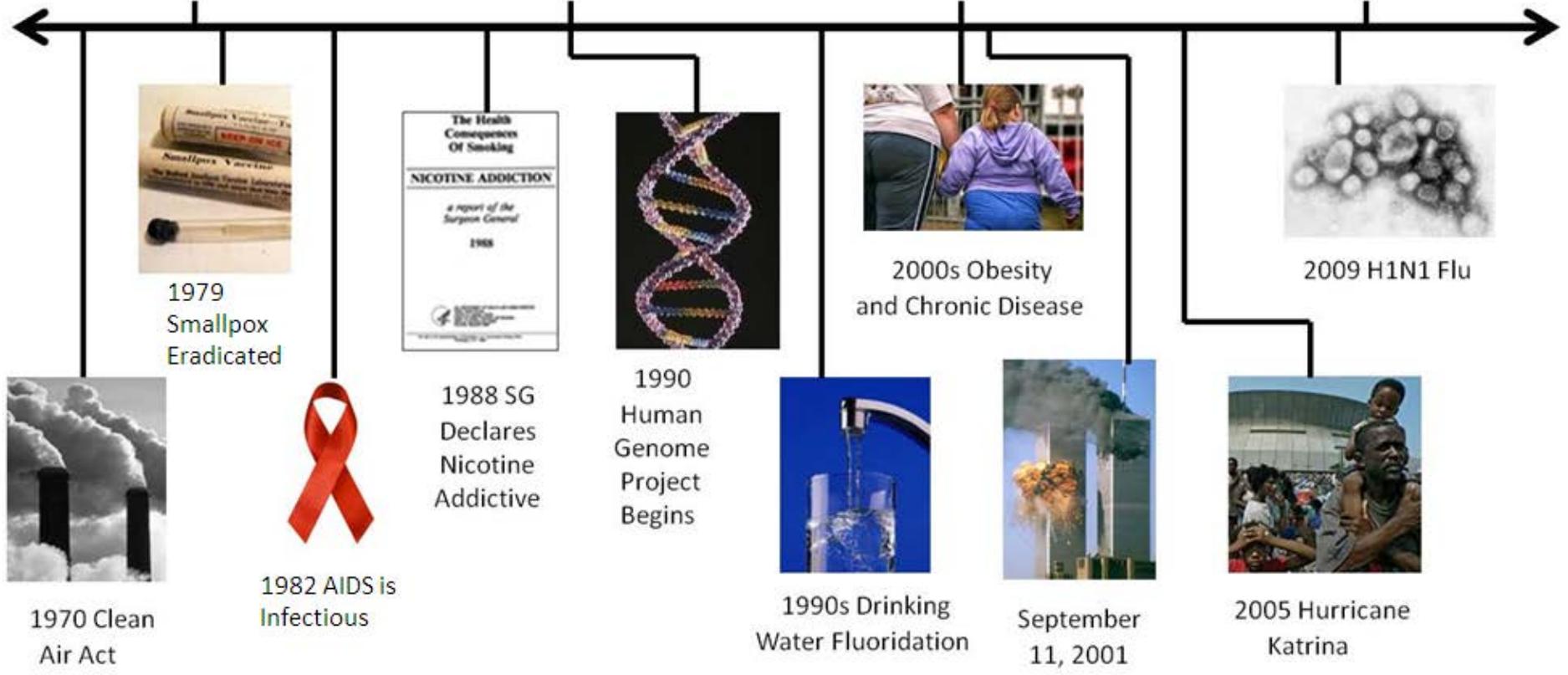
1990



2000



2010



Evolution of Healthy People

Target Year	1990	2000	2010	2020
Overarching Goals	 <ul style="list-style-type: none"> • Decrease mortality: infants–adults • Increase independence among older adults 	 <ul style="list-style-type: none"> • Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all 	 <ul style="list-style-type: none"> • Increase quality and years of healthy life • Eliminate health disparities 	 <ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	42
# Objectives/Measures	226	312	1,000	~1,200

- The National Academy of Medicine (formerly IOM) defines access to health services as the timely use of personal health services to achieve the best health outcomes.
- Access to health care impacts overall physical, social, oral, and mental health status and quality of life.
- Access to health services requires:
 - Gaining entry into the health care system
 - Accessing a health care location where needed services are provided
 - Finding a trusted health care provider with whom the patient can communicate

SOURCE: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>



Access to Health Services in the United States

- Barriers to access to health services include:
 - High cost of care
 - Inadequate or no insurance coverage
 - Lack of availability of services
 - Lack of culturally competent care
- Barriers to accessing health services lead to:
 - Unmet health needs
 - Delays in receiving appropriate care
 - Inability to get preventive services
 - Preventable hospitalizations
 - Financial burdens



- Having a usual primary care provider is associated with:
 - Greater patient trust in the provider
 - Good patient-provider communication
 - Increased likelihood that patients will receive appropriate care
- People with a usual source of care have:
 - Better health outcomes
 - Fewer disparities
 - Lower total health care costs
- *For studies supporting the benefits of access to care, see:*
<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

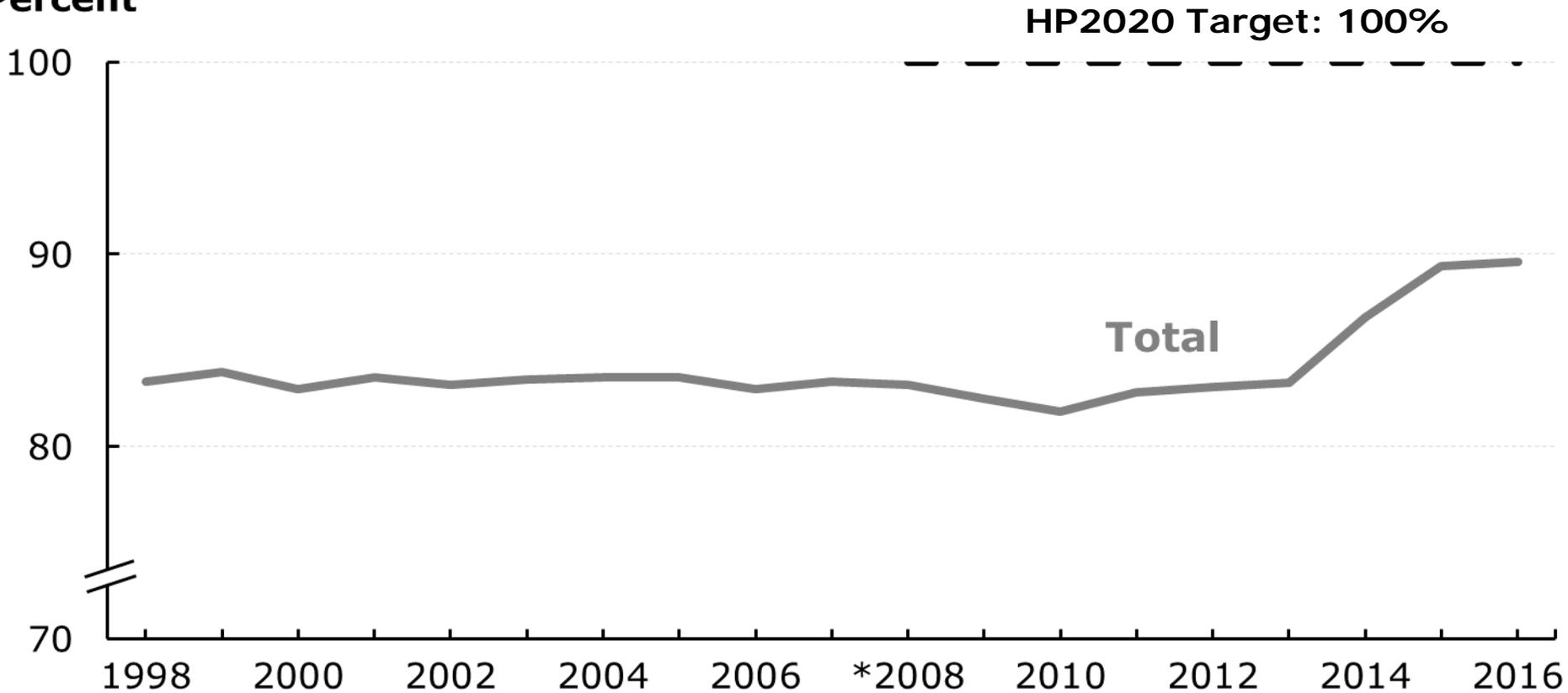
SOURCE:



Medical Insurance Coverage, Persons <65 Years



Percent



NOTES: *2008 = HP2020 baseline. Data are for persons under age 65 years who report coverage by public and private health insurance. 2016 data are preliminary.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AHS-1.1
Increase desired

- Oral health is essential to overall health.
- Good oral health improves a person's ability to:
 - Speak
 - Smile
 - Smell
 - Taste
 - Touch
 - Chew
 - Swallow
 - Make facial expressions



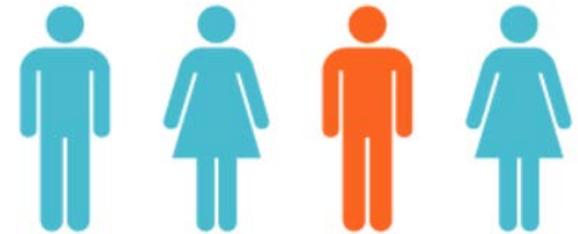
SOURCE: [https://https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health](https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health)

- Good oral health self-care practices:
 - brushing with fluoride toothpaste
 - daily flossing
 - professional treatment
- Health behaviors that can lead to poor oral health include:
 - Tobacco use
 - Excessive alcohol use
 - Poor diet



SOURCE: [https://https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health](https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health)

- Oral diseases cause pain and disability for millions of Americans each year.
- Oral infections are associated with:
 - Diabetes
 - Heart disease
 - Stroke
 - Premature births
 - Low birth weights
- Dental caries (cavities) are preventable but are one of the most common chronic health problems of childhood in the United States.
- More than 90% of U.S. adults experienced dental caries, and 1 in 4 currently has untreated dental decay.

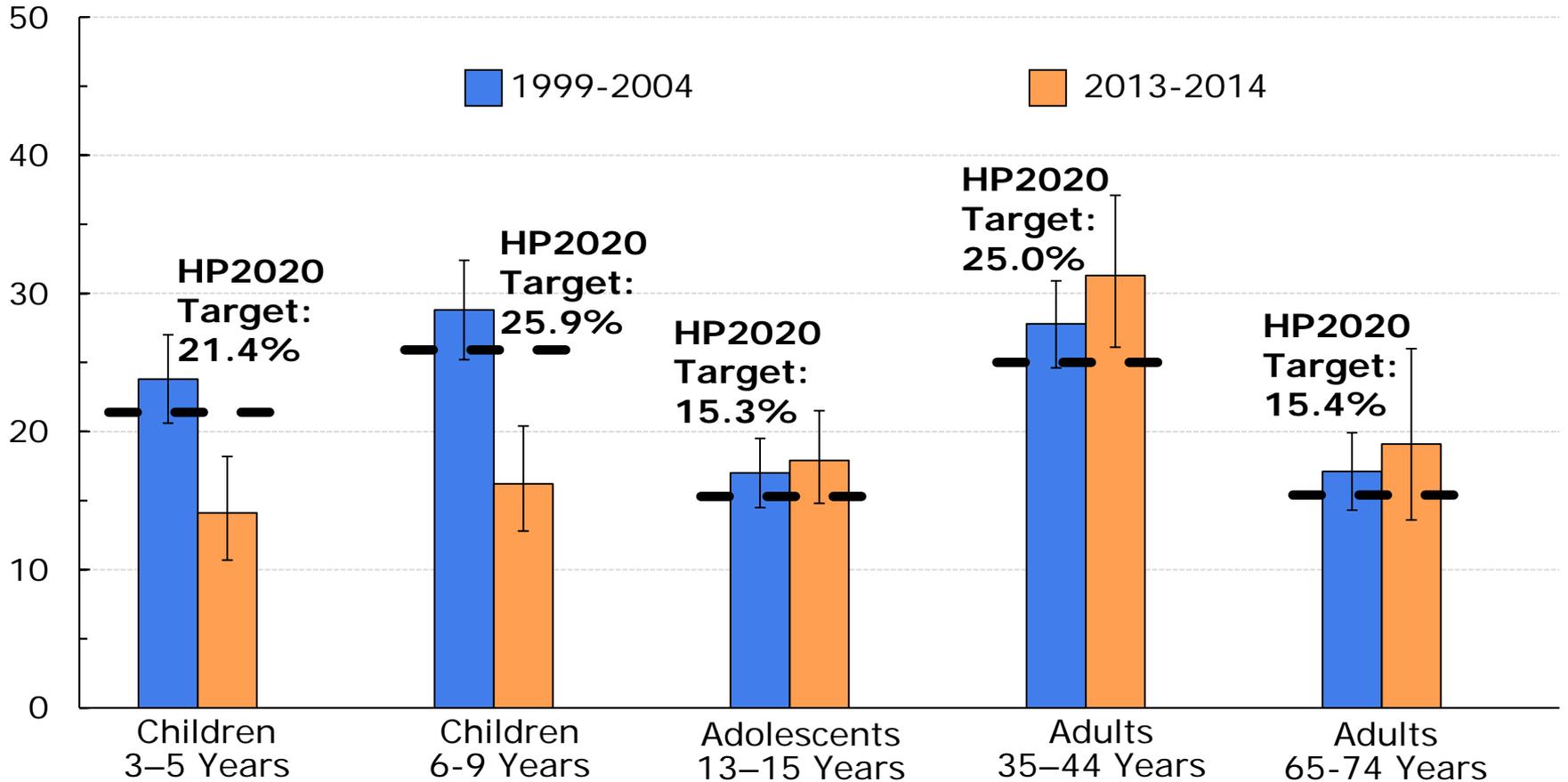


SOURCES: <https://www.cdc.gov/chronicdisease/pdf/aag-oral-health.pdf>

Untreated Dental Decay, by Age



Percent



NOTES: I = 95% confidence interval. Data are for children aged 3-5 with untreated dental decay in their primary teeth, children aged 6 to 9 years with untreated dental decay in their primary or permanent teeth, and adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth.

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

Obj. OH-2.1-3.2
Decrease desired

Healthy People 2020 Progress Review

Maximizing Access: Connecting Primary Care and Oral Health

June 13, 2017



Office of Disease Prevention and Health Promotion



Charles Rothwell, MBA, MS
Director, National Center for Health Statistics
Centers for Disease Control and Prevention



Presentation Overview



- Tracking the Nation's Progress
- Access to Health Services
- Oral Health

- 17 Measurable HP2020 Access to Health Services Objectives:
 - 4 Target met
 - 5 Improving
 - 7 Little or no detectable change
 - 1 Getting worse

- 33 Measurable HP2020 Oral Health Objectives:
 - 15 Target met
 - 3 Improving
 - 10 Little or no detectable change
 - 5 Baseline data only

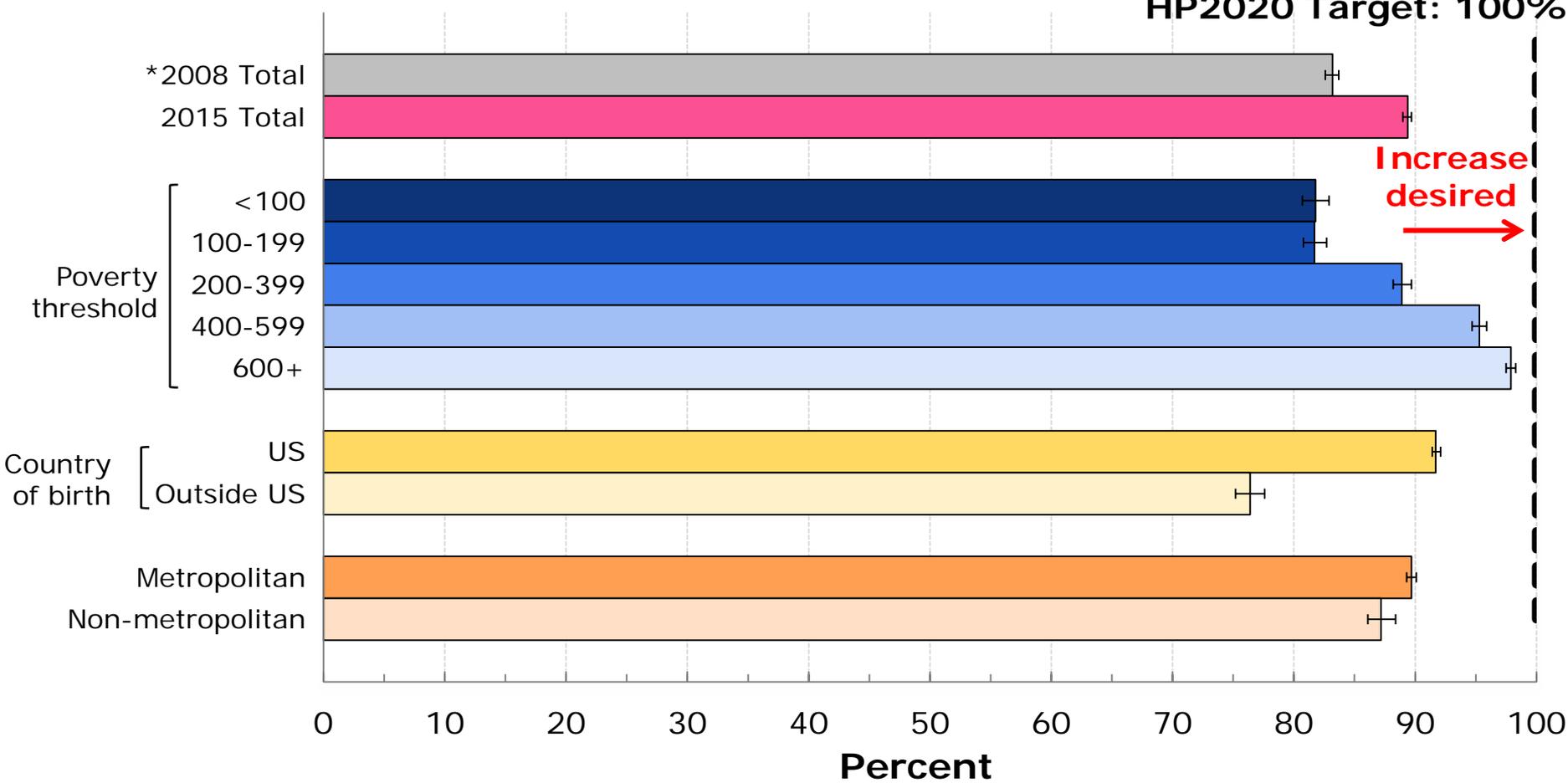
NOTES: Measurable objectives are defined as having at least one data point currently available, or a baseline, and anticipate additional data points throughout the decade to track progress. The Access to Health Services Topic Area contains 2 developmental objectives.

- Tracking the Nation's Progress
- Access to Health Services
 - Medical Insurance
 - Usual Source of Medical Care
 - Delay in Obtaining or Inability to Obtain Needed Dental Care
- Oral Health

Medical Insurance Coverage, Persons <65 Years, 2015



HP2020 Target: 100%



Increase desired →

NOTES: — = 95% confidence interval. *2008 Total = HP2020 baseline. Data are for persons under age 65 years who report coverage by public and private health insurance.

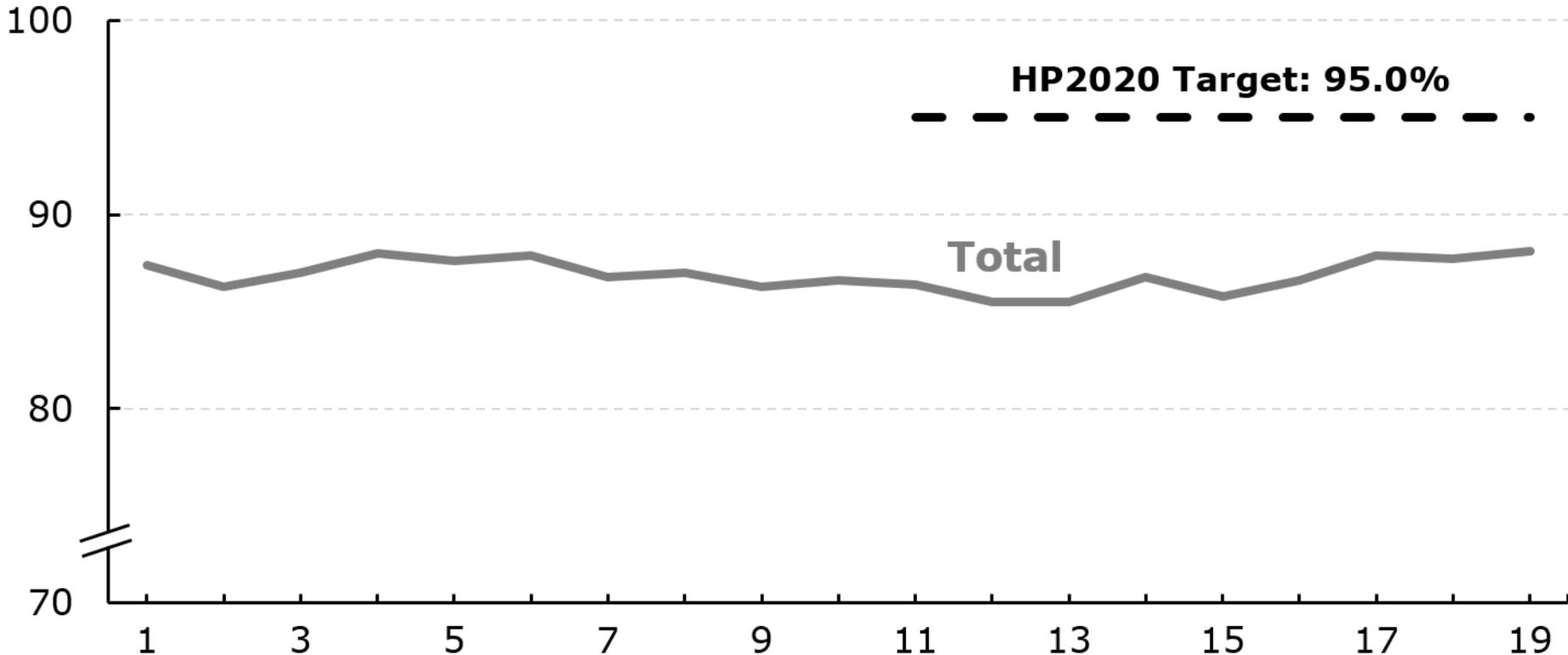
SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AHS-1.1

Usual Source of Medical Care



Percent



NOTES: *2008 = HP2020 baseline. Data are for persons of all ages who report having a specific source of primary care. 2016 data are preliminary.

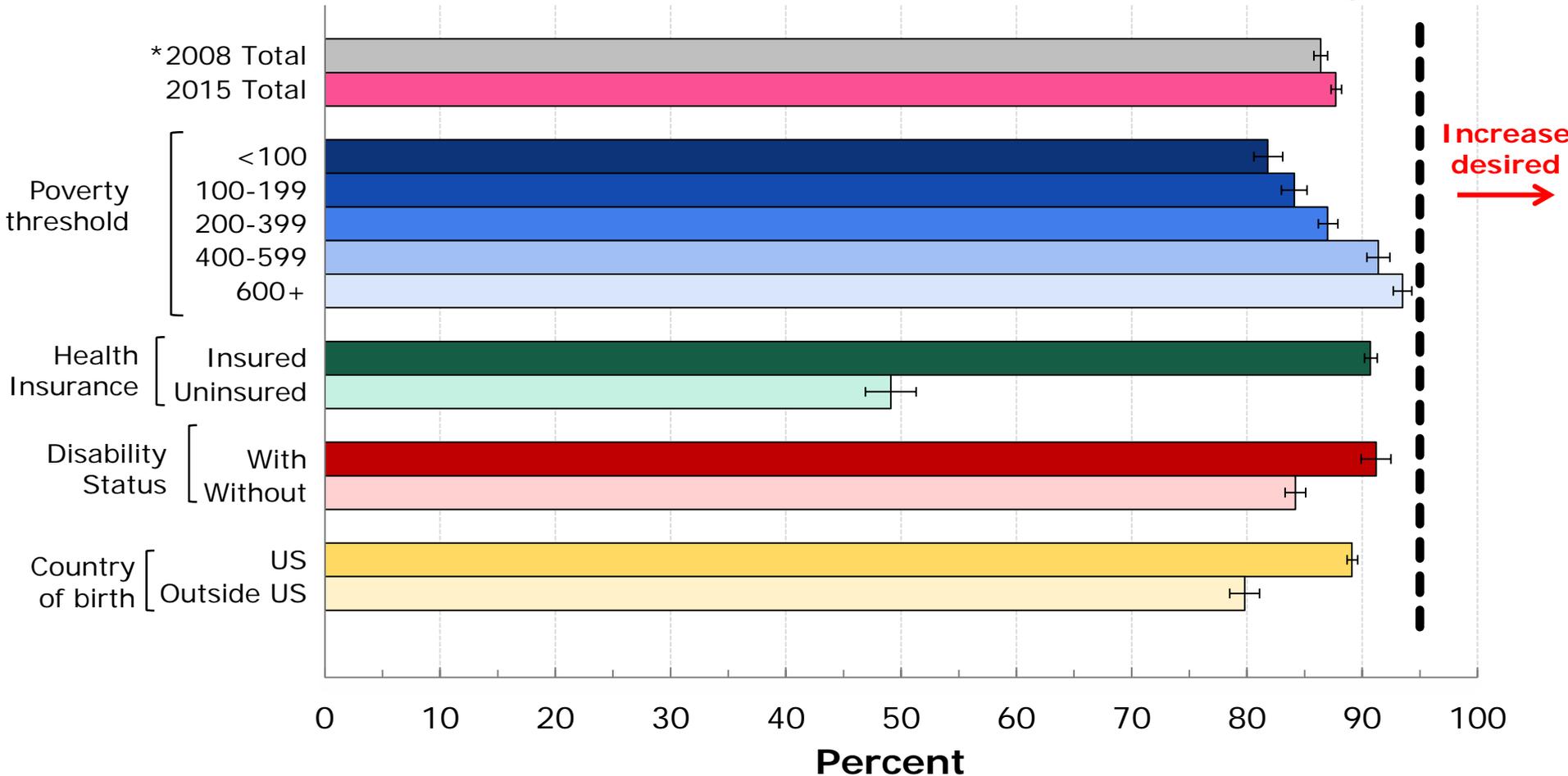
SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AHS-5.1
Increase desired

Usual Source of Medical Care, 2015



HP2020 Target: 95.0%

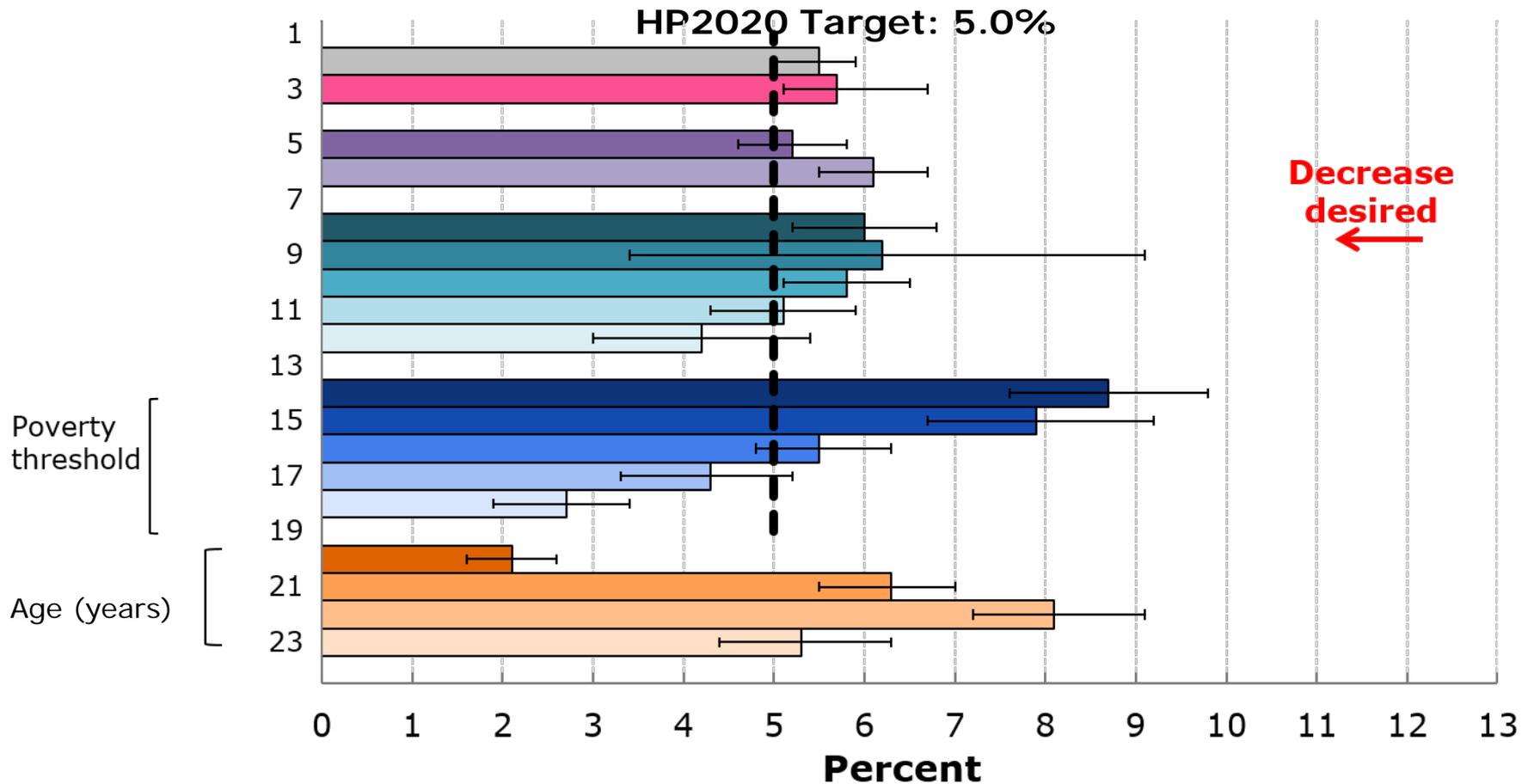


NOTES: —= 95% confidence interval. *2008 Total = HP2020 baseline. Data are for persons of all ages who report having a specific source of primary care. Health insurance data are for persons less than 65 years of age. Disability data are for persons 18 years of age and over.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AHS-5.1

Delay in Obtaining or Inability to Obtain Needed Dental Care, 2014



Decrease desired ←

NOTES: — = 95% confidence interval. *2007 Total = HP2020 baseline. Data are for persons of all ages who report not being able to obtain or having a delay in obtaining needed dental care in the past 12 months. American Indian includes Alaska Natives. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group. Target does not apply to age groups.

SOURCE: Medical Expenditure Panel Survey (MEPS), AHRQ.

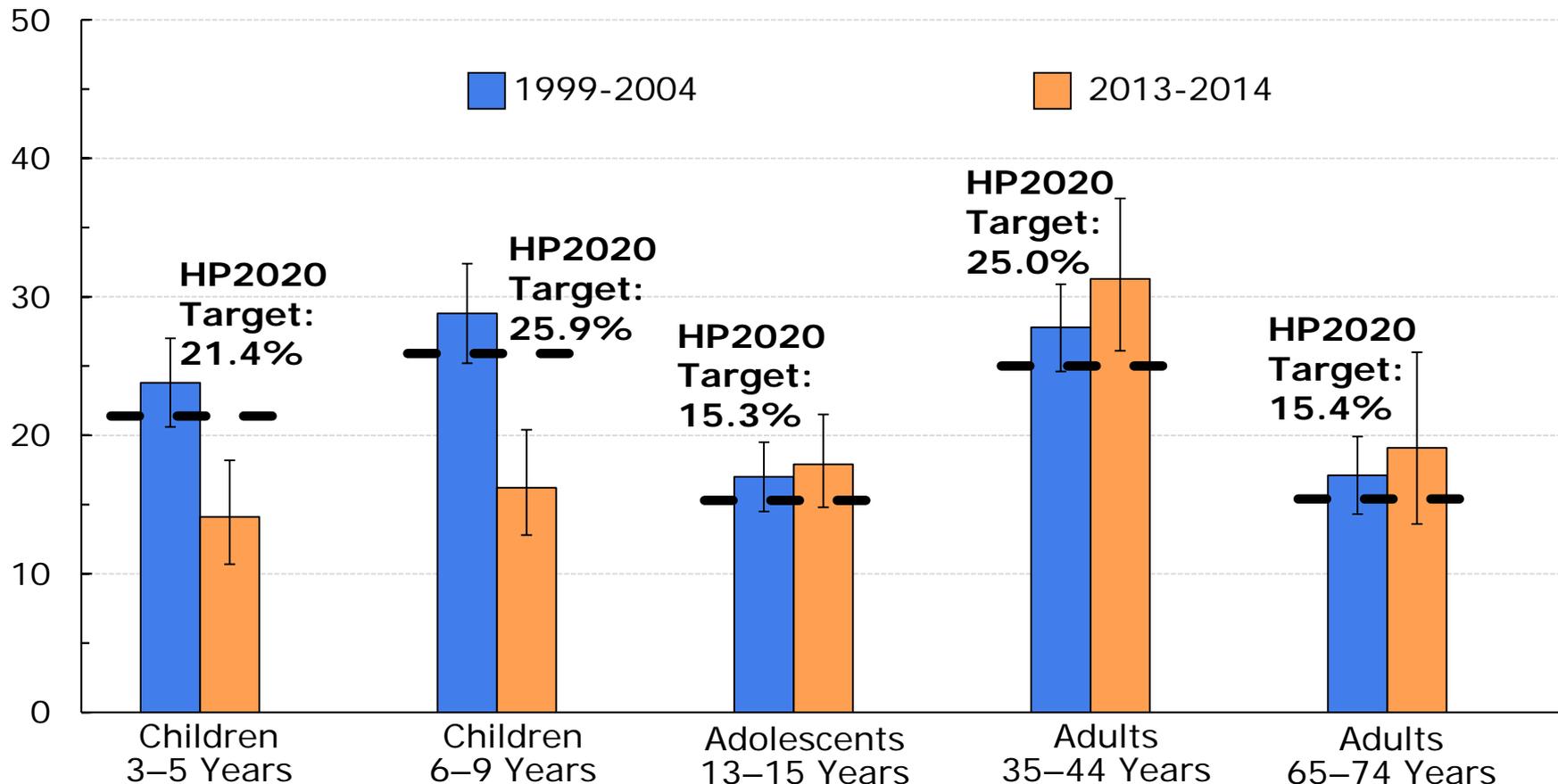
Obj. AHS-6.3

- Tracking the Nation's Progress
- Access to Health Services
- Oral Health
 - Untreated Dental Decay
 - Dental Visits in the Past Year
 - Low-Income Youth Receiving Preventive Dental Services
 - Federally Qualified Health Centers with an Oral Health Component

Untreated Dental Decay



Percent

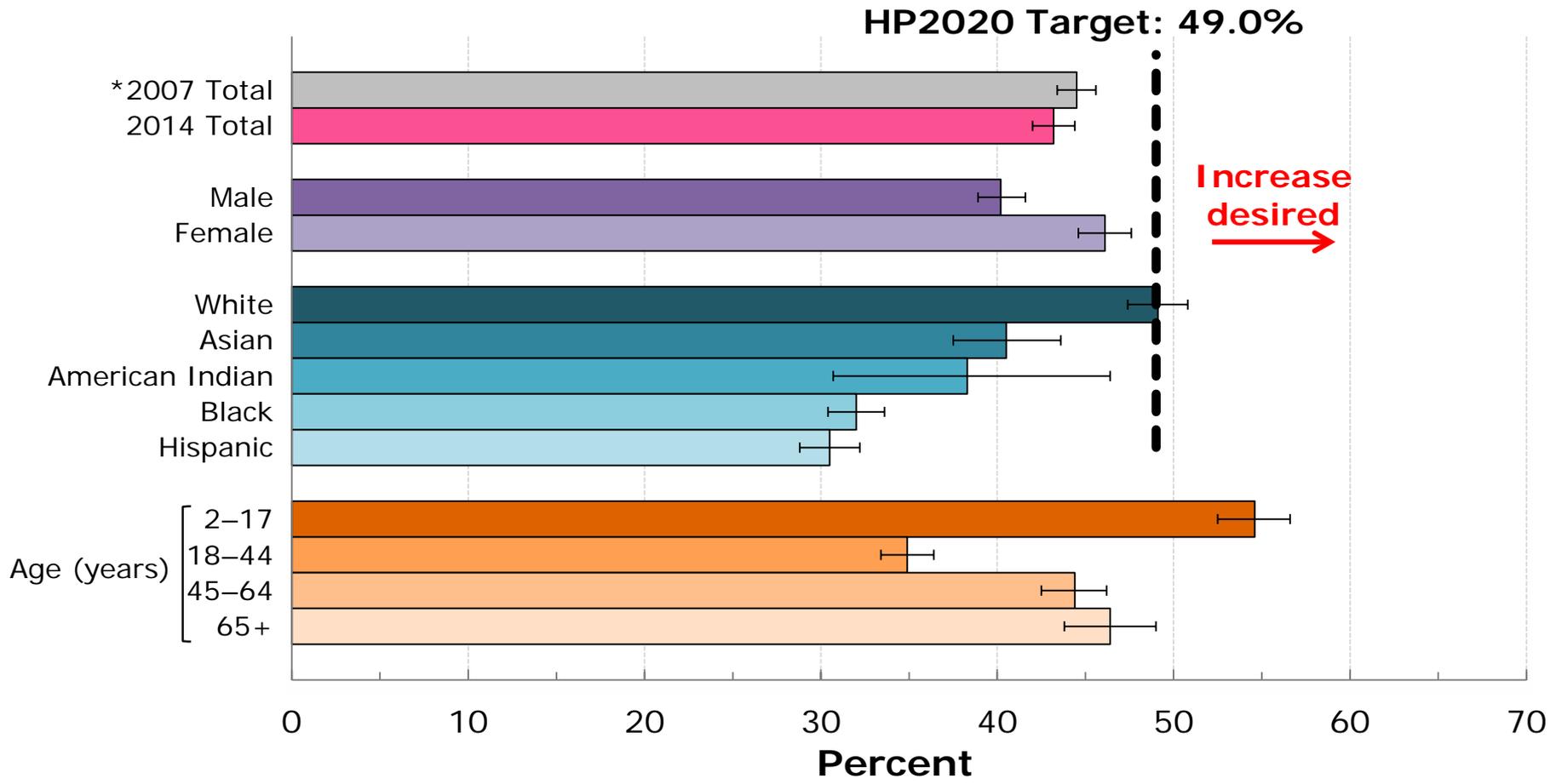


NOTES: I = 95% confidence interval. Data are for children aged 3 to 5 with untreated dental decay in their primary teeth, children aged 6 to 9 years with untreated dental decay in their primary or permanent teeth, and adolescents aged 13 to 15 years with untreated dental decay in their permanent teeth.

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

Objs. OH-2.1-3.2
Decrease desired

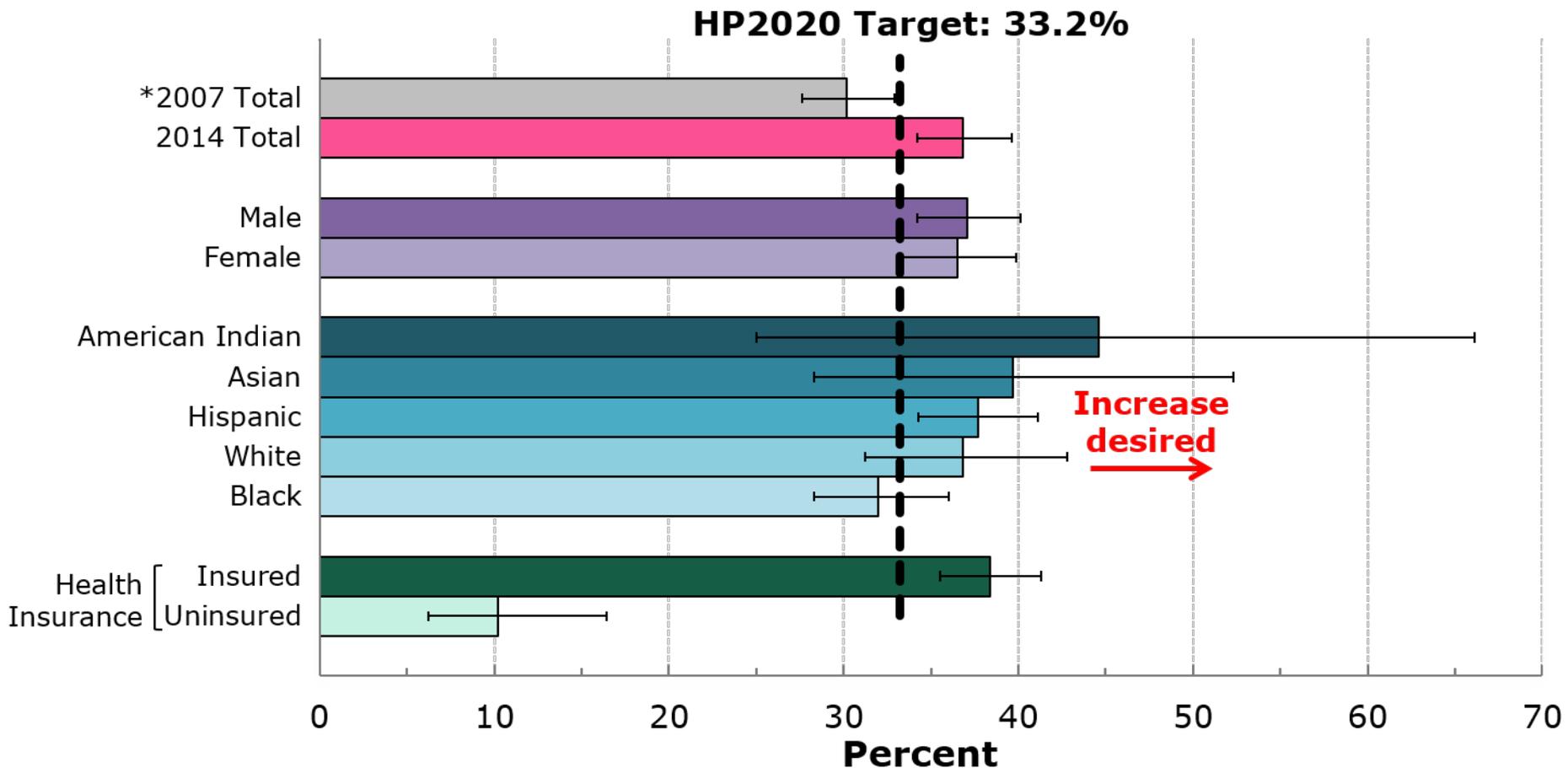
Dental Visits in the Past Year, Persons 2+ Years, 2014



NOTES: — = 95% confidence interval. *2007 Total = HP2020 baseline. Data are for persons 2 years or older who report having had a dental visit in the past 12 months. Data (except those by age group) are age-adjusted to the 2000 standard population. Asian includes Pacific Islander. American Indian includes Alaska Natives. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race. Respondents were asked to select one or more race. Data for the single race categories are for persons who reported only one racial group. Target does not apply to age groups.

SOURCE: Medical Expenditure Panel Survey (MEPS), AHRQ.

Low-income Youth Receiving Preventive Dental Services in the Past Year, 2014



Increase desired
→

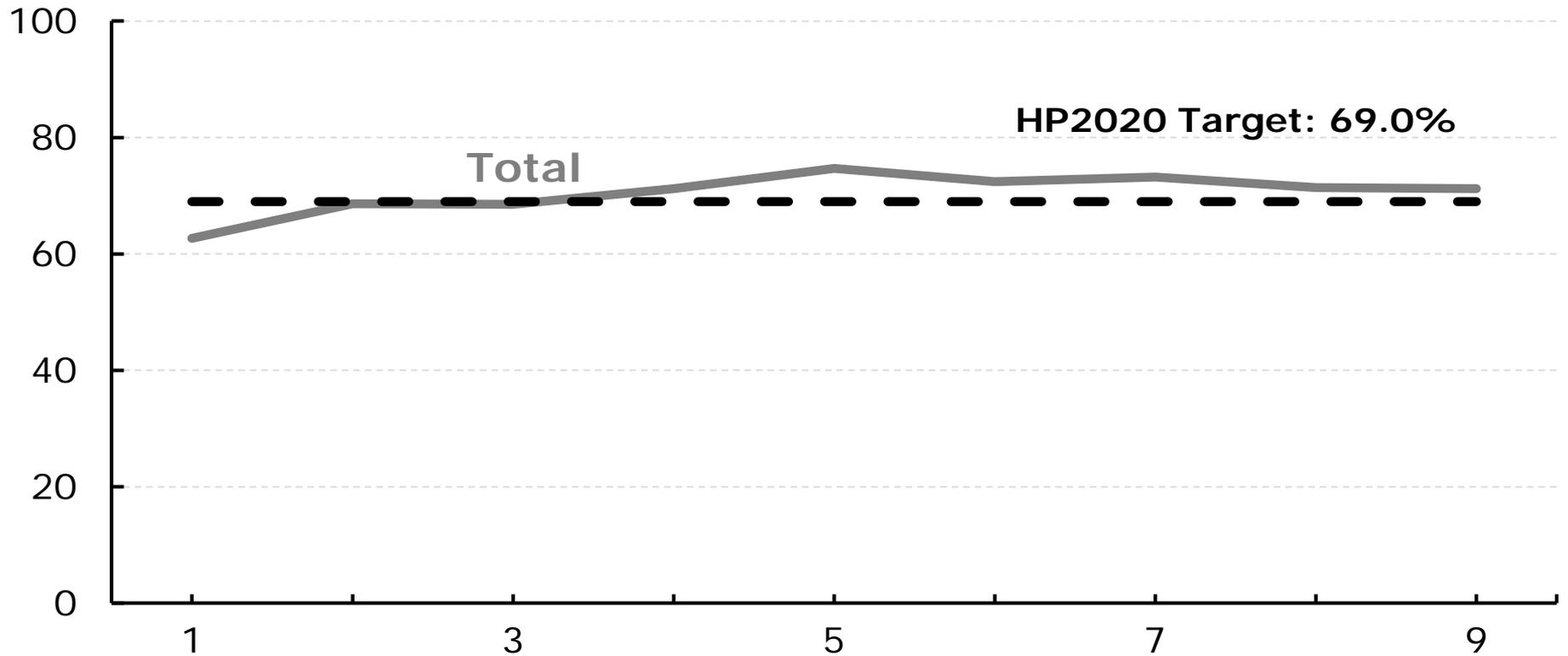
NOTES: — = 95% confidence interval. *2007 Total = HP2020 baseline. Data are for persons aged 2 to 18 years at or below 200 percent of the Federal poverty level who received a preventive dental visit during the last year. American Indian includes Alaska Natives. Asian includes Pacific Islander. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group.

SOURCE: Medical Expenditure Panel Survey (MEPS), AHRQ.

Federally Qualified Health Centers (FQHCs) with an Oral Health Component



Percent



NOTES: *2007 = HP2020 baseline (revised). Data are for Federally Qualified Health Centers (FQHCs) with an oral health component defined by HRSA as a Health Center that has at least 0.5 full time equivalent (FTE) Dentists and/or sees 500 patients or more per year.

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

Obj. OH-10.1
Increase desired

Key Takeaways – Access to Health Services



- So far in the decade, 9 out of 17 Healthy People 2020 Access to Health Services objectives have reached the targets or are improving.
- The proportion of persons with medical insurance coverage is increasing, moving towards its HP2020 targets.
- The proportion of persons with a usual source of medical care is also improving.
- The proportion of persons who report delay in obtaining or inability to obtain needed dental care in the past 12 months demonstrated little or no detectable change.

Key Takeaways - Oral Health



- Overall, 18 out of 33 Healthy People Oral Health objectives have met their targets or are improving.
- A smaller proportion of children are suffering from untreated dental decay, however adolescents and adults are still not receiving the care they need.
- In general, dental visits in the past year have not changed much for the total population but disparities persist.
- Preventive dental services among low-income youth improved for much of the population with a few groups showing disparities.
- Federally Qualified Health Centers with an oral health component are increasing and a growing number of Americans are now receiving care there.

Maximizing Access: Connecting Health Care and Oral Health Care

Arlene Bierman, MD, MS

Director, Center for Evidence and Practice Improvement
Agency for Healthcare Research and Quality



AHRQ's Role in Addressing Access to Health Services Objectives





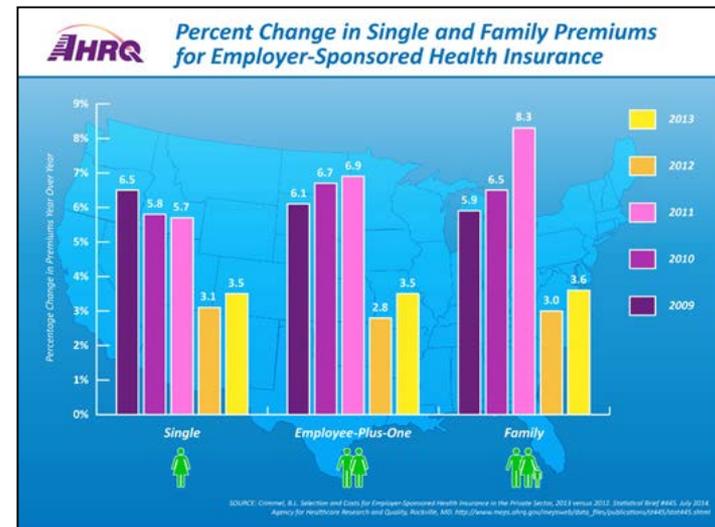
www.ahrq.gov

The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable;

And, to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

- AHRQ invests in **research and evidence** to make health care safer and improve quality.
- AHRQ creates materials to **teach and train** health care systems and professionals to help them improve care for their patients.
- AHRQ generates **measures and data** used to track and improve performance and evaluate progress of the U.S. Health system.

- AHRQ provides a range of data resources on topics such as:
 - Use of health care
 - Costs of care
 - Trends in hospital care
 - Health insurance coverage
 - Out-of-pocket spending
 - Patient satisfaction
- Medical Expenditure Panel Survey (MEPS)
 - National source for comprehensive annual data on how Americans use and pay for medical care
 - Provides annual estimates of health care utilization, expenditures, sources of payment and insurance coverage



AHS-1 Increase the proportion of persons with health insurance

- AHRQ has produced a number of statistical briefs on access to health services based on MEPS data
- Researchers can combine MEPS data with other data sources to increase impact



Agency for Healthcare Research and Quality



Medical Expenditure Panel Survey

STATISTICAL BRIEF #502

April 2017
Characteristics of Practices Used as Usual Source of Care Providers during 2015—Results from the MEPS Medical Organizations Survey
Marie N. Stagnitti, MPA, Asako S. Moriya, PhD, Anita Soni, PhD, MBA, Monica Wolford, MS, and Marc W. Zodet, MS

Highlights

- About a quarter of persons who visited their usual source of care (USC) practice in 2015 used a practice with only one physician.



Agency for Healthcare Research and Quality



Medical Expenditure Panel Survey

STATISTICAL BRIEF #501

March 2017
Children's Usual Source of Care: Insurance, Income, and Racial/Ethnic Disparities, 2004-2014
Naomi Zewde, PhD and Terceira Berdahl, PhD

Highlights

- A usual source of medical care was unavailable to 5.8 million children (7.9 percent of children ages 0-17)

ACA COVERAGE & ACCESS

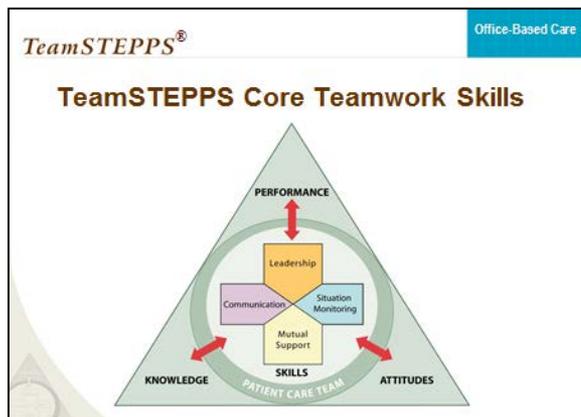
By Salam Abdus and Steven C. Hill

Growing Insurance Coverage Did Not Reduce Access To Care For The Continuously Insured

ABSTRACT Recent expansions in health insurance coverage have raised concerns about health care providers' capacity to supply additional services and how that may have affected access to care for people who were already insured. When we examined data for the period 2008-14 from the Medical Expenditure Panel Survey, we found no consistent evidence that increases in the proportions of adults with insurance at the local-area level affected access to care for adults residing in the same areas who already had, and continued to have, insurance. This lack of an apparent relationship held true across eight measures of access, which included receipt of preventive care. It also held true among two adult subpopulations that may have been at greater risk for compromised access: people residing in health care professional shortage areas and Medicaid beneficiaries.

AHS-5 Increase the proportion of persons who have a specific source of ongoing care

- AHRQ has developed tools and resources to improve the capacity of health care settings to expand access to services



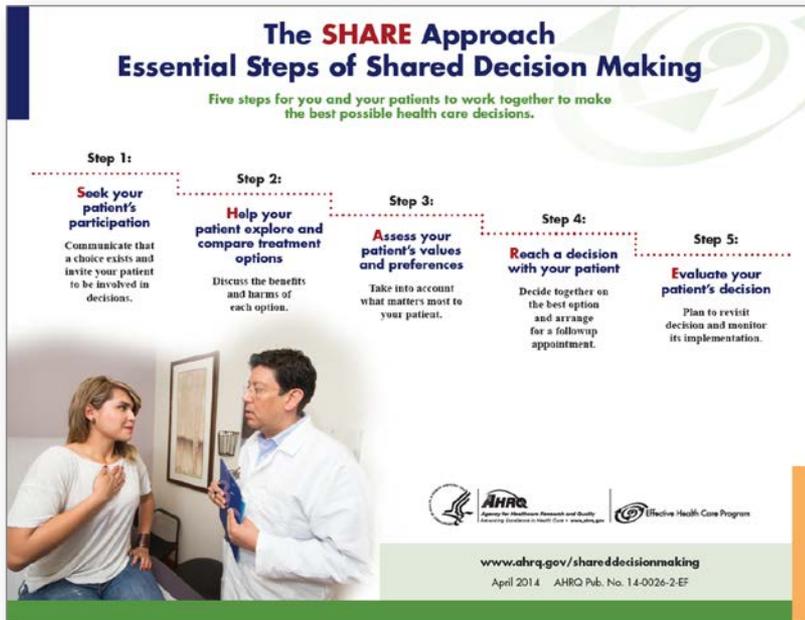
TeamSTEPPS for Office-Based Care



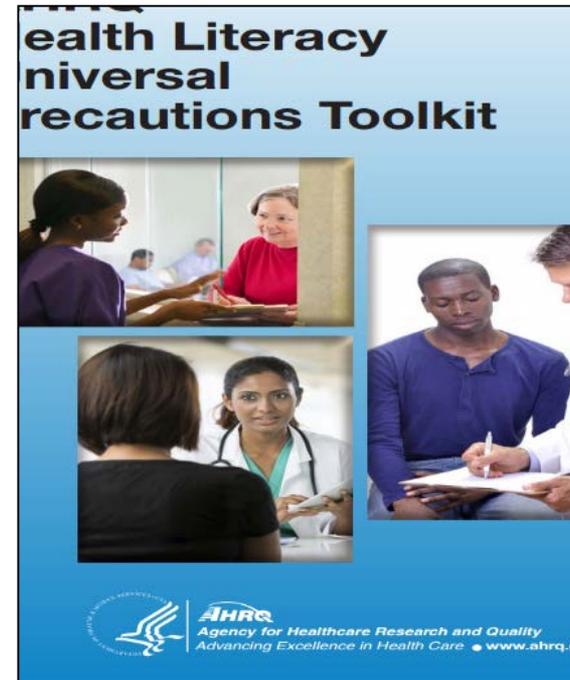
Academy for Integrating Behavioral Health and Primary Care

AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

- AHRQ has developed tools and resources to increase the ability of health care professional to engage in patient-centered care and improved communication



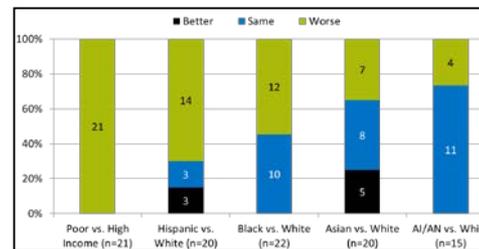
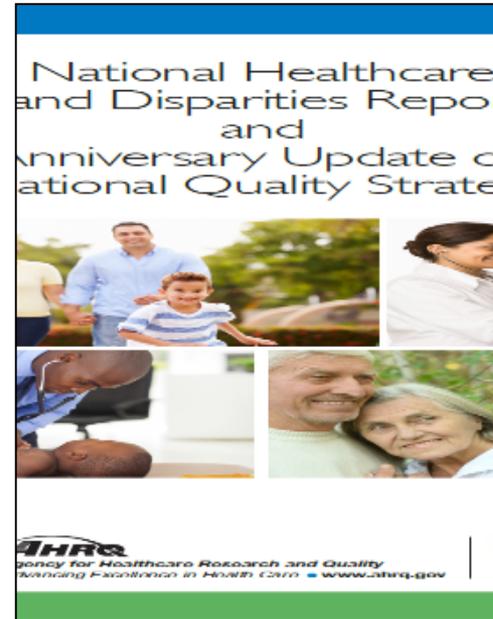
Shared Decision Making



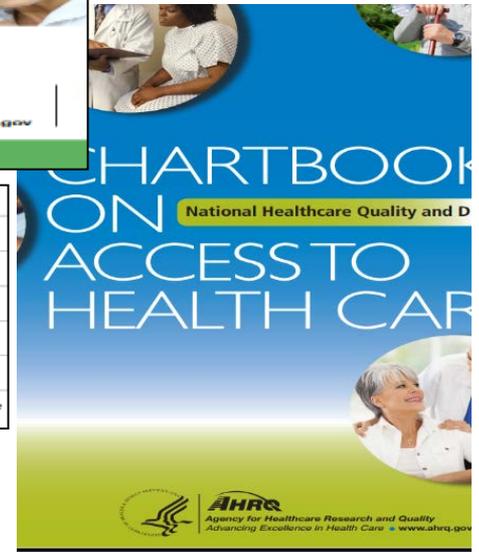
Health Literacy

Identifying Health Disparities of Access

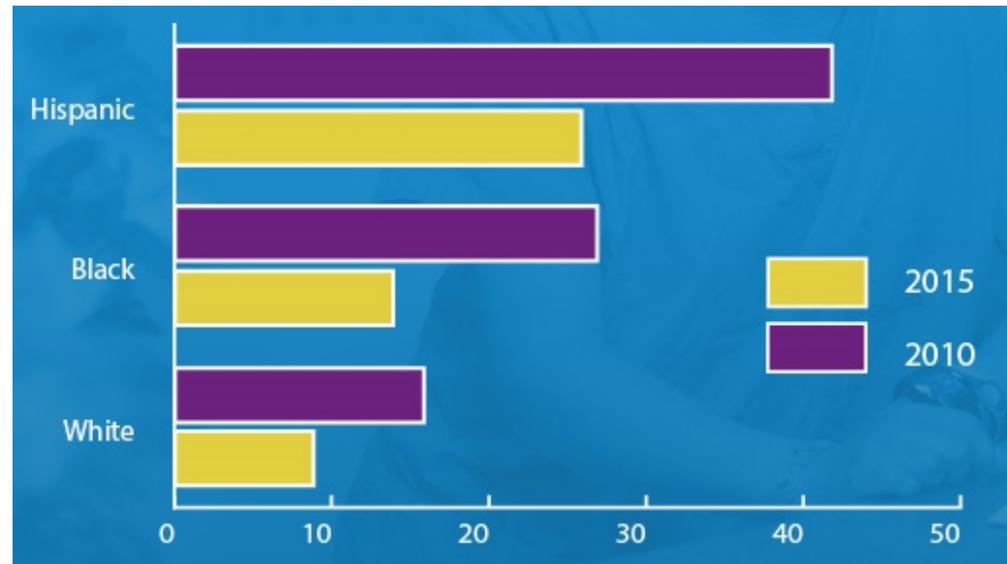
- AHRQ annually produces the *National Healthcare Quality and Disparities Report and Disparities Report* (QDR)
- The most recent *National Healthcare Quality and Disparities Report and National Quality Strategy Update* is a joint effort addressing the progress made against the National Quality Strategy
- The *Chartbook on Access to Health Care* is one of a family of documents and tools that support the QDR
- It summarizes disparities across measures of access from the QDR



Disparities in
Access to Care



- Example of findings in the 2016 QDR:
- The percentage of Americans under age 65 who lack health insurance dropped from 18% in 2010 to 10% in 2015.
- Uninsurance rates declined among poor people, young adults and across all races.
- Data from National Health Interview Survey



Percentage of People Ages 18-64 Years Without Insurance

AHS-1.1 Increase the proportion of persons with medical insurance

- AHRQ has a number of datasets that can be used to help identify what works, for whom, where and at what cost with regard to improving access to health services.
- AHRQ has created a wide variety of evidence-based toolkits, curricula and other resources to increase the capacity of primary care and other health care setting to deliver high quality, accessible care.
- Health care professionals can look to AHRQ to improve their ability to delivery patient- and family-centered care.
- While health disparities persist in accessing health services, AHRQ is committed to researching and implementing solutions.



- **MEPS Home** – meps.ahrq.gov/mepsweb/
- **MEPS Statistical Briefs Topics** - meps.ahrq.gov/mepsweb/data_stats/MEPS_topics.jsp
- **TeamSTEPPS** - www.ahrq.gov/teamstepps/officebasedcare/index.html
- **Academy for Integrating Behavioral Health and Primary Care** - integrationacademy.ahrq.gov/
- **SHARE Approach Toolkit** - www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html
- **Health Literacy Universal Precautions Toolkit** - www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html
- **2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy** - www.ahrq.gov/research/findings/nhqdr/nhqdr15/index.html
- **Chartbook on Access to Health Care** - www.ahrq.gov/research/findings/nhqdr/chartbooks/access/index.html
- **Data infographics** - www.ahrq.gov/research/data/data-infographics/index.html

Improving Access: the Role of the Health Resources and Services Administration in Primary Care and Oral Health

Renée W. Joskow, DDS, MPH
Chief Dental Officer
Health Resources and Services Administration



Office of Disease Prevention
and Health Promotion



- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.

HRSA's Vision and Mission

Healthy People
2020

Vision statement:

Healthy Communities, Healthy People

Mission statement:

Improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs



ODPHP

Office of Disease Prevention
and Health Promotion

HRSA
Health Resources & Services Administration

Agency Goals



**Improve
Access to
Quality
Health Care
and Services**



**Strengthen
the Health
Workforce**



**Build Healthy
Communities**



**Improve
Health Equity**



**Strengthen
HRSA
Program
Management
& Operations**



Access and Oral Health Program Highlights

Healthy People
2020

- HRSA Health Center Program
- Ryan White HIV/AIDS Program
- Maternal and Child Health
- Federal Office of Rural Health Policy



ODPHP

Office of Disease Prevention
and Health Promotion

HRSA
Health Resources & Services Administration

- Increases access to quality primary health care services, including oral health, for medically underserved populations.



NEARLY 1,400 HRSA-
supported health centers
operate **MORE THAN 10,400**
service sites nationwide

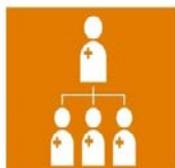
Access to High Quality, Primary Health Care



24,295,946
PATIENTS SERVED



1,191,772
HOMELESS

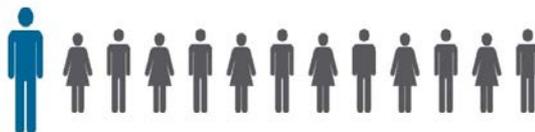


188,852
HEALTH CENTER EMPLOYEES



910,172
AGRICULTURAL WORKERS

1 IN 13
PEOPLE IN THE US



649,132
SCHOOL-BASED

1 IN 10
CHILDREN IN THE US



1,510,842
PUBLIC HOUSING



305,520
VETERANS

Source: Uniform Data System, 2015. *National Data*: U.S. Census Population Estimates Bureau, 2015

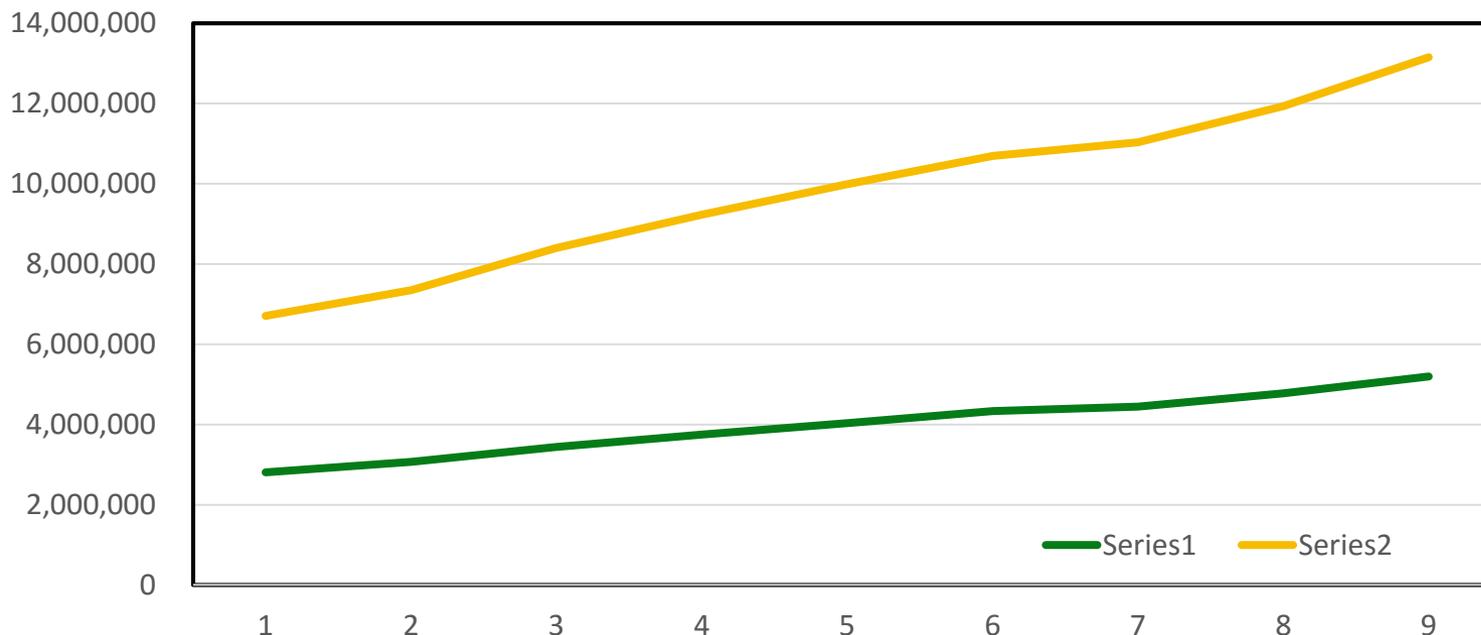


Office of Disease Prevention
and Health Promotion



Health Center Program and Oral Health

HRSA Health Center Program Data from 2007-2015



Source: HRSA Uniform Data System (UDS)

HP2020 OH- 11

- More than 13 million dental visits were provided in 2015, an increase of more than 1.2 million visits from the prior year.

Ryan White HIV/AIDS Program

- Provides care and services, including dental programs, to address the unique health issues faced by people living with HIV/AIDS (PLWH).



OVER HALF of people living with diagnosed HIV in the U.S.- **MORE THAN 500,000 PEOPLE** – receive care through the Ryan White HIV/AIDS Program

Ryan White HIV/AIDS Program

- 83% of Ryan White HIV/AIDS Program clients are virally suppressed, up from 70% in 2010, and exceeding the national average* of 55%.

**Viral suppression among people ≥ 13 years old diagnosed with HIV in 34 states and DC*



- Oral health care is especially critical for PLWH, since dental professionals can play a role in early diagnosis of HIV infection.

- In FY16, HRSA programs included
 - \$9 million for the **Dental Reimbursement Program**, which defrays costs for educational institutions that provide oral health care to PLWH
 - \$3.2 million for the **Community-Based Dental Partnership Program** that provides hands-on learning opportunities for future oral health professionals to learn about PLWH

- HRSA's Maternal and Child Health (MCH) Bureau programs serve more than 50 million women, children and families each year, including half of all pregnant women and one-third of all infants and children in the United States.
 - **Block Grants to States** - Title V Maternal and Child Health Block Grant Program is the nation's oldest federal-state partnership. It aims to improve the health and well-being of women (particularly mothers) and children.
 - **Maternal, Infant, and Early Childhood Home Visiting Program** - Supports at-risk parents and families in all 50 States, DC, and 5 territories





Builds and strengthens the capacity of state and community health care programs to implement systems of care that increase access and utilization of quality preventive oral health care and restorative services to MCH populations most at risk for oral disease.

- **MCH National Performance Measures**
- **Bright Futures**
- **Perinatal and Infant Oral Health Quality Improvement**

Federal Office of Rural Health Policy

Healthy People
2020

Provides policy support to the Office of Secretary and supports a number of rural health programs, including rural health networks, black lung clinics, telehealth, and veterans rural health access programs

- **Telehealth Network Grant Program-** Since 2005, supported 3,100 new or expanded telehealth sites; nearly a 10% increase from 2015 to 2016.
- **Rural Community Health Gateway-** The home for information about evidence-based models of rural health interventions, as well as innovative approaches- <https://www.ruralhealthinfo.org/>



ODPHP

Office of Disease Prevention
and Health Promotion

HRSA
Health Resources & Services Administration

- **Rural Health Care Services Outreach Program** invests in rural communities to focus on outreach and education.
- **The Rural Health Network Development Program** funds programs that utilize a network approach to provide innovative solutions to healthcare needs.
- **Rural Health Information Hub Oral Health toolkit**



<https://www.ruralhealthinfo.org/community-health/oral-health>

- Disparities in access to primary medical care and oral health care persist.

HRSA continues to:

- Support an increase in health care access points to expand the availability of services to underserved, disadvantaged, geographically isolated, and medically vulnerable populations.
- Support the integration and coordination of public health with primary care, including behavioral and oral health services, to improve individual outcomes and overall population health.

➤ **HRSA Data Warehouse**

<https://datawarehouse.hrsa.gov/topics/topics.aspx>

➤ **Health Center Program Fact Sheet**

<https://www.bphc.hrsa.gov/about/healthcenterfactsheet.pdf>

➤ **Find Health Centers**

<https://findahealthcenter.hrsa.gov/>

➤ **Find HIV Care and Treatment**

<https://findHIVcare.hrsa.gov/>

HRSA Oral Health & Fact Sheet

Healthy People
2020

ORAL HEALTH

HRSA
Health Resources & Services Administration

Across the Agency

Every year, Health Resources and Services Administration (HRSA) programs serve tens of millions of people, providing health care to people who are geographically isolated, and economically or medically vulnerable. HRSA programs are also ensuring that quality dental care is available for those who need it most. This is especially true for people living with HIV/AIDS (PLWH); mothers, children and youth, including those with special health care needs; and those who receive care through the Health Center Program. Examples include:

- The Ryan White HIV/AIDS Program which provides related care and services to more than 500,000 people every year, including dental programs to address the unique health issues faced by PLWH. Oral health care is especially critical for HIV patients, since dental professionals can play a role in early diagnosis of HIV infection. In FY16, HRSA programs included around \$9 million for the Dental Reimbursement Program that defrays costs for educational institutions that provide oral health care to PLWH, and \$3.2 million for the Community-Based Dental Partnership Program that provides hands-on learning opportunities for future oral health professionals to learn about PLWH.⁴
- The Title V Maternal and Child Health Services Block Grant to States improves the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs, and their families. Oral health is one of 15 Title V national performance priority areas that states can track to demonstrate improvement in the percent of women who had a dental visit during pregnancy and the percent of children who had a preventive dental visit in the last year.⁴
- HRSA's National Health Service Corps (NHSC) program offers loan repayments and scholarships for health care professionals, including dentists and dental hygienists that practice in Health Professional Shortage Areas. In FY16, 52 dental student scholarships were awarded and 795 dentists and registered dental hygienists received loan repayment.⁵
- HRSA's State Oral Health Workforce Improvement Program provides grants to states to help develop and implement innovative programs to address the dental workforce needs of designated Dental Health Professional Shortage Areas. In academic year 2015-2016, 10 State grantees hired two new dental officers, 3 new dentists or hygienists, one epidemiologist and 2 administrative staff members in state dental offices.⁶
- HRSA provides scholarships and loans for disadvantaged students to promote diversity among health professions students and practitioners to assure that qualified students are not denied a health professions career due to lack of financial resources. More than \$2 million in scholarships for disadvantaged students was dispersed to dental and dental hygiene students in FY15.⁴
- Working across the agency, HRSA developed an essential set of oral health core clinical competencies for non-dental providers in efforts to improve access for early detection and preventive interventions leading to improved health.
- HRSA created the *Perinatal and Infant Oral Health Quality Improvement* initiative to target pregnant women and infants at high risk for dental diseases through community-based approaches for integrating oral health care into statewide health care systems.

KEY FACTS

- Around 51 million people live in designated dental health professional shortage areas.⁷
- 420 HRSA health center grantees expanded oral health services in FY16.⁸
- HRSA's Community-Based Dental Partnership Program provided direct dental services to more than 5,000 people living with HIV/AIDS in 2015.⁹
- More than 1,500 National Health Service Corps dentists and registered dental hygienists work in health professional shortage areas.¹⁰
- HRSA Oral Health Training (OHT) programs trained more than 3,800 oral health students and nearly 400 primary care dental residents in academic year 2015-2016.¹¹
- Sixty percent of OHT program-supported students, residents, and fellows received clinical training in medically underserved communities in academic year 2015-2016.¹²
- HRSA has expanded the Students to Service Loan Repayment Program to dental students pursuing a DDS or DMD degree.

www.hrsa.gov/oralhealth



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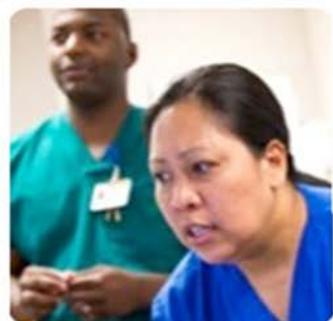
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and Health Promotion

HRSA
Health Resources & Services Administration

Additional Oral Health Publications & Websites

- **Integration of Oral Health and Primary Care Practice Report**
<http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf>
- **Rural Health Information Hub Oral Health toolkit**
<https://www.ruralhealthinfo.org/community-health/oral-health>
- **Considerations for Oral Health Integration in Primary Care Practice for Children**
<https://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/oralhealthprimarycare.pdf>
- **Bright Futures in Practice: Oral Health—Pocket Guide (3rd ed.)**
<http://www.mchoralhealth.org/pocket.html>
- **Oral Health Care During Pregnancy: A National Consensus Statement**
<http://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>

Thank you



Centers for Disease Control and Prevention

Casey Hannan, MPH
Director (Acting), Division of Oral Health
National Center for Chronic Disease Prevention
and Health Promotion



Office of Disease Prevention
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Our Mission

Healthy People
2020



To prevent and control oral diseases and conditions by building the knowledge, tools, and networks that promote healthy behaviors and effective public health practices and programs.



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Division of Oral Health Strategic Priorities

Vision: A nation where all people enjoy good oral health that contributes to leading healthy, satisfying lives.

Mission: To prevent and control oral diseases and conditions by building the knowledge, tools, and networks that promote healthy behaviors and effective public health practices and programs.

<p>Objective 1 Promote Evidence-Based Interventions to Address Disparities in Dental Caries</p>	<p>Objective 2 Guide Dental Public Health to be Part of the Health System Transformation</p>	<p>Objective 3 Improve Our Organizational Capacity</p>	<p>Hot Topics</p>
<p> Funder</p> <p>Fund state implementation of evidence-based interventions to address disparities in dental caries.</p> <p>Fund state infrastructure and state surveillance systems, which support evidence-based interventions that address disparities in dental caries.</p>	<p> Translator, Disseminator</p> <p>Develop model of dental public health's role in health system transformation to guide dental health and general health communities.</p> <p>Communicate the value of dental and medical integration to partners and decision makers.</p>	<p><i>To demonstrate our commitment to a collaborative, highly functioning organization, we have adopted the CDC core values.</i></p>	<p><i>Hot Topics allow the Division to support the innovative spirit of its staff while continuing to make progress on its foremost strategic priorities.</i></p>
<p> Surveillance, Evaluation and Research Leader</p> <p>Monitor dental caries disparities and their key drivers.</p> <p>Research health outcomes and/or cost-effectiveness of interventions that address disparities in dental caries.</p>	<p> Funder</p> <p>Fund states to integrate dental health with general health in the state-level public health and policy systems.</p> <p>Co-fund and collaborate on integration efforts with others in CDC and with federal partners.</p>	<p> Accountability</p> <p> Respect</p> <p> Integrity</p>	<p>Core Functions</p> <p><i>Core Functions are the activities that are integral to delivering the Division's mission, beyond those in the strategic objectives.</i></p>

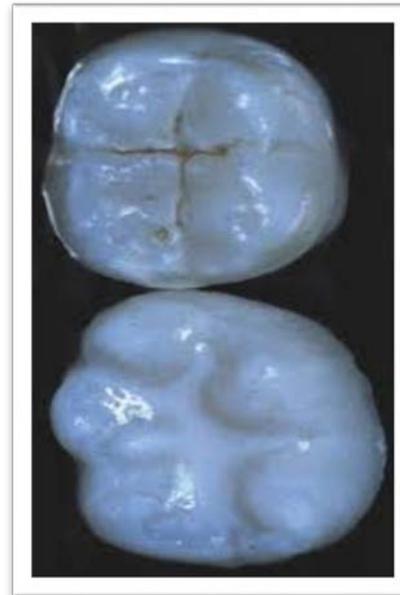


For more information, visit the Division of Oral Health website at:
<http://www.cdc.gov/oralhealth/>

Division of Oral Health Strategic Objective 1

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**Promote
Evidence-Based
Interventions to
Address
Disparities in
Dental Caries**



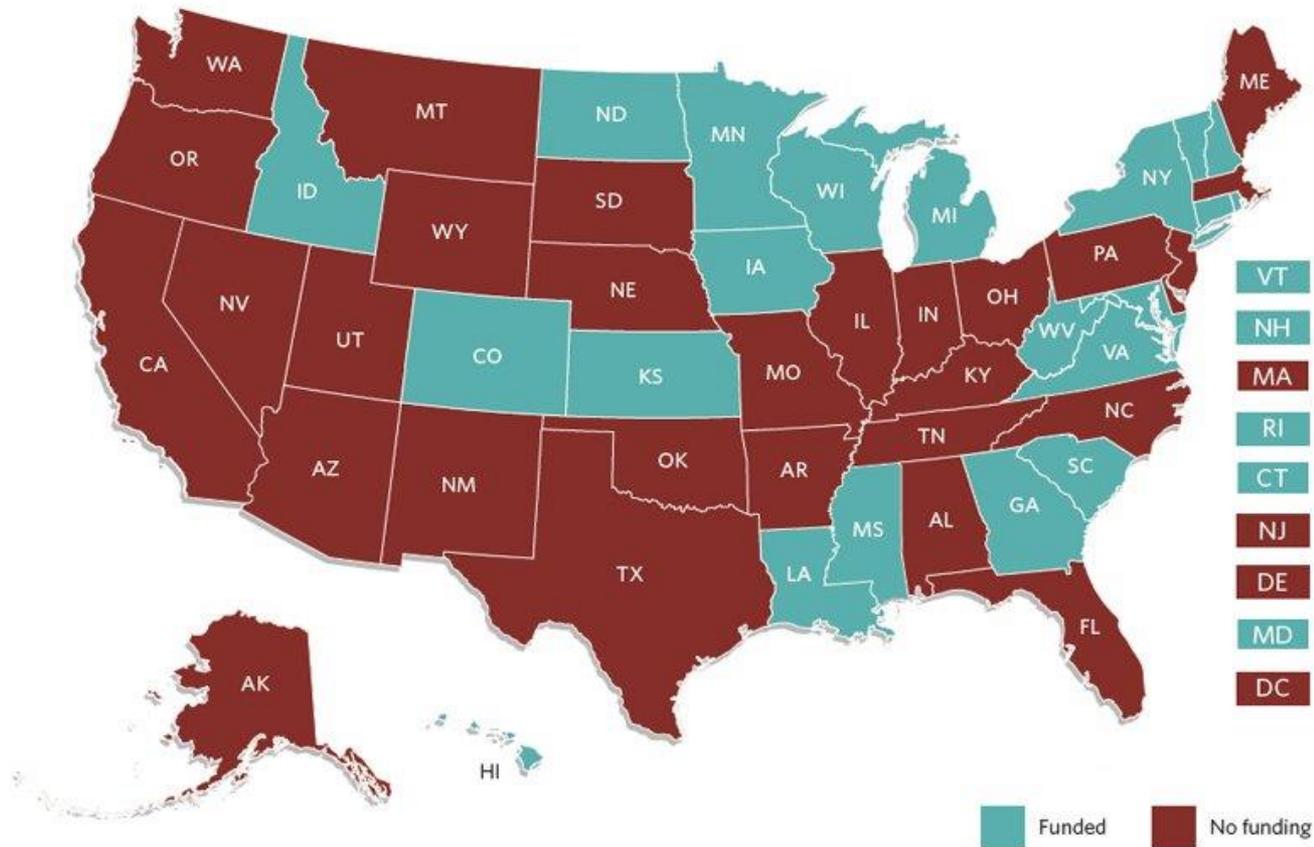
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State Oral Disease Prevention Program in 21 States

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2013–2018



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School-based Dental Sealant Programs

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- ❑ **State Activities: Provide sealants by dental professionals in schools with mobile equipment**
 - Target schools where >50% of children are eligible for free or reduced lunch programs
 - Provide access to care for children without access to traditional dental offices



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School-based Dental Sealant Programs

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Vital^{CDC}signs™

<http://www.cdc.gov/vitalsigns/dental-sealants>



- ❑ Sealants are under-utilized
- ❑ Placing sealants in schools target children who may not be accessing dental services
- ❑ School-based sealant programs are cost-saving to states when located in schools that serve a high percentage of low-income families

Community Preventive Services Task Force. Preventing dental caries: school-based dental sealant delivery programs (abbreviated). Available at www.thecommunityguide.org/oral/schoolsealants.html



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Community Water Fluoridation

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State Activities:

- ❑ Measure progress toward Healthy People objective (HP 2020 target-79.6%)
- ❑ Establish a CWF quality control program
 - Daily testing
 - Training of operators
 - Inspection
- ❑ Participate in a proficiency testing program
- ❑ Education and promotion of CWF



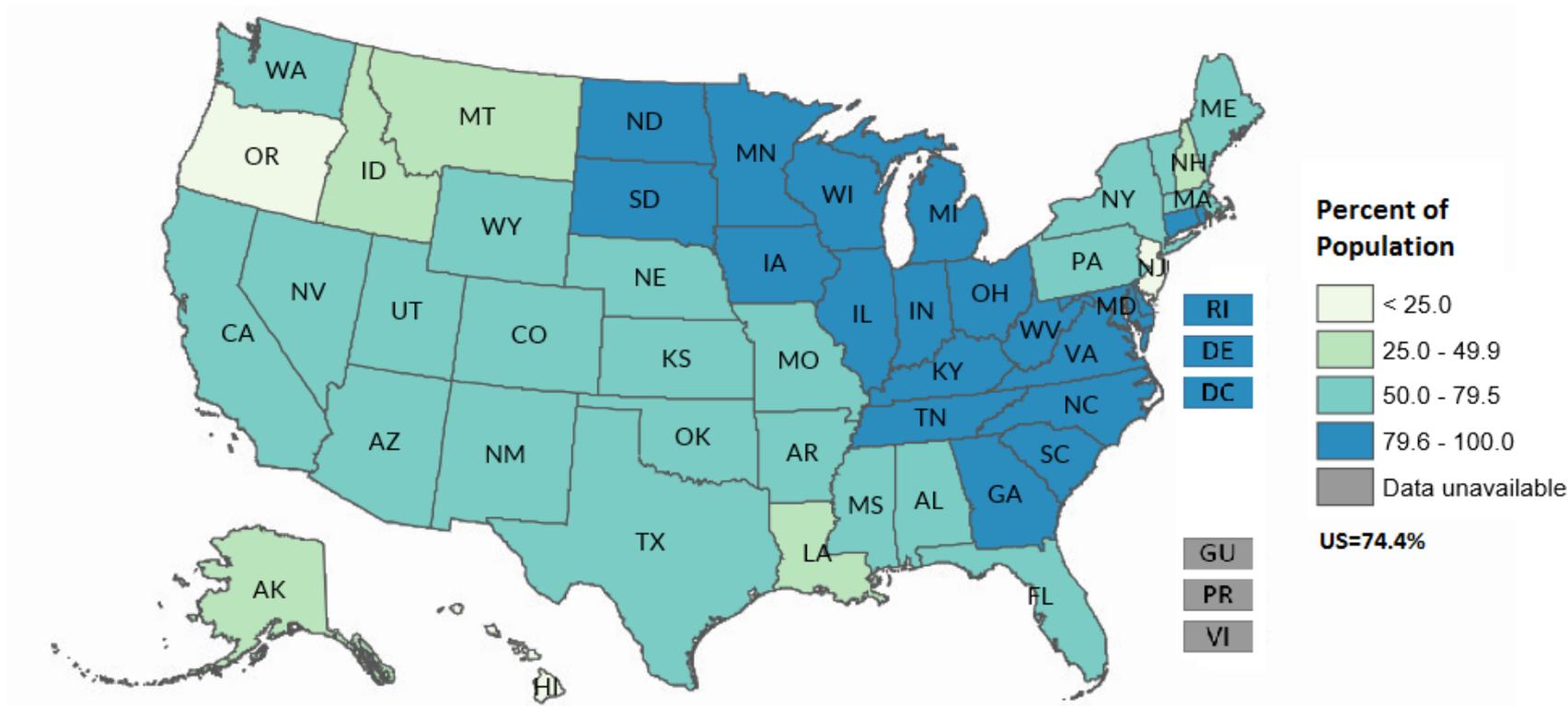
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Fluoridation Status, 2014

Percent of people on community water systems receiving optimally fluoridated water (OH-13)



Healthy People 2020 Objective OH-13 Target = 79.6%

US Public Health Service Recommendation

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REPORTS AND RECOMMENDATIONS

U.S. Public Health Service Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries

- ❑ DOH led the process to implement revised recommendations for community water systems that add fluoride to their water
- ❑ PHS recommends a fluoride concentration of 0.7 milligrams/Liter (mg/L) to maintain caries prevention benefits and reduce the risk of dental fluorosis.
- ❑ Released April 27, 2015



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Monitor Dental Caries and their Key Drivers

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Oral health data systems monitor the prevalence of oral diseases and the factors influencing oral health.



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Division of Oral Health Strategic Objective 2

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Guide Dental Public Health to be Part of the Health System Transformation



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Chronic Disease/Oral Health Integration

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DOH works to integrate dental public health into a national dialogue focused on broad health system transformation.

- **Models of Collaboration for State Chronic Disease and Oral Health Programs, 2016–2017**
 - Funding supports state health departments to develop chronic disease prevention projects integrating activities from chronic disease and oral health programs
 - Awarded to Alaska, Colorado, Georgia, Maryland, Minnesota, and New York

Objective 2: Guide dental public health to be part of the health system transformation



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Key Federal Partners

- Centers for Medicare and Medicaid Services
- Environmental Protection Agency
- Health Resources and Services Administration
- National Institutes of Health
- Indian Health Service

Key Nonfederal Partners

- American Association of Public Health Dentistry
- American Dental Association
- Association of State and Territorial Dental Directors
- Children's Dental Health Project
- Organization for Safety, Asepsis and Prevention



CDC Division of Oral Health

Find out more at

<https://www.cdc.gov/oralhealth/index.html>



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NIDCR: Guiding Advances in Oral Health Research and Innovation

Martha Somerman, DDS, PhD

Director, National Institute of Dental and Craniofacial Research, NIH
U.S. Department of Health and Human Services



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National Institute of Dental
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Alignment of NIDCR Priorities with HP 2020 Objectives



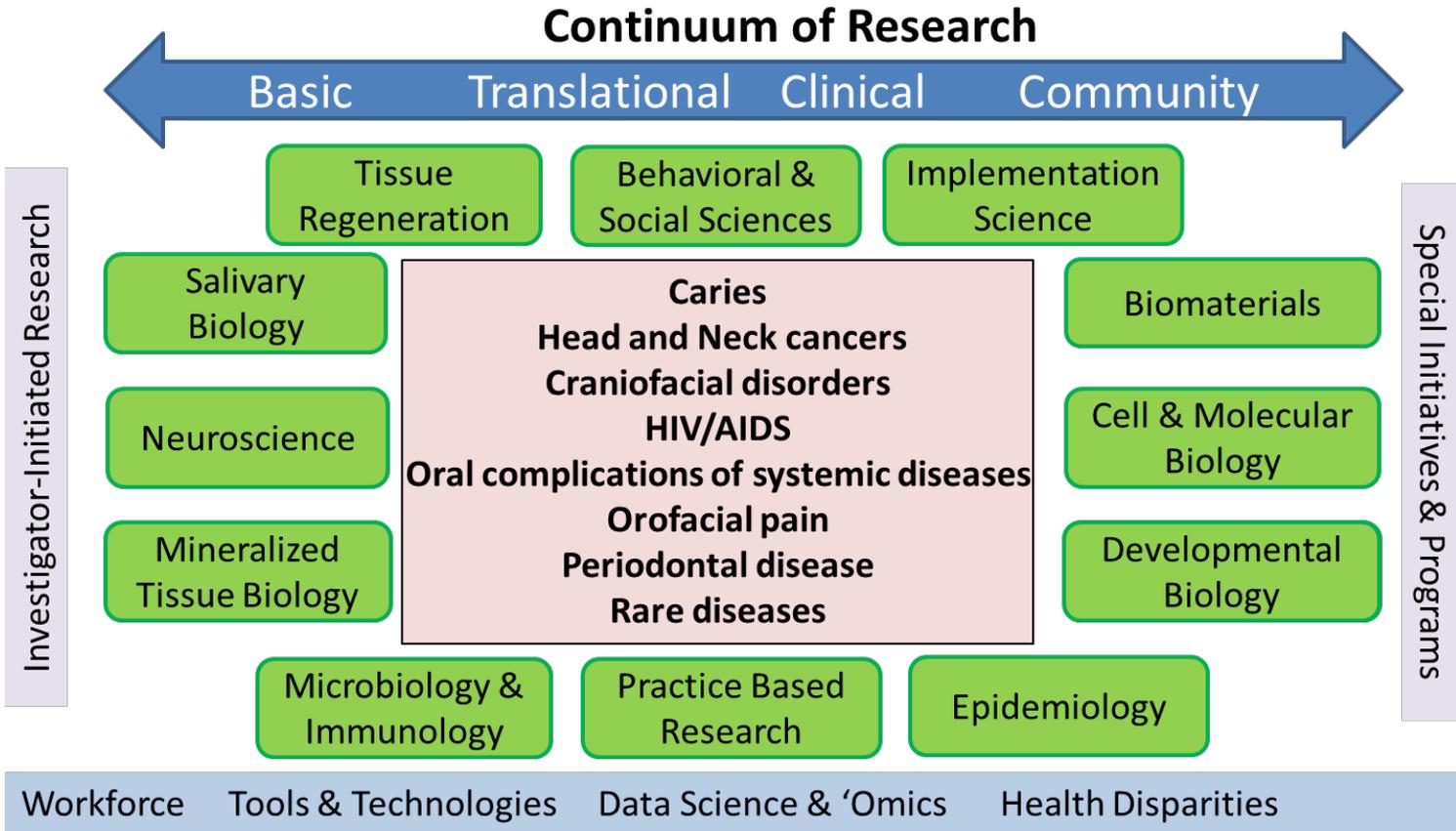
- Research to reduce caries (OH-1, OH-2, OH-3, OH-4)
- Research to treat periodontal disease and inflammation (OH-4, OH-5)
- Research on early detection and treatment of oral and pharyngeal cancers (OH-6)
- Research on disease prevention strategies (OH-7, OH-8, OH-14)
- Research to reduce health disparities and to test social and behavioral interventions (OH-8, OH-12)
- Research on best methods for dissemination and implementation of evidence-based practices (all objectives)
- Research on genetic and environmental causes of craniofacial anomalies (OH-15, OH-16)
- Training in dental public health (OH-17)



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National Institute of Dental
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>750 grants

~200 institutions/small businesses- 43 states

>350 training and career development

~6500 oral health researchers, 190,000 dentists

Engaging the Community, Envisioning the Future

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NIDCR 2030:

Envisioning the Future, Together

- Oral Health + Overall Health
- Precision Health
- Autotherapies
- Oral Biodevices
- Workforce Diversity

Share your ideas
nidcr2030.ideascale.com



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Oral health will be fully integrated into the study of overall health through a deeper understanding of the mechanisms that cause disease or support health

Integration will:

- Enhance interactions and communications among practitioners, researchers, and patients
- Advance our understanding of factors that cause disease or support health

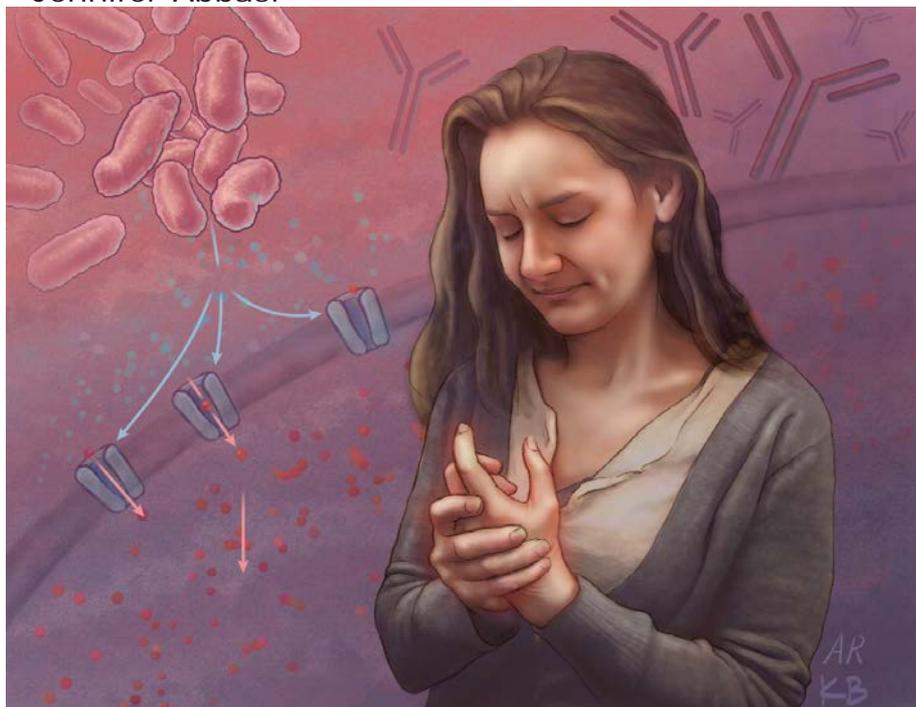
Periodontal Disease Bacteria Linked to Rheumatoid Arthritis

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Medical News & Perspectives

To Prevent Rheumatoid Arthritis, Look Past the Joints to the Gums

Jennifer Abbasi



- Researchers identified a bacteria typically associated with periodontal disease in >50% of individuals with RA

Konig et al. Sci Transl Med. 8, 2016

JAMA, March 2017



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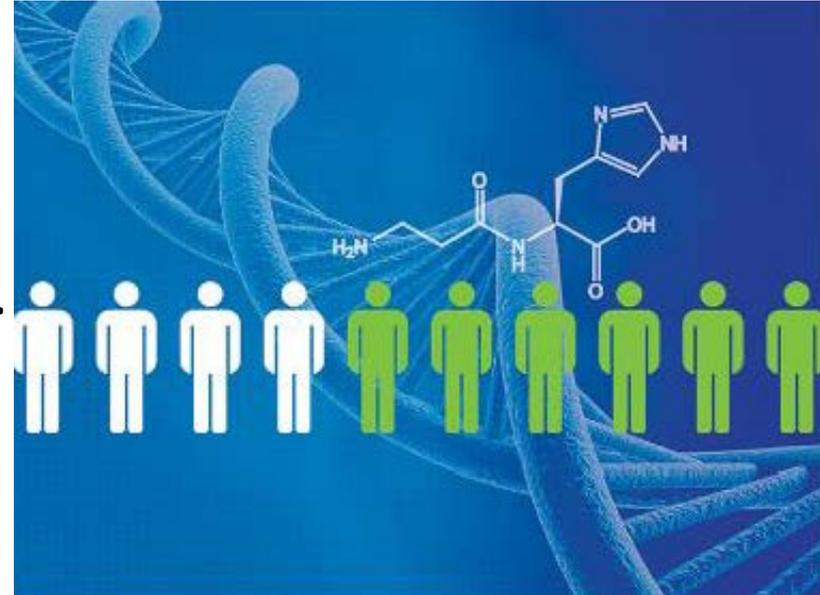


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Precision prevention, treatment and public health interventions will be available to all people

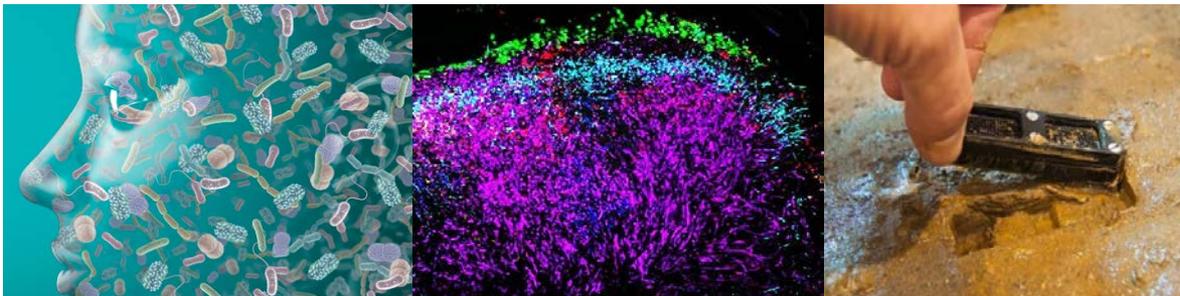
Including strategies to:

- Promote health and **prevent** and treat disease based on individual's genetics, environment, behavior, etc.
- **Overcome health disparities**
- Develop **public health interventions**



Developing Probiotics for Caries Prevention

- A newly identified strain of Streptococcus, A12, can help counteract the effects of caries-causing *S. mutans*
 - A12 neutralizes acidic conditions and hinders *S. mutans* survival
 - Opportunity for probiotic development - prevention
 - Opportunity for precision health- caries risk assessment and identify people who could most benefit from A12



A consortium for childhood oral health disparities research

Test health promotion and disease prevention strategies



Community-based investigation and participation



Multidisciplinary team approach



Examples of Health Disparities research efforts:

- Storytelling techniques in American Indian/Alaska Native communities to improve oral health knowledge and behaviors in women and their infants
- Leveraging text messaging and social networks to promote oral health behaviors in underserved populations
- Understanding the effects of aging on health (trans-NIH)

Improving Dental Visits for Children with Autism Spectrum Disorders

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Adapting the dental environment to improve experience for children with ASD

- Autism Spectrum Disorders (ASD) cause sensory processing difficulties
- ASD children are at higher risk of oral diseases, including caries
- Sensory Adapted Dental Environment (SADE) to improve dental office visits
- Lower anxiety and sensory discomfort reported with SADE



Cermak S et al. (2015) *J Autism Dev Disord*



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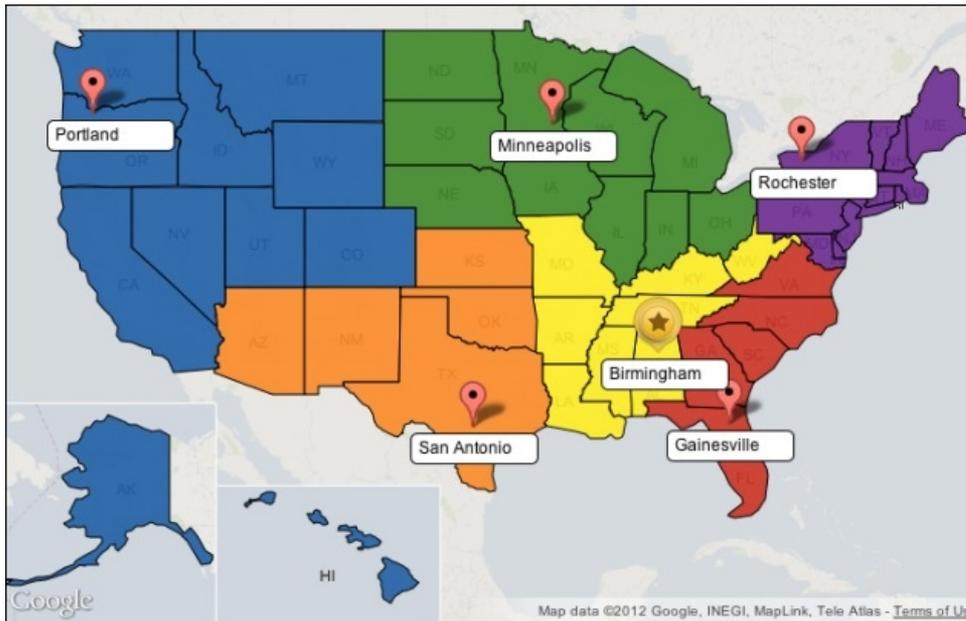
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and Craniofacial Research

National Dental Practice-Based Research Network

Engaging practitioners to generate the evidence base to improve precision health care



- **52,500** participants enrolled and over **55** studies in National coordinating center & **6 regional centers**
- Over **6,800** practitioner members, all 50 states
- Over progress or completed <https://www.nationaldentalpbrn.org/>

- Studies include: Management of painful temporomandibular disorders, HPV screening for oral cancer risk, and opioid prescribing practices of dentists

Recent Research Initiatives & On the Horizon

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- Research to better understand gene-environment interactions in orofacial clefting
- Clinical studies on craniofacial anomaly and scar repair strategies (fibromodulin)
- Initiative on dissemination and implementation research
- Initiative to identify novel tumor antigens for oral cancer treatment
- Research on tailoring dental treatment for individuals with systemic diseases that compromise oral health
- Research to address emerging public health concerns (zika virus, opioids, HPV oral cancer, e-cigarettes, etc.)
- Collaborations on effects of aging on health and disease
- Development of tools & technologies to monitor health and detect and treat dental, oral and craniofacial diseases and disorders
- Training program at NIDCR in Dental Public Health and Bioinformatics (with NLM)



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National Institute of Dental
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Connect with Us



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Follow @NIDCR to keep up with the latest #dental and #craniofacial research.



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Subscribe to the NIDCR playlist to view science and oral health videos.



NIDCR Updates

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Science News

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Grants & Funding

Subscribe to receive weekly emails on funding opportunities and grant policy updates.

Go to www.nidcr.nih.gov to connect

Indian Health Service

Christopher G. Halliday, DDS, MPH
Deputy Director
Division of Oral Health



Mission

To raise the physical, mental, social and spiritual Health of American Indians and Alaska Natives to the highest level

Agency Priorities

- People
- Resources
- Partnerships
- Quality

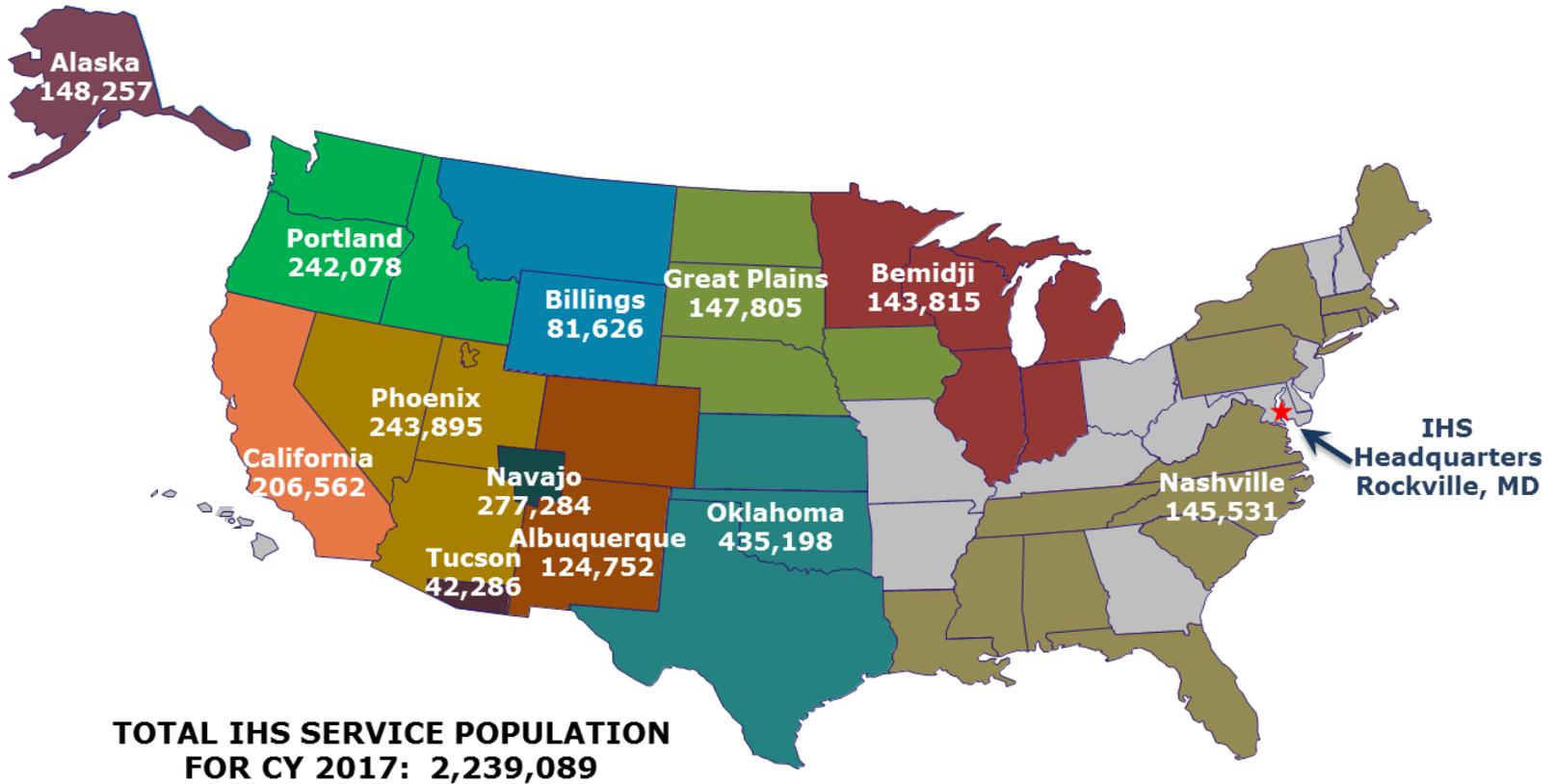
Population Served

- Members of 567 Federally recognized Tribes
- More than 2.2 million American Indians and Alaska Natives

IHS Services are administered through a system of 12 Area Offices and 170 IHS and tribally managed service units

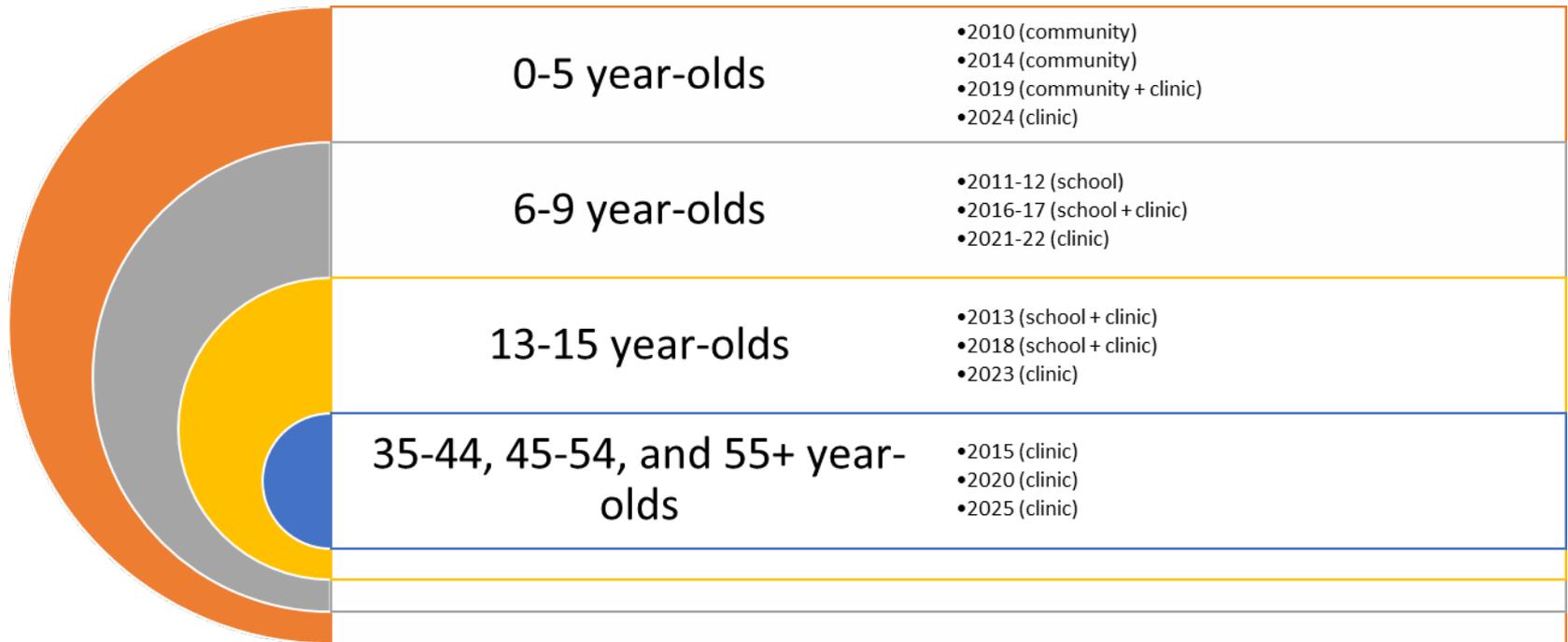
- 404 total dental clinics
- 76 IHS Direct
- 319 Tribal
- 9 Urban

Service Population By Area



IHS Service Population Map

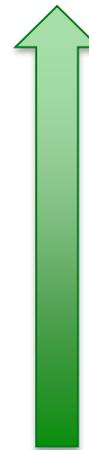
- Oral Health Surveillance
- Early Childhood Caries Collaborative
- Periodontal Treatment Initiative
- Oral Health Promotion/Disease Prevention Funding Initiative
- Dental Clinical and Preventive Support Centers
- Alternative Dental Workforce Models
- Dental Workforce Efficiency Initiative



Surveillance Groups

- Results:

- 0-5 year old Access to Care
- 0-5 year old Sealants
- 0-5 year old Topical Fluoride
- 0-5 year old ITR



7.9% increase

65.0% increase

68.2% increase

161.0% increase

- Results:

- 1-2 year old caries experience 6.3% decrease
- 1-2 year old untreated decay 4.3% decrease
- 1-5 year old caries experience in "fully implemented sites" 16.8% decrease
- 1-5 year old untreated decay in "fully implemented sites" 26.8% decrease



- Resulted in the development and release of new National standards for screening and treatment of periodontal (gum) disease
- Expanded Functions Dental Assistants (EFDAs): 22 courses in the last two years, 153 dental assistants trained
- Have developed a new treatment protocol for non-diabetic patients
- Have developed a new Community Periodontal Index screening guide
- Have evaluated the effectiveness of periodontal EFDAs

Oral Health Promotion/Disease Prevention Funding Initiative

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- The Division of Oral Health has funded prevention projects in the Indian Health Service since the year 2000
- Annual Awards, averaging 15 from 2010 to 2017
- 16 projects funded in fiscal year 2017
- Each funded program from 2014 to 2017 provided evaluation reports that were disseminated to national audience
- Each of the funded initiatives demonstrated “out of the box” innovative thought that has led to national replication of their best practices



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- Purpose: To bolster infrastructure
- Have been funded since 2004
- Five year program awards and grants
- 8 Dental Clinical and Preventive Support Centers serving ten of twelve IHS Areas
- Alaska, Albuquerque, Billings, California, Nashville, Oklahoma City, Navajo, Phoenix, Tucson and Portland areas are currently served by a Dental Clinical and Preventive Support Center

- Collaboration with Johns Hopkins University School of Public Health
- Purpose: to evaluate impact of different alternative dental workforce models on productivity (visits, RVUs), efficiency (services per patient, etc.) and GPRA (access, fluoride and sealants)
- The alternative dental providers include expanded functions dental assistants, independent registered dental hygienists, primary dental health aides and dental health aide therapists
- Project is ongoing

- Have developed new clinical efficiency and effectiveness indicators

Population to Dentist Ratio	1200:1
Population to Staff Ratio	500:1
Assistant to Dentist Ratio	2:1
Operatory to Dentist Ratio	2:1
Services per Dentist per Year	4,505
Services per Hygienist per Year ²	1,992
Services per Facility per Year ³	6,497
RVUs per Dentist per Year	7,092
RVUs per Hygienist per Year ²	2,788
RVUs per Facility per Year ³	9,880
RVUs per Staff per Year	2,770
RVUs per Visit per Year	5.0

RVUs per Patient per Year	11.2
RVUs per Operatory per Year	3,063
Visits per Dentist per Year	1,879
Visits per Dentist per Day	8.62
Visits per Hygienist per Year ²	1,357
Visits per Hygienist per Day ²	6.40
Visits per Provider per Year ³	3,236
Visits per Operatory per Year	721
Broken Appointment Rate ⁴	≤21%
% of Patient Treatment Planned ⁵	≥53%
% of Patients Completing Treatment ⁶	≥46%
% of Level I-III (Basic) Services	≥90%

Partnerships are key in addressing oral health disparities



Division of Oral Health Partnerships

Indian Health Service Division of Oral Health

www.ihs.gov/dentistry/

(301) 443-1106



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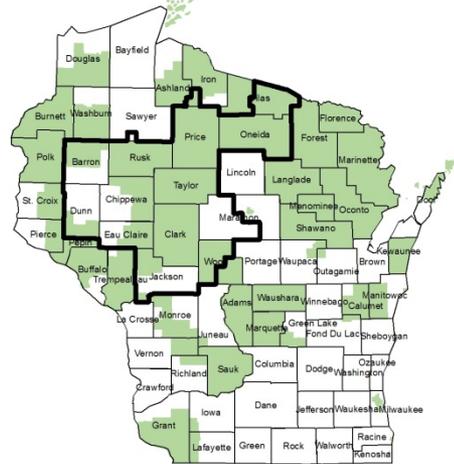


Healthy People 2020 Progress Review
Maximizing Access:
Connecting Health Care and Oral Health Care

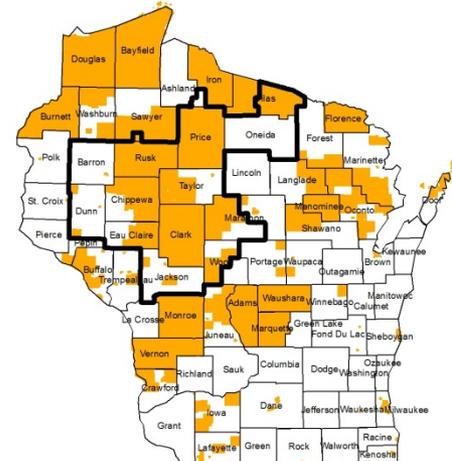
Webinar
June 13, 2017

Presented by:
Greg Nycz, Executive Director
Family Health Center of Marshfield, Inc.

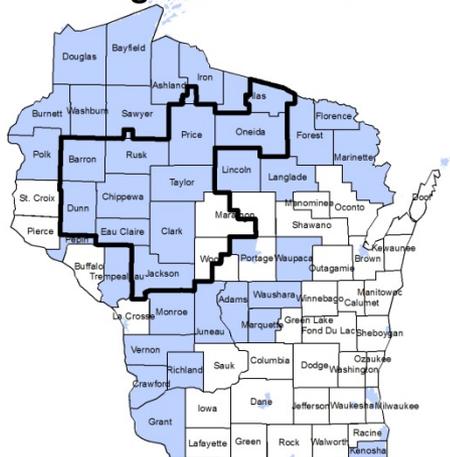
Health Professional Shortage Area Designation - Primary Care



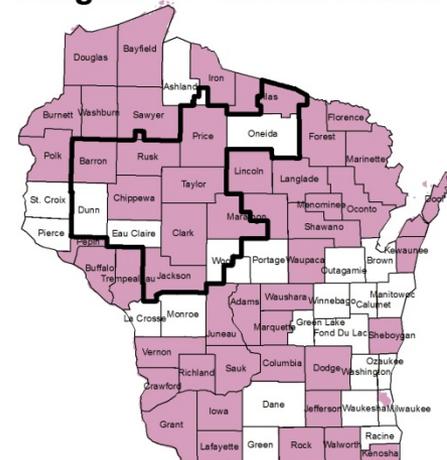
Medically Underserved Area/Medically Underserved Population Designation



Health Professional Shortage Area Designation - Dental



Health Professional Shortage Area Designation - Mental Health



Oral Health in America:
A Report of the
Surgeon General

Department of Health and Human Services
U.S. PUBLIC HEALTH SERVICE

The Dental Access Problem

A Wisconsin Problem

- 30.8% of our 3rd graders have untreated decay. Four percent (8.4% in lower income schools) had urgent care needs (pain, infection, swelling, or soft tissue ulceration of more than two weeks duration) (Make Your Smile Count Survey, Wisconsin DHFS, 2001-2002)
- Only 23.4% of State Medicaid recipients received a dental service in 2008. (data from Wisconsin Department of Health Services)

Our Plan

Our destination: 100% access to high quality services
0 health disparities

Our strategy: Develop a plan capable of
delivering us to our final
destination

Planning horizon: 10 to 20 years

The Need for a Comprehensive Strategy

To be successful, we must recognize the importance of dual accountabilities:

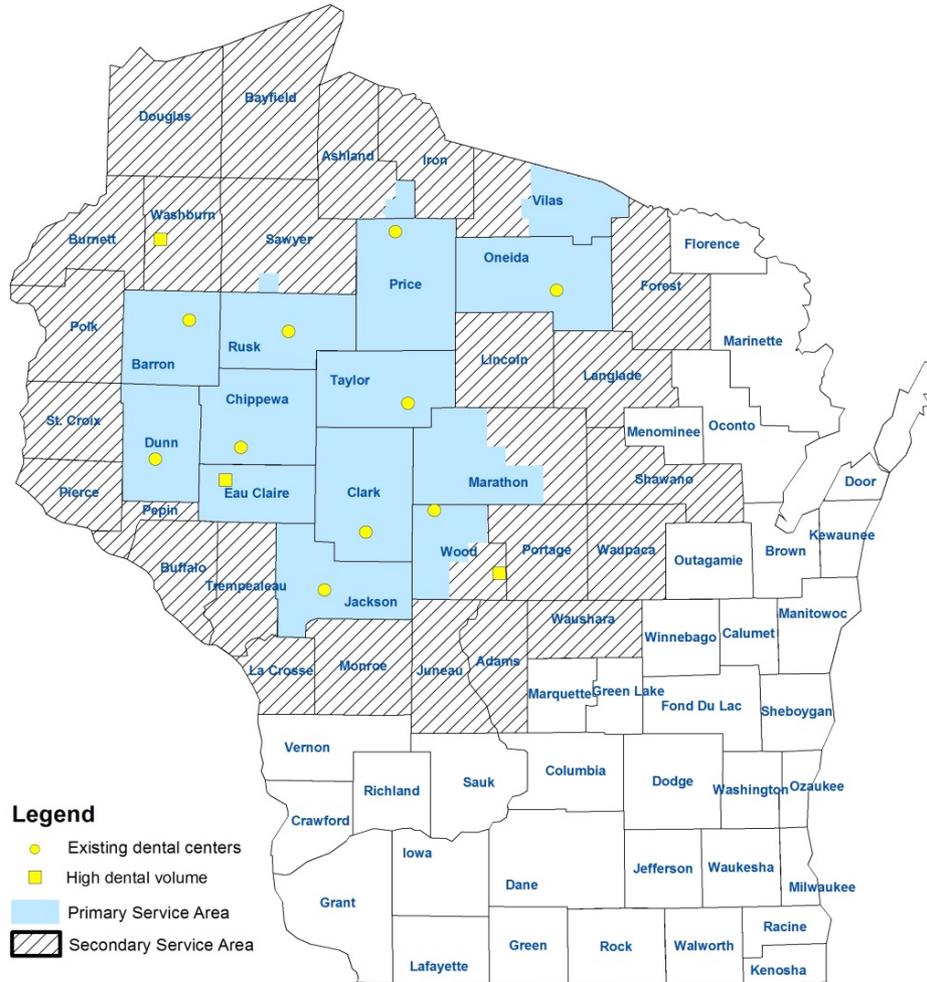
1. To those in need
2. To those who pay (the State of Wisconsin, HRSA, Medicaid) as well as those who ultimately foot the bill (taxpayer).

Major Components of the Plan

1. Rapidly expand dental capacity. If you build it they will come, but they will come when they are in pain
2. Foster collaboration across medicine, public health, and dentistry
3. Develop an integrated oral/medical electronic health record with decision support tools

Family Health Center of Marshfield, Inc.

Primary and Secondary Target Areas for Dental Initiative



Legend

- Existing dental centers
- High dental volume
- Primary Service Area
- Secondary Service Area

Service Area	Population	% Of State	< 200% FPL	% of State	Square Miles	% of State
Primary	485,347	8%	145,604	8%	11,759	18%
Secondary	852,944	15%	298,530	17%	25,182	38%
Subtotal	1,338,291	23%	444,135	25%	36,941	56%
Statewide	5,775,120		1,755,636	30%	65,498	

2016 Population figures, WISDOA Estimates

Elements of Our Oral Health Initiative

- Access to needed services leaving no one behind
- Integration across public health/medical and dental domains
- Workforce solutions
 - Not enough dentists
 - Maldistribution of dentists
 - Training deficits
- Quality assurance and improvement
- Expanding our knowledge base

Access

Leaving No One Behind

- The elderly
- Veterans*
- Medicaid
- Those with dental emergencies*
- Uninsured
- Disabled*
- Our youngest children
- Medically complex patients
- Individuals whose oral condition presents a barrier to work*

*Statewide priority

Community Collaborations And Outreach

- Tele-dental and Head Start
- Nursing Homes/Assisted Living Facilities
- Community Hospitals
- Social Service Agencies
- Job Service Agencies
- Disability Groups
- Veteran Affairs Offices
- Local Public Health Directors and Oral Health Staff
- Schools
- Day Care Centers
- WIC Offices
- Food Pantries
- Free Clinics

The Dental Workforce and Rural Wisconsin

Facing a triple threat:

- Aging and retirement
- Dentist preferences for practice locations
- Gender equality and preferences

**OUR FIRST REGIONAL DENTAL FACILITY
THE LADYSMITH DENTAL CENTER ❖ OPENED JULY 2003**

8,840 square feet
17 operatories
5 dentists/5 hygienists
Building funded with State Rural
Health Dental Clinic funds and
FHC reserves



**OUR TENTH REGIONAL DENTAL FACILITY
THE MENOMONIE DENTAL CENTER ❖ OPENED DECEMBER 1, 2016**

13,200 square feet
20 operatories (includes 4 training
operatories)
5 dentists/4 hygienists

Special space and equipment to
serve the developmentally disabled



2017 Current Oral Health Infrastructure

Number of Dental Centers	10
Square Feet	128,000
Total Operatories	204
Training Operatories	28
Dental Students	3
Dentists (includes general dentists and oral surgeons)	46
Hygienists	42
Total FTEs	310.8

Why Medicine?

- There are many health literacy issues that need to be addressed.
- There are barriers other than financial that keep people from going to the dentist.
- Opportunity (a high proportion of the population sees a physician each year).
- Obligation (to care for the patient) and increasing awareness of oral-systemic relationships.

How Can Medicine Help?

1. Combined medical/dental electronic record with decision support to maximize compliance with evidence based preventive health services
2. Dentists and hygienists virtually teaming with primary care providers - more well-child checks, less extractions – more immunizations, less illness

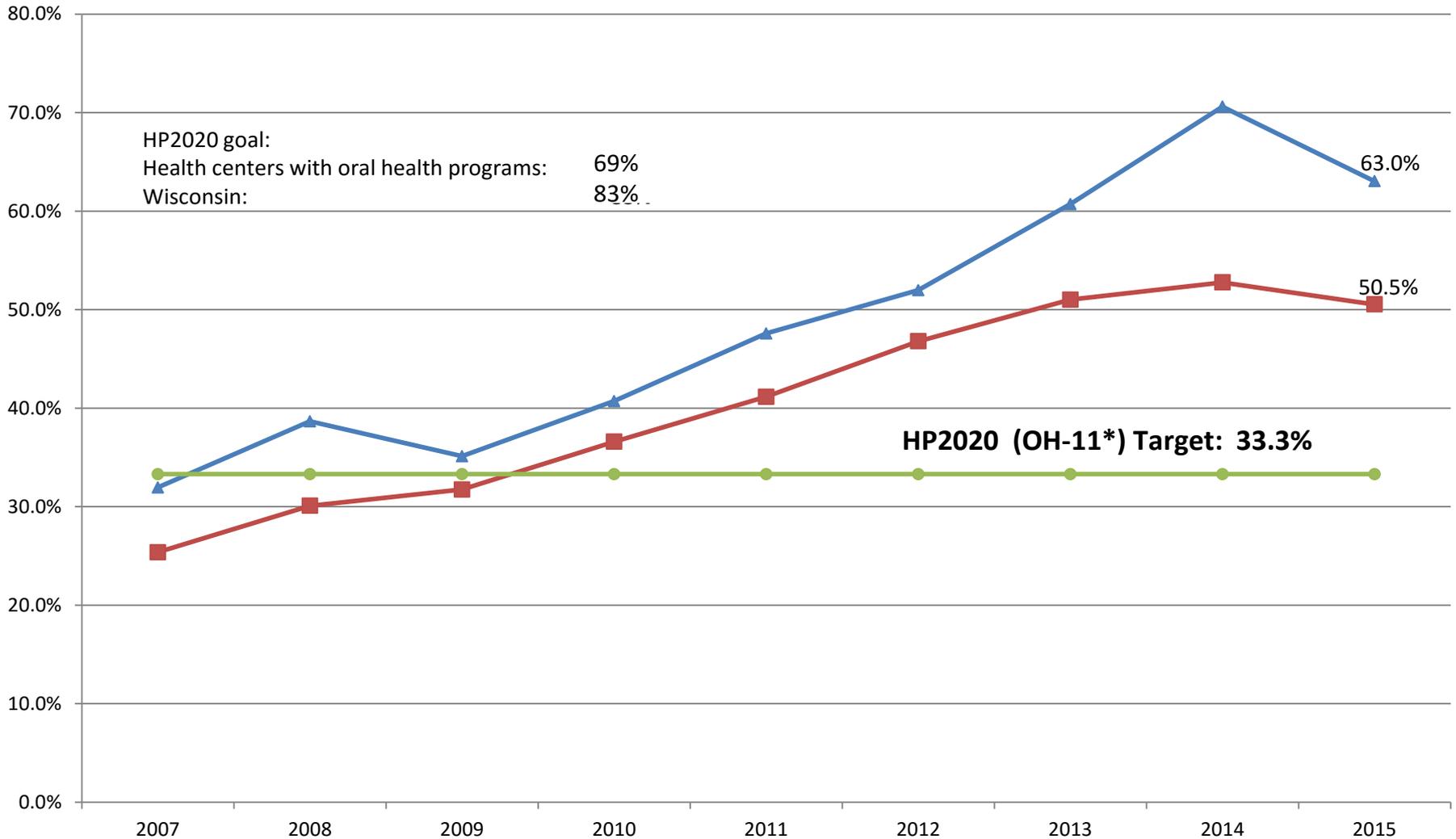
Medical Dental Integration Better Care?

Case example: A diabetic patient presented at our Ladysmith Dental Center. The patient was jaundiced and very ill and had a large lesion on his leg for the past four years that would not heal. He also had severe oral health disease. Following a full mouth extraction and dentures, this patient has been back for routine care. He reports his blood glucoses are under control, he has good skin color, his skin lesion is healed and he is very happy.

Medical Dental Integration Better Care?

- Case example: A 20-year-old female with no income presented as unemployed and depressed with very poor oral health. We provided extractions and dentures. She now has an improved self image and a job.

Health Center Patients Receiving Dental Services

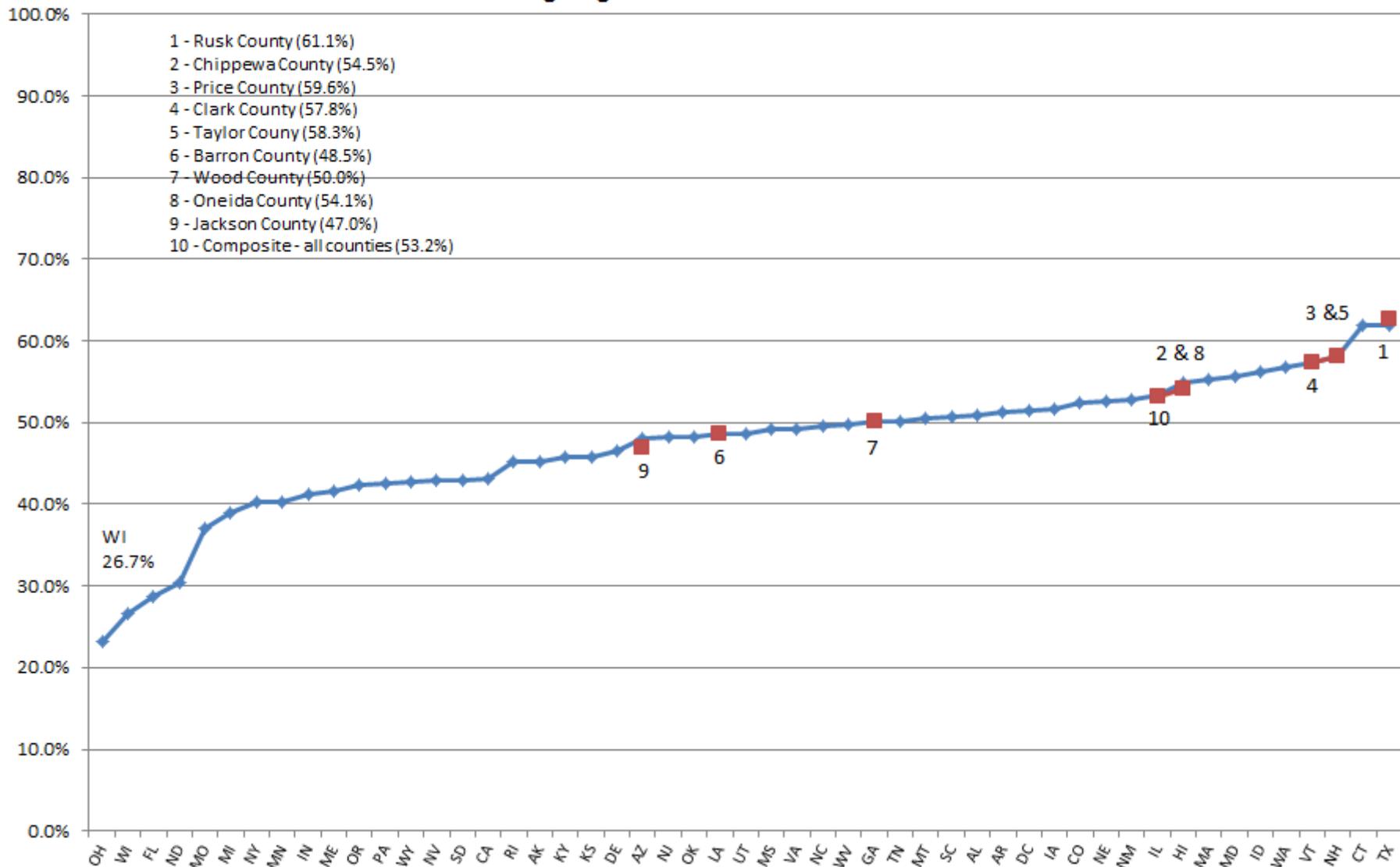


Source: Uniform Data System (UDS), HRSA/BPHC

*OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year

▲ Family Health Center ■ Wisconsin ● HP2020 Target

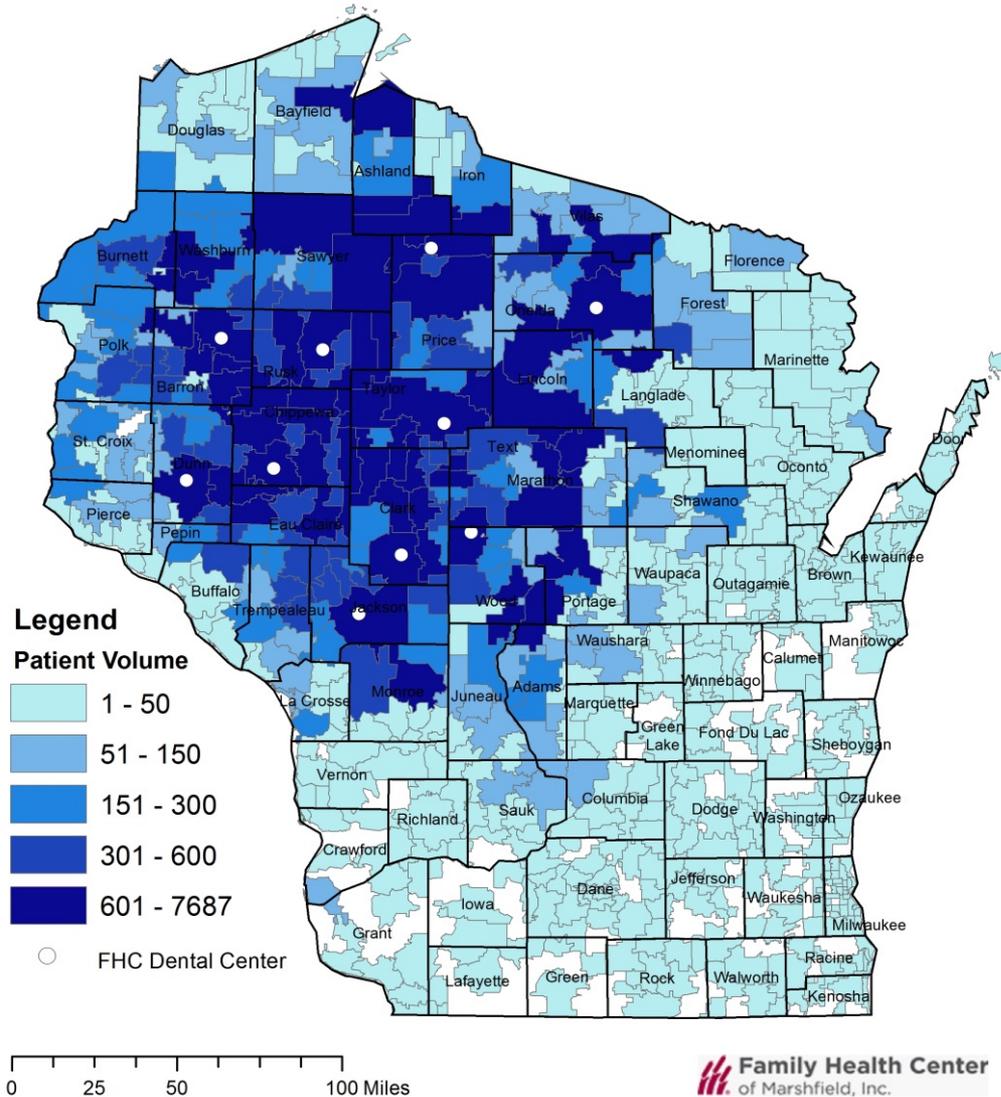
**2013 State Rankings of the Percentage of Eligible Children <20
Enrolled for at Least 90 Continuous Days, Who Received Any Dental Service¹
Demonstrating Progress for Counties with Dental Centers**



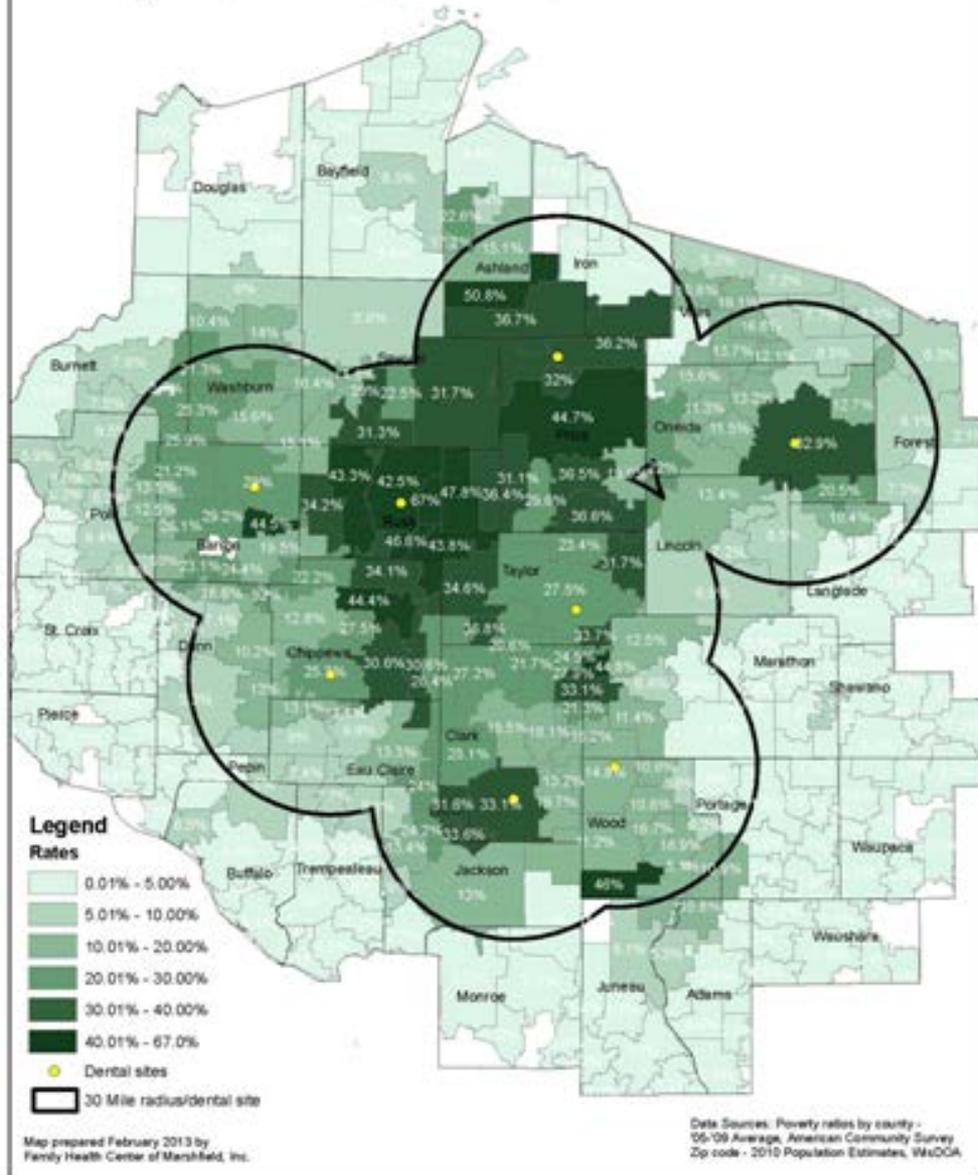
¹State data from federal CMS 416 reports. County data adjusted to estimate removal of BadgerCare eligibles without 90 continuous days of eligibility in the report year.

142,297 Patients Treated by Family Health Center Dental Initiative

November 2002 - December 31, 2016



Penetration into twice poverty population by FHC Dental System in Calendar Year 2012.



**Park Falls Dental Patients (<200% of Poverty)
Seen (March 2008-June 2009) From
Target Area Communities by Distance to Care Burden**

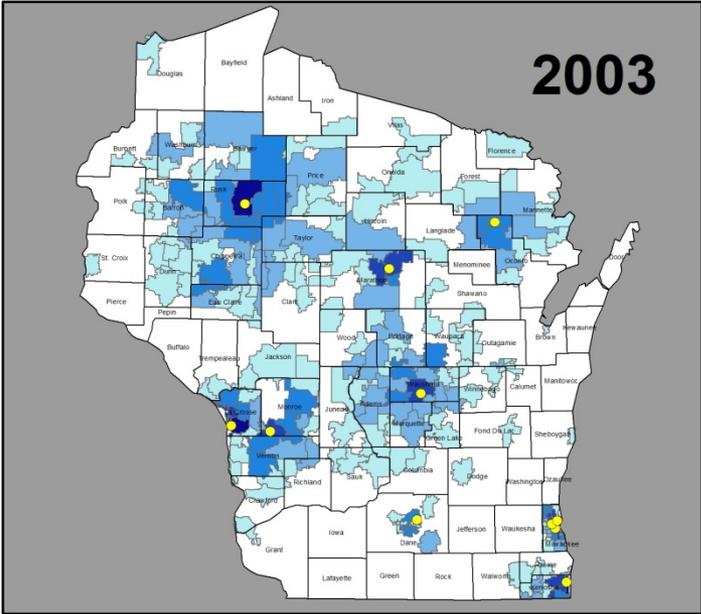
Community	Number of Patients	Miles Round Trip	Number of Trips	Total Miles/Patient	Total Miles
Woodruff	225	86	3.3	283.8	63,855
Rhineland	221	156	3.1	483.6	106,876
Minocqua	112	88	3.2	281.6	31,539
Eagle River	99	138	3.2	441.6	43,718
Tomahawk	74	126	3.2	403.2	29,837
•	•	•	•	•	•
•	•	•	•	•	•
•	•	•	•	•	•
TOTAL	1073			385.6	413,787

Possible Mileage Savings with Dental Center in Rhineland

Community	Numer of Patients	RT Miles from Rhineland	Number of Trips	Total Miles/Patient	Total Miles
Woodruff	225	46	3.3	151.8	34,155
Rhineland	221	0	3.1	0.0	0
Minocqua	112	59	3.2	188.8	21,146
Eagle River	99	50	3.2	160.0	15,840
Tomahawk	74	44	3.2	140.8	10,419
•	•	•	•	•	•
•	•	•	•	•	•
•	•	•	•	•	•
TOTAL	1073			136.2	146,136

TOTAL MILEAGE SAVINGS **249.4** **267,651**

Zip codes with 10 or more patients treated at FQHC Dental Sites by Year



Dental Activity by Calendar Year

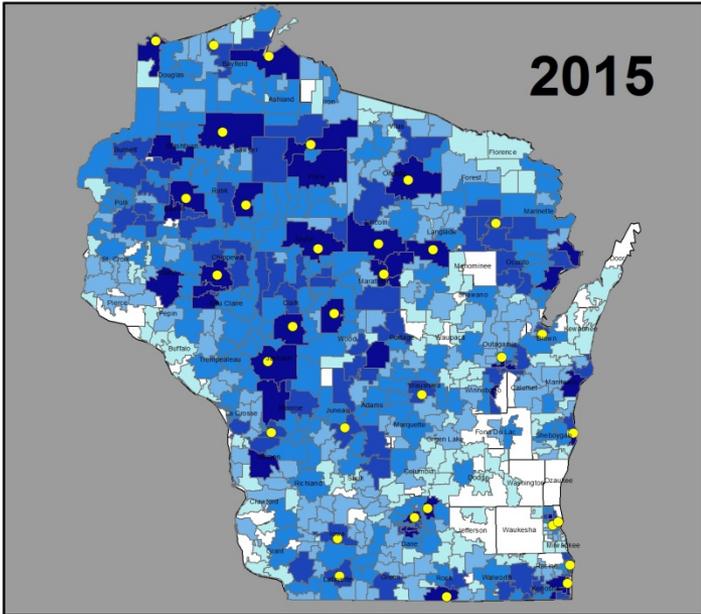
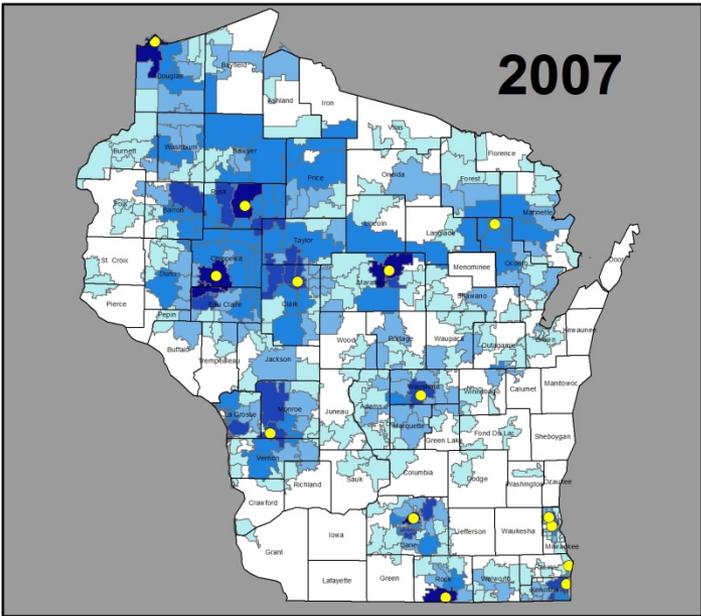
Categories	2003	2007	2015
Patients	29,970	48,664	156,309
Visits	70,888	119,443	396,931
<i>Average Enc/pt</i>	2.37	2.45	2.54
On-site dental services	11	14	38

Legend

Patient Volume



● FQHC Dental Centers



Excerpt from letter of support from Jackson County Department of Health & Human Services, Jackson County Public Health Nurse

- “I recently took a call from a concerned sister who had a very ill 28 year old brother with a full-time job, however, no medical or dental insurance. He was experiencing high fevers, severe malaise, and significant body pain. I advised family to take him to local urgent care. Upon examination it was found that he had not had proper dental care for several years. He not only had abscessed teeth that caused him to be septic, but also had an advanced stage of jaw cancer. Hospital staff expressed concerns with him not living another 12 hours if he hadn’t come into urgent care when he did. **The family and I feel strongly if he would have had access to a dental center he would have had prevention and/or earlier diagnosis of the abscessed teeth and jaw cancer.**”

The Importance of Ground Breakings, Ribbon Cuttings, and Big Check Ceremonies



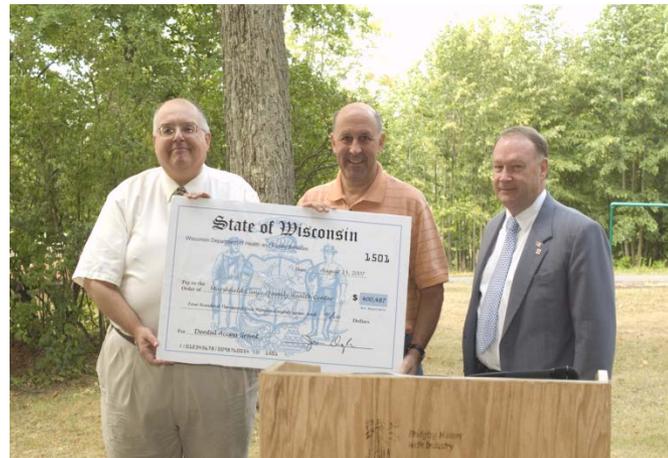
Chippewa Falls Dental Center
Groundbreaking – May 2006



Ladysmith Dental Center
Ribbon Cutting – August 2003



Senator Decker laying the cornerstone
at the Ladysmith Dental Center



Park Falls Dental Center
Check Presentation – August 2007

you guys gave me the best
Christmas present

NO PAIN!!



Merry X-mas

For more information on Wisconsin Community Health Centers oral health initiatives contact Stephanie Harrison at WPHCA at 5202 Eastpark Blvd, Suite 109, Madison, WI 53718; 608-277-7477

For more information about Family Health Center of Marshfield, Inc.'s dental initiative contact: Greg Nycz at 1000 North Oak Avenue, Marshfield, WI 54449; 715-387-9137 or nycz.greg@marshfieldclinic.org

Roundtable Discussion

Carter Blakey
Deputy Director, Office of Disease
Prevention and Health Promotion



A library of stories highlighting ways organizations across the country are implementing Healthy People 2020

Stories from the Field

Want to know what others are doing to improve the health of their communities? Explore our *Stories from the Field* to see how communities across the Nation are implementing Healthy People 2020. You can also [share your story!](#)

Explore the map below or filter to view stories by the related topic area or Leading Health Indicator.

Sort By: Viewing 80 results

Topic Area	Organization Name	Organization Type	Date Posted	Program State
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Filter By: Show LHI Only [Reset Filters](#) [Update](#)



Healthy People 2020 in Action

 Who's Leading the Leading Health Indicators? series  Stories from the Field

Healthy People in Action

<http://www.healthypeople.gov/2020/healthy-people-in-action/Stories-from-the-Field>

Save the Date!

Healthy People 2030 Development: Informational Webinar Co-Hosted by ODPHP and APHA

June 22, 2017

12:00 pm to 1:00 pm ET

Register now at APHA.org



ODPHP

Office of Disease Prevention
and Health Promotion

Please join us on
Thursday, July 20th
for the
Social Determinants LHI
Webinar

Registration on [HealthyPeople.gov](https://www.healthypeople.gov)
will be available in July.



Save the Date!

Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

June 27, 2017

1:00 pm to 5:00 pm ET

Registration opens in June on HealthyPeople.gov



ODPHP

Office of Disease Prevention
and Health Promotion

- Anne Dievler (HRSA)
- Robert McNellis (AHRQ/CEPI)
- Shavon Artis (HHS/OASH)
- Allison Vilchinsky (HRSA)
- Gina Thornton-Evans (CDC/ONDIEH)
- Renée Joskow (HRSA)
- Tim Iafolla (NIH/NIDCR)
- Chris Halliday (IHS/HQ)
- Morgan O'Hayre (NIH/NIDCR)
- Stan Lehman (CDC/OD)
- Jennifer Villani (NIH/OD)
- Emily DeCoster (HRSA)
- Irma Arispe (CDC/NCHS)
- David Huang (CDC/NCHS)
- Leda Gurley (CDC/NCHS)
- Elizabeth Jackson (CDC/NCHS)
- Jeff Pearcy (CDC/NCHS)
- Robin Pendley (CDC/NCHS)
- Cheryl Rose (CDC/NCHS)
- Carter Blakey (HHS/ODPHP)
- Emmeline Ochiai (HHS/ODPHP)
- Angie McGowan (HHS/ODPHP)
- Ayanna Johnson (HHS/ODPHP)
- Yen Lin (HHS/ODPHP)

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