

Placing Oral Health on the Health Care Agenda

Lessons Learned from
U.S.

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Objectives

- To present challenges and opportunities in placing oral health on the health care agenda
- To provide examples from the U.S. experience

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Disclosure – my personal biases....

- Oral health is integral to overall health..
- Dental care is primary care...
- Responsibility for oral health is broad-based, not just limited to dentistry...
- Both public health and private care systems must include oral health care components...
- All care must be science-driven....

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Basic strategies to gain visibility

- Recognition of oral health needs by a diverse communities of interest
- Communication of the science and value of oral health at local and national levels by trusted leaders
- Acquisition and reporting of data to plan, monitor and evaluate health status and programs
- Development of "centering products" that facilitate collaboration and coordination

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Oral health needs must be recognized by a diverse communities of interest.

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WHY?

- “We have developed several key programs. I am from the government. Trust me.”
- “As a doctor, I recommend...”
- “Your plan does not cover this service twice a year. You need to pay...”
- “My child needs treatment. Now!”

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Having diverse communities of interest stimulates the interest of decision-makers.

- Mayors
- Governors
- Surgeons General
- Legislators

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More than dentistry, more than private sector, more than public health...

- Family Voices
- National Foundation for Ectodermal Dysplasias
- Cleft Lip/Cleft Palate Association
- Sjogren's Syndrome Foundation
- Survivors of Head and Neck CA
- TMJD Foundation

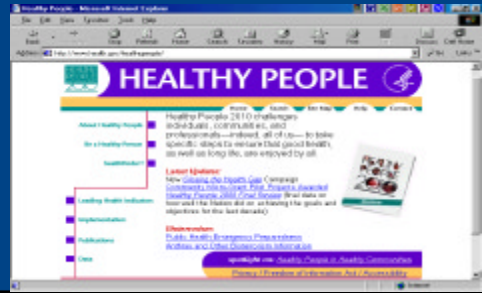
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“In order for us to clearly see our way through and be able to swallow what life dishes out, we need top-notch vision and good teeth.”

-- A Labor Department employee in NYC, 2002

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The support of many voices helped include oral health in national health promotion and disease prevention objectives since 1979.



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Disclosure.....

- Chief Dental Officer John Green was the Deputy Surgeon General when Surgeon General Julius Richmond released the SG report on health promotion and disease prevention in 1979.....
- Having someone at the right place and right time is key.

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Oral health objectives focus on:

- **Reducing oral diseases:** dental caries, periodontal diseases, oral cancer, tooth loss
- **Delivering critical dental services:** sealants, water fluoridation, examinations
- **Increasing health care infrastructure:** dental clinics in schools, surveillance, state dental directors

*In addition, there are numerous oral-health related objectives.

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HP 2010 oral health-related objectives include:

- Access to quality health services
- Educational and community-based programs
- Health communication
- Medical product safety
- Public health infrastructure

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The science and value of oral health needs to be communicated at national and local levels by trusted leaders.

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Thomas Parran Jr.

Dental and oral health are integral to the public's health



Luther L. Terry

Oral health effects are included in the first Surgeon General's Report on Smoking and Health.



Julius B. Richmond

Fluoridation and oral health are an integral component of the nation's first health promotion and disease prevention objectives.

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C. Everett Koop

"You are not healthy without good oral health."



Antonia C. Novello

Oral health is key component of assuring that children are healthy and ready to learn.



David Satcher

In addition to a report on oral health, a Surgeon General's workshop and conference on children and oral health was commissioned.

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The Secretary, DHHS commissioned a SG report on oral health:



“...Oral health is essential to the general health and well-being of all Americans and can be achieved. However, not all Americans are able to take that message to heart.”

<http://www.nidcr.nih.gov/sgr/oralHealth.asp>

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The Report also highlighted:

“a “silent epidemic” of oral diseases is affecting our most vulnerable citizens – poor children, the elderly, and many members of racial and ethnic minority groups.”

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Disclosure.....

- Dr. John Drum, Department of Health and Human Services Secretary Donna Shalala's personal dentist emphasized the importance of oral health to general health to her...
- Chief Dental Officer Stephen Corbin was also the Chief of Staff, Office of the Surgeon General, at the time.

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The science in the SG report communicated to the “public” and policy-makers:

- Oral diseases and disorders affect the health and well-being throughout life and are associated with other health problems
- Lifestyle behaviors affect both oral and general health
- The mouth is a mirror, reflecting our health, well-being and our identity
- Safe and effective preventive measures exist

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It also communicated the problems:

- There are profound and consequential oral health disparities within our population
- More information is needed in order to improve health
- There are substantial barriers to improvements in oral health

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The Report stimulated state and local actions:

- State plans
- Surveys
- Campaigns– Watch your mouth!
- Legislation



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Multiple efforts to address oral health needs were launched around the time of SG Report release.

- Healthy People 2010
- IG Reports
- IOM Report on Expanding Medicare
- HRSA/HCFA Oral Health Initiative
- State Coalitions, Medicaid Summits and Plans
- NGA Policy Forums
- Foundation and non-profit organization activities
- Future of Dentistry Report

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Disclosure...multiple engines at work...

- Organizations formed a "friends of the SG report"....
- A coordination committee of federal programs was created to guide the report....
- Supportive (non-dental) agency directors.....
- Dental advocates....working public policy...
- Personal experiences of legislators...
- A SG workshop and conference on a "Face of a Child" were held...

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Centering “products” that allow individuals and communities to focus and collaborate on efforts leading to the same goals are critical.

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A National Call to Action to Promote Oral Health (2003)

- Combines the Framework for Action from the SG report with the Healthy People 2010 oral health objectives.
- Has goals that reflect those of Healthy People 2010
 - To promote oral health
 - To improve quality of life
 - To eliminate oral health disparities



<http://www.nidcr.nih.gov/sgr/CallToAction.asp>

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Framework for the National Oral Health “Call to Action”



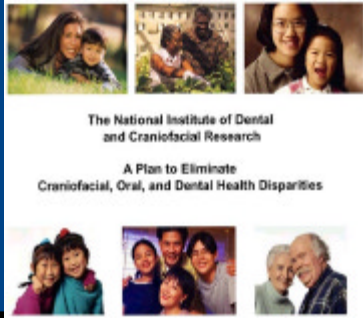
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The “Call” asks for plans with strong evaluation components to:

- Change perceptions of oral health
- Overcome barriers by replicating effective programs and proven efforts
- Build the science base and accelerating science transfer
- Increase workforce diversity, capacity and flexibility
- Increase collaborations

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Other agendas also contribute to “centering” action:



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http://www.cdc.gov/OralHealth/state_reports/cooperative_agreements/index.htm



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Disclosure.....

- A Public Health Service “Oral Health Coordinating Committee” provides communication linkages across federal programs

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Oral Health Coordinating Committee



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“Improved health and quality of life for all through optimal oral health”

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Data are required to document health status and the evidence-base of interventions.

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Data are critical to essential public health services:

- Monitor health status
- Diagnose problems and hazards
- Inform, educate and empower public
- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to needed services
- Assure a competent workforce
- Evaluate effectiveness, accessibility & quality of services
- Research for new insights

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Categories of data needs include:

- Health and disease – individuals and populations
- Knowledge, attitudes and behaviors – public, profession, policy-makers
- Workforce – service, education, research, policy, administration
- Delivery system – use of services, visits, reimbursement
- Programs and partnerships – local, national and global

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People, policies and politics drive our data needs at all levels:

- Local
- State
- National
- Global

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Data drivers at the national level in the US include:

- *Healthy People 2010 Initiative*
- *Oral Health in America: A Report of the Surgeon General*
- *A National Call to Action to Promote Oral Health*



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One Hundred Challenge Count-Down

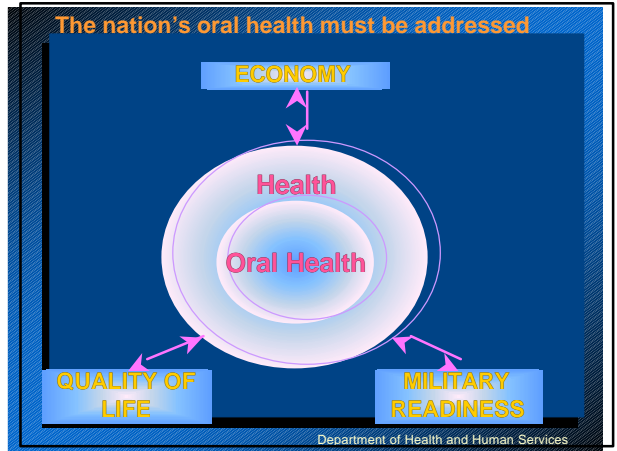
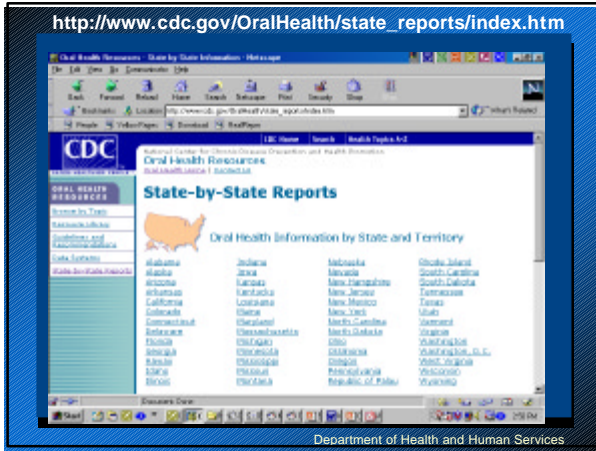
- 100** Million without Community Water Fluoridation
- 100** Million (and 8) without Dental Insurance
- 100** Million without a dental visit in the past 12 months
- 100,000** children with disabilities that lose their Medicaid coverage each year, their only dental care coverage
- 100,000** is the average dental student loan upon graduation

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Steps have been taken to facilitate access to data:



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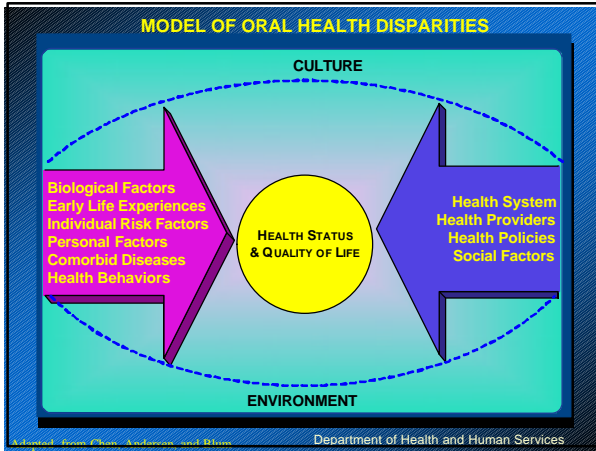


- Disclosure.....**
- We still need to address our data needs in the US
 - Measurement, frequency, examiners..
 - Data are needed for minority populations
 - National data alone are insufficient to address public health needs
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So where should we start?

...and how should we continue?

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We all have a mandate for “transformational leadership”
 (Filerman, Pearson in Critical Issues in Global Health, 2001)

- Driven by vision that is transformable into action
- Actions defined by policies, practical applications, benchmarks, accountabilities, assessments and revisions
- Recognition of strengths and limitations
- Focus on structure, process, outcomes and people
- Comfort in bridging adjacent policy domains

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To Start...

- Develop a plan of action
- Be at the table...join existing and emerging programs
- Remove barriers
- Implement
- Evaluate

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Plan, plan and plan again....

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An initial plan can be informal...but from the beginning

- Use clear health indicators to guide programs and monitor progress
- Nurture a consortium of stakeholders
- Align priorities with those of stakeholders
- Ensure cultural sensitivity
- Integrate oral health into general health plans
- Build surveillance and evaluation effort
- Report on progress
- Ensure oral health expertise at key positions
- \$

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"Public Health in America," Public Health Functions Steering Committee, 1994. (Adapted)



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Be at the table....

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Join existing and emerging systems and programs and integrate oral health

- Are you familiar with local health plans in your area?
- What are the emerging health plans for your province?
- What opportunities are there to bring together national and provincial leaders?

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Align with existing movements..
*such as public health preparedness..that
may have common elements*

- Strengthen public health infrastructure for surveillance and public health response
- Support public health/community health partnerships
- Renew commitment to increase global surveillance and public health
- Ensure ability to recognize and report symptoms
- Support research

Hamburg, MA
Nuclear Threat Initiative
Science 2002:295;1425

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Align with efforts to address “health literacy”
(Health Literacy: A prescription to end confusion (IOM April, 2004))

- “The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions (Ratzan and Parker, 2000).”
- Potential Intervention Points:
 - Culture and society
 - Health system
 - Education system
 - Health outcomes and costs

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Remove barriers....

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Remove Barriers

- Change the perception of dentistry/oral health and its potential role (within profession and beyond)
- Enhance response by extending information technology, workforce..
- Address limitations (legislation, liability, training, competencies)

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Research capacity building is key...work with the Canadian Institutes of Health Research

- Resources
- Visibility
- Science transfer



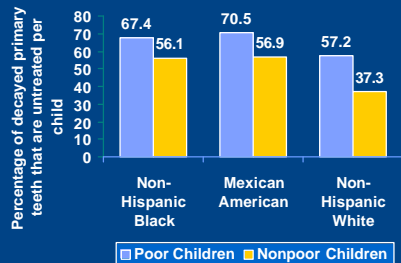
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Evaluate

- What are the outcomes to be measured?
- How will efforts be monitored, redirected and redesigned?
- How will the effectiveness, accessibility, costs and quality of efforts be evaluated?

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Poor children 2 to 9 in each racial/ethnic group have a higher percentage of untreated primary teeth than nonpoor children



Source: NCHS, 1996

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

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View Healthy People 2010 Oral health 3/04 progress review data and slides at...

www.cdc.gov/nchs/hphome.htm

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It's all about health and our future.

(The Future of the Public's Health in the 21st Century (IOM, 2003))

- Adopt a population health approach
- Strengthen public health infrastructure
- Build new generation of intersectoral partnerships
- Develop systems of accountability
- Make evidence the foundation of decision making
- Enhance and facilitate communication

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ORAL HEALTH IS IMPORTANT TO OVERALL HEALTH



A Public Opinion Study for Research!America Fall 2003

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“Some say knowledge is superior to action. Others say action is superior to knowledge. Both are wrong. Unless knowledge is tied to action it is not deserving the recompense.”

-al-Huhwari, 11th century Sufi saint

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Prescription for the Promoting Oral Health



Take care of your health q day
Base actions on science
Commit to being a leader for the nation's health
Think globally, act locally

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Disclosure....

- We would not be where we are in the US if it were not for the model Canada set with the LaLonde Report, and the Canadian clinical preventive services task force report...and so much more...
- **THANK YOU!**

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