The Cross-Federal Initiative: Expanding Oral Health Access for Older Adults

Older Adults and Oral Health: Inspiring Community-Based Partnerships for Healthy Mouths

May 15, 2013
Agenda

Oral Health Status and Resources from Federal Experts
Two Innovative Community Approaches
Question and Answer
Saving Money through Prevention.

Older Adults and Oral Health:
Inspiring Community-Based Partnerships for Healthy Mouths
William Bailey, DDS, MPH
RADM, U.S. Public Health Service
Oral Health and Older Adults

- Oral health is vital to overall health and well being
- Disparities exist by age, race/ethnicity, poverty level and education
  - Unmet dental needs
  - Quality of life
- Disparities exist between residents of long term care facilities/homebound and non-institutionalized adults
- We are facing a ‘tsunami’ of need
- Most oral diseases are preventable
- Barriers exist to achieving good oral health
Barriers to Achieving Good Oral Health

- Low utilization of professional care
  - Cost
  - Access
  - Transportation
  - Lack of perceived need
- Poor general health
- Difficulties with self care
- Health literacy
Quality of Life

- Pain
  - Daily activities
  - Sleep
- Diet
- Social interaction
- Speech
- Physical appearance
- Self-esteem
Self-Reported Time Since last Dental Visit
65 years and older
by Sex, Race/Ethnicity, Poverty Level, and Education

NHANES 1999-2004
Self-Reported Oral Health Status
65 years and older
by Gender

NHANES 1999-2004
Self-Reported Oral Health Status
65 years and older
by Race/Ethnicity

NHANES 1999-2004
Self-Reported Oral Health Status
65 years and older
by Poverty Level

NHANES 1999-2004
Self-Reported Oral Health Status
65 years and older
by Educational Level

- Excellent or Very Good
- Good
- Fair
- Poor

Less than HS
High School
More than HS

NHANES 1999-2004
Prevalence of Untreated Decay
65 years and older
by Sex, Race/Ethnicity, Poverty Level and Education

NHANES 1999-2004
### Prevalence of Root Caries

<table>
<thead>
<tr>
<th>Sex</th>
<th>Race/Ethnicity</th>
<th>Poverty Level</th>
<th>Education</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White NH</td>
<td>&lt;100% FPL</td>
<td>Less than HS</td>
<td>17.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%-199% FPL</td>
<td>High School</td>
<td>11.4</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>&gt;200% FPL</td>
<td>More than HS</td>
<td>12.2</td>
</tr>
<tr>
<td>Black NH</td>
<td></td>
<td></td>
<td></td>
<td>31.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td>30.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.9</td>
</tr>
</tbody>
</table>

NHANES 1999-2004
Average number of teeth, 65 years and older by Sex, Race/Ethnicity, Poverty Level and Education

<table>
<thead>
<tr>
<th>Category</th>
<th>Male</th>
<th>Female</th>
<th>White NH</th>
<th>Black NH</th>
<th>Hispanic</th>
<th>&lt;100% FPL</th>
<th>100%-199% FPL</th>
<th>&gt;200% FPL</th>
<th>Less than HS</th>
<th>High School</th>
<th>More than HS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Teeth</td>
<td>19.0</td>
<td>18.8</td>
<td>19.4</td>
<td>15.2</td>
<td>18.2</td>
<td>15.6</td>
<td>17.0</td>
<td>20.1</td>
<td>15.9</td>
<td>18.1</td>
<td>21.0</td>
</tr>
</tbody>
</table>

NHANES 1999-2004
Prevalence of total tooth loss, 65 years and older by Sex, Race/Ethnicity, Poverty Level and Education

NHANES 1999-2004
Total tooth loss and average number of teeth 50 years and older by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dentate</th>
<th>Edentate</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–64 years</td>
<td>90%</td>
<td>22 teeth</td>
</tr>
<tr>
<td>65–74 years</td>
<td>76%</td>
<td>19 teeth</td>
</tr>
<tr>
<td>75 years and older</td>
<td>69%</td>
<td>18 teeth</td>
</tr>
</tbody>
</table>

NHANES 1999-2004
### Total tooth loss and average number of teeth 50 years and older by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>NH White Dentate (%)</th>
<th>NH White Edentate (%)</th>
<th>NH Black Dentate (%)</th>
<th>NH Black Edentate (%)</th>
<th>Hispanic Dentate (%)</th>
<th>Hispanic Edentate (%)</th>
<th>&gt;200% FPL Dentate (%)</th>
<th>&gt;200% FPL Edentate (%)</th>
<th>≤200% FPL Dentate (%)</th>
<th>≤200% FPL Edentate (%)</th>
<th>FPL Dentate (%)</th>
<th>FPL Edentate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50–64 years</td>
<td>90%</td>
<td>10%</td>
<td>94%</td>
<td>6%</td>
<td>93%</td>
<td>7%</td>
<td>83%</td>
<td>7%</td>
<td>83%</td>
<td>7%</td>
<td>83%</td>
<td>7%</td>
</tr>
<tr>
<td>65–74 years</td>
<td>77%</td>
<td>23%</td>
<td>74%</td>
<td>26%</td>
<td>73%</td>
<td>27%</td>
<td>66%</td>
<td>34%</td>
<td>66%</td>
<td>34%</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>75 years and older</td>
<td>19%</td>
<td>81%</td>
<td>14%</td>
<td>86%</td>
<td>15%</td>
<td>85%</td>
<td>19%</td>
<td>81%</td>
<td>19%</td>
<td>81%</td>
<td>19%</td>
<td>81%</td>
</tr>
</tbody>
</table>

NHANES 1999-2004
Priorities for Public Health

- Better data
- Strategies for homebound and long term care residents
- Community programs focused on prevention
- Expanded safety net
- Integration of oral health into primary care
- Improved health literacy
- Enhanced communication and coordination
Older Adults and Oral Health: Inspiring Community-Based Partnerships for Healthy Mouths

May 15, 2013

Angel L. Rodríguez-Espada, D.M.D.
Chief Dental Officer
U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Primary Health Care
Primary Health Care Mission

Improve the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services
The Health Center Program

- > 45 years delivering comprehensive, high-quality, cost effective primary care
- > 1,100 health centers operating > 8,500 service delivery sites
- Provided care to approximately 20.2 million patients in CY 2011 in every State, DC, PR, USVI, and the Pacific Basin
20.2 Million Patients
- 93% Below 200% Poverty
- 36% Uninsured
- 62% Racial/Ethnic Minorities
- 1,087,000 Homeless Individuals
- 863,000 Farmworkers
- 188,000 Residents of Public Housing

80 Million Patient Visits
- 1,128 Grantees
- 8,500+ Service Sites

Over 138,000 Staff
- 9,937 Physicians
- 6,934 NPs, PA, & CNMs

Source: Uniform Data System, 2011, Service Sites: HRSA Electronic Handbooks
Health Center Program Overview
Calendar Years 2010, 2011

Oral Health Services

CY2010
- 3.8 Million Patient
- 9.2 Million Dental Patient Visits
- 2882 FTE Dentists
- 1144 Dental Hygienists
- 5426 Dental Assistants
- Total: 9452 FTE

CY2011
- 4 Million Patients (+200,000)
- 10 Million Dental Patient Visits (+800,000)
- 3095 FTE Dentists (+213)
- 1285 Dental hygienists (+141)
- 5956 dental assistants (+530)
- Total: 10337 FTE (+885)

Source: Uniform Data System, 2011, Bureau of Primary Health Care, HRSA
<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>% Δ</th>
<th>Overall Δ</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>438,743</td>
<td>689,121</td>
<td>1,127,864</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>469,218</td>
<td>735,005</td>
<td>1,204,223</td>
<td>6.70%</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>505,146</td>
<td>786,102</td>
<td>1,291,248</td>
<td>7.20%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>524,759</td>
<td>807,636</td>
<td>1,332,395</td>
<td>3.20%</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>547,293</td>
<td>846,640</td>
<td>1,395,933</td>
<td>4.80%</td>
<td>23.80%</td>
</tr>
</tbody>
</table>

Source: Uniform Data System, 2011, Bureau of Primary Health Care, HRSA

Patients

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Growth from 2008-2011 (% Increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>17,122,535</td>
<td>18,753,858</td>
<td>19,469,467</td>
<td>20,224,757</td>
<td>3,102,222 (18.1%)</td>
</tr>
<tr>
<td>Sites</td>
<td>7,518</td>
<td>7,892</td>
<td>8,156</td>
<td>8,501</td>
<td>983 (13.1%)</td>
</tr>
<tr>
<td>Jobs</td>
<td>113,059</td>
<td>123,012</td>
<td>131,660</td>
<td>138,403</td>
<td>25,344 (22.4%)</td>
</tr>
</tbody>
</table>

Source: Uniform Data System, 2008-2011 and HRSA Electronic Handbooks
Over 80% reported the overall quality of services received at the health center were “excellent” or “very good.”

Over 80% reported that they were “very likely” to refer friends and relatives to the health center.

Over 75% reported the main reason for “going to the health center for healthcare instead of someplace else” was because it was convenient (28%), affordable (25%), and provided quality healthcare (22%).
Primary Health Care
Our Focus

Primary Health Care/
Public Health
Leadership

Performance Improvement:
- Outreach/Quality of Care
- Health Outcomes/Disparities
- Cost/Financial Viability

Program Requirements:
- Need
- Services
- Management and Finance
- Governance
BPHC Quality Strategy

Better Care • Healthy People & Communities • Affordable Care

Strategy Implementation

1. Programs/Policies
2. Funding
3. Technical Assistance
4. Data/Information
5. Partnerships/Collaboration

Priorities & Goals

1. Implementation of QI/QA Systems
   All Health Centers fully implement their QI/QA plans

2. Adoption and Meaningful Use of EHRs
   All Health Centers implement EHRs across all sites & providers

3. Patient-Centered Medical Home Recognition
   All Health Centers receive PCMH recognition

4. Improving Clinical Outcomes
   All Health Centers meet/exceed HP2020 goals on at least one UDS clinical measure

5. Workforce/Team-Based Care
   All Health Centers are employers/providers of choice and support team-based care
Encourages and supports health centers to transform their practices and participate in the PCMHH recognition process to:
- improve the quality of care and outcomes for health center populations;
- increase access; and
- provide care in a cost effective manner.

HRSA/BPHC will cover recognition process fees and provide technical assistance resources for practice transformation.

Participation is strongly encouraged and provides an opportunity for health centers to achieve PCMH recognition.
• National Oral Health Initiatives
  http://www.hrsa.gov/publichealth/clinical/oralhealth/

• Behavioral Health Initiatives
  http://bphc.hrsa.gov/technicalassistance/tatopics/clinicalcareservices/index.html#Behavioral

• Healthy Weight Collaborative
  http://www.collaborateforhealthyweight.org/

• Million Hearts Campaign
  http://millionhearts.hhs.gov/

• Text4baby
  http://www.cdc.gov/women/text4baby/index.htm

• Viral Hepatitis Initiative
  http://www.hhs.gov/ash/initiatives/hepatitis/index.html
The Bureau of Primary Health Care remains committed to its mission and continues to broaden and strengthen the safety net of primary health care for underserved communities and vulnerable populations provided by the Health Center Program across the Nation and throughout all life cycles.
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Oral Health & Older Adults

Laura Lawrence, Director
Office of Nutrition and Health Promotion Programs
Administration on Aging, Administration for Community Living

May 15, 2013
ACL – A New HHS Operating Division

• Administration on Aging (AoA)

• The Office on Disability (OD)

• The Administration on Intellectual and Developmental Disabilities (ADD)
Access to Oral Health Care

*Oral health is essential to overall health*

- Community Health Centers (CHC) play a key role in improving access to oral health care for vulnerable and underserved populations
- The Aging Services Network (ASN) can help connect older adults to CHCs for oral health care, with the cost scaled to their ability to pay
Community Health Center Coverage

http://www.findahealthcenter.hrsa.gov/DWOnlineMap/MainInterface.aspx
Find A Health Center Tools

http://www.findahealthcenter.hrsa.gov/tools.aspx
Aging & Disability Resource Centers

“...Highly visible and trusted places where people of all ages and income levels can turn for information and options counseling”

– AoA/CMS 2003 ADRC Program Announcement
ADRC Coverage

100% of state population
75-99% of state population
50-75% of state population
25-50% of state population
1-25% of state population
0% of state population

Over 500 ADRCs covering 75% of US Population
Eldercare Locator - Connection to Aging Network

- Public service of the U.S. Administration on Aging (AoA)
- Toll-free number (1-800-677-1116) AND website (www.eldercare.gov)
Eldercare Locator - Call Center Basics

• Open 9 a.m. to 8 p.m. Monday – Friday (EST)
• Information Specialists (bilingual)
• Language Line
• Assists callers in understanding resources available at the local level
• Connects callers to AAAs/ADRCs/other specialty numbers
Elder Care Locator - www.eldercare.gov

Services Offered:
- Search by location
- Search by topic
- Online Chat
- Helpful links
- Publications
Eldercare Locator - New Media Tools

Widgets

Mobile

Social Media
LEGACY

It took millions of years to create something this extraordinary. You have about seventy-four.
Laura Lawrence, MBA, MHSA, LTCP
Director
Office of Nutrition and Health Promotion Programs
Administration on Aging
Administration for Community Living
U.S. Department of Health and Human Services

202-357-3510
Laura.Lawrence@acl.hhs.gov
Responding to Senior Oral Health Needs Through Community Based Partnerships

Older Adults and Oral Health:  
Inspiring Community-Based Partnerships for Healthy Mouths  
May 15, 2013 Webinar

Dental Services at Harbor Health Services, Inc’s Elder Services Plan
Dr. Omar L. Ghoneim
Corporate Dental Director
Harbor Health Services, Inc
oghoneim@hhsi.us
phone 617 533 2302 ext. 2278
• Harbor Health Services, Inc.
  – Private, non profit community health agency
  – HHSI owns and operates four federally qualified community health centers
  – HHSI operates a WIC program
  – HHSI provides care and services through an Elder Services Plan (ESP), as a model of care Program of all Inclusive Care for the Elderly (PACE)
  – Dental Services provided at three of the sites and the PACE program
The Elder Service Plan (ESP) of Harbor Health Services Inc is a PACE model of care program.

PACE is designed to maintain frail elders in the community and out of nursing homes.

ESP program is responsible for the comprehensive care, including dental services, for 410 frail elders at our PACE program in Mattapan, MA.
• History of PACE
  – Origins date to 1978 in San Francisco’s Chinatown
  – Attempt to care for elders
  – Currently approximately 30,000 ESP programs in the US
  – PACE program at HHSI originated in 1996
  – HHSI recognized that additional care and services were needed to adequately care for elders in the communities served
• **Structure of ESP program**
  – Provider based capitated program
  – Comprehensive managed care program that combines Medicaid and Medicare
  – ESP is both the provider and the insurer
  – Responsible for providing all health care services to its participants
  – Strong interdisciplinary team of clinicians
  – Emphasis on care coordination and care planning
  – Contracts for specialized services when needed
  – Assumes clinical oversight and financial responsibility for all services
Participant eligibility criteria for PACE include:

- Age 55 or older
- Need nursing home level of care
- Live in designated service area
- Participant is determined to be able to live safely in the community

Age range of 410 participants at ESP: 55 to 105 years of age.

Most participants, once enrolled, remain in the program for the rest of their lives.
Framework of Dental Services at ESP

• Portable Dental Equipment and armamentarium
• Scheduling
• Support from ESP team members
• Scope of services provided
• Managing emergencies and patient demand
Expanding Oral Health Access for Older Adults
Dental Services at ESP Program, Harbor Health Services, Inc

• **Breakdown of services by category**
161 patients  July 2010 through End of March 2013

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>% OF SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAGNOSTIC</td>
<td>36.3</td>
</tr>
<tr>
<td>PREVENTIVE</td>
<td>25.0</td>
</tr>
<tr>
<td>RESTORATIVE</td>
<td>26.7</td>
</tr>
<tr>
<td>ENDODONTICS</td>
<td>0.30</td>
</tr>
<tr>
<td>PERIODONTICS</td>
<td>0.30</td>
</tr>
<tr>
<td>FIXED PROSTHETICS</td>
<td>0.60</td>
</tr>
<tr>
<td>REMOVABLE PROSTHETICS</td>
<td>6.60</td>
</tr>
<tr>
<td>ORAL SURGERY</td>
<td>3.20</td>
</tr>
<tr>
<td>ADJUNCTIVE, MISC</td>
<td>1.00</td>
</tr>
</tbody>
</table>
• **Practice Management Metrics**
  
  – Treatment Plan Completion: **43%**
  
  • Goals, per Dentaquest:
    – 50-60% = GOOD
    – 40-50% = SATISFACTORY
    – <40% = AVERAGE

  – Percentage of Patients in Recare, recall: **56.2%** of patients have had a periodic exam within the past year
Overall outcomes for ESP

• The hospital 30 day re-admission rate for MassPACE programs was 16.7% vs. the national average of 19.3%.
• Potentially Avoidable Hospitalizations for PACE participants was 44% lower than duals receiving custodial nursing home care
• 54% lower than aged and disabled clients in home and community based waiver programs.
• Over 80% of MassPACE participants score as high risk for falls but less than 2% are hospitalized due to an injury from a fall.
• Over 80% of MassPACE participants live in the community even though 100% of them are scored as needing nursing home level of care.
Keys to success:

- Strong, interdisciplinary team
- Care coordination of all care needs for participants
- Care coordinating team meets daily
- Care team planners, the participant and participant’s family members/health care proxies meet once a week.

Challenges
Responding to Senior Oral Health Needs through Community Based Partnerships

Presented by
Donna Bileto, MA, CIRS-A
Community Service Specialist
Northwestern Illinois Area Agency on Aging

Becky Cook Kendall, BS
Executive Director
Rockford Health Council

Betty Hillier, LNHA, RCAL, CCNC-C, CASP
Assistant Administrator
Presence Saint Anne Center

Cate Osterholz, LNHA
Assistant Administrator
Presence Cor Mariae Center

Healthy Smile – Healthy You!
Northwestern Illinois Area Agency on Aging - NIAAA

- Northwestern Illinois Area Agency on Aging (NIAAA) is a non-profit organization serving older persons and caregivers in northwestern Illinois.

- NIAAA is funded through the federal Older Americans Act, the State of Illinois General Revenue Funds, grants, and donations.

- NIAAA's Mission is to enable older persons to live with dignity and independence.

- NIAAA collaborates with agencies, businesses, faith communities and individuals to improve the quality of life for older persons and their caregivers.
Northwestern Illinois Area Agency on Aging - NIAAAA

- Local Initiative
- Link to funded agencies serving older adults
- Title III-B Older Americans Act Funding
Objectives

• What is a Healthy Community Study? Community Needs Assessment?
• What is the benefit of a community needs assessment?
• Creating a collaborative effort to meet an unmet need.
Healthy Community Study

What is it?

• Process of gathering, analyzing and reporting information to discover unmet needs

• A plan to develop, target and deliver essential community prevention and primary care services

• Periodic assessment of the health of the community
Healthy Community Study

Benefits

• Collect valuable information to help target community benefit, outreach
• Connect community stakeholders,
• Build trust with a commitment to create change
• Break down “silos”
Healthy Community Study

Challenges

• Planning team may not agree with “experts” or data
• Assuring that all the “right people” are at the table
• One determined individual, set in their ways, can wreck the process
• Patience and commitment
## Intervention

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Target Group or Population</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health Compromising</td>
<td>Convene a group of oral health and general medicine practitioners</td>
<td>Beginning stages</td>
</tr>
<tr>
<td>General Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promote oral health literacy</td>
<td>Conversations begun with local Health Literacy committee.</td>
</tr>
<tr>
<td>Lack of Sufficient Oral Health</td>
<td>Support continuation and expansion of the Healthy Smiles, Healthy Kids program for children’s dental care</td>
<td>School dental program very successful in 2011-12 school year; added high schools to provide access for all levels of student in 2012-13.</td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **P** – Planning - three or more months away from implementation
- **P/I** – Planning/Implementing - within three months of implementation
- **I** – Implementing - programs have been implemented and progressing toward goals
- **C** – Completed - all current goals met
- **F** – Follow-up – evaluation in progress

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**Important Note:**

- Senior Oral Health Coalition is at the table of the RHC Oral Health Work Group.
- Senior Oral Health partnership has replicated many strategies from pediatric oral health initiative.
Building the Coalition
Build Partnerships

• Established program for seniors to have cleanings and exams at Rock Valley College school of dental hygiene program.
  – Northern Illinois Area Agency on Aging, Federal Grant

• Recruit volunteer dentists from Winnebago Dental Society.

• Organized presentations for senior housing.
First...Educate

Create educational material directed to seniors and available to community.
Increase Access

A federally Qualified Health Center. Championing the needs of the underserved and providing healthcare for all, regardless of their ability to pay, to eliminate disparities in healthcare.

Goal
Increase seniors citizens opportunities to be treated by dentists at clinic.

Outcome
• Starting in 2012 - 10 additional appointments set aside for seniors. Appointments will be for patients needing their dentures fixed, fillings or extractions.
Senior Oral Health Coalition - Accomplishments

• In 2011 the coalition provided 9 seniors citizens access to dental care and provided $428 in preventative dental care.
• In 2012 the coalition provided 13 seniors citizens with access to dental care and provided over $3300 in preventative & restorative dental care.
• Educated 380 seniors citizens on oral health.
• Completed 70 oral cancer screenings. 8 with suspicious lesions. 2 with required urgent care.
• Presented community educational workshops at 2 low income senior housing facilities. (Approx. 75 seniors)
• Provided and distributed free dental supplies to seniors.
2013 Strategic Plan

• Continue to explore larger grant opportunities.
• Develop a process for measuring effectiveness of program.
• Review the communities inventory of seniors needing preventive and restorative oral health care.
• Utilize volunteer dentists.
• Education
Contact information

Donna Bileto, MA, CIRS-A
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Resources

• CDC [http://www.cdc.gov/oralhealth](http://www.cdc.gov/oralhealth)
• HRSA [http://www.hrsa.gov/publichealth/clinical/oralhealth/](http://www.hrsa.gov/publichealth/clinical/oralhealth/)
• AoA [http://go.usa.gov/2Dgd](http://go.usa.gov/2Dgd)
  – Eldercare Locator [www.eldercare.gov](http://www.eldercare.gov)
• Harbor Health Services, Inc. [http://www.hhsi.us/](http://www.hhsi.us/)
• NIAAA [http://www.nwilaaa.org/](http://www.nwilaaa.org/)
Leave With Confidence

SUCCESS

Because you too can own this face of pure accomplishment
Appendix – Text Descriptions

Slide 7

Multi-Bar Graph showing the self-reported times since last dental visit of people age 65 years and older. Variables have been broken down into Sex, Race/Ethnicity, Poverty Level, and Education.

Race:

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Race/Ethnicity:

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<th>White NH</th>
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Poverty Level:

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<th>100%-199% FPL</th>
<th>&gt;200% FPL</th>
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Education Level:

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<th>High School</th>
<th>More than High School</th>
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Slide 12:
Prevalence of Untreated Decay
65 years and older
by Sex, Race/Ethnicity, Poverty Level, and Education

Sex
- Male: 20.4
- Female: 16.4

Race/Ethnicity
- White NH: 15.9
- Black NH: 36.8
- Hispanic: 41.2

Poverty Level
- <100%FPL: 33.2
- 100%-199%FPL: 23.8
- >200%FPL: 14.2

Education
- Less than HS: 26.2
- High School: 17.7
- More than HS: 14.3
Slide 13:
Prevalence of Root Caries
65 years and older
by Sex, Race/Ethnicity, Poverty Level, and Education

Sex
- Male: 17.9
- Female: 11.4

Race/Ethnicity
- White NH: 12.2
- Black NH: 31.2
- Hispanic: 30.5

Poverty Level
- <100%FPL: 24.4
- 100%-199%FPL: 18.3
- >200%FPL: 11.2

Education
- Less than HS: 26.6
- High School: 14.7
- More than HS: 8.9
Slide 14:
Average number of teeth, 65 years and older
by Sex, Race/Ethnicity, Poverty Level, and Education

**Sex**
- Male: 19.0
- Female: 18.8

**Race/Ethnicity**
- White NH: 19.4
- Black NH: 15.2
- Hispanic: 18.2

**Poverty Level**
- <100%FPL: 15.6
- 100%-199%FPL: 17.0
- >200%FPL: 20.1

**Education**
- Less than HS: 15.9
- High School: 18.1
- More than HS: 21.0
Slide 15:
Prevalence of total tooth loss
65 years and older
by Sex, Race/Ethnicity, Poverty Level, and Education

Sex
- Male: 24.4
- Female: 29.3

Race/Ethnicity
- White NH: 26.1
- Black NH: 32.8
- Hispanic: 23.9

Poverty Level
- <100%FPL: 44.2
- 100%-199%FPL: 36.6
- >200%FPL: 17.3

Education
- Less than HS: 43.3
- High School: 28.3
- More than HS: 13.7
Slide 17:
Total tooth loss and average number of teeth for age 50 and older by age groups:

50-64 years
- White NH: 23 (90% Dentate)
- Black NH: 19 (87% Dentate)
- Hispanic: 21 (94% Dentate)
- >200%FPL: 23 (93% Dentate)
- <or=200%FPL: 20 (83% Dentate)

65-74 years
- White NH: 20 (77% Dentate)
- Black NH: 16 (74% Dentate)
- Hispanic: 18 (73% Dentate)
- >200%FPL: 21 (83% Dentate)
- <or=200%FPL: 17 (66% Dentate)

75 years and older
- White NH: 19 (70% Dentate)
- Black NH: 14 (57% Dentate)
- Hispanic: 15 (58% Dentate)
- >200%FPL: 19 (82% Dentate)
- <or=200%FPL: 17 (58% Dentate)
Slide 41:
ADRC Coverage
Over 500 ADRCs covering 75% of US Population

100% of state population
- MN
- SD
- WY
- AZ
- NM
- OK
- AR
- LA
- IN
- KY
- TN
- GA
- SC
- FL
- WV
- OH
- PA
- MA
- NH
- VT
- GU
- HI
- MP

75-99% of state population
- WI
- IL
- NV

50-75% of state population
- AK
- TX
- NC
- NY

25-50% of state population
- WA
- OR
- CA
- UT
- CO
- MS
- AL

1-25% of state population
- ND
- IA
- MO
- KS

0% of population
- ID
- NE
- PR
- WI
- MI
Slide 66:
Flow chart showing the oral health activities: planning, implementing, completed and follow up items.

Oral Health

Health Problem:

1. Oral Health Compromising General Health
   a. Target Group or Population: Convene a group or oral health and general medicine practitioners (Planning Stage – 3 or more months away from implementation)
      i. Intervention: Beginning stages
   b. Target Group or Population: Promote Oral Health Literacy (Planning Stage – 3 or more months away from implementation)
      i. Intervention: Conversations begun with local Health Literacy committee

2. Lack of Sufficient Oral Health Services
   a. Target Group or Population: Support continuation and expansion of the Healthy Smiles, Healthy Kids program for children’s dental care (Implementing Stage – programs have been implemented and progressing toward goals)
      i. Intervention: School dental program very successful in 2011-12 school year; added high schools to provide access for all levels of student in 2012-13
   b. Target Group or Population: Support Senior Oral Health Coalition and merge into the RHC Oral Health Work Group to provide representation (Implementing Stage – programs have been implemented and progressing toward goals)
      i. Intervention: Senior Oral Health Coalition is at the table of the RHC Oral Health Work Group.
      ii. Senior Oral Health partnership has replicated many strategies from pediatric oral health initiative.