



U.S. Department of Health and Human Services,  
Office on Women's Health



# 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 Lives. Protecting People. 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

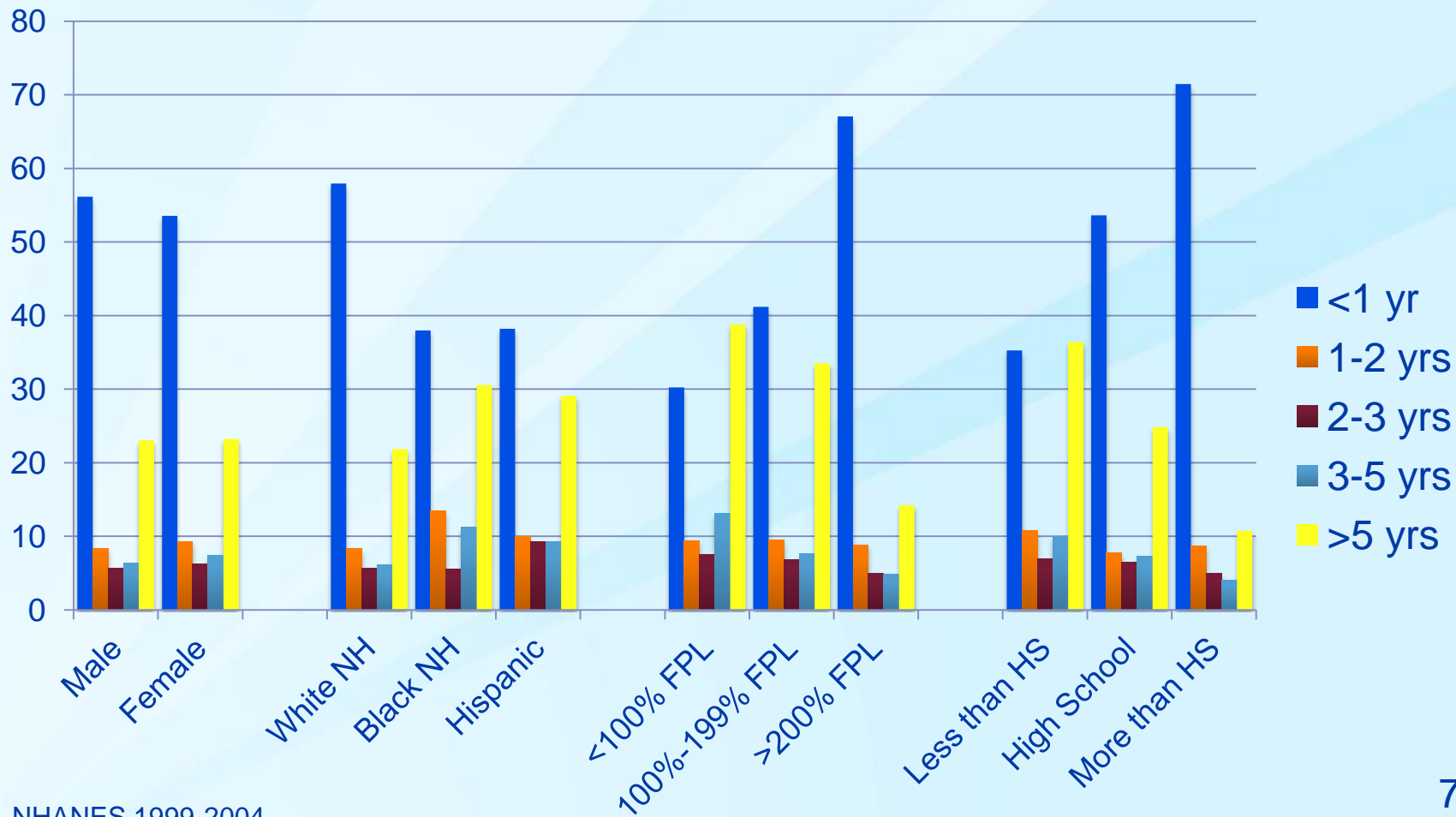
# Barriers to Achieving Good Oral Health

- ❑ **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



# Self-Reported Oral Health Status 65 years and older by Gender





# Self-Reported Oral Health Status 65 years and older by Race/Ethnicity



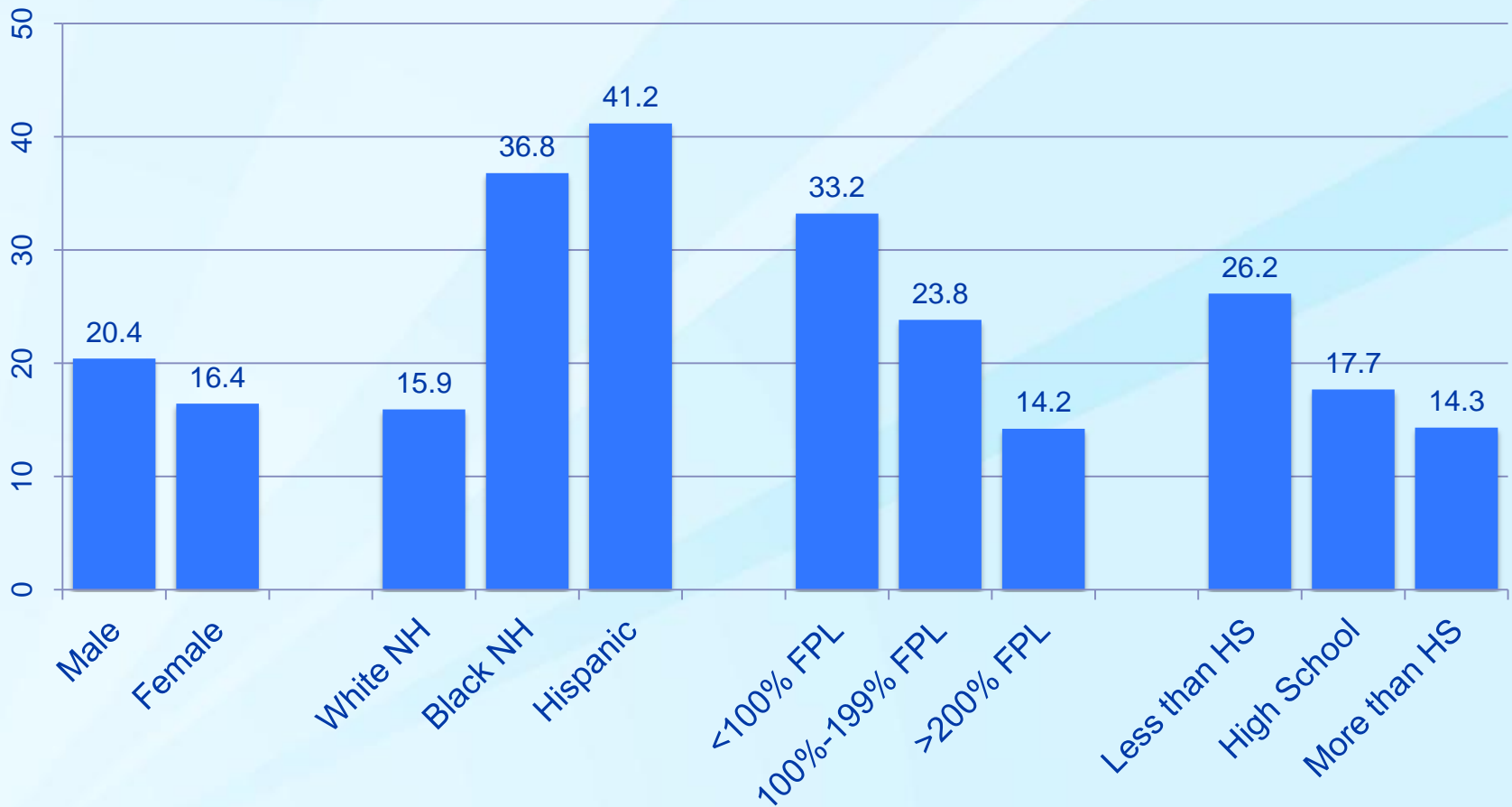
# Self-Reported Oral Health Status 65 years and older by Poverty Level



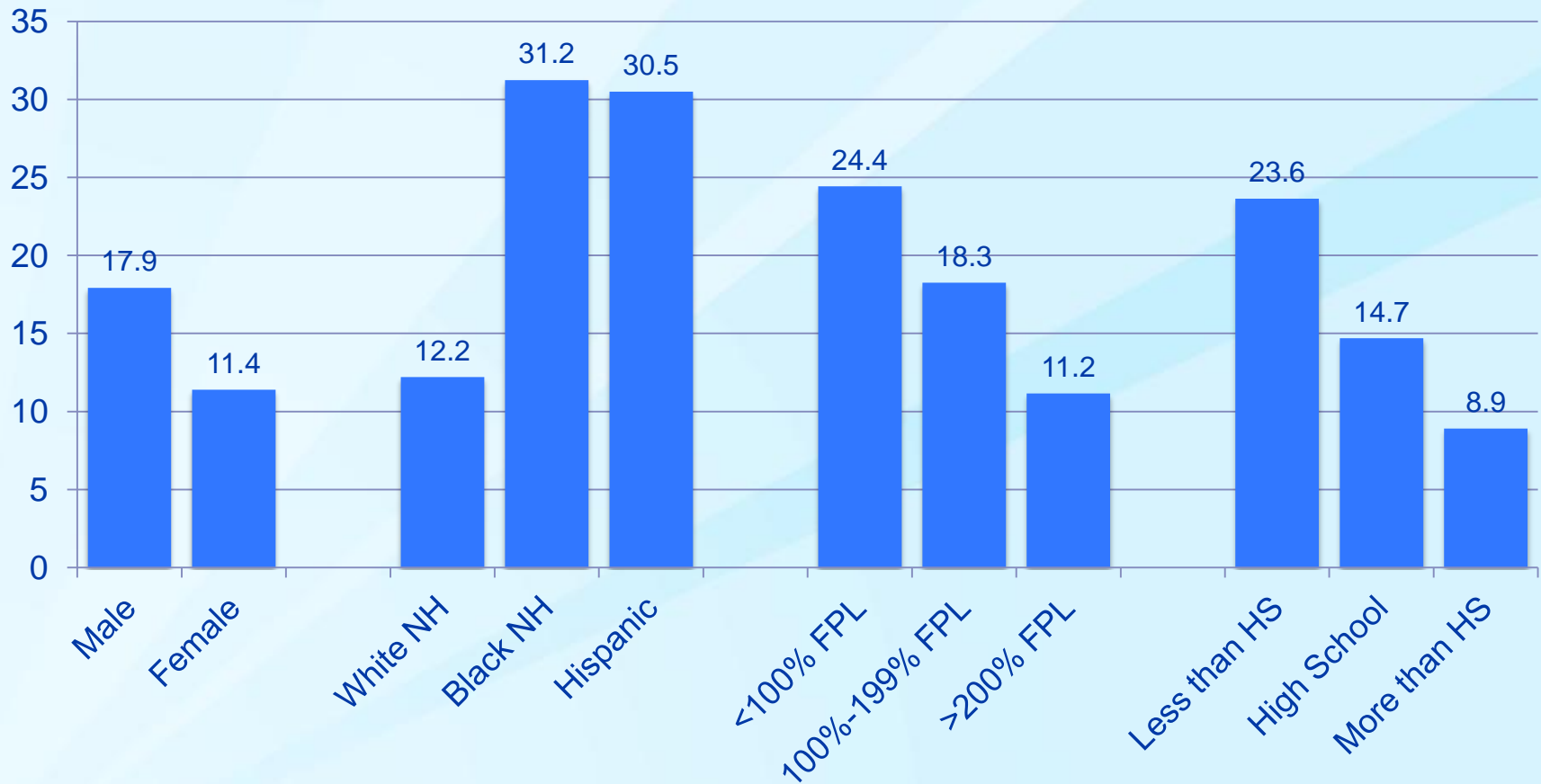
# Self-Reported Oral Health Status 65 years and older by Educational Level



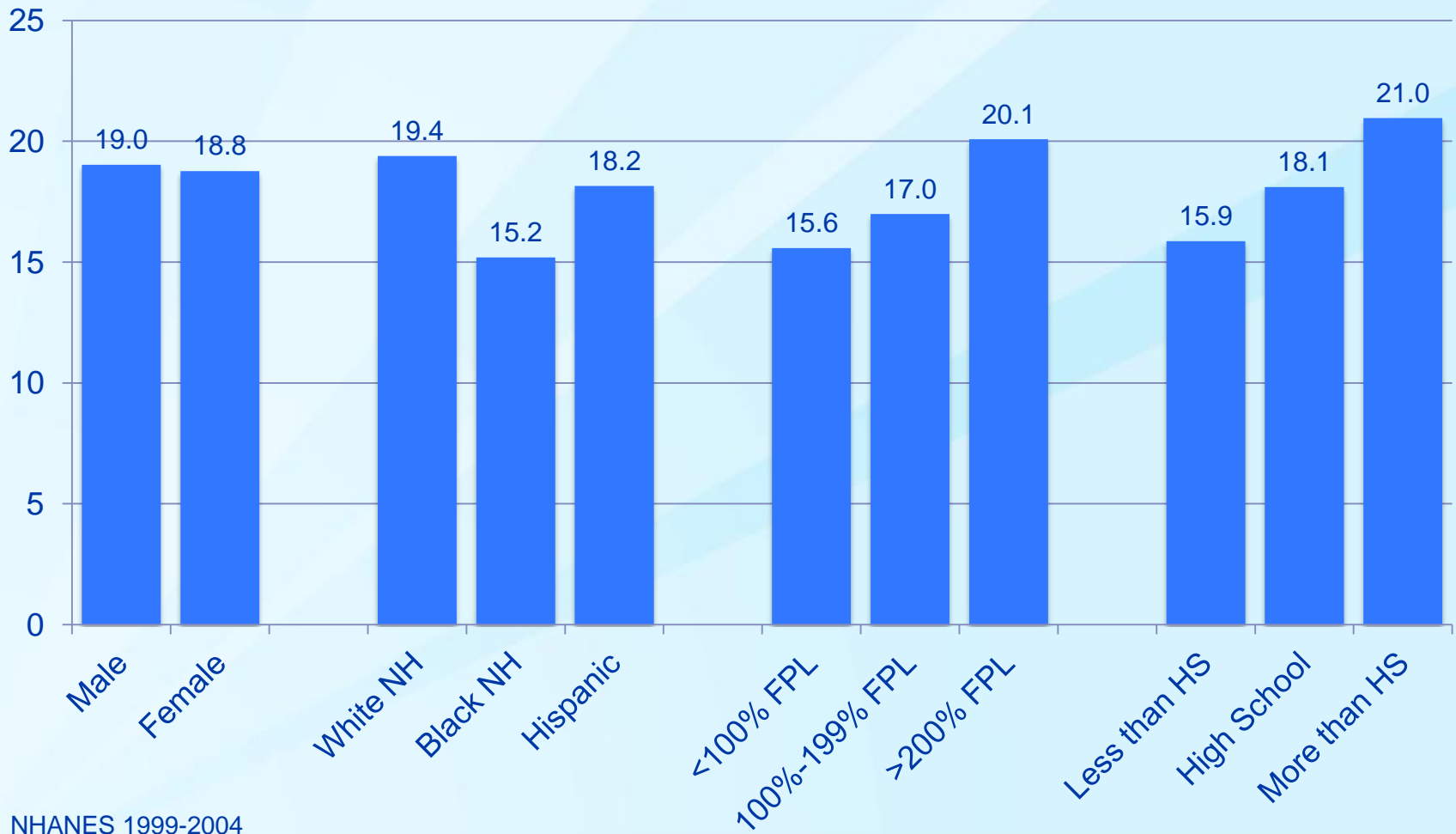
# Prevalence of Untreated Decay 65 years and older by Sex, Race/Ethnicity, Poverty Level and Education



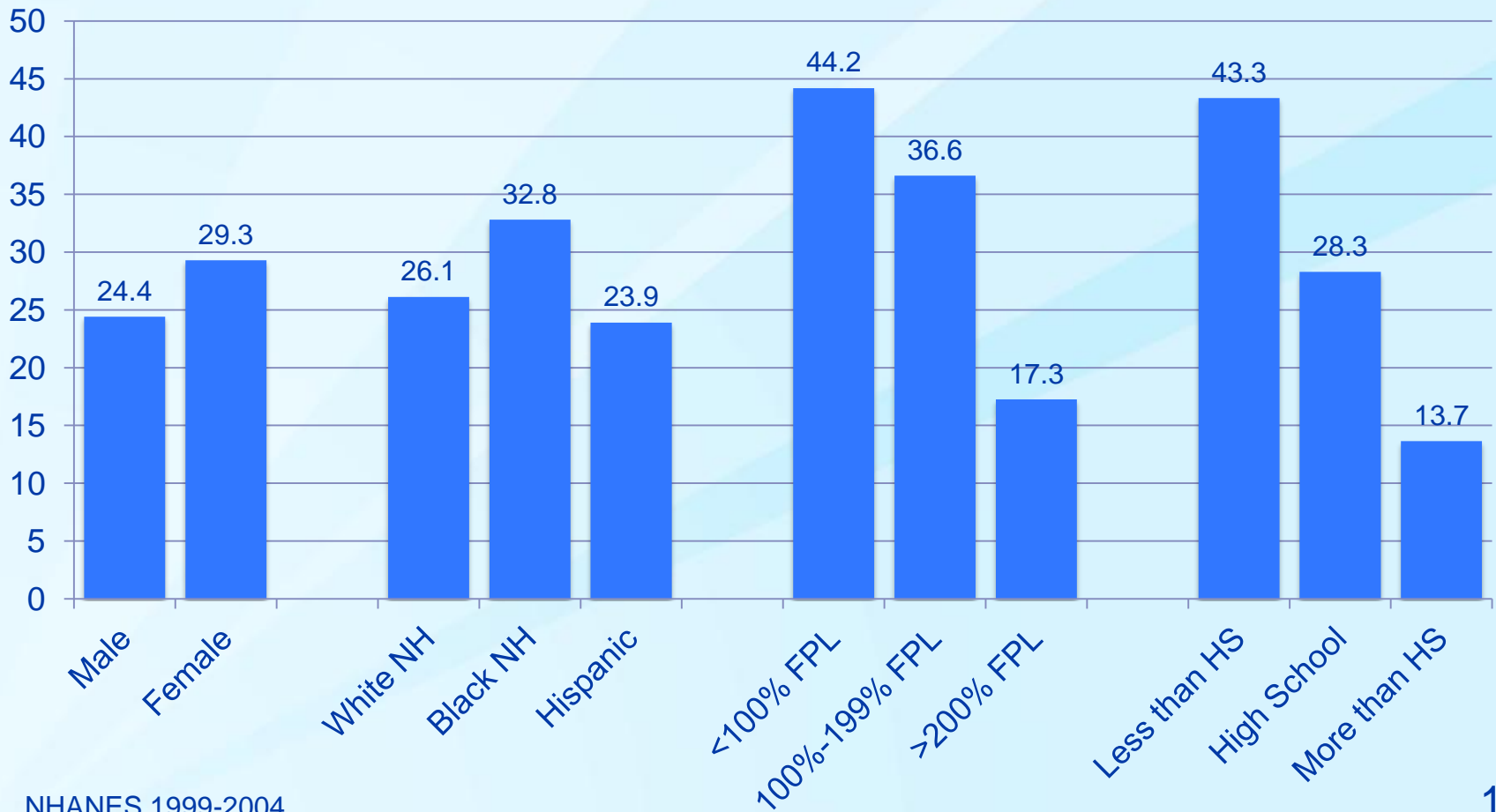
# Prevalence of Root Caries 65 years and older by Sex, Race/Ethnicity, Poverty Level and Education



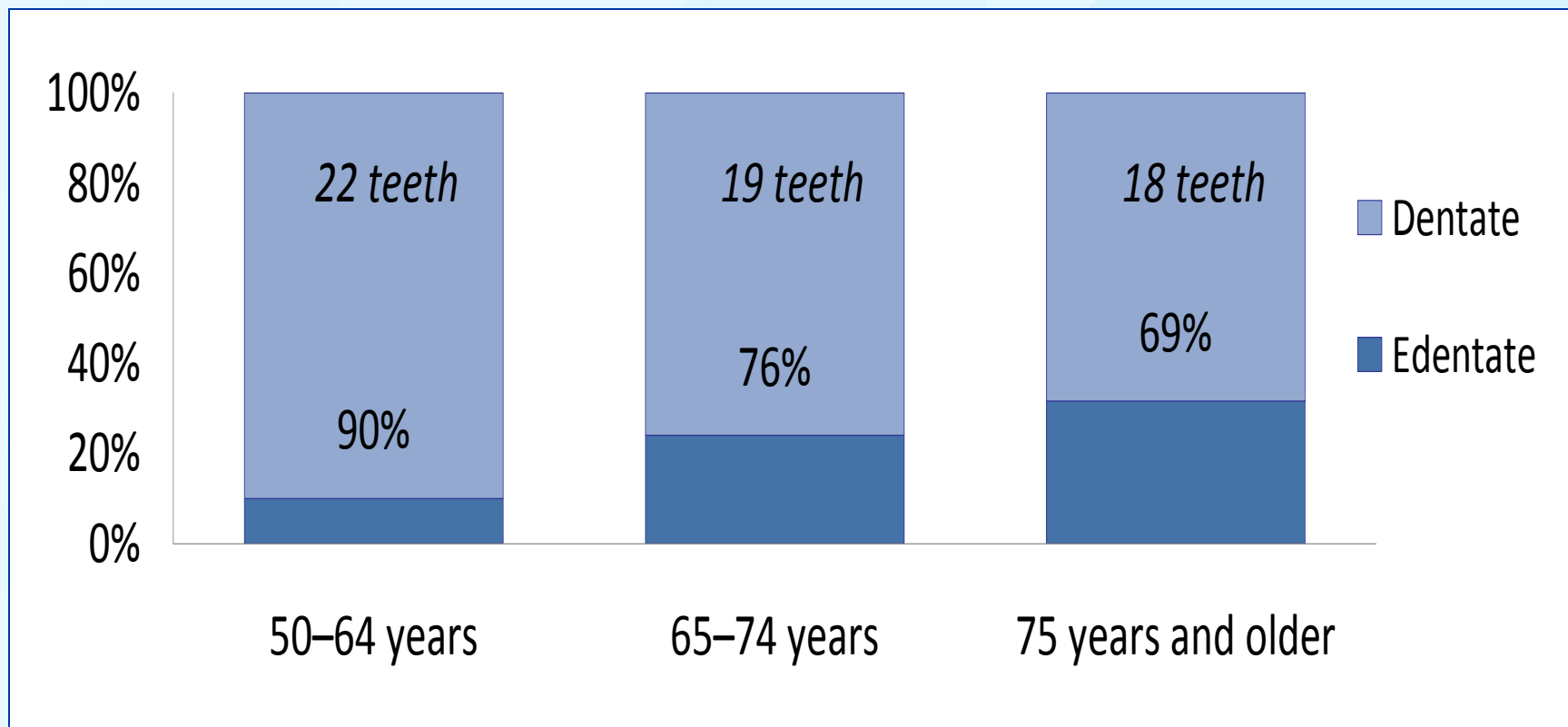
# Average number of teeth, 65 years and older by Sex, Race/Ethnicity, Poverty Level and Education



# Prevalence of total tooth loss, 65 years and older by Sex, Race/Ethnicity, Poverty Level and Education

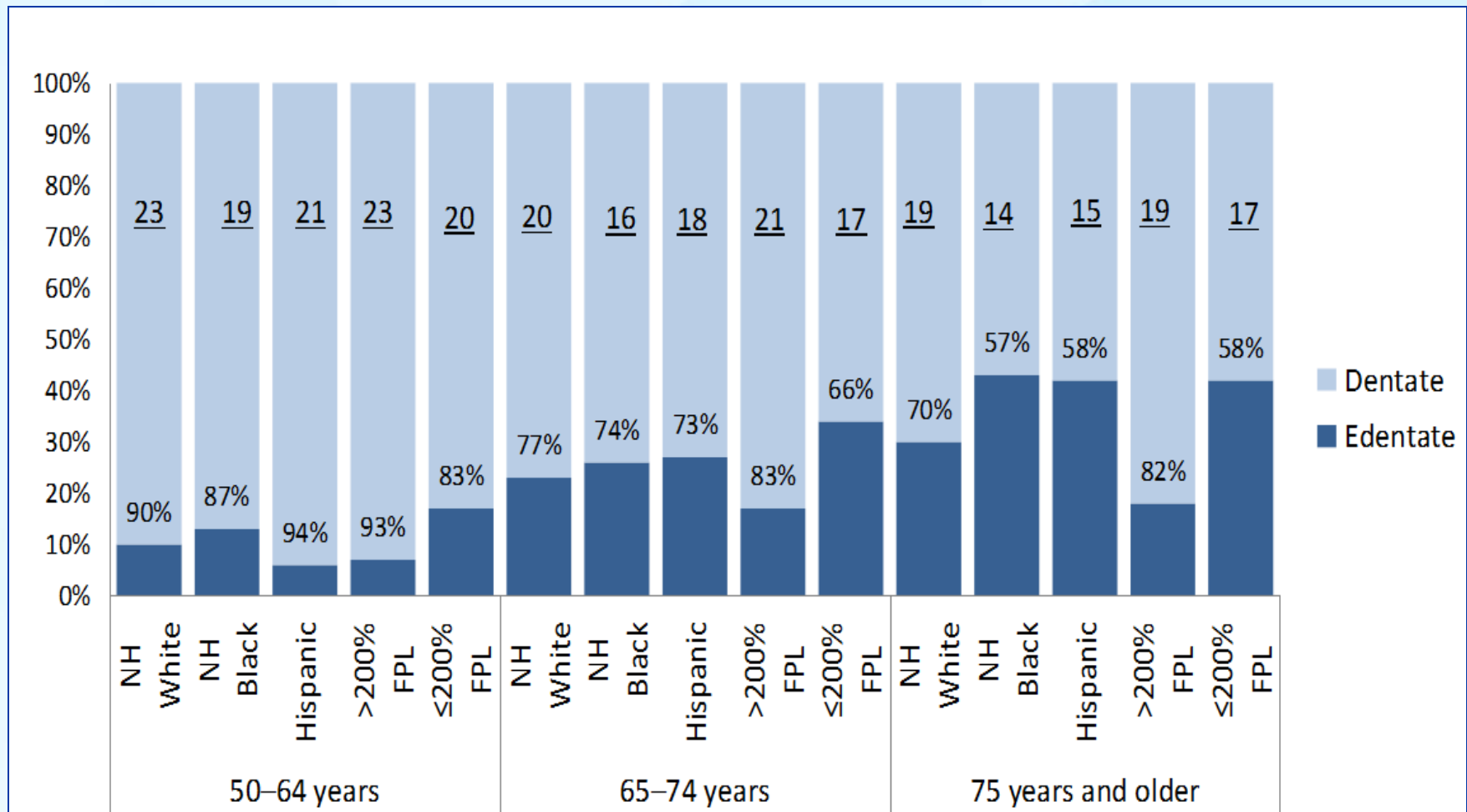


## Total tooth loss and average number of teeth 50 years and older by age group





# Total tooth loss and average number of teeth 50 years and older by age group



## **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**



# Bureau of Primary Health Care Overview



## 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

*Improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services*





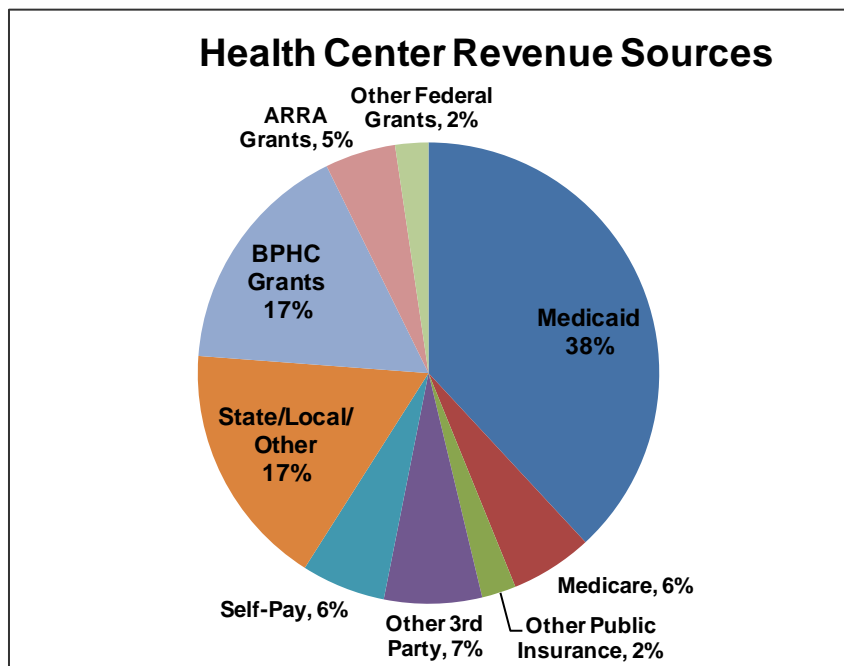
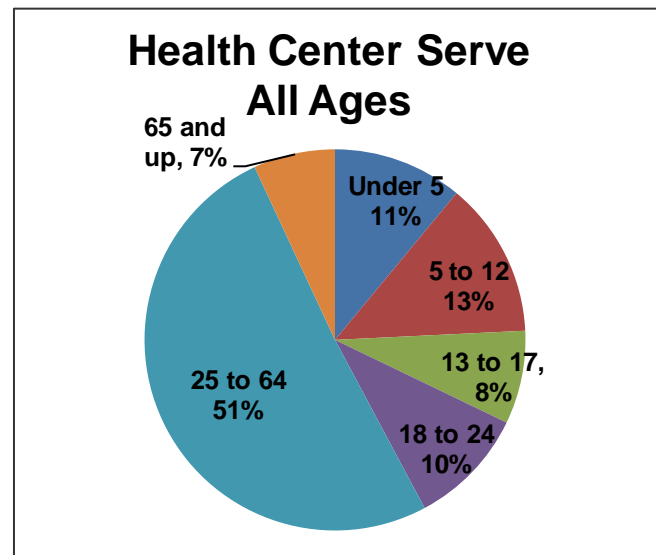
# The Health Center Program



- > 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



# 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)**



# Health Center Patients $\geq$ 65 y/o from 2007 to 2011



Year	Male	Female	Total	% $\Delta$	Overall $\Delta$
2007	438,743	689,121	1,127,864		
2008	469,218	735,005	1,204,223	6.70%	
2009	505,146	786,102	1,291,248	7.20%	
2010	524,759	807,636	1,332,395	3.20%	
2011	547,293	846,640	1,395,933	4.80%	23.80%

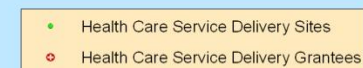
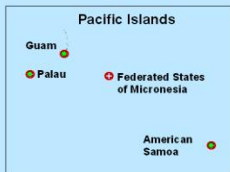
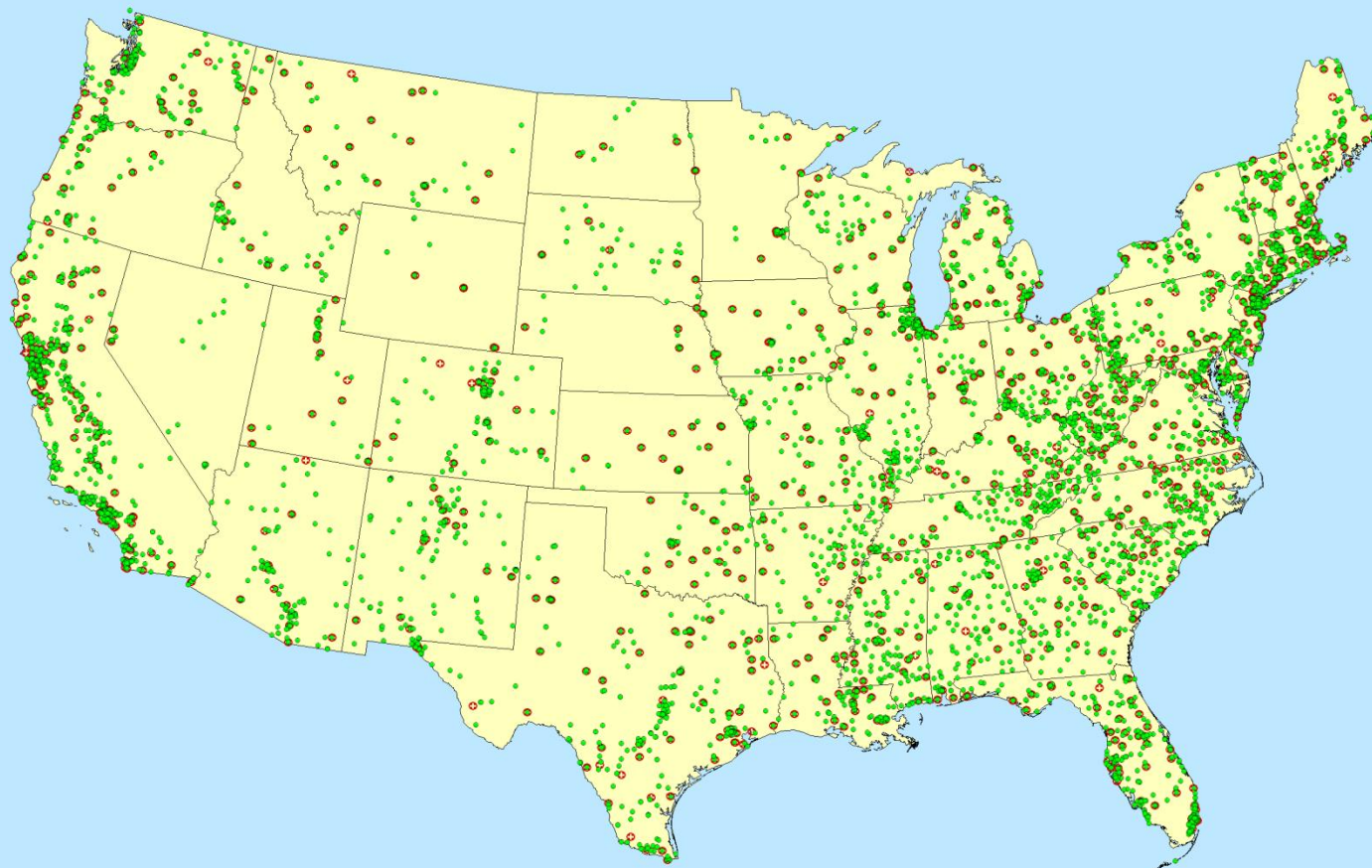




# Health Center Program National Presence – May 2012



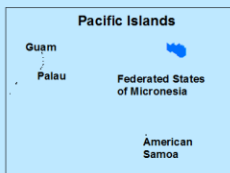
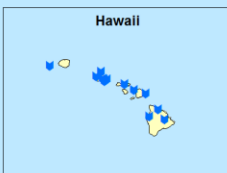
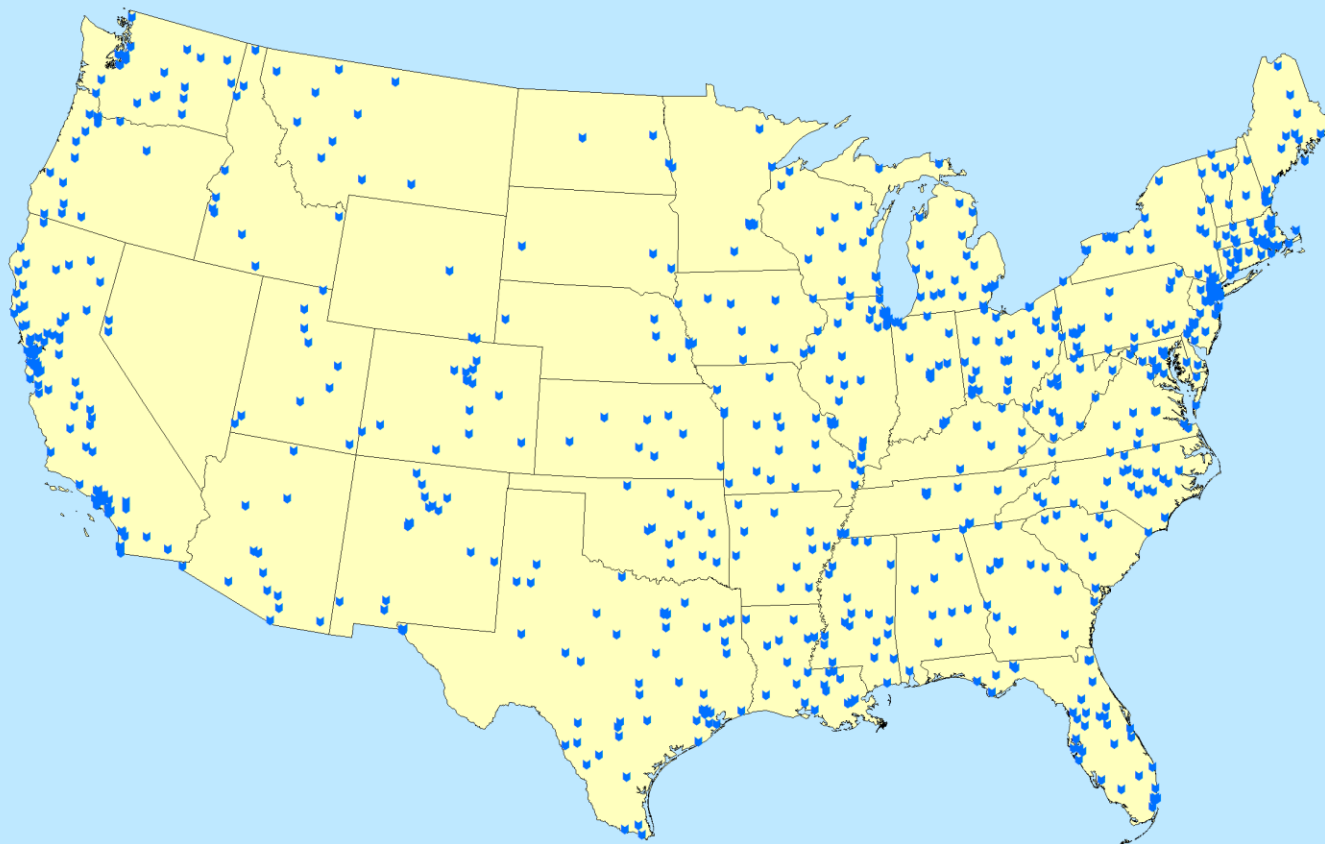
## Health Centers and Sites



Source: HRSA Geospatial Data Warehouse  
Created by: HRSA Bureau of Primary Health Care  
Date: May 2012

# Health Center Grantees With On-Site Dental Services

## Health Center Grantees Providing Dental Services On Site in 2011



Dental On Site

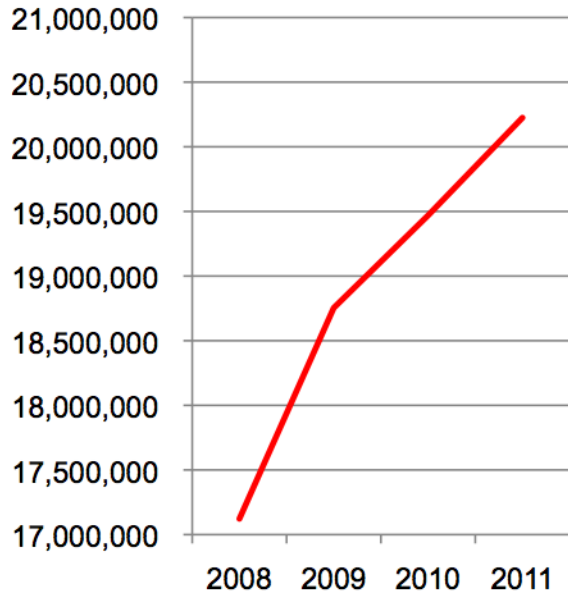
Source: Uniform Data System 2011  
Created by HRSA Bureau of Primary Health Care  
Date: May 2013



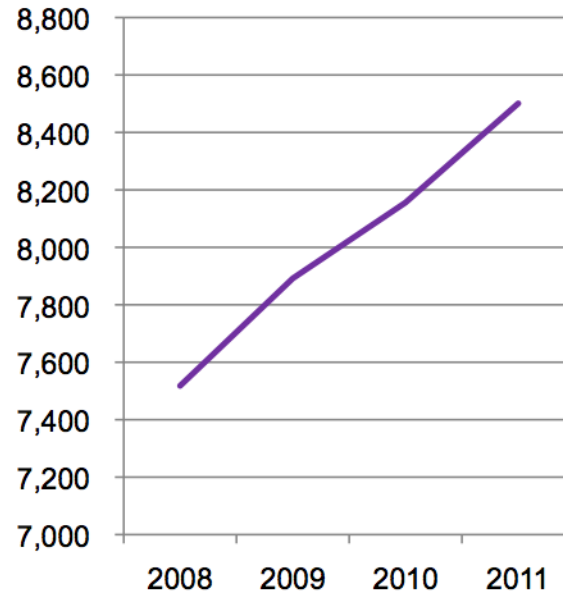
# Health Center Program Growth: National Impact 2008 - 2011



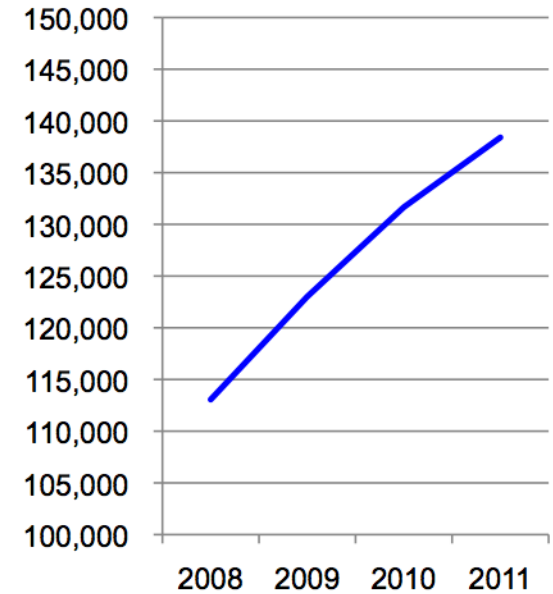
**Patients**



**Sites**



**Jobs**



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

Source: Uniform Data System, 2008-2011 and HRSA Electronic Handbooks



# Health Center Performance

## 2009 Health Center Patient Survey



- **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

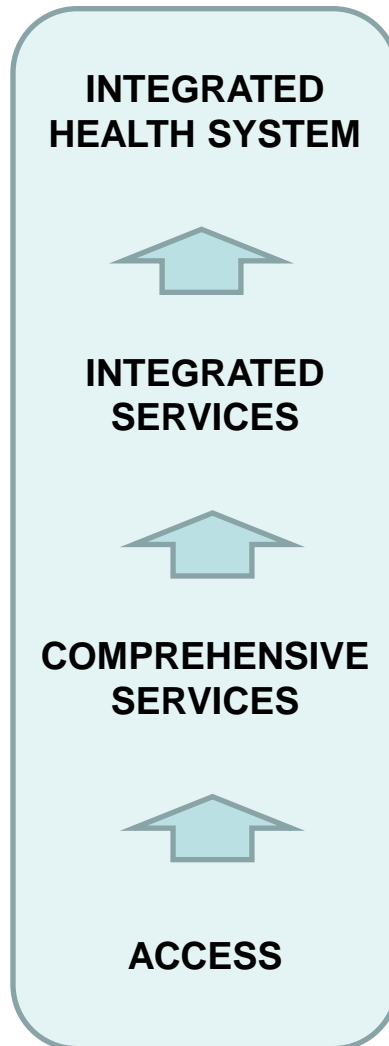
**Program Requirements:**

- Need
- Services
- Management and Finance
- Governance

## 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*



# Patient-Centered Medical/ Health Home Initiative (PCMHHI)



- 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.



# Primary Health Care and Public Health Leadership



- 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>





# BPHC's Commitment



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



Angel L. Rodríguez-Espada, DMD  
Chief Dental Officer

U.S. Department of Health and Human Services  
Health Resources and Services Administration

Bureau of Primary Health Care

1301 Young Street, Room 1030

Dallas, Texas 75202

Telephone: 214-767-3719

Email: [arodriguez-espada@hrsa.gov](mailto:arodriguez-espada@hrsa.gov)



# 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

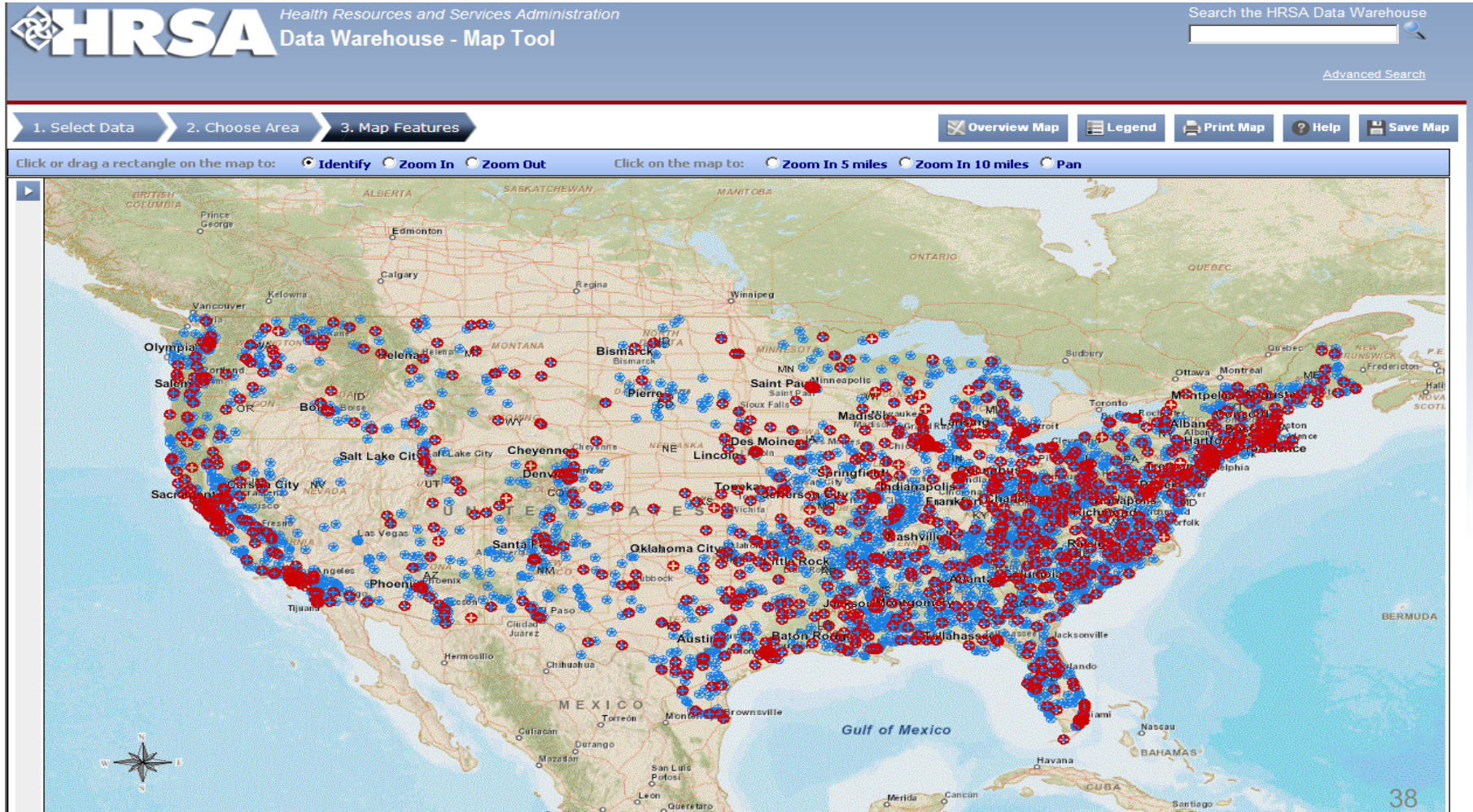
## ***Oral health is essential to overall health***

- 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>

U.S. Department of Health and Human Services  
**HRSA** Health Resources and Services Administration  
FIND A HEALTH CENTER

HRSA health centers care for you, even if you have no health insurance. You pay what you can afford, based on your income. Health centers provide

- checkups when you're well
- treatment when you're sick
- complete care when you're pregnant
- immunizations and checkups for your children
- dental care and prescription drugs for your family
- mental health and substance abuse care if you need it

Health centers are in most cities and many rural areas. Type in your address and click the 'Find Health Centers' button to find health centers near you.

Search by Address Search by State or County

Near Address or Place:

Display results with Text Only  
 Display results with Text & Map

Find Health Centers

**Find a Health Center**

Near:

**FIND CENTERS**

Enter a City name, ZIP Code, such as "20002", address, State name, or place name

Search Share Embed

**Find a Health Center**  
HRSA: HEALTH RESOURCES AND S  
Find health centers that care for you even if you have no health insurance. ...

★★★★☆

INSTALL

U.S. Department of Health and Human Services

**Find a Health Center**

NEAR:

Enter address or place

**Find Centers**

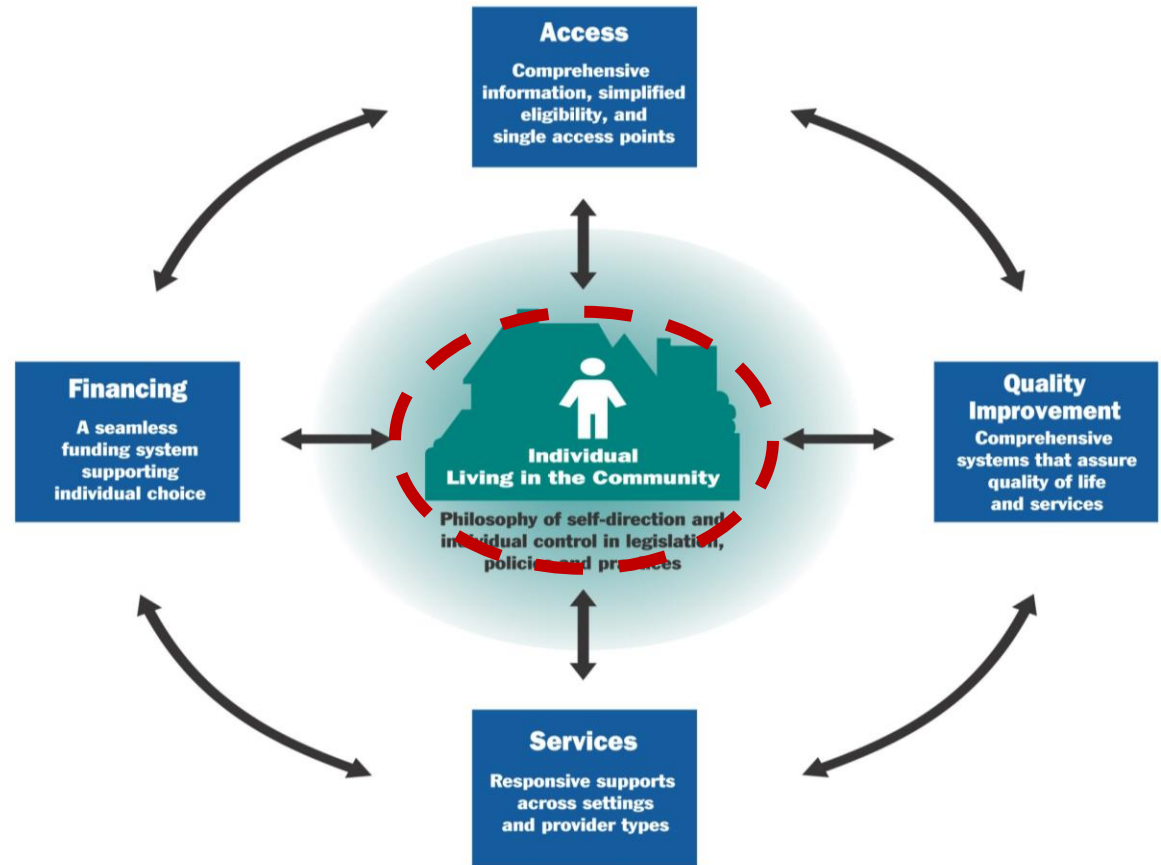
**HRSA**  
Health Resources and Services Administration



# Aging & Disability Resource Centers

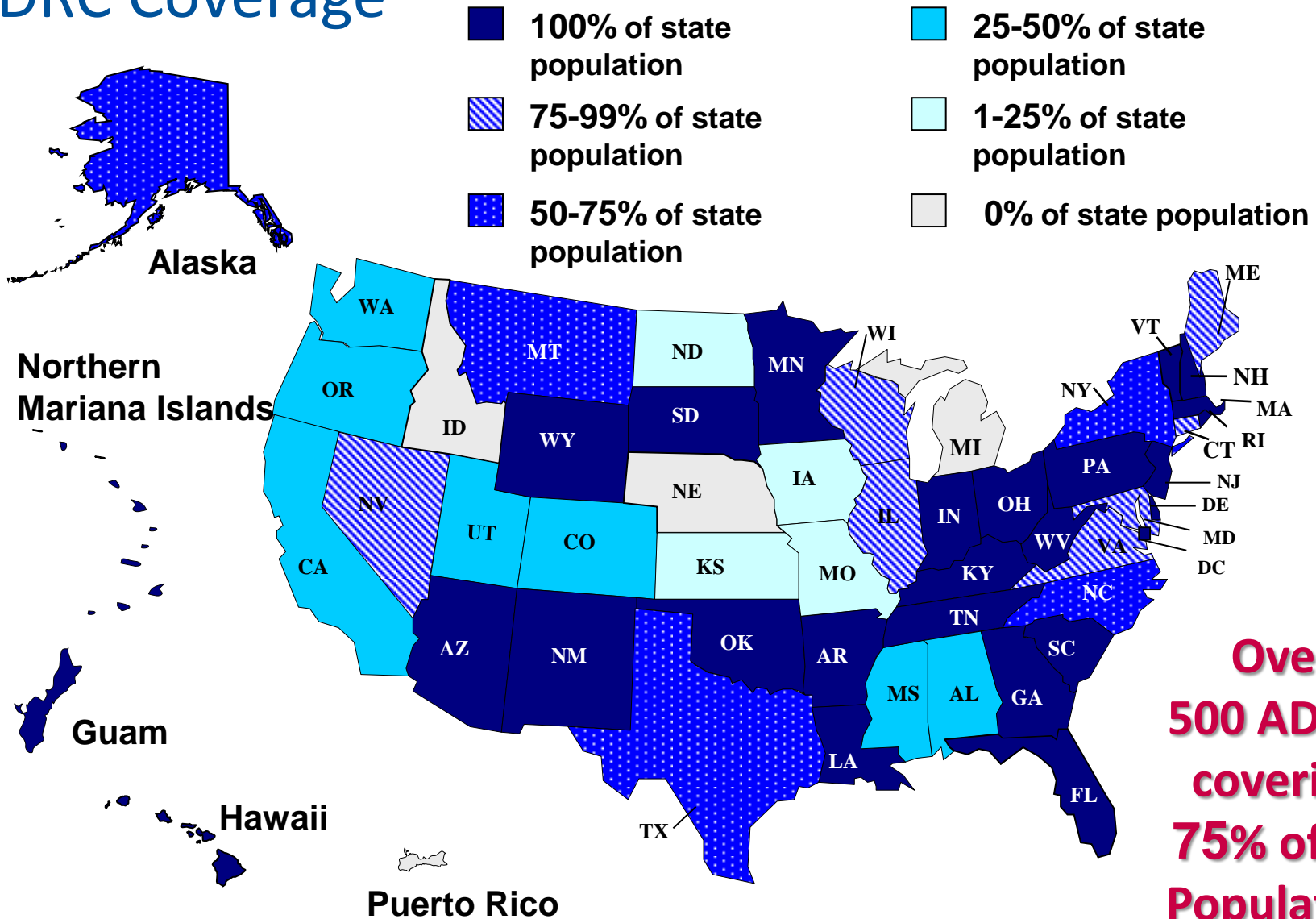
“...Highly **visible and trusted** places where people of all ages and income levels can turn for information and options counseling”

-AoA/CMS 2003 ADRC Program Announcement





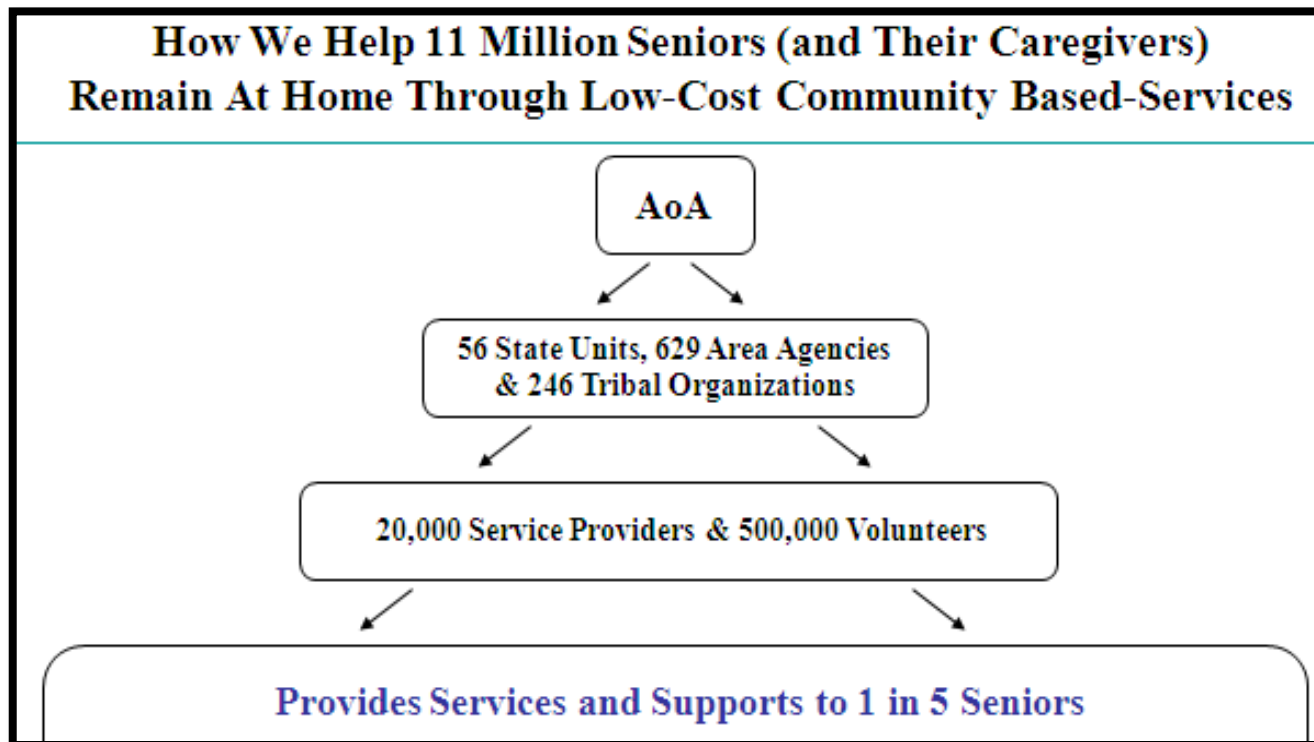
# ADRC Coverage



**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](http://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](http://www.eldercare.gov)

## Services Offered:

- Search by location
- Search by topic
- Online Chat
- Helpful links
- Publications

The screenshot shows the Eldercare Locator website. At the top, it says "Department of Health and Human Services" and "eldercare locator Celebrating 20 Years Connecting You to Community Services". The phone number "1-800-677-1116" is displayed. Navigation tabs include "Home", "About", and "Resources". A welcome message states: "Welcome to the Eldercare Locator, a public service of the U.S. Administration on Aging connecting you to services for older adults and their families. You can also reach us at 1-800-677-1116." The main section is titled "Find Help in your Community" and offers two search options: "Search by Location" (with fields for Zip Code, City, and State) and "Search by Topic" (with a list of topics including Alzheimer's Disease, Caregiver, Elder Abuse Prevention, Financial Assistance, Food & Nutrition, Health Insurance, Healthy Aging, Home Repair & Modification, Housing Options, In-Home Services, Legal Assistance, Long Term Care, Nursing Home & LTC Facilities, Transportation, and Volunteerism). A "Search" button and a "Reset" button are at the bottom. On the right side, there are utility links like "Resize Text", "Email Page", "Printer Friendly", "Download Reader", "Share", and "Tweet", along with a Facebook link and an "Online Chat" section featuring a specialist and chat hours.

# Eldercare Locator - New Media Tools

## Widgets



## Mobile



## Social Media






© DESPAIR.COM



# 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](mailto: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](mailto:oghoneim@hhsi.us)

phone 617 533 2302 ext. 2278



Expanding Oral Health Access for Older Adults  
Dental Services at ESP Program, Harbor Health Services, Inc

- 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

Expanding Oral Health Access for Older Adults  
Dental Services at ESP Program, Harbor Health Services, Inc

- 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

Expanding Oral Health Access for Older Adults  
Dental Services at ESP Program, Harbor Health Services, Inc

- **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

Expanding Oral Health Access for Older Adults  
Dental Services at ESP Program, Harbor Health Services, Inc

- 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

Expanding Oral Health Access for Older Adults  
Dental Services at ESP Program, Harbor Health Services, Inc

- 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

CATEGORY	% OF SERVICES PROVIDED
DIAGNOSTIC	36.3
PREVENTIVE	25.0
RESTORATIVE	26.7
ENDODONTICS	0.30
PERIODONTICS	0.30
FIXED PROSTHETICS	0.60
REMOVABLE PROSTHETICS	6.60
ORAL SURGERY	3.20
ADJUNCTIVE, MISC	1.00

Expanding Oral Health Access for Older Adults  
Dental Services at ESP Program, Harbor Health Services, Inc

- 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.

Expanding Oral Health Access for Older Adults  
Dental Services at ESP Program, Harbor Health Services, Inc

## 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 - NIAAA

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



# Responding to Unmet Needs a Community Benefit Initiative

---

## 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 Smile – Healthy You!*



# 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

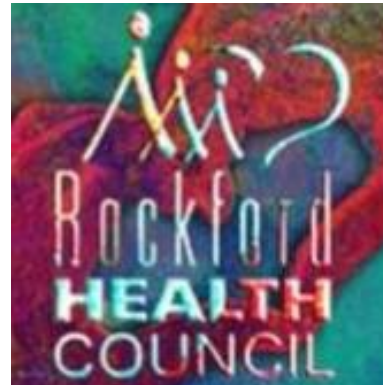


# Intervention

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

- 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

# 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.

Healthy  
Mouth  
Healthy  
You



*Oral Health Education & Resource  
for Senior Citizens*

# 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  
Community Service Specialist  
Northwestern Illinois Area Agency on Aging  
[dbileto@nwilaaa.org](mailto:dbileto@nwilaaa.org)



Becky Cook Kendall, BS  
Executive Director  
Rockford Health Council  
[bckendall@rockfordhealthcouncil.org](mailto:bckendall@rockfordhealthcouncil.org)



Betty Hillier, LNHA, RCAL, CCNC-C, CASP  
Assistant Administrator  
Presence Saint Anne Center  
[Betty.hillier@presencehealth.org](mailto:Betty.hillier@presencehealth.org)



Cate Osterholz, LNHA  
Assistant Administrator  
Presence Cor Mariae Center  
[Catherine.osterholz@presencehealth.org](mailto:Catherine.osterholz@presencehealth.org)

# Resources

- CDC <http://www.cdc.gov/oralhealth>
- HRSA <http://www.hrsa.gov/publichealth/clinical/oralhealth/>
  - Find A Health Center  
[http://findahealthcenter.hrsa.gov/Search\\_HCC.aspx](http://findahealthcenter.hrsa.gov/Search_HCC.aspx)
- AoA <http://go.usa.gov/2Dgd>
  - Eldercare Locator [www.eldercare.gov](http://www.eldercare.gov)
- NIH <http://www.nidcr.nih.gov/OralHealth>
- Harbor Health Services, Inc. <http://www.hhsi.us/>
- NIAAA <http://www.nwilaaa.org/>

# Leave With Confidence



S U C C E S S

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:

##### Male

- <1yr 56
- 1-2yr 8
- 2-3yr 5
- 3-5yr 6
- >5yr 23

##### Female

- <1yr 54
- 1-2yr 9
- 2-3yr 6
- 3-5yr 7
- >5yr 23

#### Race/Ethnicity:

##### White NH

- <1yr 58
- 1-2yr 8
- 2-3yr 5
- 3-5yr 6
- >5yr 21

##### Black NH

- <1yr 38
- 1-2yr 14
- 2-3yr 5
- 3-5yr 11
- >5yr 30

##### Hispanic

- <1yr 38
- 1-2yr 10
- 2-3yr 9
- 3-5yr 9
- >5yr 29

#### Poverty Level:

##### <100% FPL

- <1yr 30
- 1-2yr 9
- 2-3yr 7
- 3-5yr 13
- >5yr 39

##### 100%-199% FPL

- <1yr 41
- 1-2yr 9
- 2-3yr 7
- 3-5yr 8
- >5yr 33

##### >200% FPL

- <1yr 67
- 1-2yr 9
- 2-3yr 5
- 3-5yr 5
- >5yr 13

#### Education Level:

##### Less than HS

- <1yr 35
- 1-2yr 11
- 2-3yr 6
- 3-5yr 10
- >5yr 36

##### High School

- <1yr 53
- 1-2yr 8
- 2-3yr 6
- 3-5yr 7
- >5yr 24

##### More than High School

- <1yr 71
- 1-2yr 9
- 2-3yr 4
- 3-5yr 3
- >5yr 11

## 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 of 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.