This Presentation

• An introduction to the Dentaquest Foundation

• An introduction to the Oral Health 2020 Campaign: Meaningful engagement between foundations; national, state and community partners to improve oral health
About the DentaQuest Foundation

• Core belief that oral health is a social justice issue and that everyone should have the same opportunity to live a healthy life
• Mission: To improve the oral health of all
• Established in 1999, focused in Massachusetts, most grants addressing clinical needs
• Now a national philanthropic oral health organization, employs a larger strategy. Real change can only be achieved by improving the systems of care, community, financing, and policy
Oral Health as a Social Justice Issue

• Everyone should have the same opportunities to live a healthy life.
• A person in poor oral health is not healthy.
• It’s our responsibility to advocate for and mobilize the many who don’t have access to oral health care and prevention.
• Nobody should suffer from a chronic disease that is completely preventable.
• Until we all have an equal opportunity to live happy and healthy lives, we will live in an unjust society.
When Systems Fail

Source: The Dallas Morning News 2015
When Systems Fail

Friday, March 23, 2001

To Whom It May Concern:

This letter is in support of a Dental Clinic for Medicaid patients and/or for other non-affiliated dental care in the Owego area.

I am a family practice resident physician from the Guthrie Clinic in Sayre, PA, who was also pregnant and in need of urgent dental care. The urgency centered on the lack of routine dental preventive care - she had two cavities that had become infected and she required immediate treatment. She was unable to get any urgent care in the area. My understanding was that the closest clinic was in Binghamton, NY. Because of this, she treated herself with Tylenol. However, because the pain was so severe she began to eruct (vomiting) and was sent to the hospital with a severe metabolic disorder, resulting in toxicity to her and her baby.

At the time she was approximately 20 weeks pregnant. The baby died from liver toxicity from Tylenol intake. My patient suffered from liver failure and was flown to Pittsburgh expecting a liver transplant. Fortunately, she recovered, didn't need a transplant and has since had a normal healthy child. However, she still suffers from the trauma of losing her child and almost her life.

I personally feel that a dental clinic in the Owego area that was available at the time could have prevented the death of her unborn child and prevented her medical illness and expense associated with that.

Thank you,
Sincerely,

John S. Burnett, MD
Equality doesn’t mean Equity
**POLICY**
Oral health is a key component of health policy
Oral health policy consistent at local, state and federal levels
Oral health measurement systems in place
Policy to allow expanded workforce

**FINANCING**
Sufficient funding to support care, prevention and training
Alignment of payment with evidence, prevention, disease management and outcomes

**CARE**
Dental workforce sufficient to meet needs efficiently & effectively
Care based on evidence, prevention, disease management and outcomes
Oral health integrated into all aspects of health care
Consumer focused care delivery

**COMMUNITY**
Oral health integrated into education and social services
Optimal oral health literacy
Strong community prevention and care infrastructure
Provider base representative of community

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**Systems Change Framework**

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*DentaQuest Foundation*
Oral Health 2020

• Since launching a systems change strategy in 2011, DQF investments have helped to build a large, interconnected network of national, state and community-based change agents.

• Network is transforming the national dialogue and reshaping the landscape on behalf of optimal oral health.

• OH 2020 is a multiyear effort to unify the network, build on strategies and expand impact.

• Grantees and partners share vision: Oral health is essential to lifelong health and wellbeing.
Conditions of Collective Impact

The Five Conditions of Collective Impact

Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is based on the belief that no single policy, government department, organization, or program can tackle or solve the increasingly complex social problems we face as a society.

- **Common Agenda**
  - All participants have a shared vision for change.

- **Shared Measurement**
  - All participants collect data and measure results consistently.

- **Mutually Reinforcing Activities**
  - Participant activities are differentiated while still being coordinated through a mutually reinforcing plan of action.

- **Continuous Communications**
  - Consistent and open communication builds trust, assures mutual objectives, and creates common motivation.

- **Backbone Support**
  - A backbone organization supports the entire initiative and coordinates participating organizations and agencies.

Boston College Center for Corporate Citizenship, Carroll School of Management, Summer 2014, Issue 11

DentaQuest Foundation
Evolution of the Oral Health 2020 Network

1999-2010
Fragmented National Oral Health Activity
Scattered Clusters

2011-2014
DQF Catalyzes National Network in Role as Hub
Hub-Spoke

2014-2016
Network Expands, Infrastructure Emerges, Leadership Decentralizes
Multi-Hub

2016-2020
Network Infrastructure Becomes Independent and Sustainable
Core-Periphery
OH2020 Network

Oral health is essential to lifelong health and well-being.

Grasstops: sustained policy outcomes

Social Norms

Environmentalism & Climate Change

Racial & Economic Justice

Food Justice

Women's Rights

Education Reform

Adults

Seniors

Social Justice Movements

Regional Oral Health Connection Teams

Regions
(Northeast/Mid-Atlantic
South/Southeast
Midwest + West)

ROHCT Leaders
(3/region)

State Reps (1/state)

Local Oral Health Connection Teams

Regions
(Northeast/Mid-Atlantic
South/Southeast
Midwest + West)

Grassroots Reps (1/state)

National Oral Health Connection Team

Workgroups

NORHCT leaders
(1 top, 2 roots, 16 middles)

Grassroots: community-driven solutions

Data/Information

Integration

Health Justice

Immigrant Rights

LGBTQ Rights

Schools

Gras middles: technically-informed strategies

Adults

Seniors

Social Justice Movements

Improved health equity results in greater social justice
VISION
Oral health is essential to lifelong health and wellbeing.

**GOAL**
Eradicate dental disease in children

**TARGET**
With the closing of disparity gaps, 85% of children reach age 5 without a cavity

**GOAL**
Incorporate oral health into the primary education system

**TARGET**
The 10 largest school districts have incorporated oral health into their systems

**GOAL**
Include an adult dental benefit in publicly funded health coverage

**TARGET**
At least 30 states have an extensive Medicaid adult dental benefit

**GOAL**
Build a comprehensive national oral health measurement system

**TARGET**
A national and state-based oral health measurement system is in place

**GOAL**
Integrate oral health into person-centered healthcare

**TARGET**
Oral health is integrated into at least 50% of emerging person-centered care models

**GOAL**
Improve the public perception of the value of oral health to overall health

**TARGET**
Oral health is increasingly included in health dialogue and public policy
Goal: Include an adult dental benefit in publicly funded health coverage

Looking at expanding adult Medicaid dental coverage… what has to happen?
TARGET
At least 30 states have a comprehensive Medicaid adult dental benefit

- Effective strategies/roadmaps (replicating success in other states)
  - Resources to harness ACA to expand Medicaid adult dental coverage
  - Resources to implement an incremental approach/moving along the continuum

- Effective program administration
  - Cost-effective administration
  - Provider/care access network

- National strategy
  - National advocacy group engagement and support
  - Ongoing monitoring of state-by-state status on coverage-level continuum
  - Congressional champions and leadership

- Financing mechanism
  - Successful efforts in other states (general fund or targeted financing mechanism)
  - Payer engagement and support

- State-based legislative champions and leadership
  - Awareness/education/resource campaign
  - Advocacy to support leaders who champion issue
  - Lobbying capacity

- Advocacy community engagement and leadership
  - Provider engagement and support
  - Consumer engagement and support
GOAL
Mandatory inclusion of an adult dental benefit in publicly funded health insurance

NATIONAL TACTICS
- Build national and state awareness of need of coverage (Faces of Medicaid: Use of CR?)
- Conduct and disseminate ROI analysis of Medicaid adult dental coverage
- Define comprehensive benefit and survey where states stand (CHCS)
- Evaluate viability of national strategy to mandate dental benefit for adults in Medicaid
- Convene state Medicaid Directors and other key stakeholders to build increased awareness, mobilization and action on Medicaid adult dental coverage
- Make targeted investments in states working to implement or improve implementation of adult dental benefit coverage already approved
- Convene state Medicaid Directors and other key stakeholders to build increased awareness, mobilization and action on Medicaid adult dental coverage

STATE TACTICS
- Develop and spread story (why and how of Medicaid adult dental coverage (MADHP))
- Translate state lessons and ROI analysis into comprehensive strategies to support movement in new states
- Conduct ongoing monitoring and reporting of state action on Medicaid adult dental coverage

TARGET
At least 30 states have a comprehensive Medicaid adult dental benefit

2020
9 states expand dental coverage for low-income adults. Over 12M impacted.
Medicaid Adult Dental Coverage
An Illustration of Net Program Costs with Consideration of Medical Savings

**Introduction**

The intent of the Patient Protection and Affordable Care Act (ACA) of 2010 is to increase access to health care services so that all Americans may experience good health. The ACA however falls short of this goal, as dental coverage is not a requirement under the law, thereby perpetuating existing gaps. In 2009, the number of Americans who lacked dental insurance was 2.9 to 3.2 times greater than those lacking medical insurance, a growing trend compared to 2.4 times in 2003. Medicaid expansion under the ACA increases the number of low-income persons eligible for medical coverage, but dental coverage remains an option, leaving behind many Americans suffering with untreated oral disease.

Untreated oral diseases can cause considerable pain and suffering, dietary restrictions, poorer quality of life, lower well-being, and reduced social engagement for individuals. The impact of untreated oral disease extends well beyond the individual. Dental infection, inflammation, and disease contribute to an array of social ills, some of which include the inappropriate and overdose of the emergency department, inability of military forces to deploy, loss of productivity in the workplace, and under-employment and unemployment.

**Methods**

Data from the 2011-2012 Continuous National Health and Nutrition Examination Survey (NHANES) were used to estimate the impact of noticeable untreated dental disease on employment. The analysis in this brief is based on the 5,722 participants aged 21 through 64, from the 0,271 NHANES participants who completed a dental examination.
The Cost of Orofacial Pain

Linkages: Dental Pain > Social Ills

Estimates of nationally representative data from 2011-2012 National Health and Nutrition Examination Survey (NHANES) show that at least 60 million adults (i.e., ≥21 years old) reported not seeing a dentist in two or more years, and at least 14 million suffer frequent dental pain. The overlap between these two groups is approximately 4.5 million. This number represents the potential at-risk population for negative socio-economic impacts resulting from continued use of painkillers (analgesics), both opioid and non-opioid, for the relief of orofacial pain.

Dental pain hurts more than just mouths—funding an adult dental Medicaid benefit could save states millions...

Researchers have mapped linkages from chronic dental pain to end-stage renal disease, liver transplants, opioid-related emergency department visits, and opioid-related crime. Further calculation showed an associated minimum additional $2.954 million in property crimes and an overall attributable cost in these four negative outcomes of $0.3 to $5.3 billion per year.

Guiding Innovations to Improve the Oral Health of Adult Medicaid Beneficiaries

By Stacey Chapin, Center for Health Care Strategies

IN BRIEF

Advancing the oral health of Medicaid-enrolled adults—who, in most states, lack comprehensive dental benefits—is a complex challenge and remains elusive for many state agencies and contractors. Improvement strategies that may be effective with child and youth populations, for whom Medicaid dental benefits are guaranteed, are handiwork to translate to address the unique barriers to oral health care access faced by adults. This brief describes five areas of opportunity for innovation in adult oral health, including: (1) the Medicaid oral health business model; (2) return on investment models for oral health coverage and care; (3) consumer outreach and engagement; (4) workforce and training; and (5) oral health care access and delivery.

Despite growing recognition of the importance of oral health to overall health, many low-income adults face systemic barriers to oral health care—key among them, inadequate dental coverage and access. While states are federally mandated to provide comprehensive dental coverage for Medicaid-enrolled children, they are not required to provide dental coverage for adults. To date, 46 states plus the District of Columbia offer some dental benefits to Medicaid-enrolled adults, but only 15 provide comprehensive coverage. This presents a significant barrier to access for these individuals, who often cannot afford to pay out-of-pocket and have no other viable options for oral health care.

Even for those with dental benefits, care is hampered by a wide range of factors, including insufficient access to Medicaid contracted dentists, gaps in oral health literacy; low-perceived value of oral health among beneficiaries and primary care providers (PCPs); and logistical challenges such as taking time off from work or finding transportation to appointments. As a result, low-income adults are disproportionately affected by oral disease, with higher risks for chronic conditions such as diabetes and heart disease, reduced employment, and expensive hospital emergency department (ED) visits for preventable problems such as dental abscesses.

As the Medicaid population expands through the Affordable Care Act (ACA), state Medicaid agencies, plans, and other stakeholders have an opportunity to improve oral health access and outcomes for millions of Americans. The barriers to achieving this change, such as state fiscal constraints, competing health priorities, limited provider capacity, and churn in publicly financed care, are daunting. Furthermore, there is a lack of evidence-based approaches to cultivate policymakers’ interest in this arena.

Made possible through support from the DentaQuest Foundation and the Robert Wood Johnson Foundation.

For Individual Clinicians
We've made it easy for individual physicians, physician assistants, nurse practitioners, students, and other clinicians to access the curriculum and learn on their own time and at their own pace. Each of the courses is available online. Free Continuing Education credit is available.

For Educators
This curriculum format can be easily implemented in an academic setting. Included is a comprehensive set of educational objectives based on the Accreditation Council for Graduate Medical Education (ACGME) competencies, test questions, resources for further learning, oral health web links, an implementation guide, and detailed module outlines.

Answering the Call: Joining the Fight for Oral Health

Watch this informative and inspiring video which outlines both the challenge and progress in improving oral health as a vital component of effective primary care. Click the full screen icon in the bottom right hand corner of the video thumbnail to view it full-sized. This video is approximately seven minutes in length.

An extended version (21 minutes) of this documentary is also available.

A Product of: STFM - Society of Teachers of Family Medicine
Endorsed by: AAPA - American Academy of Physician Assistants

DentaQuest Foundation
Network in Action for Impact

5 of the 10 largest school districts working to integrate oral health
Network in Action for Impact

Untreated tooth decay <41%
100,000+ fluoride vanishes
33% of school kids w/sealants
HeadStart children with a preventive dental visit increases from 21% – 70%
Network in Action for Impact

New statewide oral health measurement system drives policy wins...
Expansion of scope of practice for dental hygienists; Non-dental providers being reimbursed for preventive services; Loan reimbursement for new dental graduates; Mandated dental exams and statewide dental sealant program in schools.
All State Aging Services Directors officially endorse and prioritize a dental benefit in Medicare
Alignment with Federal Partners: HHS Oral Health Framework Goals

1. Integrate oral health and primary care.
2. Prevent disease and promote oral health.
3. Increase access to oral health care and eliminate disparities.
4. Increases the dissemination of oral health information and improve health literacy.
5. Advance oral health in public policy and research.
Aligning Goals

HHS Framework Goals
1. Integrate oral health and primary care.
2. Prevent disease and promote oral health.
3. Increase access to oral health care and eliminate disparities.
4. Increase the dissemination of oral health information and improve health literacy.
5. Advance oral health in public policy and research.

OH 2020 Goals
2. Incorporate oral health into the primary education system.
3. Include an adult dental benefit in publicly funded health coverage.
4. Build a comprehensive national oral health measurement system.
5. Integrate oral health into patient centered health care.
6. Improve the public perception of the value of oral health to overall health.