



The State of Oral Health in the Region: What's New and On the Horizon

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Disclosure Information

Presentation: The State of Oral Health in the
Region: What's New and On the Horizon

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I have no financial relationships to disclose



Objectives

1. Social Determinants of Health Lens
2. State and Local Oral Health Landscape
3. Achieving Systems Change and Collective Impact
4. Collaborative Opportunities and Local Initiatives



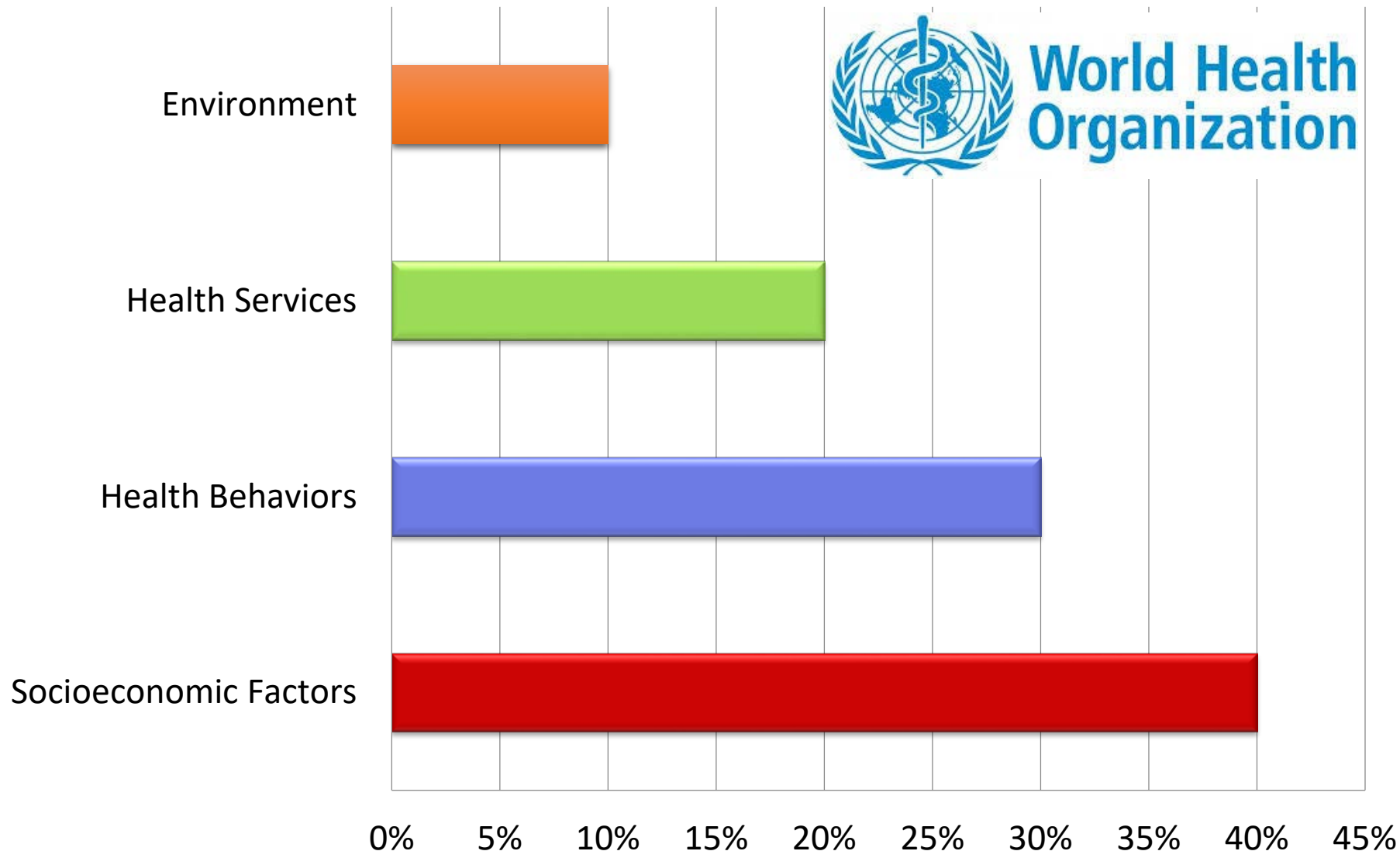
Social Determinants of Health Lens

The Social Determinants of Health



1. The conditions in which people are born, grow, live, work, and age.
2. Shaped by the distribution of money, power, and resources.
3. Mostly responsible for **health inequities** *-the unfair and avoidable differences in health status.*

The Social Determinants of Health





Oral Health Inequities

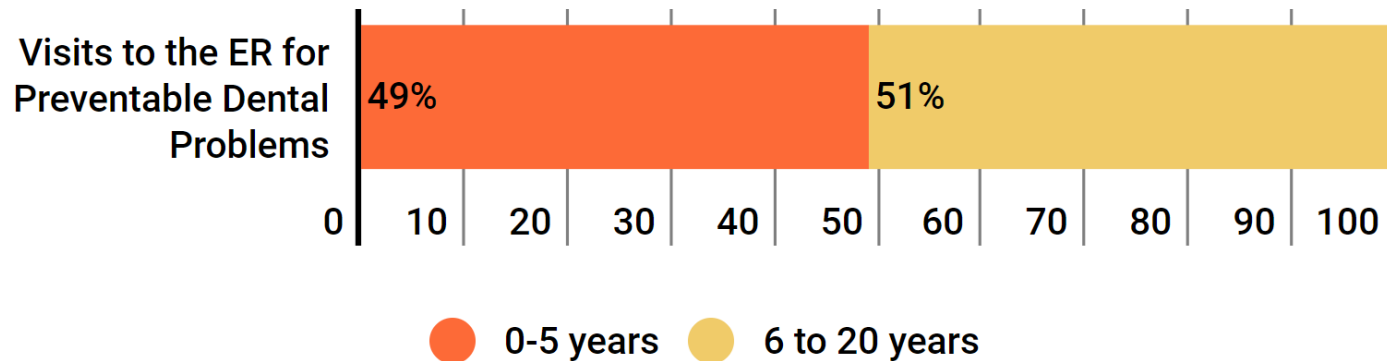
- Blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health of any of the racial and ethnic groups in the U.S. population (U.S. Surgeon General)
- Mexican American children ages 12 to 23 months may experience dental caries than other race/ethnicity groups (Kaste et al. 1996b).



State and Local Oral Health Landscape

Poor Access to Dental Disease Prevention Has High Costs

1 in 2 emergency room visits by children for preventable dental conditions by Denti-Cal eligible children, was by our youngest (0-5 years)



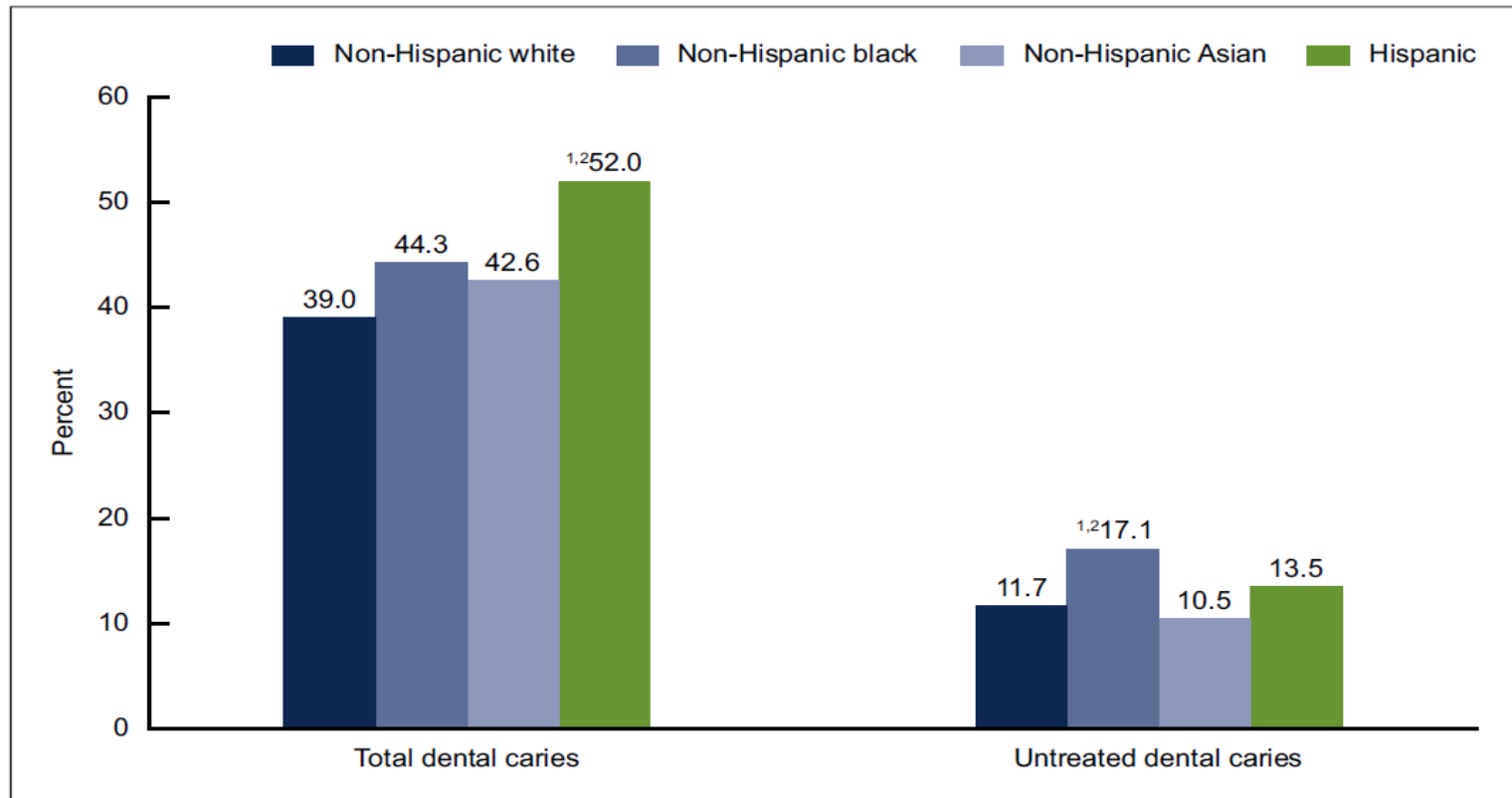
Low-income young children continue to have untreated tooth decay.

1 in 3 kindergartners in the Inland Empire has Untreated Tooth Decay*



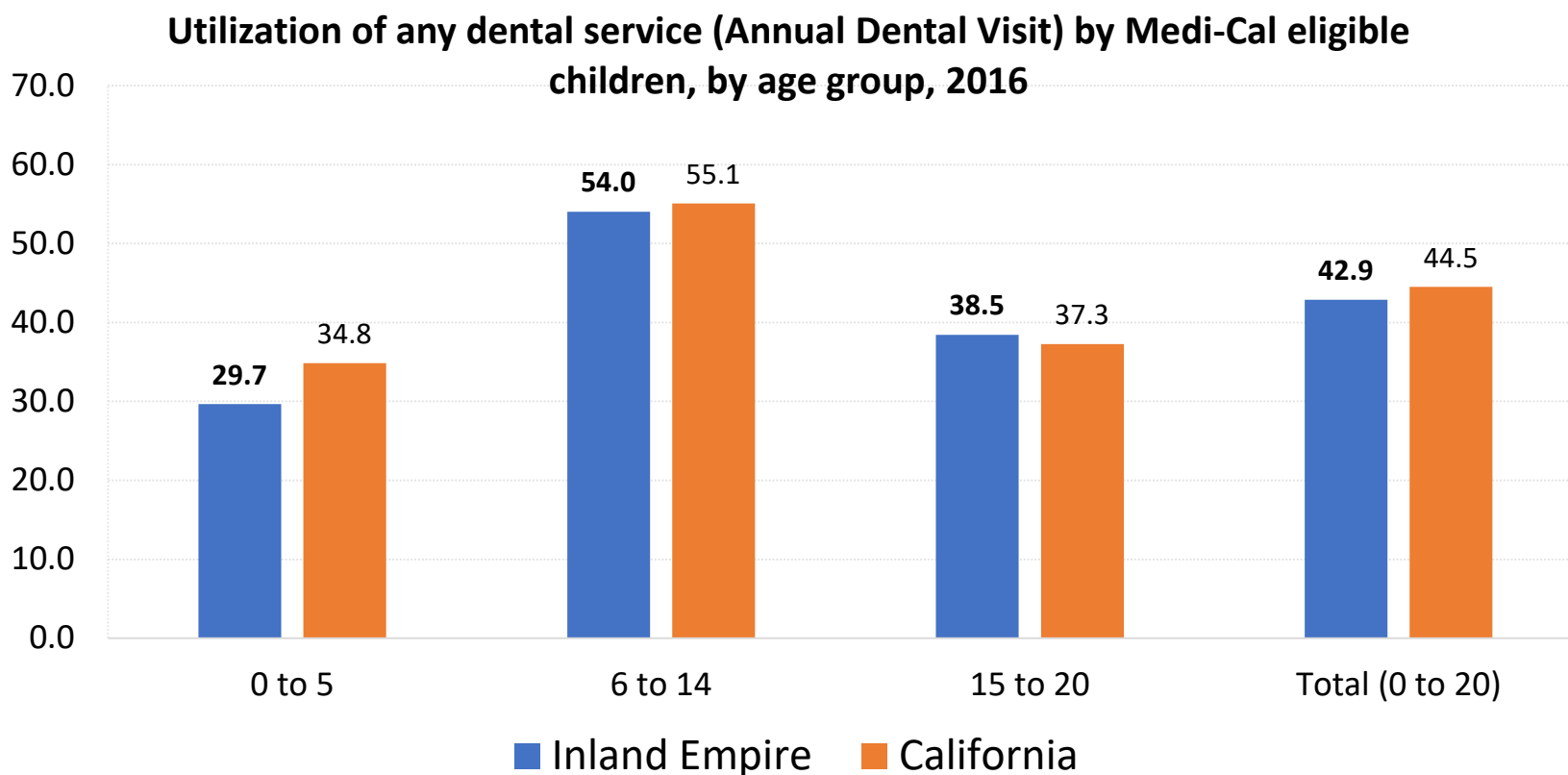
* Data includes 58% of children who submitted an oral health assessment

Nationally, children of Hispanic and Non-Hispanic Black origin are at a higher risk.



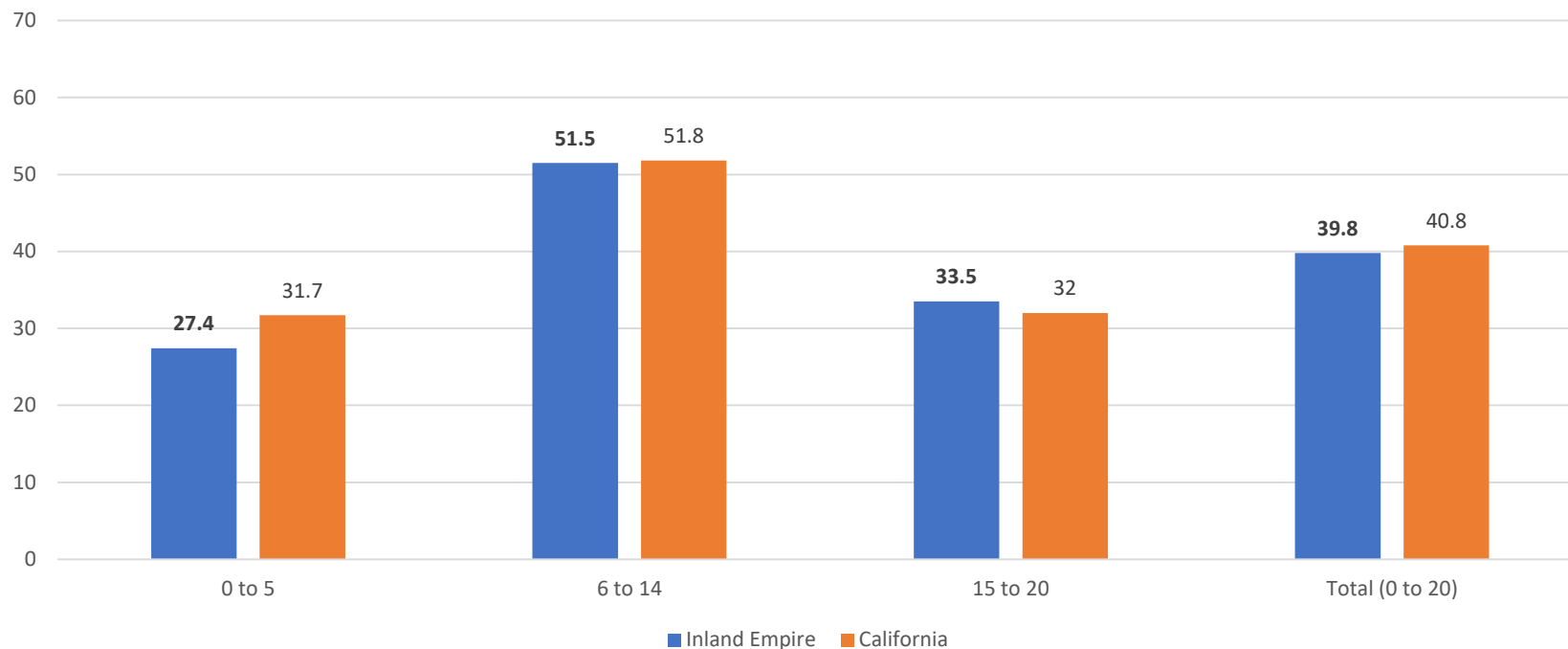
Burden of dental disease has declined over the years but disparities persist.¹

Less than half of Medi-Cal eligible children utilized at least one dental service in 2016.



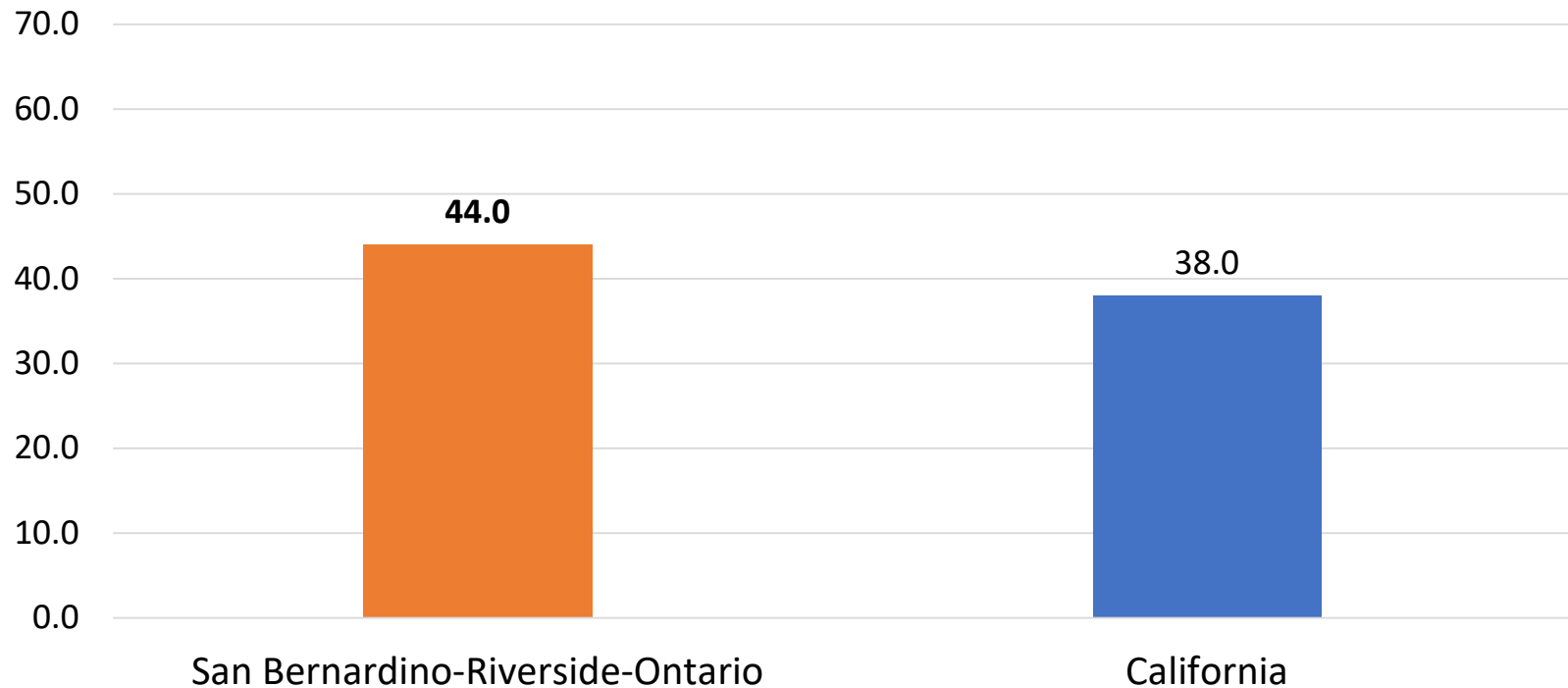
1 in 4 Medi-Cal eligible children received a preventive service in 2016.

Utilization of preventive dental services by Medi-Cal eligible children, by age group, 2016



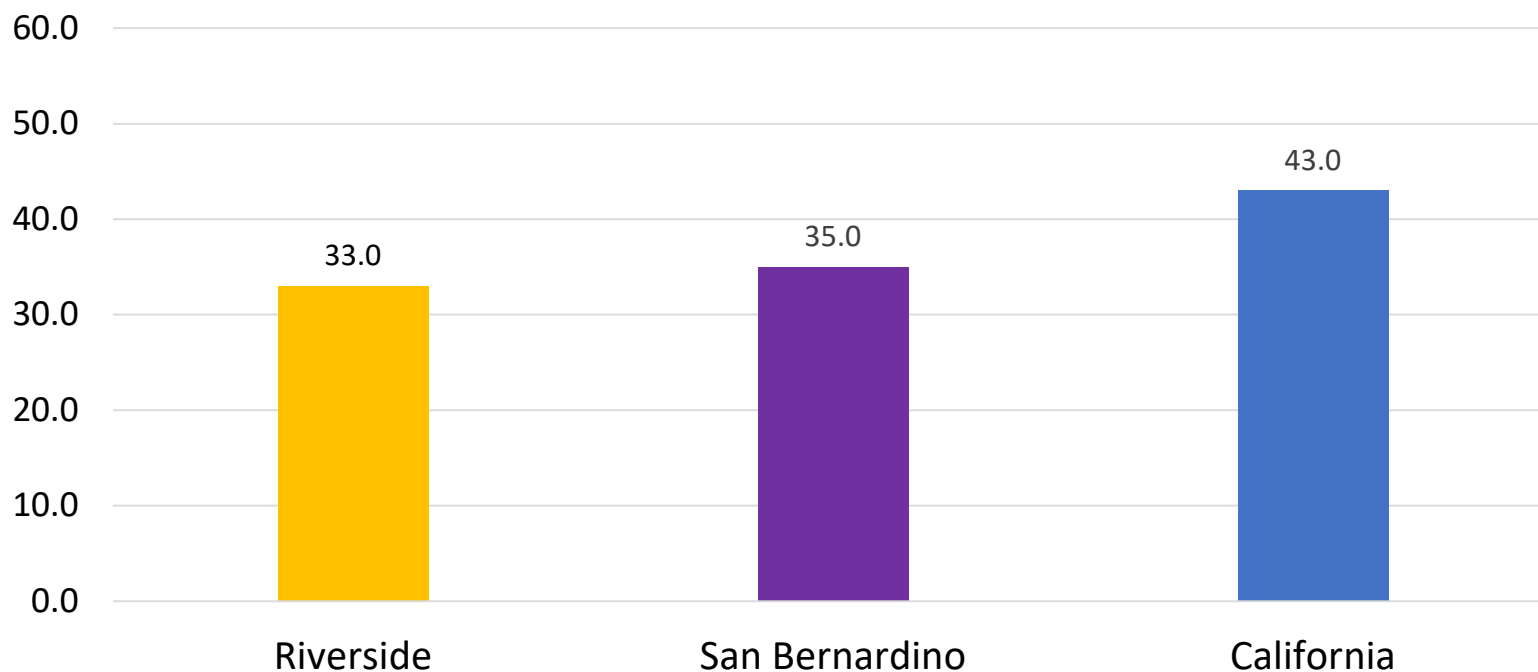
Adults in our region fare worse than an average Californian in terms of their oral health.

Adults (18-64 years old) who have had at least one permanent tooth extracted due to decay and/or gum disease, 2014



Lower percentage of pregnant women in the Inland Empire had a dental visit during pregnancy than CA average

Proportion of pregnant women who visited the dentist during pregnancy, Inland Empire, 2015-16

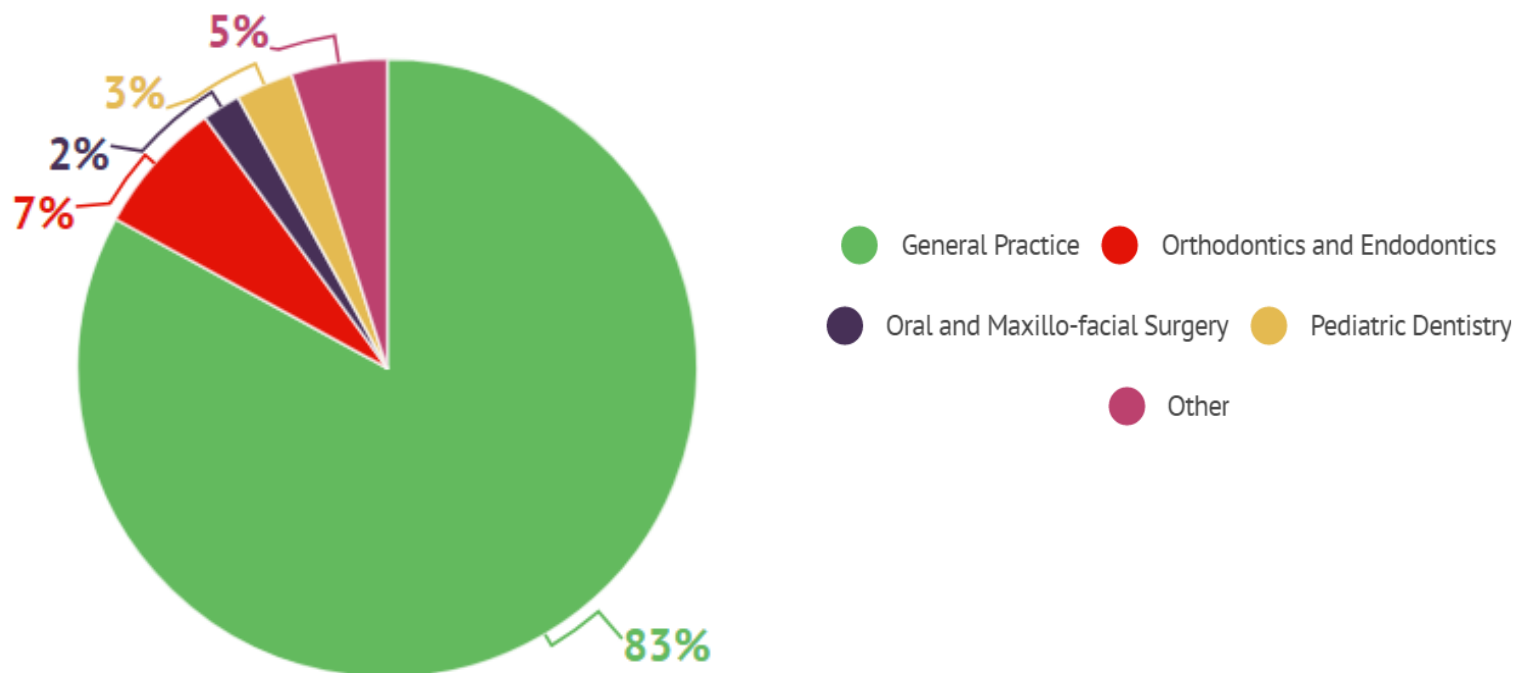


Older Adults and Individuals with Special Health Care Needs face unique challenges to achieving optimal oral health.

- **Half** of the older adults residing in skilled nursing homes have **untreated tooth decay**.
- **One in three** older adults in California's skilled nursing facilities have **lost all their teeth**.
- **Nearly 40%** of skilled nursing home residents **cannot chew** because they lack functional contact between their upper and lower back teeth.
- **46%** of community-dwelling older adults screened need treatment for **tooth decay and/or periodontal (gum) disease**.
- Older adults who had lost all their natural teeth in rural counties were **twice as likely** to **lack any dentures** compared to urban counterparts.

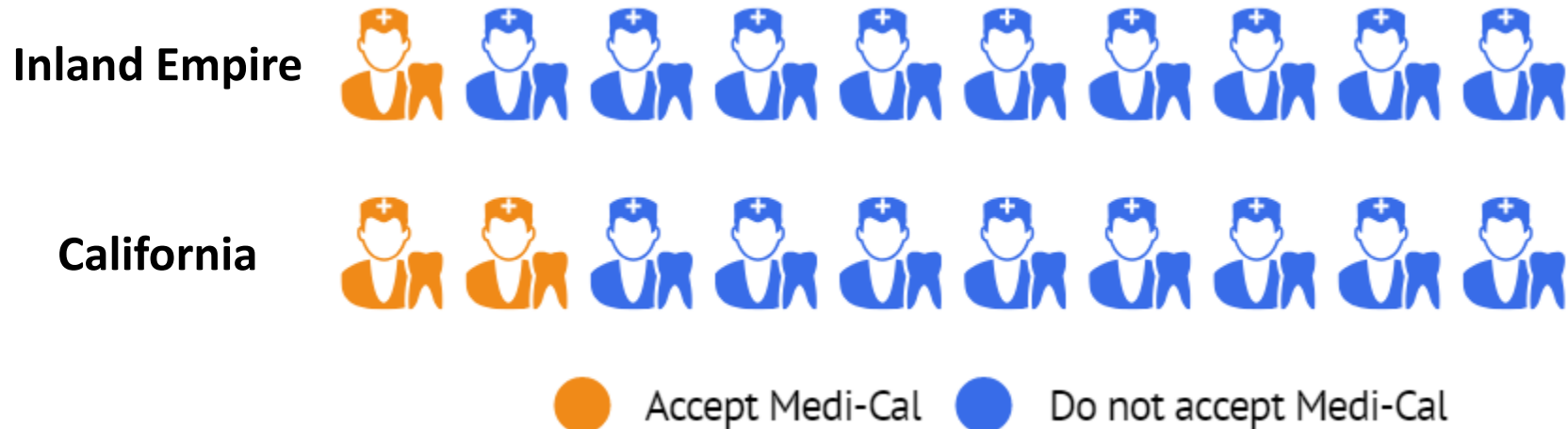


Inland Empire has a shortage of pediatric dental providers





Only 1 out of 10 Dentists practicing in the Inland Empire accepts Denti-Cal beneficiaries.





Achieving Systems Change and Collective Impact



What makes up a system?



Context

Political environment



Components

Programs and services



Connections

Linkages across the system



Infrastructure

Supports needed to function effectively



Scale

Comprehensive and works for all



How do we strengthen systems?



Context

Improving the **political context** that surrounds the system so it produces the policy and funding changes needed to create and sustain it.



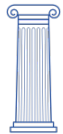
Components

Establishing high-performance **programs and services** within the system that produce results for system beneficiaries



Connections

Creating strong and effective **linkages** across system components that further improve results for system beneficiaries



Infrastructure

Developing the **supports** systems need to function effectively and with quality



Scale

Ensuring a **comprehensive** system is available to as many people as possible so it produces broad and inclusive results



Collective Impact



Oral Health Action Coalition – Inland Empire, General Meeting, December 15, 2017



Five Conditions of Collective Impact

Common agenda



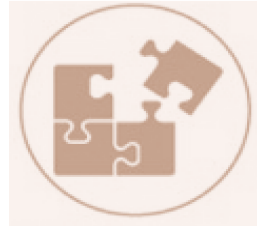
All participants have a shared vision for change.

Shared Measurement



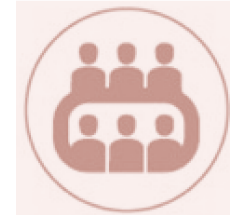
collect data and measure results collectively.

Mutually reinforcing activities



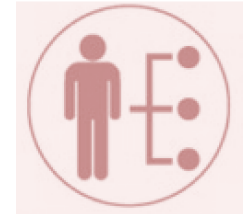
Participant activities are differentiated while still being coordinated through mutual action plan.

Communication



Consistent and open communication builds trust, assured mutual objectives and creates common motivations.

Backbone Support



Supports the entire initiative and coordinates participating organizations and agencies



Collaborative Opportunities and Local Initiatives

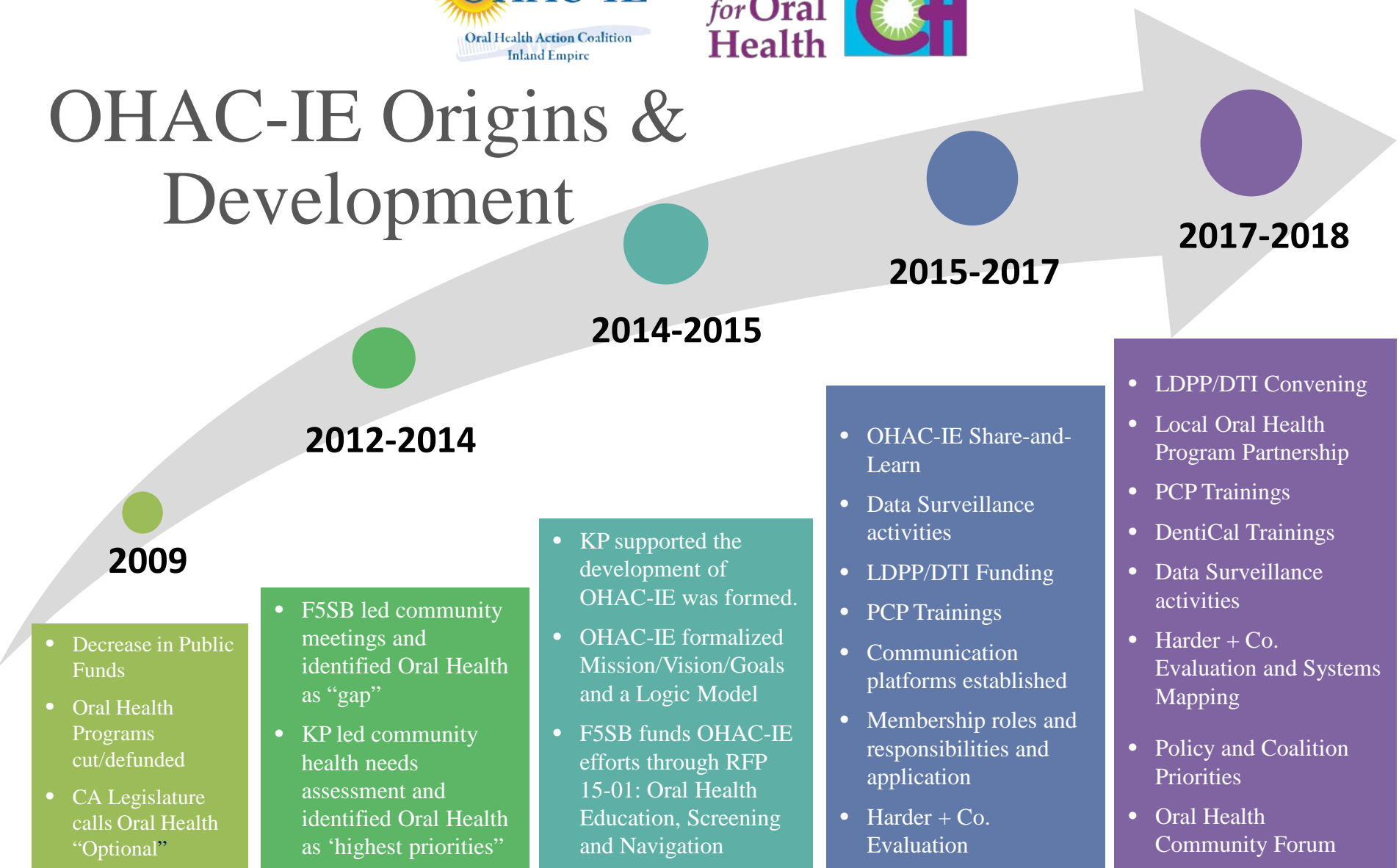


Oral Health Action Coalition- Inland Empire

Mission: To improve oral health of vulnerable populations in the Inland Empire Region of Southern California

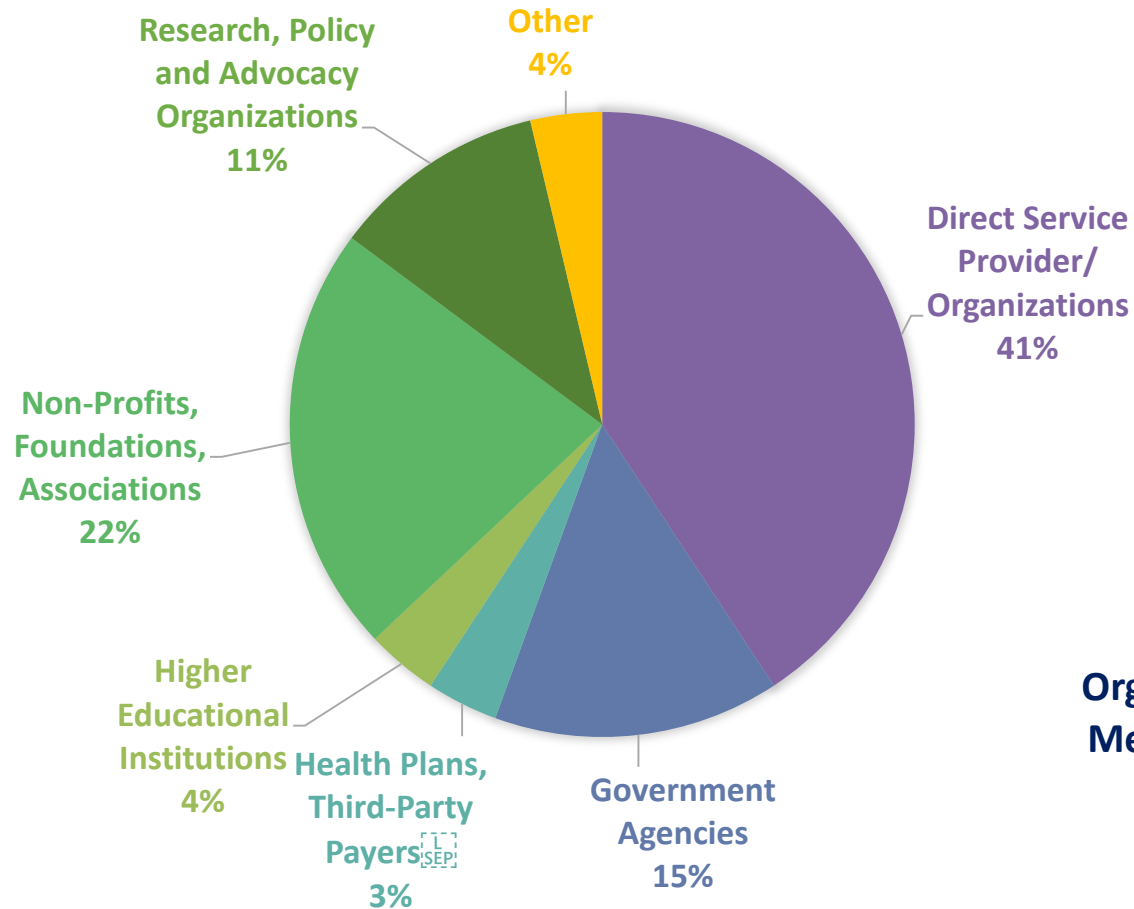
The coalition convenes **health care providers, institutions and advocates** for **peer-to-peer learning** and to **leverage resources** to collectively impact oral health programs and policies in the region.

OHAC-IE Origins & Development





OHAC-IE Members and Partners



30+
Organizational
Members and
Partners

Our Priorities



OHAC-IE Priorities and Focus Areas



Public Awareness

- Share reliable and accurate oral health information
- Increase community's knowledge of oral health
- Promote positive attitudes and oral health behaviors



Data and Surveillance

- Collect, collate and disseminate actionable data.
- Monitor and evaluate programs and policies



Workforce

- Address workforce shortage and gaps
- Promote cultural and linguistic competency among providers



Policy and Advocacy

- Monitor and analyze policies
- Inform public policy
- Support implementation and adoption of policies



Access to Care

- Work to eliminate barriers to accessing timely and quality care
- Improve care integration and promote interprofessional education



Advancing Systems Change

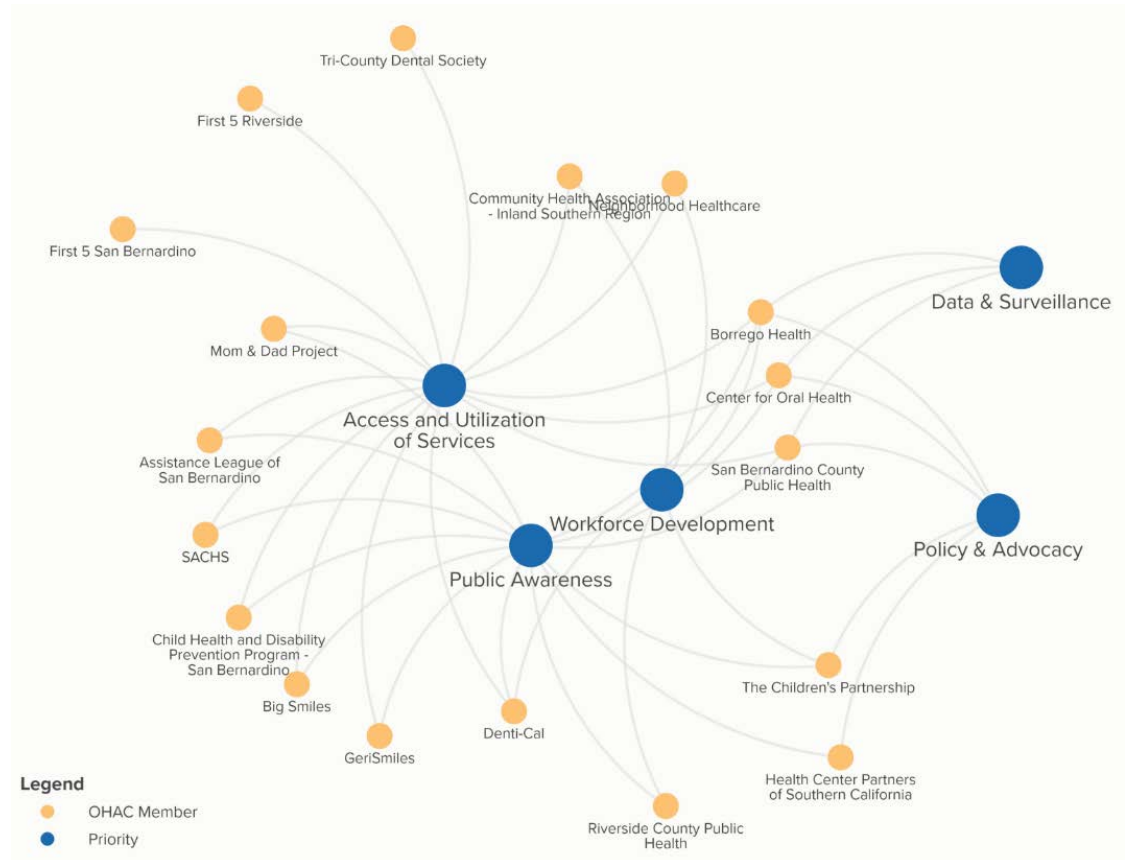




Systems Map of Coalition Priorities

Harder+Company
facilitated a systems
mapping activity to:

- Map and identify coalition members' **priorities**
- **Identify strengths and gaps** in the coalition's network in working on their priorities.



A close-up photograph of a small green seedling with several leaves growing out of dark, rich soil. The background is blurred, showing more foliage and light filtering through. The seedling is positioned on the left side of the frame, with its stem and leaves extending upwards.

Project **VIDA**

Visualizing Information and Data for Action

Centerfororalhealth.org/VIDA



Local Dental Pilot Project-Inland Empire

- Create an integrated system involving community health centers, schools, and home visitors.
- **Main Focus:** Innovation and piloting non-traditional delivery models to increase access
- **Funder:** Department of Health Care Services
Lead Agency: First 5 Riverside and First 5 San Bernardino
- **Populations Served:** 0-20-year-old Medi-Cal eligible children in Inland Empire

OHAC-IE will function as the platform to align efforts, share resources, promote communication and lessons learned for LDPP-IE





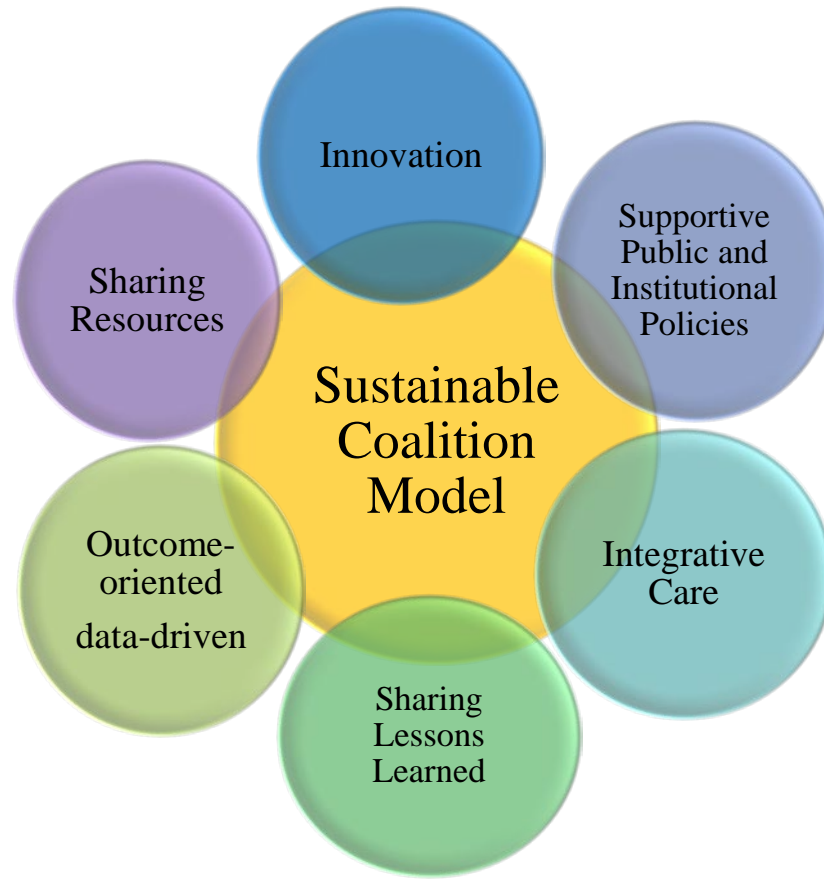
Local Oral Health Programs

- Achieving goals and objectives outlined in the State Oral Health Plan, 2018-2028.
- **Year 1 Focus:** Comprehensive community oral health needs assessment, and development of a stakeholder-informed strategic and evaluation plan.
- **Funder:** California Department of Public Health
- **Lead Agency (County-specific):**
 - San Bernardino County Department of Public Health
 - Riverside University Health System – Public Health



Counties encouraged to establish and or utilize local oral health coalitions. LOHPs are embedded in the work of OHAC-IE to promote collective impact.

Sustainability



Systems Change Framework

FINANCING

Sufficient funding to support care, prevention and training

Alignment of payment with evidence, prevention, disease management and outcomes

POLICY

Oral health is a key component of health policy

Policy consistent at local, state and federal levels

Oral health measurement systems in place

Policy to allow expanded workforce functions

CARE

Dental workforce sufficient to meet needs efficiently and effectively

Care based on evidence, prevention, disease management and outcomes

Oral health integrated into all aspects of health care

Consumer focused care delivery

Improving Oral Health

COMMUNITY

Oral health integrated into education and social services

Optimal oral health literacy

Strong community prevention and care infrastructure

Provider base representative of community



Thank you! Questions?

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