

# INTRODUCTION TO GOAL I

# SOCIAL DETERMINANTS OF HEALTH

Alejandra Valencia

Director, Oral Health Forum

Heartland Alliance Health



Extreme Poverty



Community Violence



Rural Communities



# Racial and Ethnic Disparities in Utilization of Dental Services Among Children in Iowa: The Latino Experience

HEALTH POLICY    Biostatistics    Community Surveys    *Oral Health*

## Dental Public Health

Epidemiology    **Health Equity**    Global Health

Health promotion and disease prevention

Leading Chicago Children to Oral Health Improvement: A Health Equity Approach Case Story

*By Alejandra Valencia, The Oral Health Forum*

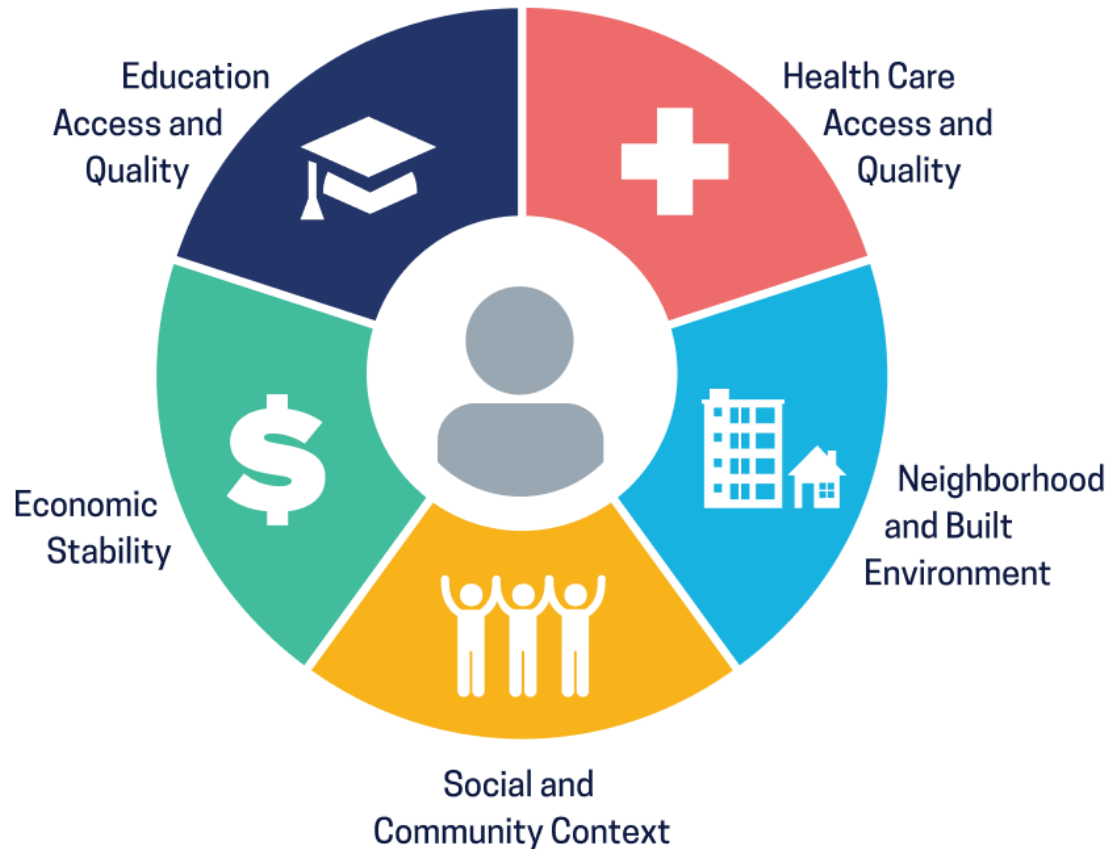
# SOCIAL DETERMINANTS OF HEALTH (SDOH)

“SDOH are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”









[https://www.who.int/social\\_determinants/en/](https://www.who.int/social_determinants/en/)

# Social Determinants of Health



## Exhibit 1: Examples of Indicators Potentially Related to Oral Health

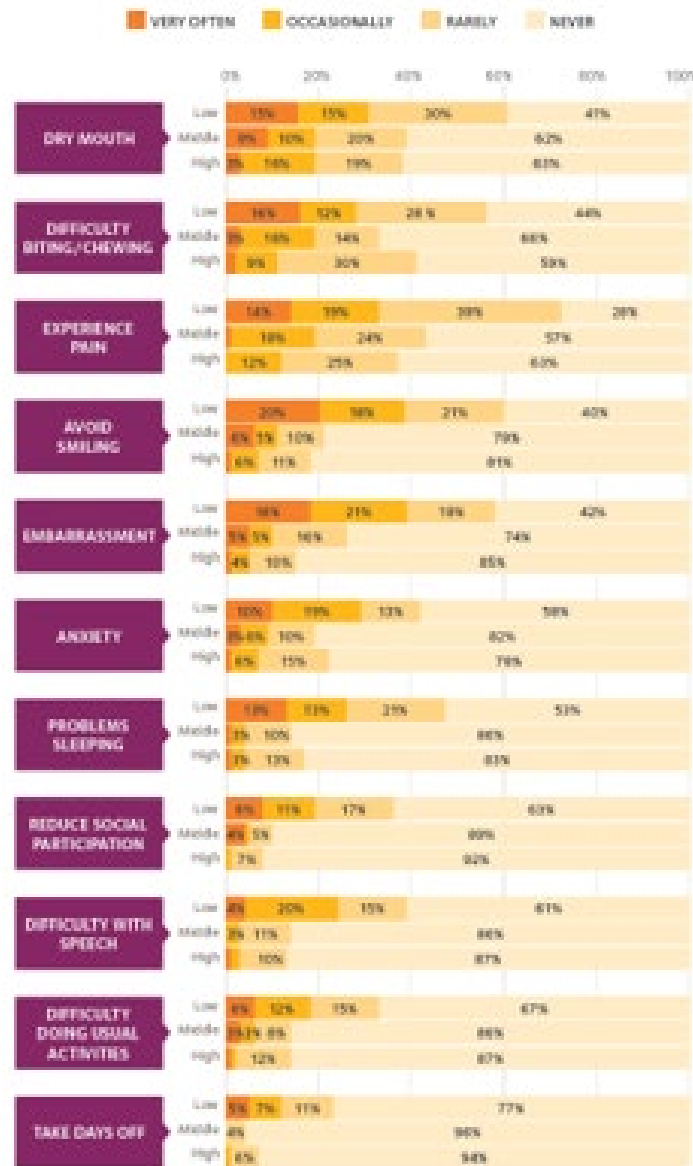
Data Category	Community Commons Indicators Relevant to Oral Health
 <p><b>Demographics</b></p>	<ul style="list-style-type: none"> <li>■ Population with limited English proficiency</li> <li>■ Urban and rural population</li> </ul>
 <p><b>Social and Economic Factors</b></p>	<ul style="list-style-type: none"> <li>■ Per capita income</li> <li>■ Population with no high school degree</li> <li>■ Unemployment rate</li> <li>■ Uninsured adults</li> </ul>
 <p><b>Physical Environment</b></p>	<ul style="list-style-type: none"> <li>■ Food access — low</li> <li>■ Housing vacancy rate</li> <li>■ Use of public transportation</li> </ul>
 <p><b>Clinical Care</b></p>	<ul style="list-style-type: none"> <li>■ Access to primary care</li> <li>■ Access to dentists</li> <li>■ Population living in a health professional shortage area</li> </ul>
 <p><b>Health Behaviors</b></p>	<ul style="list-style-type: none"> <li>■ Fruit/vegetable consumption</li> <li>■ Tobacco usage — current smokers</li> <li>■ Soda expenditures</li> </ul>
 <p><b>Health Outcomes</b></p>	<ul style="list-style-type: none"> <li>■ Poor dental health</li> </ul>

# ILLINOIS ORAL HEALTH PLAN IV

Eliminating Inequities in Oral Health



Problems Due to Condition of Mouth and Teeth, by Household Income



SOCIO-ECONOMIC INEQUITIES

Low income adults are most likely to report having problems due to the condition of their mouth and teeth.

The top oral health problem for low income adults is embarrassment.



**38%** of low income adults avoid smiling due to the condition of their mouth and teeth.



**12%** of high income adults experience pain due to the condition of their mouth and teeth.



**10%** of middle income adults feel embarrassment due to the condition of their mouth and teeth.

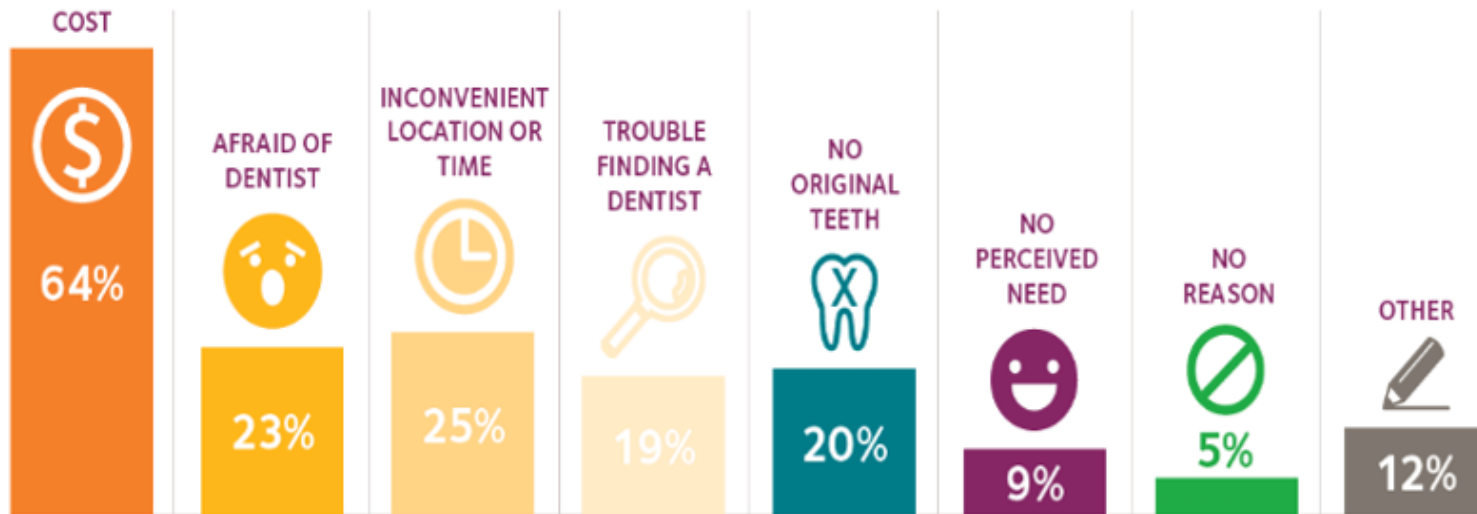


**19%** of low income adults reduce participation in social activities due to the condition of their mouth and teeth.

Figure 16. Problems due to condition of mouth as reported by Illinois adults, stratified by income. The Oral Health Care System: A State-By-State Analysis, American Dental Association, 2015.

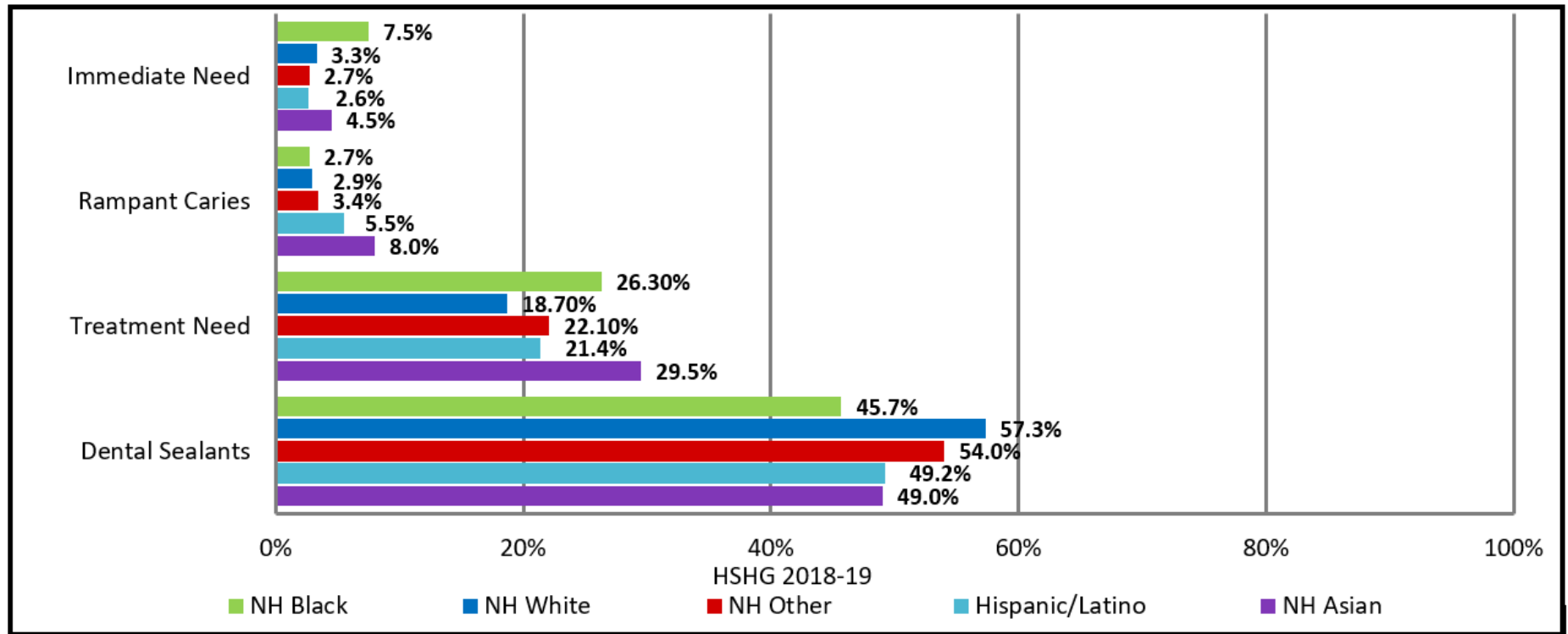
# UNEQUAL ACCESS TO CARE

Reasons for Not Visiting the Dentist More Frequently,  
Among Those Without a Visit in the Last 12 Months



**Figure 15. Reasons reported by Illinois adults without a dental visit in the last twelve months.** The Oral Health Care System: A State-By-State Analysis, American Dental Association, 2015.

# RACIAL AND ETHNIC INEQUITIES

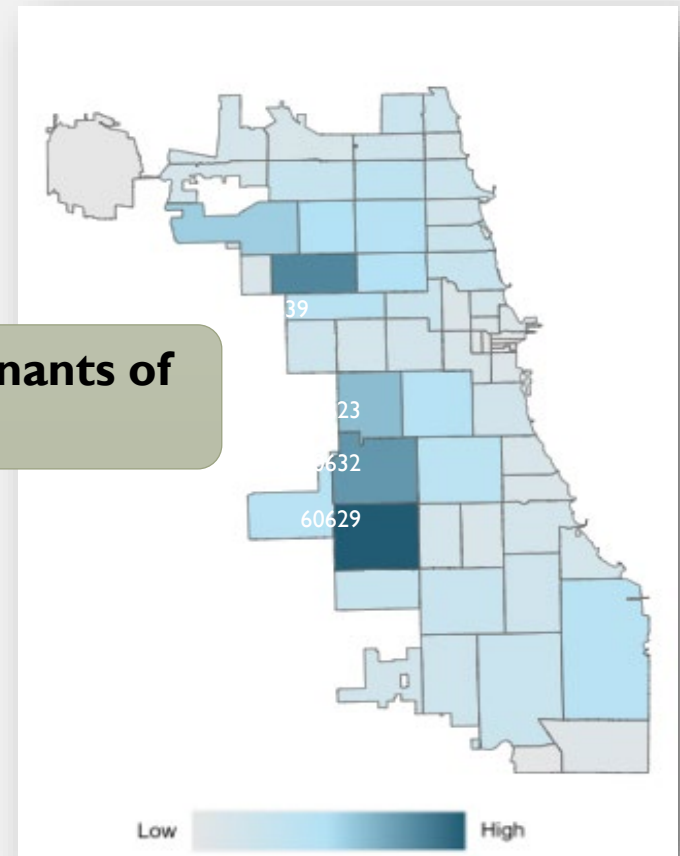


**Figure 3. Racial/Ethnic Inequities in Presence of Dental Sealants, Treatment Need, Rampant Caries (severity) and Immediacy of Need.** Compared with other racial and ethnic groups, NH Black and NH Asian children were less likely to have dental sealants and more likely to have active dental disease and immediacy in care needs.

# URGENT DENTAL NEEDS AND COVID-19



## Social Determinants of Health



WHAT CAN WE DO  
ABOUT THIS?

Goal 1: Improve oral health status and self-care practices by addressing social determinants of health and promoting population-based health interventions.

# INTRODUCTION TO GOAL 2

SCOTT L. TOMAR,  
DMD, MPH, DrPH

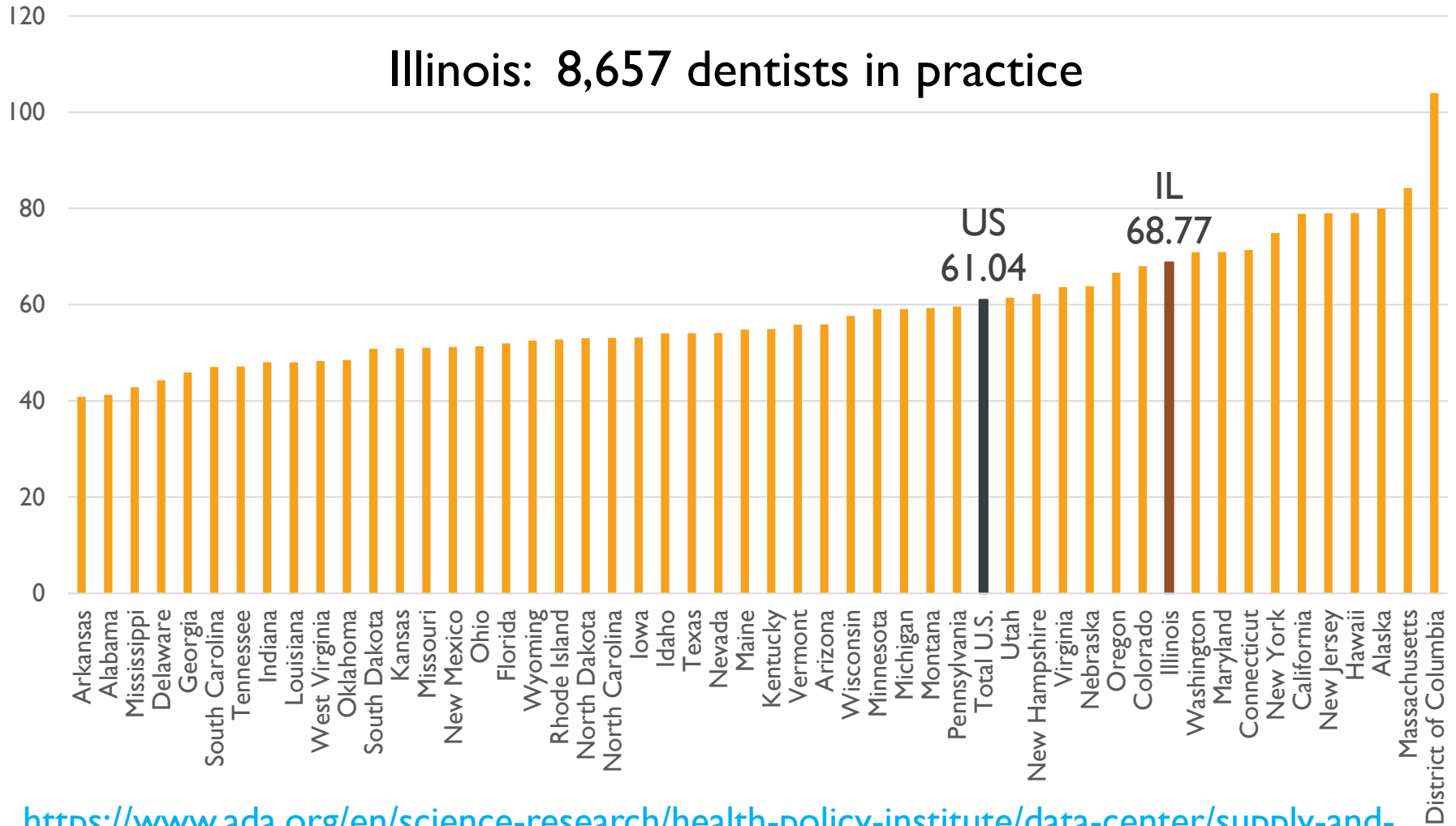
ASSOCIATE DEAN  
FOR PREVENTION  
AND PUBLIC  
HEALTH SCIENCES

UIC COLLEGE OF  
DENTISTRY



# DENTISTS PER 100,000 POPULATION BY STATE, 2020

Illinois: 8,657 dentists in practice



<https://www.ada.org/en/science-research/health-policy-institute/data-center/supply-and-profile-of-dentists>



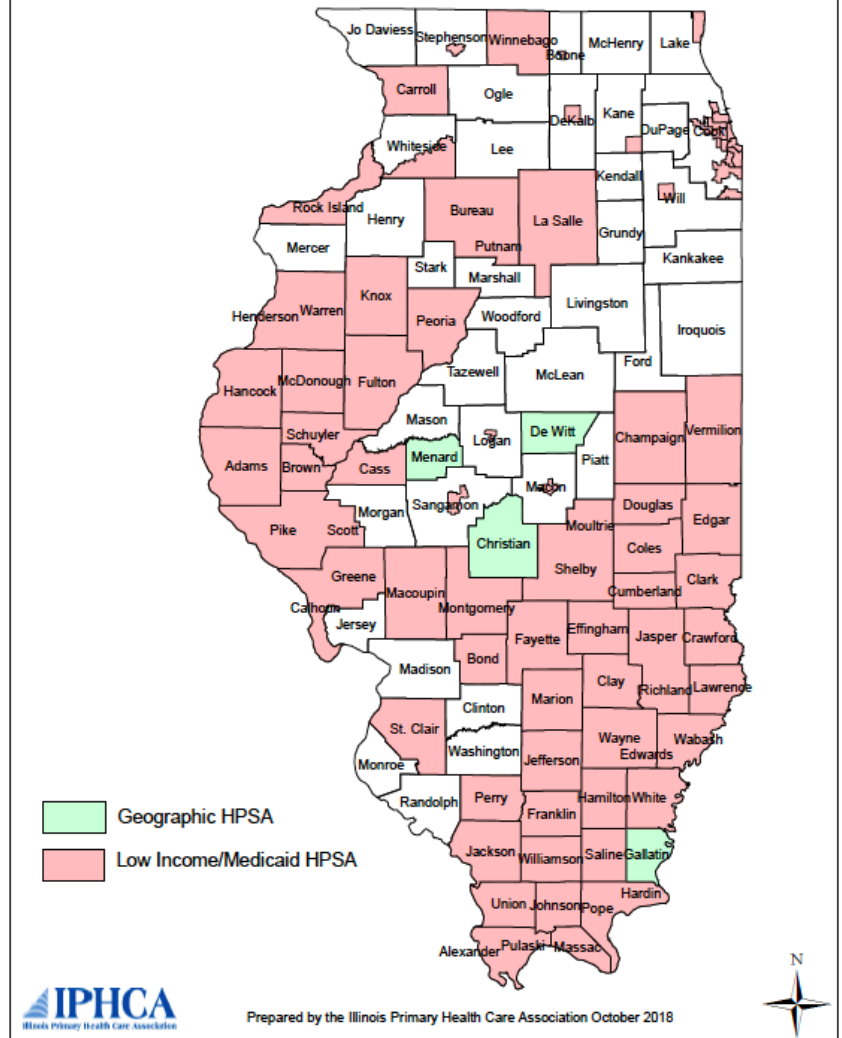
# DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (DHPSA)

As of January 1, 2021:

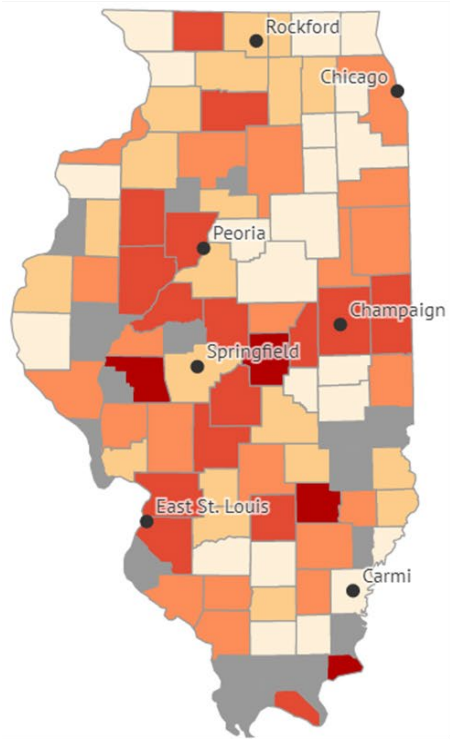
- 212 Dental Health Professional Shortage Area designations (#7 in US)
- 75 of 102 counties have a DHPSA
- 2.3 million Illinoisans (18%) live in DHPSA
- 35% of need met
- 381 practitioners needed to remove DHPSA designation

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

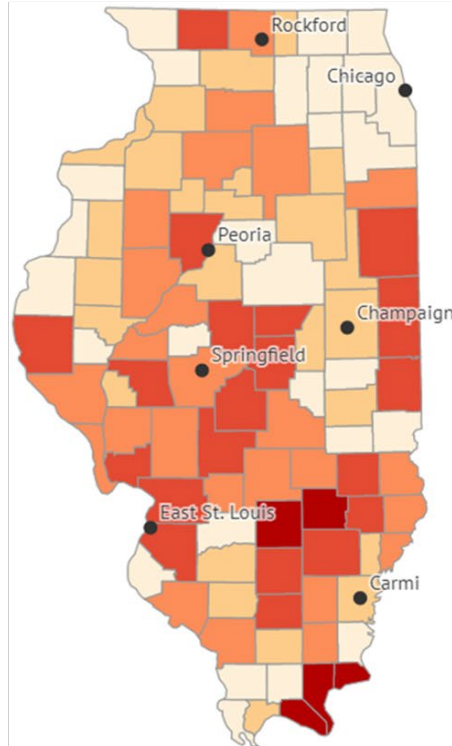
Federally Designated Health Professional Shortage Area (HPSAs)  
Dental Health Services



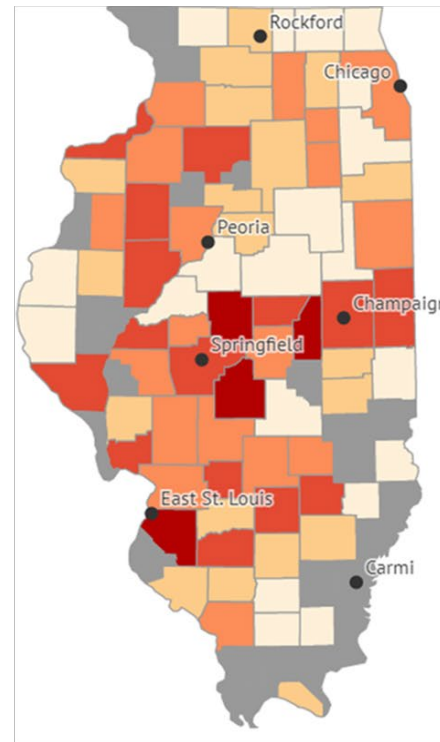
Pediatric  
 < 18 years:  
 44.05/10,000



Adult  
 18 – 64 years:  
 96.96/10,000

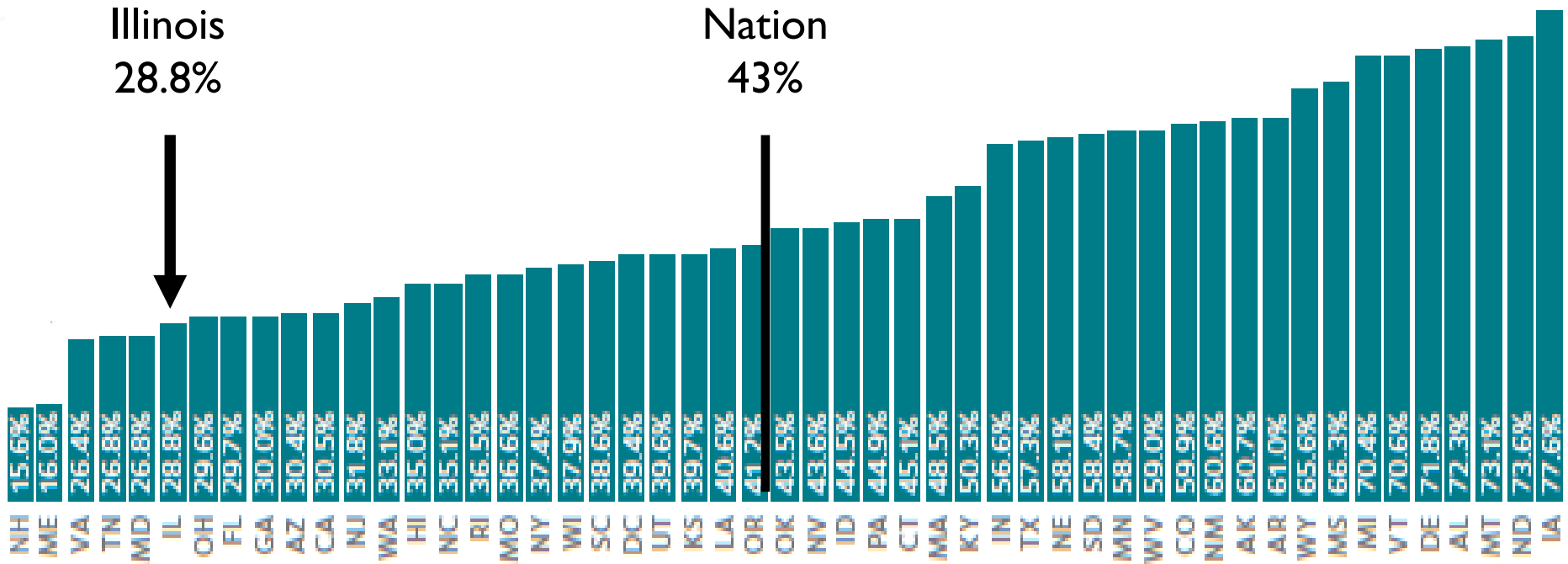


Senior  
 > 65 years:  
 29.86/10,000



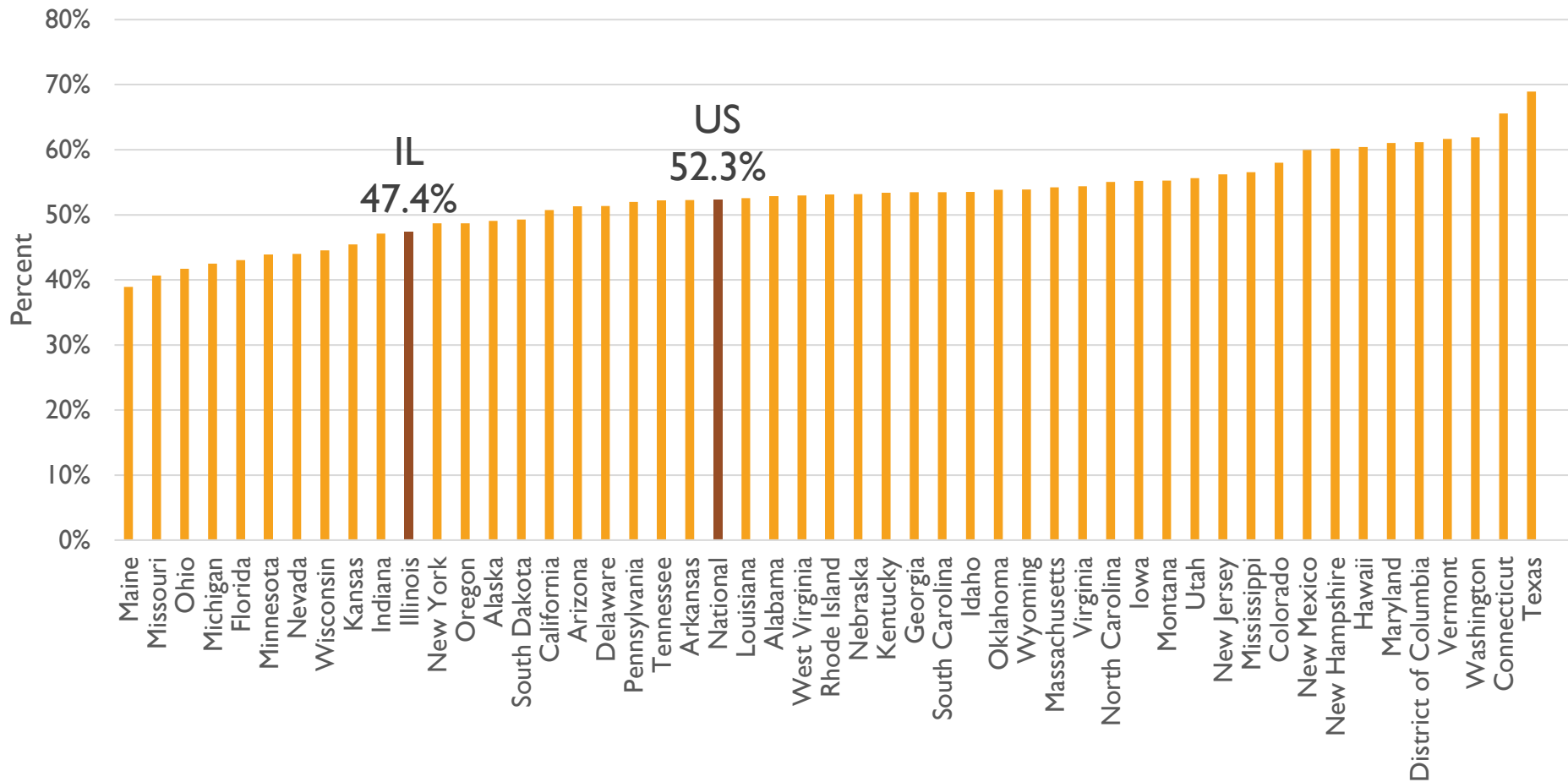
	<95 <sup>th</sup> percentile
	75-95 <sup>th</sup> percentile
	50-75 <sup>th</sup> percentile
	25-50 <sup>th</sup> percentile
	>25 <sup>th</sup> percentile
	No data

## EMERGENCY DEPARTMENT VISITS FOR NON-TRAUMATIC DENTAL CONDITIONS ILLINOIS, 2016-2018



[https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic\\_0820\\_1.pdf?la=en](https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0820_1.pdf?la=en)

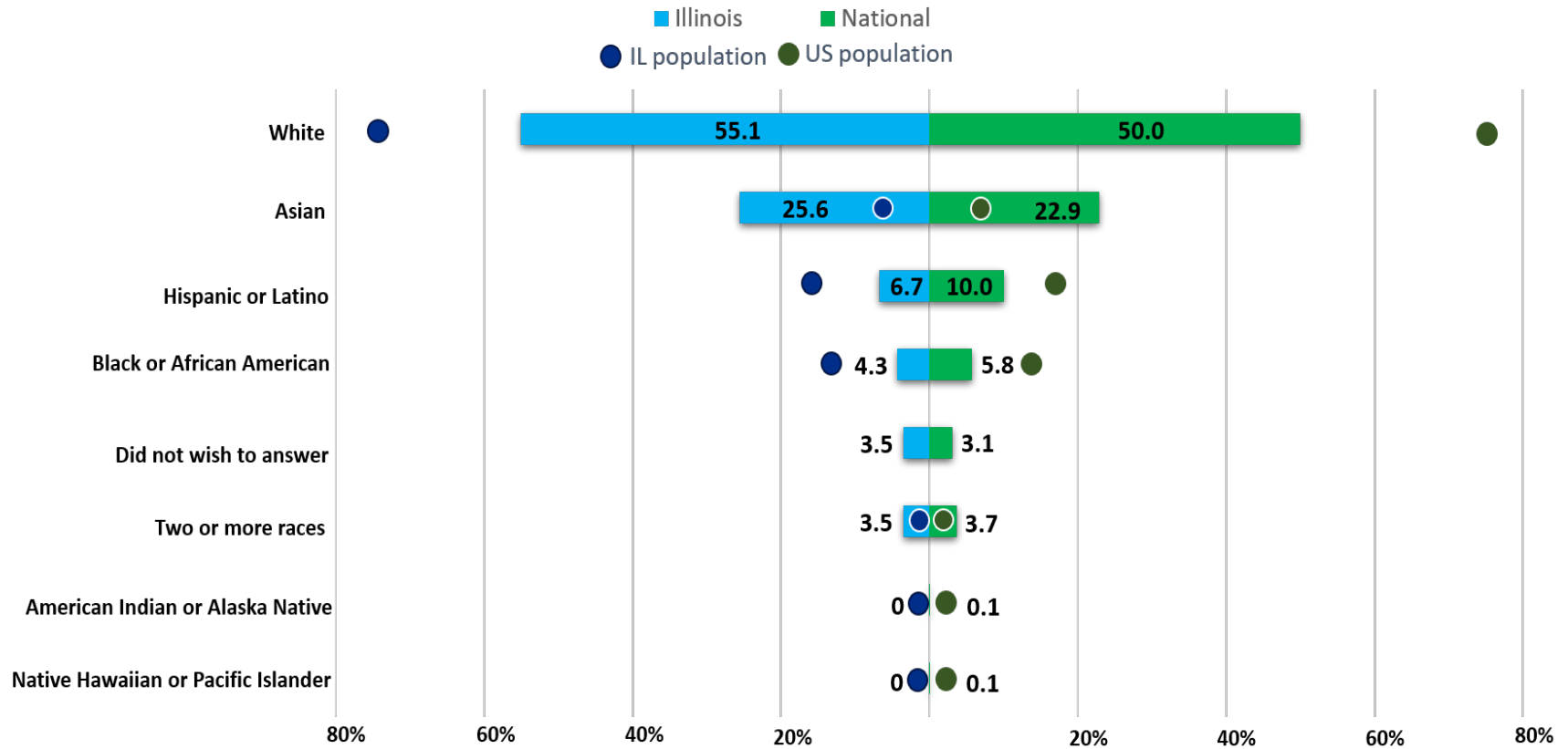
## DENTIST PARTICIPATION IN MEDICAID OR CHIP BY STATE, 2019



Data from form CMS-416. [www.medicaid.gov/medicaid/benefits/epsdt/index.html](http://www.medicaid.gov/medicaid/benefits/epsdt/index.html)

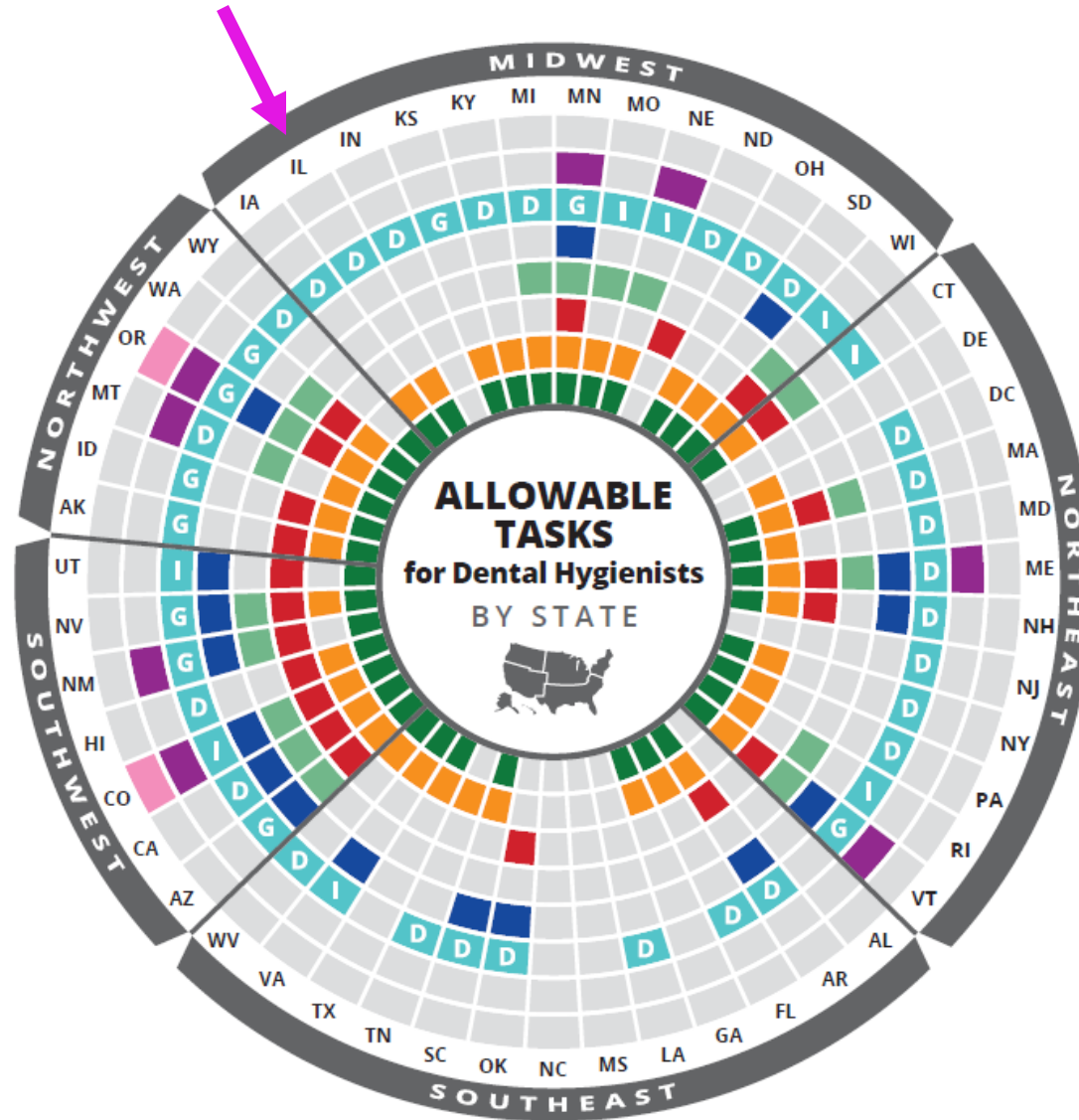
**PERCENTAGE OF MEDICAID-ELIGIBLE CHILDREN AGE 1-20 WHO RECEIVED ANY DENTAL SERVICE, FY2019**

## Race/Ethnicity of Dental Students Percent of Enrolled Students in 2019



**AFRICAN AMERICAN AND LATINX COMMUNITIES  
ARE UNDERREPRESENTED IN DENTAL EDUCATION**

# Variation in Dental Hygiene Scope of Practice by State



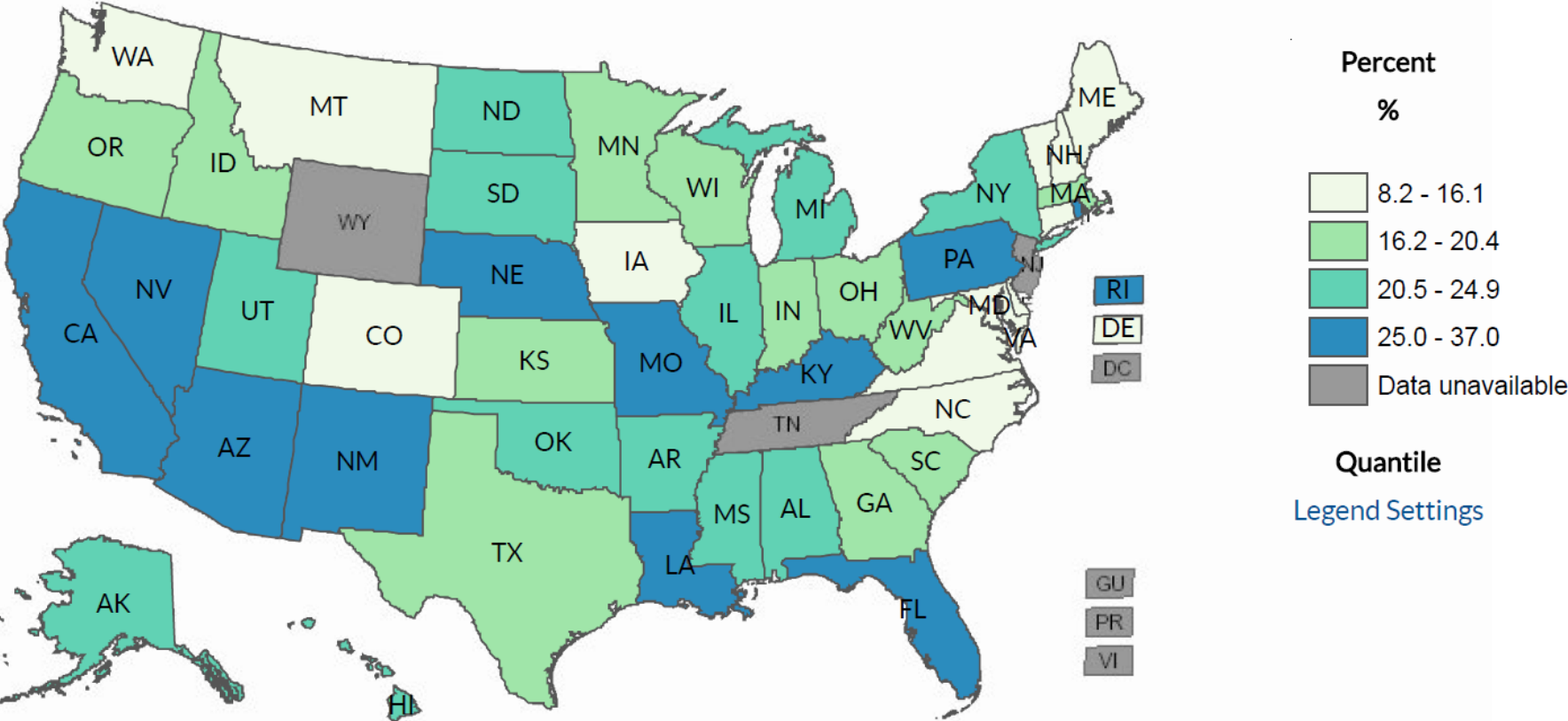
The purpose of this graphic is to help planners, policymakers, and others understand differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state's population.<sup>1,2</sup>

- Dental Hygiene Diagnosis
- Prescriptive Authority
- Local Anesthesia
  - D Direct
  - I Indirect
  - G General
- Supervision of Dental Assistants
- Direct Medicaid Reimbursement
- Dental Hygiene Treatment Planning
- Provision of Sealants
- Direct Access to Prophylaxis
- Not Allowed / No Law

# PERCENTAGE OF 3<sup>RD</sup> GRADE STUDENTS WITH UNTREATED CAVITIES

Illinois (2018-2019): 22.2%



WHAT CAN WE DO  
ABOUT THIS?

Goal 2: Align  
infrastructure and  
workforce systems  
to promote timely  
and equitable access  
to oral health care



# INTRODUCTION TO GOAL 3

LISA KEARNEY

CLINICAL  
DIRECTOR OF  
ORAL HEALTH

ERIE FAMILY  
HEALTH CENTERS



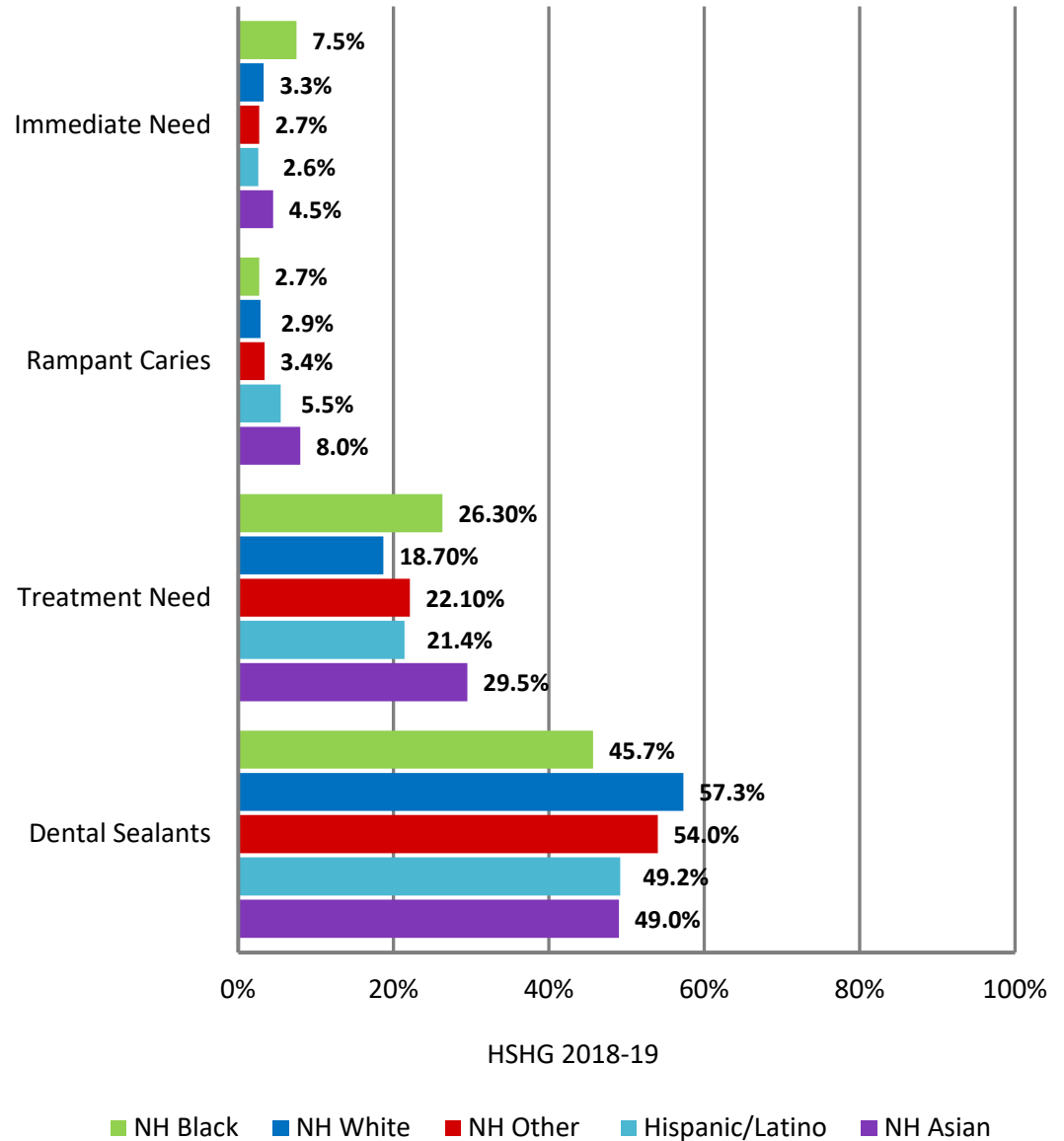


MY JOURNEY



**EARLY CHILDHOOD CARIES  
AKA "BABY BOTTLE DECAY"**

**RACIAL/ETHNIC  
INEQUITIES IN  
PRESENCE OF  
DENTAL SEALANTS,  
TREATMENT NEED,  
RAMPANT CARIES  
(SEVERITY) AND  
IMMEDIACY OF  
NEED**





ERIE FAMILY HEALTH CENTERS DELIVERS CULTURALLY SENSITIVE HEALTH CARE TO 75,000 MEDICAL PATIENTS AND 12,500 DENTAL PATIENTS.

# ERIE'S LOCATIONS



Erie Family Health Centers (EFHC) is a federally qualified health center in Chicago, Illinois.

Erie provides comprehensive care at 13 sites.



**7**  
primary care  
centers...



**4**  
of which have integrated  
dental care, plus...



**1**  
dedicated teen  
and young adult  
center. and...



**5**  
school-based  
health centers.



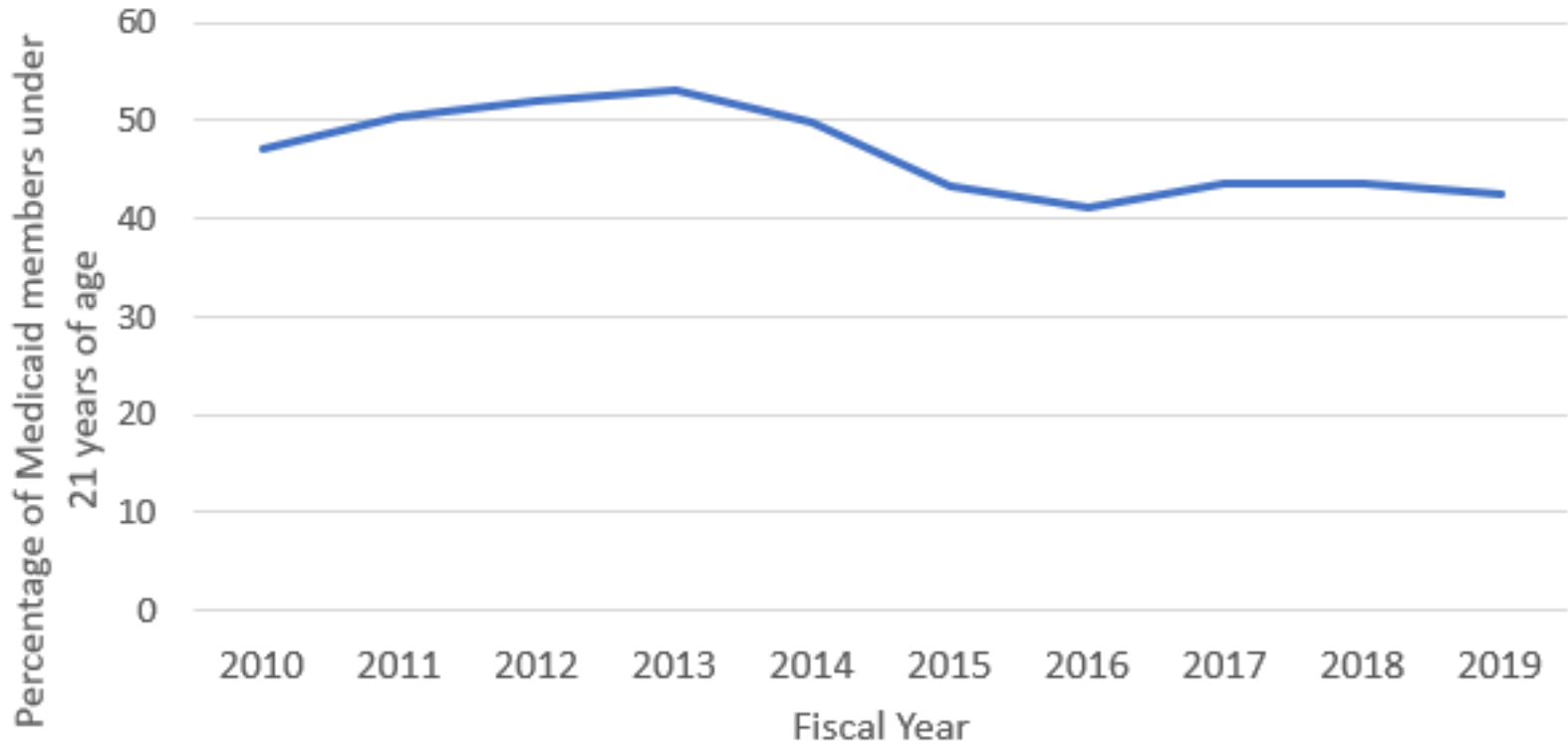
## WHO WE SERVE...

- 300,000+ patient visits/year
  - 71% Latino/Hispanic  
~half best served in Spanish
  - 12% African-American
  - 10% Caucasian-American
  - 4% Asian-American
  - 3% Other
- Nearly 90% have household incomes below 200% of the federal poverty line
- About 1 in 3 are uninsured
- Approximately half are younger than 18 years old

**Anyone can receive healthcare from Erie regardless of age, where they live, or their insurance status.**

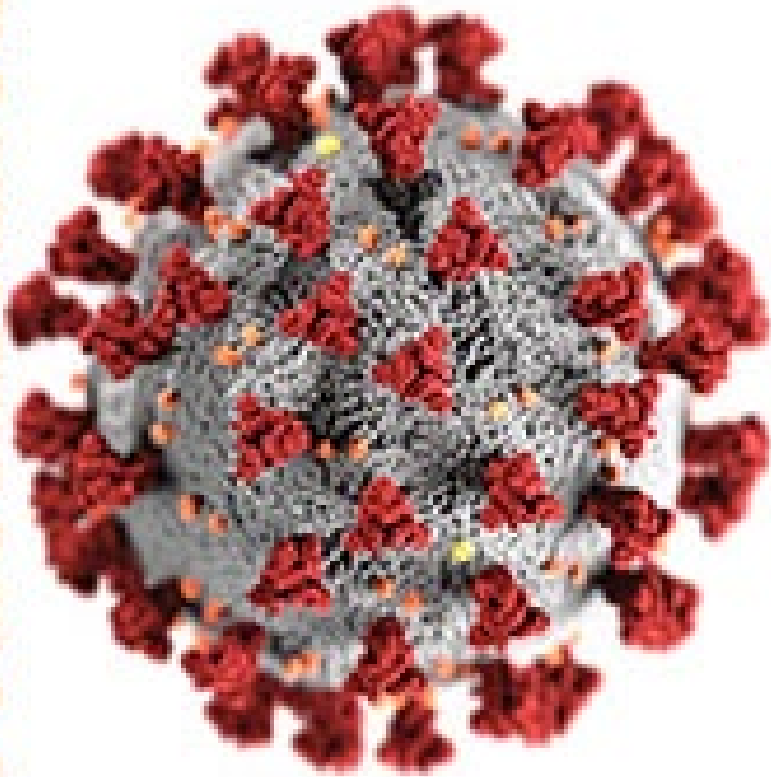


### Any Dental Service



PERCENTAGE OF MEDICAID MEMBERS UNDER THE AGE OF 21 WHO RECEIVED ANY DENTAL SERVICES FROM 2010 – 2019 (HFS).

**CORONAVIRUS**



**IMPACT  
OF  
COVID19  
ON  
DENTAL  
SERVICES**

SARA NAURECKAS, MD  
MEDICAL DIRECTOR –  
CHILD AND ADOLESCENT  
MEDICINE  
ERIE FAMILY HEALTH  
CENTERS

“My most important goals for Erie kids during this pandemic are that they come through it:

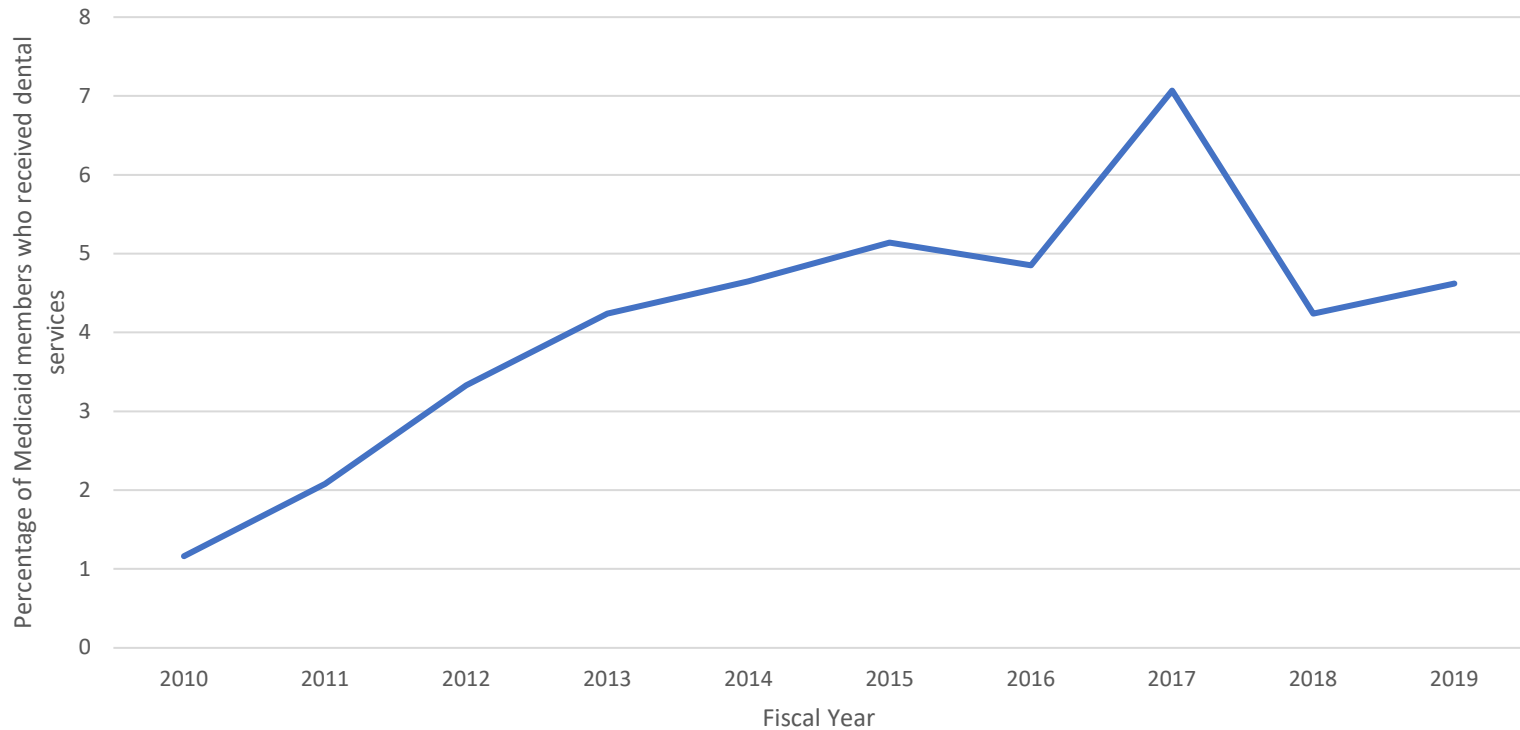
\*Vaccinated

\*With their emotional/mental health in the best place it can be

\*With teeth”



## Oral Health Service Provided by Non-Dentist



PERCENTAGE OF MEDICAID MEMBERS LESS THAN 6 YEARS OF AGE WHO RECEIVED ORAL HEALTH SERVICES PROVIDED BY A NON-DENTIST SINCE 2010 (HFS).



### **GOAL 3:**

INTEGRATE AND  
EXPAND HEALTH  
PROMOTION,  
PRIMARY  
PREVENTION  
AND ASSURANCE  
OF APPROPRIATE  
CARE

# INTRODUCTION TO GOALS 4 & 5

MONA VAN  
KANEGAN,  
DDS, MS, MPH, FICD

CHIEF, DIVISION OF  
ORAL HEALTH

ILLINOIS  
DEPARTMENT OF  
PUBLIC HEALTH





I-4. Illinois' Oral Health Director  
(collaborative partner with a focus on oral health)

I-3. Oral Health Forum (co-founder)  
(100% OH data/systems focus)

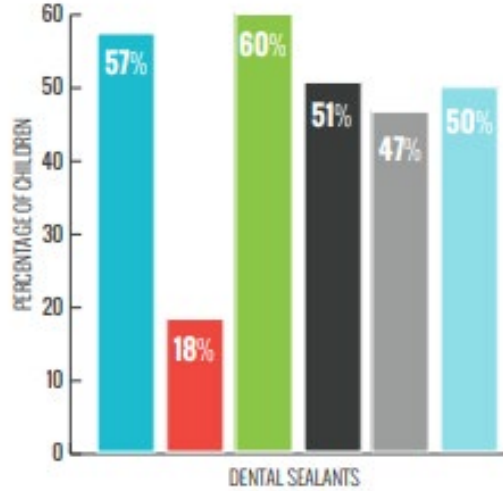
I-2. Clinical Oral Health Director  
(adults HIV/AIDS, homeless, seniors, low-income, uninsured,  
teens)

I. FQHC Clinical Provider  
(adults HIV/AIDS, homeless, seniors, low-income, uninsured,  
teens)



**FIGURE 14. PERCENTAGE OF ILLINOIS THIRD GRADE CHILDREN WITH DENTAL SEALANTS PRESENT BY SELECTED REGIONS IN ILLINOIS, HSHG 2013-14.**

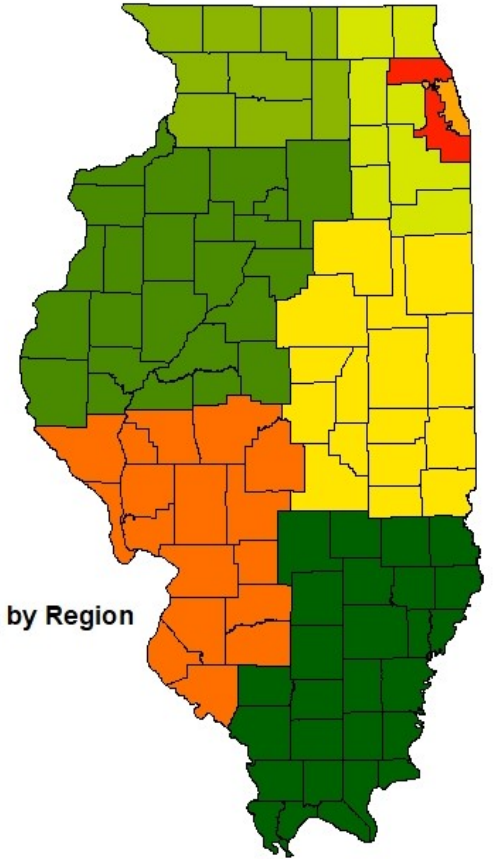
- CHICAGO
- SUBURBAN COOK
- WEST CHICAGO
- URBAN
- RURAL
- ILLINOIS



Detailed findings on the oral health status of third grade children by Illinois public health regions (Table 7) or by other social determinants of health such as dental insurance status (Table 8) can be found in the Data Tables section. Findings should be interpreted with caution as some of the regions have a small representation in the sample.

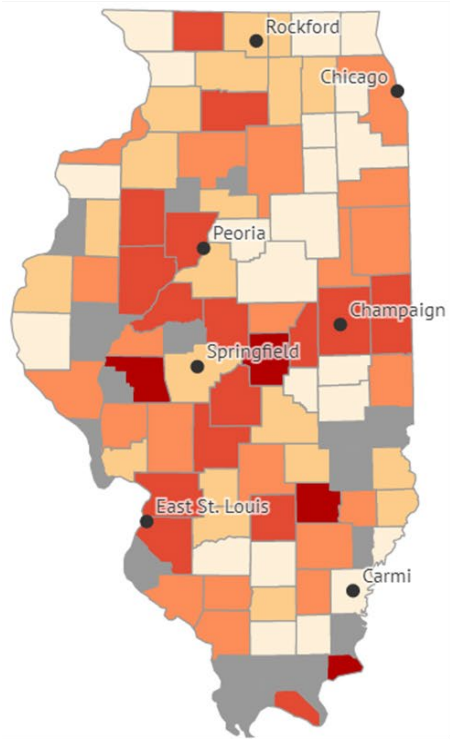
**Presence of Dental Sealants, by Region**

- Marion- 76.0%
- Peoria- 63.1%
- Rockford- 61.9%
- West Chicago-59.8%
- Champaign- 56.3%
- Chicago- 56.1%
- Edwardsville- 43.8%
- Suburban Cook County- 43.4%

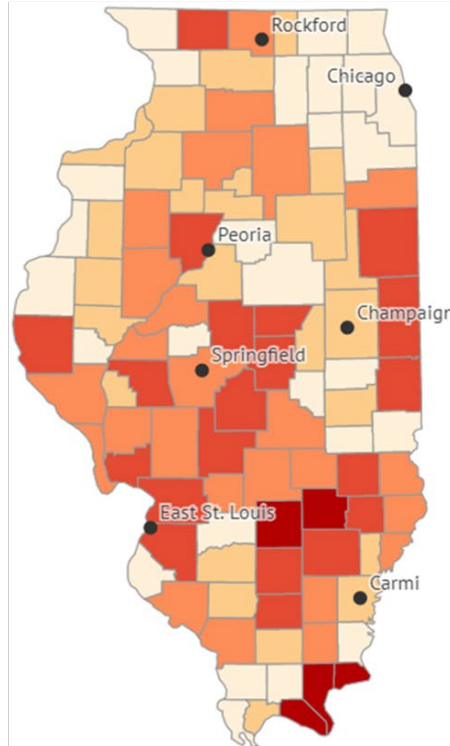


**PRESENCE OF DENTAL SEALANT  
VARIES BY WHERE A CHILD LIVES**

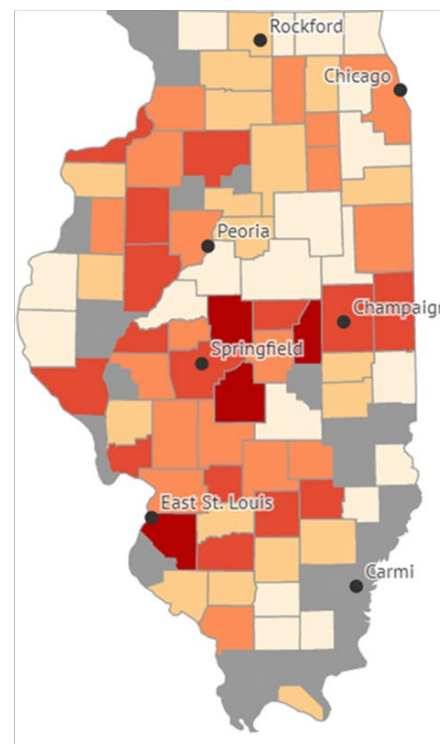
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	<95 <sup>th</sup> percentile
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	>25 <sup>th</sup> percentile
	No data

2016-2018 HOSPITAL DISCHARGE DATA.  
[HTTP://WWW.HEALTHCAREREPORTCARD.ILLINOIS.GOV/MAPS](http://www.healthcarereportcard.illinois.gov/maps)

## Assessment

Educate, Empower,  
Monitor, Analyze and  
Investigate

- Assess oral health status and implement an oral health surveillance system
- Analyze and overcome oral health hazards
- Understand public perceptions and respond with education/empowerment

## Policy

Inform, Mobilize  
Community Partnership &  
Develop Policies

- Collaborate, develop partnerships for best use of resources and advocacy
- Develop systemic plans and policies that improve oral health issues
- Mobilize collaborations for integrated health outcomes

## Assurance

Enforce Laws, Link  
To/Provide Care,  
Workforce, Evaluate &  
Research

- Support and develop laws, guidelines and education systems for optimal workforce
- Evaluate programs for quality, appropriateness and accessibility for personal and population-based impact
- Evaluate innovations and implement for best community oral health outcomes

**DIVISION OF ORAL HEALTH**

## IMPORTANCE OF SURVEILLANCE/DATA SYSTEMS

- To monitor, measure the burden of oral diseases, including changes in related factors.
- To identify populations at high-risk and the identification of emerging oral health concerns.
- To provide a guide for the planning, implementation, and evaluation of programs to prevent and control oral disease.
- To provide information to assist with public policy development.
- To provide information that help prioritize the allocation of health resources.
- To provide information for action.

## Oral Health Care in Illinois:

Comprehensive Care for Children & Families

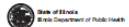
This Action Plan features Policy Goals specific to  
Children with Special Health Care Needs

The Illinois Oral Health Plan II

Presented to the Illinois public by:



January 2007



## Healthy People, Healthy Smiles

Assuring an Agenda for Action

June 2012



PUBLIC HEALTH

# ILLINOIS ORAL HEALTH PLAN IV: ELIMINATING INEQUITIES IN ORAL HEALTH

## GOAL 4 (SURVEILLANCE/DATA SYSTEM) GOAL 5 (ORAL HEALTH PLAN)

- We need a meaningful standardized collection of data that is available for use to focus our work and change the trajectory of oral health access and disease burden.
- It is my strong opinion that Illinois' oral health surveillance system is an essential element in building the infrastructure for the improvement plan for oral health in our state.

WHAT CAN WE DO  
ABOUT THIS?

- Goal 4: Implement and share a surveillance system that measures key indicators of oral health
- Goal 5: Identify key indicators of oral health and share information with stakeholders to track progress through IOHP IV communication updates