

Draft Introduced: November 20, 2014

Approved: November 20, 2014

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

October 16, 2014

Ingleside at King Farm, 701 King Farm Blvd., Rockville, Maryland

Members Present: Mitchell Berger, Ron Bialek, Brenda Brooks, Ilana Cohen, Kathy Ghiladi, Michelle Hawkins, Graciela Jaschek, Alan Kaplan, Joneigh Khaldun, Rose Marie Martinez, Linda McMillan, Sheela Modin, Daniel Russ, Tonya Saffer, Wayne L. Swann, Ashraf Sufi, Shari Targum, Ulder J. Tillman and Bridget Ware

Members Absent: Pierre-Marie Longkeng and Marcia Pruzan

Staff Present: Jeanine Gould-Kostka, Charlene Hicks, Jean Hochron, Doreen Kelly, Helen Lettlow

Guests: Allison Roper, Public Health Advisor, Office of Disease Prevention and Health Promotion, USDHHS, Marilyn Leist, Executive Director, Ingleside at King Farm

1.0 Call to Order

Chair Ron Bialek called the meeting to order at 3:40 p.m. upon reaching a quorum.

2.0 Welcome and Overview – Ron Bialek, Chair and Dan Russ, Vice Chair

2.1 Introductions and Retreat Overview – Mr. Bialek asked all present to introduce themselves and discussed the goals for the retreat. Ms. Ilana Cohen was welcomed as the newest member to the Commission. Mr. Bialek also thanked the Retreat Planning Committee for their preparations for the retreat.

2.2 Welcome – Dr. Marilyn Leist welcomed the Commission on Health (COH) to Ingleside at King Farm and described the services available to residents. Mr. Bialek thanked Dr. Leist for offering the meeting space to the COH.

2.3 Approval of Minutes – Dr. Dan Russ made a motion to approve the September 2014 meeting minutes. Mr. Wayne Swann seconded the motion to approve the minutes. The motion was passed by unanimous voice consent.

2.4 Board of Health Update – Mr. Bialek described the testimony he provided to the County Council seated as the Board of Health on Tuesday, October 14, 2014. Links to the handout packet and video have been distributed to the COH electronically.

Discussion followed: overall impressions of Council member's views on public health accreditation; the next steps to be taken in order to prepare for possible accreditation before submitting a letter of intent; and the need to provide compelling reasons for the Board of Health to approve public health accreditation.

2.5 HHS Committee Breakfast Update – Mr. Bialek described the HHS Committee annual breakfast with boards and commissions that took place earlier in the day. The handout packet for that event has been shared electronically with the COH.

3.0 PHS Chief's Report – Ulder J. Tillman, M.D., MPH, County Health Officer

Dr. Tillman announced the PHS Chief's Report for September 2014 will be sent out in an upcoming COH electronic mail. The report is also included at the end of these minutes.

Dr. Tillman discussed the following issues: the importance of hand washing and good respiratory etiquette now that we have entered influenza season; an update on school immunizations; Ebola virus preparations; the Affordable Care Act next open season begins on November 15; and Spanish forms will now be available online with the change to the new website for the Maryland Health Connection.

4.0 Guest Speaker: Allison Roper, U.S. Department of Health and Human Services (USDHHS), Office of Disease Prevention and Health Promotion (ODPHP) – Introduction by Michelle Hawkins

Dr. Hawkins introduced Ms. Allison Roper, Public Health Advisor, USDHHS, ODPHP.

The slides from the PowerPoint presentation are included at the end of these minutes.

Discussion followed: why oral health is a critical issue to address and how oral health impacts the whole life span; [Oral Health Driver Diagram](#) from the Public Health Foundation; "[Stories from the Field](#)" available online; and how to [stay connected](#) to Healthy People 2020 (HP 2020).

Further discussion followed the presentation: HP 2020 focuses on data collection and resources rather than implementing programs; leading health indicators were selected based on an Institute of Medicine report, selections made by a Federal advisory committee and an interagency work group; how the COH can seek to obtain more County data; explore National Health and Nutrition surveys to find out if the surveys can be disaggregated to the County level; Medicaid data can be obtained from the Maryland Department of Health and Mental Hygiene (DHMH); the absence of health disparities is not the same as health equity; look at [DentaQuest](#) for potential funding for programs to serve underserved children; Gina Thornton-Evans, DDS, MPH at the Centers for Disease Control and Prevention is a great resource (gdt4@cdc.gov); the [PEW Charitable Trust](#) is another potential source of information; and the use of dental hygienists in rural areas for oral care.

Mr. Bialek thanked Ms. Roper for spending time to inform the COH on the HP 2020 leading health indicators and the importance of oral health.

5.0 Guest Speaker: Jean Hochron, Senior Administrator, Health Care for the Uninsured – Introduction by Michelle Hawkins

Dr. Hawkins introduced Ms. Jean Hochron who discussed Public Health Services Dental Programs within Montgomery County's Department of Health and Human Services.

Ms. Hochron's PowerPoint presentation is included at the end of these minutes.

Discussion followed: limited funding limits the scope of services offered; most dental patients are referred to the dental program; income guidelines dictate whether services are received; facility

capacity issues; possible collaborations with dental schools and emergency departments; long wait periods to receive services; dental screenings using Telehealth technology; the use of primary care providers for preventive screenings; malpractice insurance for pro bono dentists; and statistics on preventive oral health care.

Mr. Bialek thanked Ms. Hochron for the informative presentation on services provided within Montgomery County.

6.0 Strategic Planning and Work Group Formation – Mitchell Berger

Mr. Berger described the potential work groups for the year and asked the membership to decide on an area they would like to work on for the upcoming year. Each work group was asked to look at the template provided electronically and determine a chair and vice chair for the group along with determining the scope and parameters for the group. The work groups would be given an hour to discuss the work plan for the upcoming year. The two absent COH members will be asked to identify the group for which they wish to work.

Discussion followed: data needs questions related to the focus for the group; an invitation from the Commission on Aging (COA) to have a representative serve on the COA Data Task Force was shared; the 37 core measures used by Healthy Montgomery (and the [PowerPoint presentation](#) used to explain those measures begins on page 81); and a show of hands to determine interest in each work group.

6.1 Accreditation: Mitchell Berger (Chair), Bridget Ware (Vice Chair), Brenda Brooks, Linda McMillan and Wayne Swann have chosen to join this work group.

6.2 Data Needs: Graciela Jaschek (Chair), Joneigh Khaldun (Vice Chair), Dan Russ and Dr. Tillman have chosen to join this work group.

6.3 Oral Health: Tonya Saffer (Chair), Rose Marie Martinez (Vice Chair), Ilana Cohen, Kathy Ghiladi, Michelle Hawkins, Alan Kaplan, Sheela Modin and Ashraf Sufi have chosen to join this work group.

7.0 Wrap Up – Michelle Hawkins

Dr. Hawkins asked each work group to give a brief summary of the discussions they had related to Accreditation, Data Needs and Oral Health.

7.1 Accreditation: The initial work plan sheet is attached at the end of the minutes

7.2 Data Needs: The initial work plan sheet is attached at the end of the minutes

7.3 Oral Health: The initial work plan sheet is attached at the end of the minutes

8.0 Staff Report and Survey Evaluation – Jeanine Gould-Kostka

Ms. Gould-Kostka asked COH members to be prompt in completing the Survey Monkey Retreat Evaluation that will be sent out electronically this evening.

Ms. Gould-Kostka thanked Dr. Alan Kaplan for arranging for the beautiful facilities at Ingleside at King Farm and the Retreat Planning Committee (Mr. Berger, Mr. Bialek, Dr. Hawkins, and Dr. Russ) for their hard work and attention to detail as well.

9.0 Adjournment

Dr. Michelle Hawkins made a motion to adjourn at approximately 8:12 p.m. Ms. Saffer seconded the motion, which was passed by unanimous voice consent.

Jeanine Gould-Kostka
Staff to Commission on Health

Public Health Services Chief's Report September 2014

SUCSESSES AND GOOD NEWS

The launch of the electronic dental record is anticipated for October 21, 2014. Training, testing, and logistics planning have been taking place throughout the past several months.

At the end of August, there were still 4,252 seventh grade students without proof of the required Tdap/MCV immunizations. These vaccines are a new State requirement that all 7th graders must receive in order to attend school. In partnership with Montgomery County Public Schools, 227 MCDHHS staff worked to meet the COMAR immunization requirements by opening and operating multiple clinics at schools, Silver Spring and Germantown Health Centers, International Student Admissions Office (ISAO), Dennis Avenue and the Back to School fair. As of September 29th, all 11,000 7th graders had proof of immunizations and no students were excluded from school.

HOT SPOTS

- From July to September, over 4,500 students were seen at the International Students Admission Office (ISAO) with 4,291 immunizations and 1,732 TB tests (PPD) performed, which was more than double the services provided in the same three months the previous year. An additional 73 employees were used to staff the increase in evening operating hours, augmenting existing day staff and to provide bilingual support.
- The Ebola outbreak has raised concern among Montgomery Cares providers, especially those that are seeing a relatively larger proportion of patients from the affected countries. Program staff are working with CD&E and PCC to assess the need for Personal Protective Equipment and training about how to identify and refer suspected cases.

UPDATES ON KEY ISSUES

Licensing & Regulatory

- Mobile Food Unit Inspections - Sept. 30, 2014: conducted twenty-six (26) mobile unit inspections. A total of twenty-three (23) of those inspections resulted in a closure for various violations. As of Oct. 7, eighteen (18) mobile units remain closed.

<u>Program: Environmental Health Services</u>	<u>Jul-14</u>	<u>Aug-14</u>
Number of COMAR mandated food service facilities inspections completed by L&R	<u>335</u>	<u>284</u>
YTD number of COMAR mandated food service facilities inspections completed	<u>335</u>	<u>619</u>
Number of expected food service facilities inspections to be completed in Montgomery County as mandated by COMAR regulations	<u>680.5</u>	<u>680.5</u>
YTD number of expected mandated inspections to be completed	<u>680.5</u>	<u>1361</u>
Number of food service facilities NOT having a critical violation upon routine inspection	<u>207</u>	<u>160</u>
YTD number of food service facilities NOT having a critical violation upon routine inspection	<u>207</u>	<u>367</u>
Number of completed swimming pools inspections	<u>781</u>	<u>709</u>
YTD number of completed swimming pools inspections	<u>781</u>	<u>1490</u>

Public Health Emergency Preparedness and Response (PHEPR)

PHEPR met with OEMHS and MCPD in the first of a series of Cities Readiness Initiative (CRI) Core Work Group meetings aimed at reviewing and potentially updating the mass prophylaxis plan. The Work Group's initial focus was on high level considerations aimed at improving the flexibility of the plan. One of the first key recommendations was to engage the Department of Liquor Control to potentially serve as a centralized logistics rather than rely on a complex, direct delivery mechanism through DHMH. has already demonstrated to be a significant liability.

Immunization Program

- Staff contribution to the 7th Grade 2014 Immunization Requirements: Liaison with DHMH, vaccine storage/handling, managing online appointment system, providing walk-in clinic hours, assisting with school based clinics, working with PIO. Immunization Program Nurse Administrator requested/received additional 15K funding from DHMH for staff working overtime in 7th grade clinics; partnered with DTS, PIO to announce 2014-15 Flu initiative on county homepage; launched Employee Flu 2014-15 initiative; attended the National Press Club for the National Influenza Release.

Disease Control

- Staff investigated 28 cases, phoned 54 household contacts; notified 8 MCPS Schools and 3 MCPS sport teams; and provided guidance for healthcare providers on EV-D68, Rocky Mountain spotted fever, Malaria, Chikungunya, and community acquired pneumonia One case investigation of a Person of Interest for EV-D68. Disease Control Staff participated in numerous COCCA / CDC / DHMH conference calls and webinars. Disease Control Program Nurse Administrator partnered with Department of Corrections during the quarterly Infection Prevention meeting.

TB Control and Refugee Health

- Tuberculosis Clinic completed round two of the interjurisdictional contact investigation at a County rehabilitation facility, which went very smoothly. Investigation follow up continues. No active

disease cases diagnosed and two latent cases diagnosed thus far. Recommendations for treatment of latent cases were forwarded to the rehabilitation center for follow up.

- Currently 38 active TB Disease cases reported to the CDC this calendar year.

Community Health Services

- Adolescent Suicide Awareness /Prevention: The Child Fatality Review Team (CFRT) developed a presentation for school counselors, teachers, and support staff on suicide awareness and prevention among middle/high school students. The presentation was delivered by CFR Team Co-Chair Dr. Scott Freedman, Chief of Pediatric Emergency Medicine for Medical Emergency Professionals (MEP) and member Rachel Larkin, LCSW and Director of the Mental Health Association of Montgomery County's HOPES (Hotline, Outreach and Programming for Emotional Support) program to approximately 40 MCPS counselors and staff at the September 22, 2014 School and Community United Partnership Conference. They will also present the presentation to the private school counselors, ESOL teachers and school health nurses October 14, 2014.

Colorectal Cancer Screening

September Community Outreach Education Events Total – 9

- 9th – Local Health Disparities Committee Resource Meeting – Holy Cross Hospital
- 13th - Mt. Jezerel Baptist Church Community Day
- 13th - 10th Annual Downtown Silver Spring Health & Fitness Expo
- 14th - Guru Nanak foundation of America (GNFA) Health Fair
- 17th - Community Health and Resources Day – Aspen Wood Senior Living Community
- 23rd – Tobacco Free Symposium - Reserve Officers Association- Top of the Hill, Capitol Hill, Washington D.C.
- 25th -26th – Prostate Health Education Network (PHEN) – Prostate Cancer Symposium -Russell Congressional office Building and Washington Convention Center , D.C
- 29th - Oral Health Alliance Resource Meeting. PG SPLC

Community members Educated August – 700

Health Care providers Educated - 150

Colonoscopies Completed – 10

Maternity Partnership

- Program staff, along with staff from Community Health Services, met with representatives from all three participating hospitals to discuss referral practices and other program issues. Community Health is moving toward a more patient-centric assignment process for Maternity Partnership patients which will allow patients to indicate their preferred hospital for pre-natal care and delivery.

FY 2015 Retreat Work Group Planning Session	
Work Group Name/Focus: Public Health Accreditation	Work Group Chair/Vice Chair: Mitchell Berger, Bridget Ware
Work Group Goal: Convince County Council (as Board of Health) that accreditation is worthwhile and important;	Work Group Members: Brenda Brooks, Bridget Ware, Linda McMillan, Mitchell Berger, Wayne Swann
Key outcomes by year end	
1. Develop business case for accreditation to be shared with County Council and other stakeholders. Base this on what other jurisdictions have done. Distinguish public health accreditation from other types of accreditation (child welfare, police).	
Possible first steps/initial Work Group activities	Lead(s)
A. <ul style="list-style-type: none"> • Drilling down into what are costs and benefits of accreditation. If you focus on accreditation, what do you lose in terms of staff time? Quantify benefits. What will take to complete prerequisites for accreditation and, of these, which ones is the county already working on? • Once you've drilled down, identify the gaps. What accreditation requirements would be especially difficult to achieve? What will take the most time/prioritize. B. Distinguish more between the process needed to become accredited and the efforts you will need to sustain once department has achieved accreditation C. Are there alternatives to Public Health Accreditation Board accreditation process that would serve department interests but would be less burdensome? D. Look at what counties already accredited have done (ex. Dupage County)? Are local counties such as Fairfax or Arlington County pursuing accreditation? <ul style="list-style-type: none"> • What strategies did other departments use to get support of health board and leadership and other stakeholders? Maybe speak with/interview staff from other departments or PHAB. 	

FY 2015 Retreat Work Group Planning Session	
Work Group Name/Focus: Data Work Group Goal: Advise County Council and the County Executive on how to improve data capacity to reduce health disparities	Work Group Chair/Vice Chair: Graciela Jaschek Joneigh Khaldun Work Group Members: Dan Russ Ulder Tillman
Key outcomes by year end <ol style="list-style-type: none"> 1. Identifying common themes on data gaps 2. Make recommendations on specific and feasible ways of closing data gaps in the County 	
Possible first steps/initial Work Group activities	Lead(s)
A. Look at what other states do with their data <ul style="list-style-type: none"> • Mecklenburg • California • Other counties or organizations B. Understand what groups' data needs are <ul style="list-style-type: none"> • Data report from the initiatives • Talk to Colleen (combine with other group LIEED) • Other reports? C. Support Healthy Montgomery to move from national and state to county and sub-county level. Where are the gaps/ <ul style="list-style-type: none"> • Understand the core measures of Healthy Montgomery • How to further the data repository and the data analysis (Healthy Montgomery) D. <ul style="list-style-type: none"> • • 	

FY 2015 Retreat Work Group Planning Session	
<p>Work Group Name/Focus: Oral Health</p> <p>Work Group Goal: Understand the landscape and access barriers to oral healthcare in Montgomery County. Learn what programs and resources exist for county residents.</p>	<p>Work Group Chair/Vice Chair: Tonya Saffer Rose Marie Martinez</p> <p>Work Group Members: Alan Kaplan Rose Marie Martinez Illana Cohen Sheela Modin Michelle Hawkins Kathy Ghiladi Ashraf Sufi Brenda Brooks</p>
<p>Key outcomes by year end</p> <p>1. Identify areas where the county council can improve access to oral healthcare</p>	
Possible first steps/initial Work Group activities	Lead(s)
<p>A. Invite a Dental Association/Society (MoCo branch) to present to our COH and possibly join our workgroup</p> <ul style="list-style-type: none"> • Dentists • Hygienists <p>B. Explore scope of practice barriers, licensure requirements, and public supervision exception abilities in Maryland/MoCo related to hygienists providing screening/preventative services</p> <p>C. Review articles</p> <ul style="list-style-type: none"> • on ER use for urgent dental issues – article from JADA April 2014 • Office of Oral Health 2013 Report from Maryland Dept of Health Mental Hygiene • <p>D. Capacity/Limitations of current providers</p> <ul style="list-style-type: none"> • Find out if providers have insurance coverage for providing pro bono services <p>E. Find out what MCPS does related to oral health – anything in the school based health clinics (ask Marla Caplon)</p> <p>F. Invite Maryland Dental Action Coalition to speak</p> <p>G. Contact the childcare licensing MoCo commission on child care</p>	<p>Michelle Hawkins</p> <p>Kathy to gather information Rose Marie – provide IOM reports and Alaska program example</p> <p>All to read/ Michelle to email the group</p> <p>Dr. Kaplan/Dr. Sufi</p> <p>Tonya Ilana Rose Marie</p>

entity to see if there are any oral health education requirements. H. Review research and programs from Pew I. What are the costs of running/establishing oral healthcare clinics/services	Kathy Dr. Sufi to provide examples
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Healthy People 2020: Oral Health as a Critical Focus

Montgomery County Commission on Health

Allison Roper, LICSW

Office of Disease Prevention and Health Promotion

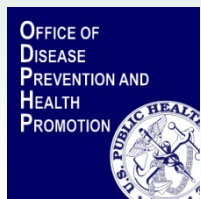
October 16, 2014





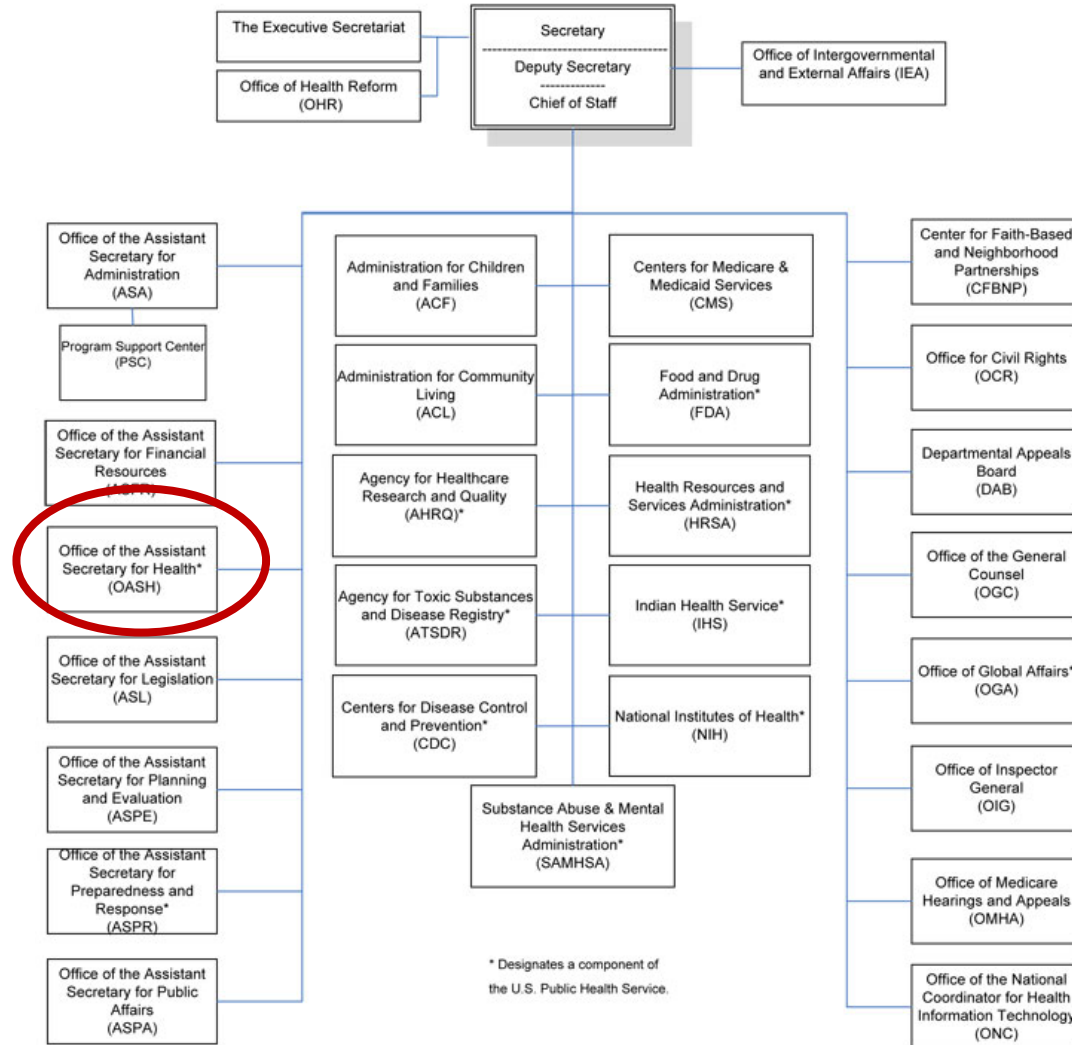
Agenda

- Introduction to Office of Disease Prevention and Health Promotion
- Overview of Healthy People
- Significance of Addressing Oral Health
- State and Local Level Actions
- Next Steps





U.S. Department of Health and Human Services

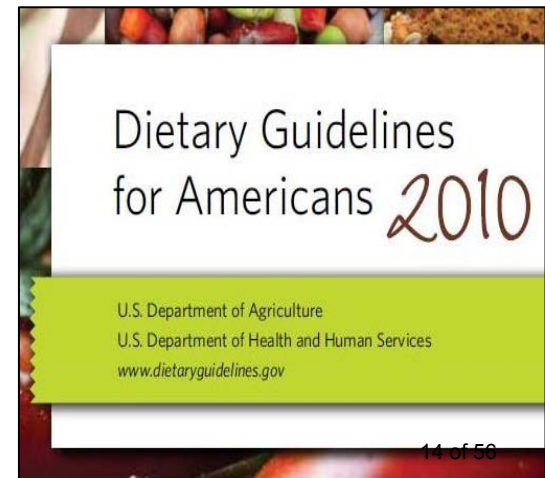
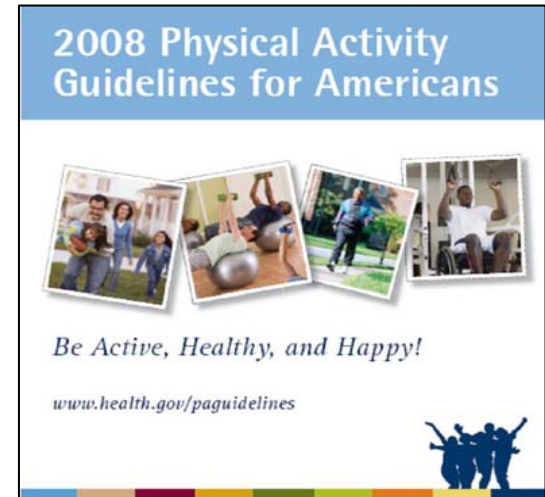




Office of Disease Prevention and Health Promotion (ODPHP)



Health Care Quality



Healthy People

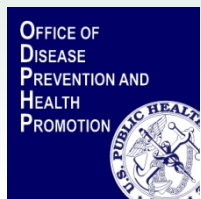
Overview





What Is Healthy People?

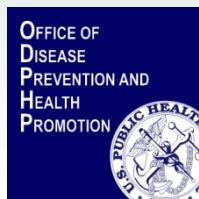
- A **national agenda** that communicates a vision for improving health and achieving health equity
- Provides **science-based, 10-year national objectives** for improving the health of the Nation
- Identifies **measurable objectives** with **targets** to be achieved by the year 2020
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action





Uses of Healthy People

- **Data tool** for measuring program performance
- Framework for **program planning and development**
- **Goal setting** and **agenda building**
- **Teaching** public health courses
- Benchmarks to **compare** State and local data
- Way to develop nontraditional **partnerships**
- **Model** for other countries



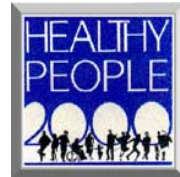


Healthy People Remains Relevant

HEALTHY PEOPLE
The Surgeon General's Report On
Health Promotion And Disease Prevention



1979



1990



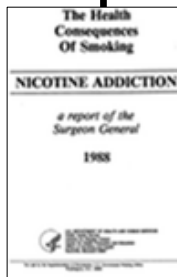
2000



2010



1979 Small Pox
Eradicated



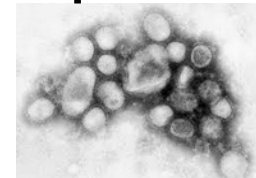
1988 SG
Declares
Nicotine
Addictive



1990
Human
Genome
Project
Begins



2000s Obesity
and Chronic Disease



2009 H1N1 Flu



1970 Clean
Air Act



1982 AIDS
is infectious



1990s Drinking
Water Fluoridation



September
11, 2001

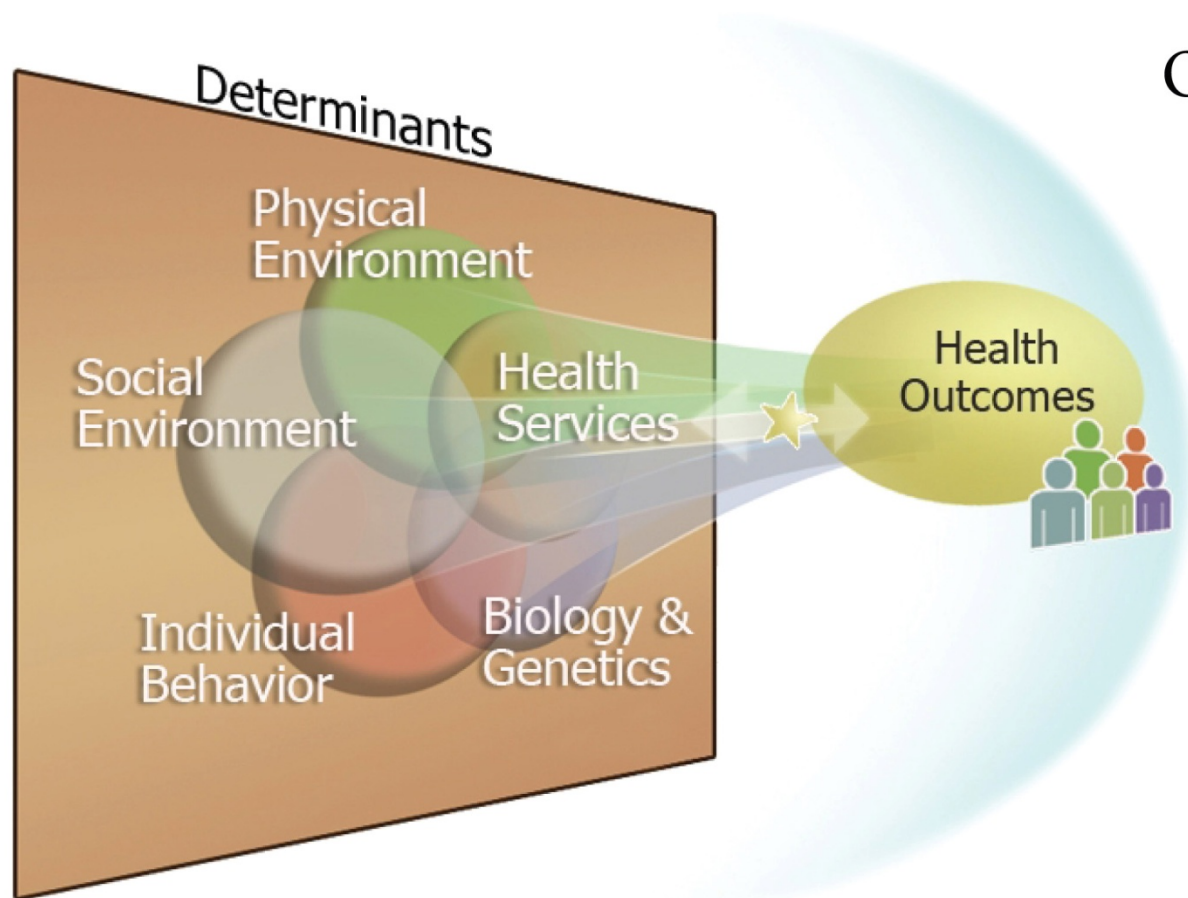


2005 Hurricane
Katrina

18 of 56

Healthy People 2020

A society in which all people live long, healthy lives



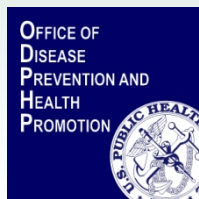
Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.



42 Topic Areas

- Access to Health Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Early and Middle Childhood
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health-related Quality of Life and Well-being
- Healthcare Associated Infections
- Lesbian, Gay, Bisexual, Transgender Health
- Nutrition and Weight Status
- Occupational Safety and Health
- Older Adults
- Oral Health
- Physical Activity
- Public Health Infrastructure
- Preparedness
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Medical Product Safety
- Mental Health and Mental Disorders
- Health Communication and Health Information Technology
- Hearing and Other Sensory or Communication Disorders
- Heart Disease and Stroke
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Tobacco Use
- Vision





1,200 Topic Area Objectives

[health.gov](#) [healthfinder.gov](#) [HealthyPeople.gov](#) [Log in](#)

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[Topics & Objectives](#) [Leading Health Indicators](#) [Data Search](#) [Healthy People in Action](#) [Tools & Resources](#) [Webinars & Events](#) [About](#)

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Oral Health

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Oral Health of Children and Adolescents

OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth

OH-1.1 Reduce the proportion of children aged 3 to 5 years with dental caries experience in their primary teeth

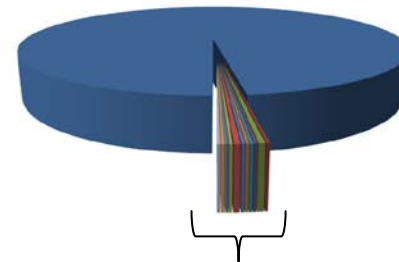
Baseline:	33.3 percent of children aged 3 to 5 years had dental caries experience in at least one primary tooth in 1999-2004
Target:	30.0 percent
Target-Setting Method:	10 percent improvement
Data Sources:	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
Data:	<div><div>DATA 2020</div>HP2020 data for this objective</div> <div><div>Data Details</div>Details about the methodology and measurement of this HP2020 objective</div> <div><div>HEALTHY PEOPLE</div><p>The HP2010 objective with the same definition was 21-01a.</p></div>



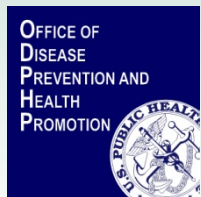
Leading Health Indicators (LHIs): 12 Topics & 26 indicators

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- **Oral Health**
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco

1200 Healthy People measures



LHIs are a subset of
26 Healthy People
measures



Why Oral Health?

What makes it important





Oral Health Progress?

Healthy People 2020 Leading Health Indicators: Oral Health

Overview

Oral diseases ranging from dental caries (cavities) to oral cancers cause pain and disability for millions of Americans. The impact of these diseases does not stop at the mouth and teeth. A growing body of evidence has linked oral health—particularly periodontal (gum) disease—to several chronic diseases, including diabetes, heart disease, and stroke. These conditions may be prevented, in part, by regular visits to the dentist.

Progress in Numbers*



Target met¹




Improving²



Little or no detectable change³



Getting worse⁴

Status	Leading Health Topic and Indicator: Oral Health	Baseline (Year)	Most Recent (Year)	Target	Progress Toward Target ⁵	Movement Away From Baseline ⁶
	OH-7 Persons who visited the dentist in the past year (age adjusted, percent, 2+ years)	44.5% (2007)	41.8% (2011)	49.0%	—	6.1%

Progress in Words

OH-7: Persons visiting the dentist

- From 2007 to 2011, the percentage of persons aged 2 years and older who had a dental visit in the past 12 months decreased about 6 percent, from 44.5 percent (age adjusted) to 41.8 percent.
- This objective is moving away from the Healthy People 2020 target of 49.0 percent.



Oral Health: Beyond Brushing

- Essential component to overall health and well-being
- Leading Health Indicator:
 - OH 7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
- Effective prevention and treatment strategies
 - Access to services
 - Dental sealants
 - Community water fluoridation

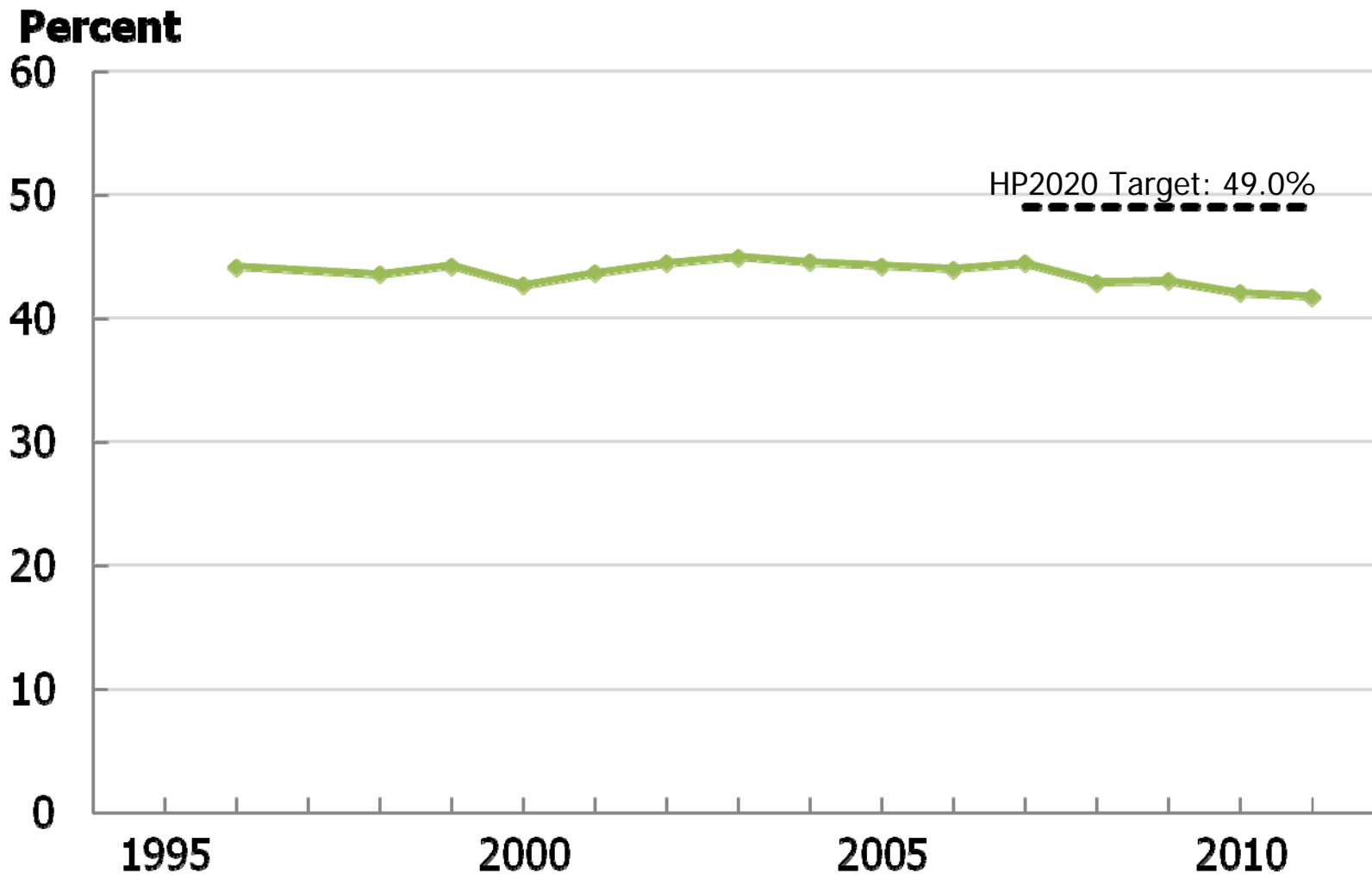


Barriers to Oral Health

- Care across the lifespan
 - Underserved populations
 - Children
 - Older adults
- Support from the Affordable Care Act
 - Medicaid expansion projects

Commission on Health 10/16/14 Retreat

Children, adolescents, and adults (2+ years) who visited the dentist in the past year, 1996–2011



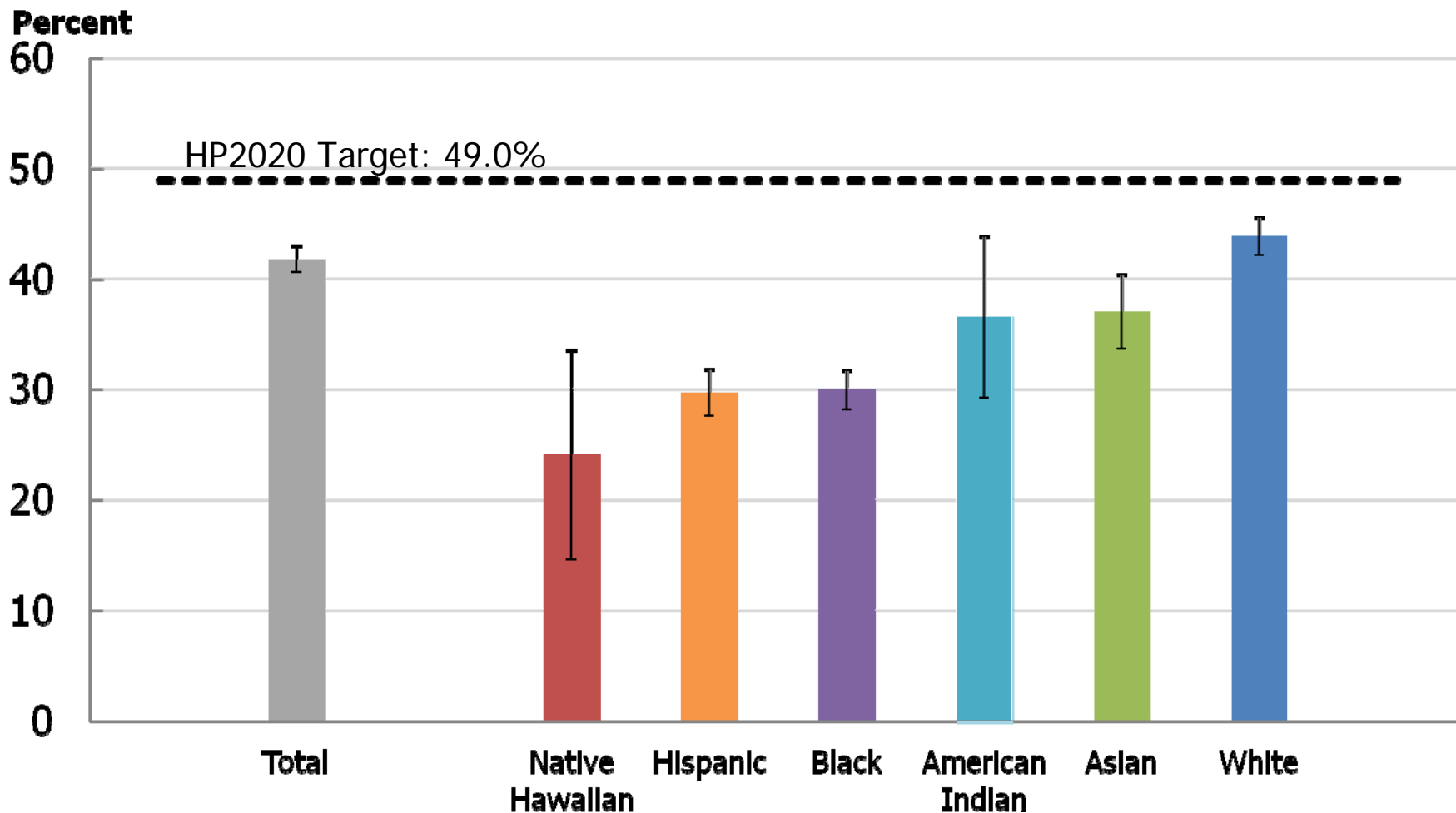
NOTES: Data are persons aged 2 years or over reporting a dental visit in the past 12 months. Data are age-adjusted to the 2000 standard population.

SOURCE: Medical Expenditure Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ).

Obj: OH-7
Increase desired

Children, adolescents, and adults (2+ years) who visited the dentist in the past year by race/ethnicity, 2011

Commission on Health 10/16/14 Retreat



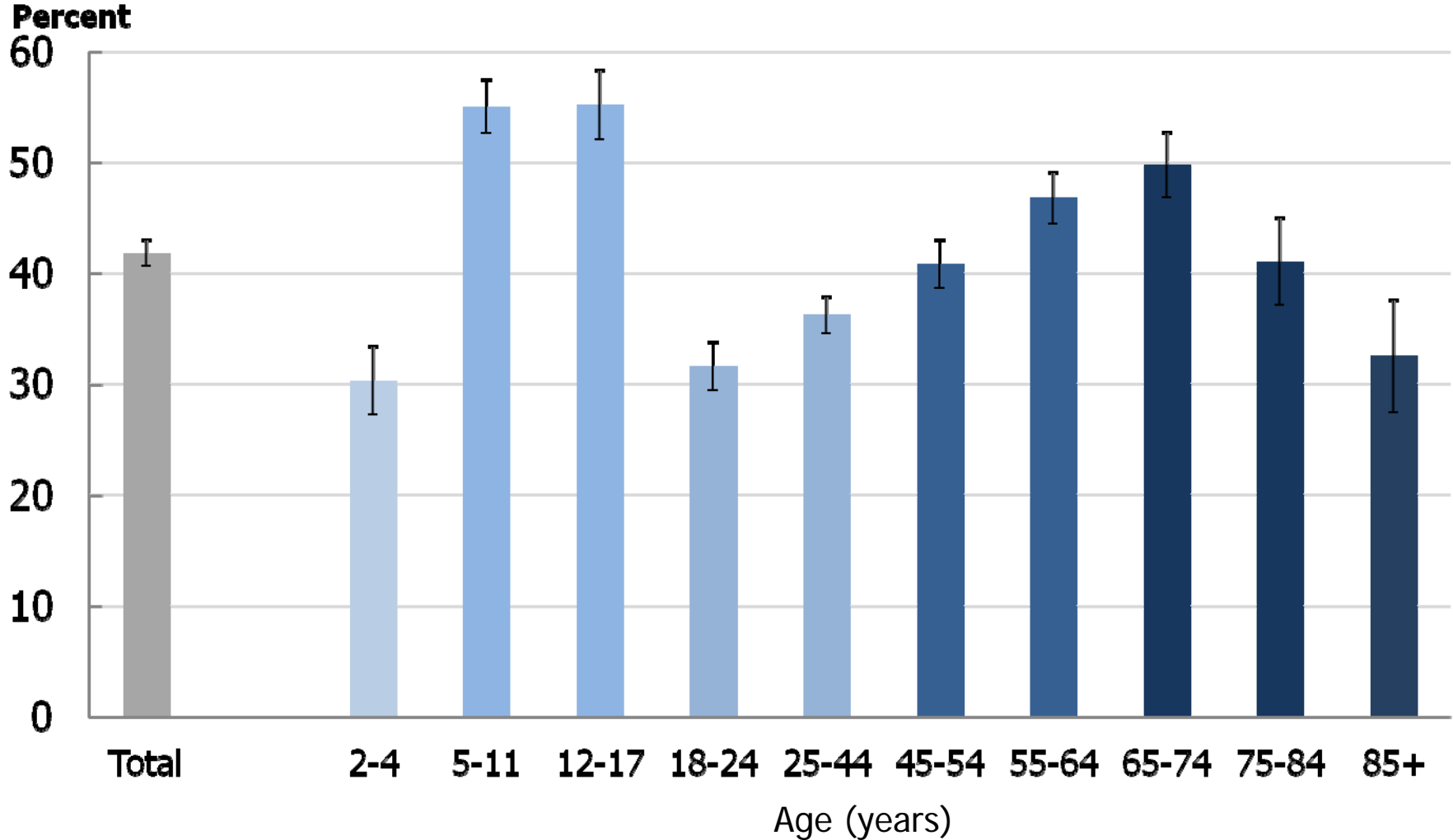
NOTES: I = 95% confidence interval. Data are persons aged 2 years or over reporting a dental visit in the past 12 months. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes other Pacific Islanders. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Data are age adjusted to the 2000 standard population.

SOURCE: Medical Expenditure Panel Survey (MEPS), Agency for Healthcare Research and Quality (AHRQ).

Obj. OH-7
Increase desired

Children, adolescents, and adults (2+ years) who visited the dentist in the past year by age, 2011

Commission on Health 10/16/14 Retreat



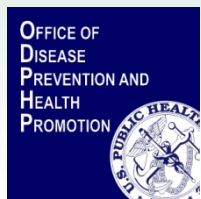
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Obj: OH-7
Increase desired



Address the Social Determinants

- Access to insurance and to care
 - Geographic isolation
 - Income
 - Education level
 - Communication skills
 - Demographics
-
- Use Healthy People 2020 to develop a focus for your community



Healthy People 2020- Oral Health

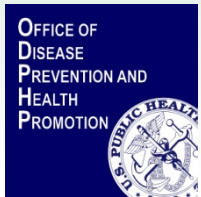
State, Local, and Community Actions





Use Healthy People to Begin Conversations on Oral Health

- Engage stakeholders and build commitment with Healthy People 2020 measures and objectives
- Where does your community stand?
- What other health topics are important to your community?





Map-It Resources: Mobilize, Assess, Plan, Implement & Track

- Build partnerships
- ID strengths/weakness
- Prioritize
- Define vision, goals
- ID measures and targets
- Develop strategies
- Monitor & evaluate
- www.healthypeople.gov/2020/implementing/mobilize.aspx



Healthy People 2020 Tools:

- [Brainstorm: Potential Partners \[PDF - 83 KB\]](#)
- [Organizing a Coalition \[PDF - 70 KB\]](#)



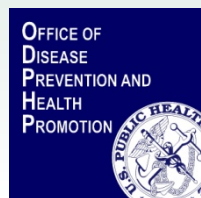
Healthy People 2020 Tools:

- [Brainstorm: Community Assets \[PDF - 82 KB\]](#)
- [Exercise: Prioritizing Issues \[PDF - 70 KB\]](#)



Healthy People 2020 Tools:

- [Defining Terms: Vision, Goal, Objective, Strategy \[PDF - 407 KB\]](#)
- [Potential Health Measures \[PDF - 85 KB\]](#)
- [Setting Targets for Objectives \[PDF - 100 KB\]](#)





Driver Diagram Overview

- Driver diagrams can be used to plan improvement project activities. They provide a way of systematically laying out aspects of an improvement project so they can be discussed and agreed on.
- A driver diagram organizes information on proposed activities so the relationships between the aim of the improvement project and the changes to be tested and implemented are made clear.
- A driver diagram has three columns - Outcome, Primary Drivers and Secondary Drivers.



Population Health Driver Diagram to Increase Use of Oral Health Care

AIM

Increase the proportion of children, adolescents, and adults who use oral health care, education, prevention, and treatment

Goals

- Increase affordability of oral health care for consumers
- Increase availability and use of oral health care based on evidence and disease management
- Prevent diseases of the mouth
- Achieve oral health equity

PRIMARY DRIVERS

Education about Importance and Urgency

Broad Access to Preventive Care and Treatment

Infrastructure and Capacity

Data Monitoring and Risk Assessment

SECONDARY DRIVERS

Patient, Population, Provider Knowledge

- Increase knowledge of comorbidities
- Outreach to high-risk and underserved groups
- Educate about available insurance coverage for oral health care
- Educate dental and non-dental health professionals about oral health as a population health issue
- Engage families and caregivers regarding importance of oral health

Diverse Care Settings, Affordability

- Provide oral health care in non-traditional settings
- Expand use of and insurance coverage for services provided by dental hygienists and other non-DDS/DMD providers, especially for school-based dental sealants
- Increase diversity of professionals providing oral health care
- Increase and strengthen publicly funded dental coverage
- Increase proportion of primary care and public health settings that include an integrated oral health program

Professional Education, Partnerships, Planning

- Align provider incentives to use the prevention and disease management model
- Educate dental students in clinic settings with allied-health professionals
- Educate primary care providers and team members to provide basic oral health risk assessments, prevention, and education
- Increase stakeholder engagement and skill building to ensure capacity and improve oral health outcomes
- Require all dental professional education programs to include community service and social responsibility curricula

Surveillance, Analysis, Feedback

- Identify high-risk populations with comorbidities
- Identify risk and protective factors at the individual, family, school, and community levels
- Identify policies that affect oral health
- Track community oral health status

6/2014

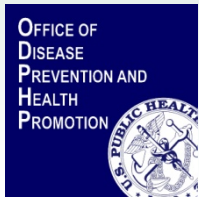
This work was funded by the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services

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Using Healthy People to Address Oral Health

- Healthy People 2020: HealthyPeople.gov
 - Examples of how Healthy People is being used across the country
 - Current data for benchmarking
 - Evidence-based resources

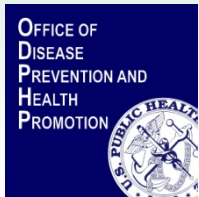




Story from the Field: Maryland Department of Health and Mental Hygiene

“Among children in the United States, tooth decay continues to be the single most common chronic disease, despite the fact that the disease is almost entirely preventable.”

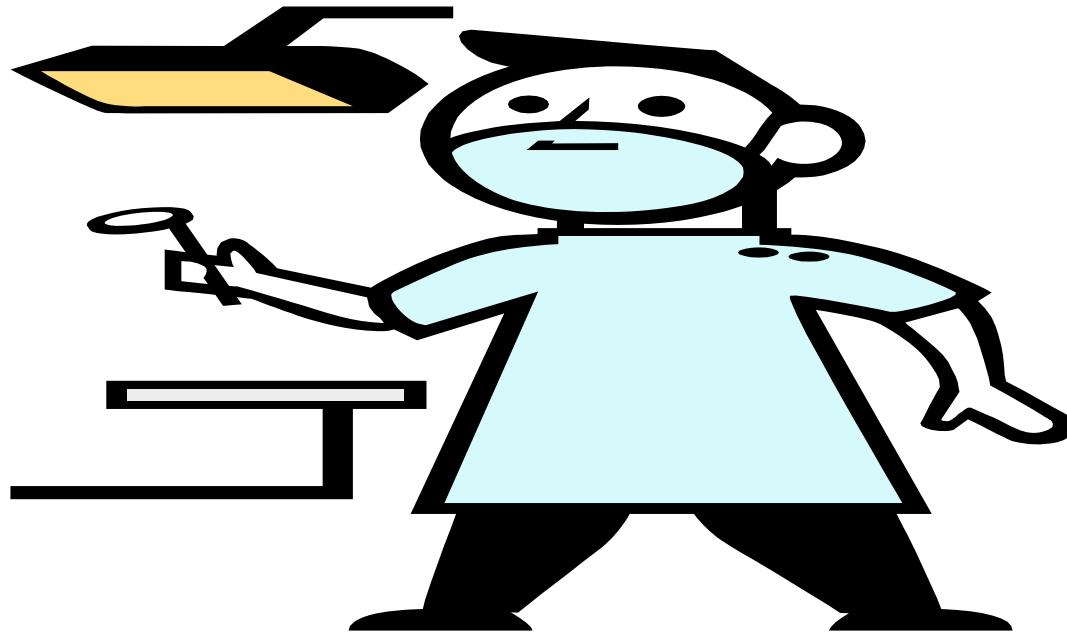
Oral Health = Overall Health





Story from the Field: Preventing Tooth Decay Through School-Based Dental Sealant Programs

“SEAL! Michigan helps prevent tooth decay in thousands of children each year. In the 2010–2011 school year, SEAL! Michigan screened 3,432 students in 90 schools and applied sealants to 14,448 teeth.”





Resources to Address Oral Health and Use Healthy People

- NACCHO's *Implementing Healthy People*
<http://www.naccho.org/topics/infrastructure/healthy-people/index.cfm>
- CDC Division of Oral Health:
http://www.cdc.gov/oralhealth/state_programs/index.htm
- CDC Chronic Disease Prevention and Health Promotion:
<http://www.cdc.gov/chronicdisease/resources/publications/aag/doh.htm>
- Community Toolbox: <http://ctb.ku.edu/en/default.aspx>

Healthy People 2020

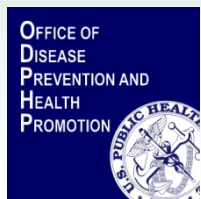
Looking Ahead





Looking Ahead

- Community assessment
- Identify partners
- Look at the data
- Use HP2020
 - Benchmark against national data
 - Examine what others have done
 - Evidence-based resources
 - Stories from the Field
- Think upstream





Stay Connected

JOIN THE HEALTHY PEOPLE LISTSERV & CONSORTIUM



WEB

healthypeople.gov



EMAIL

healthypeople@hhs.gov



TWITTER

[@gohealthypeople](https://twitter.com/gohealthypeople)



LINKEDIN

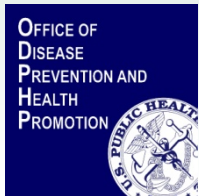
Healthy People 2020



YOUTUBE

ODPHP
[search “healthy

people”]





QUESTIONS?

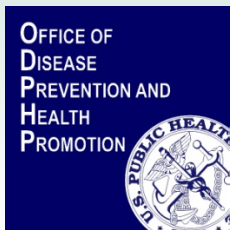


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US Department of Health and Human Services

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Montgomery County

DEPARTMENT of HEALTH &
HUMAN SERVICES

PUBLIC HEALTH SERVICES DENTAL PROGRAMS

Commission on Health
October 16, 2014

What is the Need for Oral Health Services in Montgomery County?

- *Healthy People 2020's* oral health objectives:
 - Increase awareness of the importance of oral health to overall health and well-being, and reduce disparities in access to effective preventive and dental treatment services.
- 20 percent of Maryland residents have not visited a dentist in the past five years, according to a 2012 MD State Health Department survey
- Maryland Medicaid coverage
 - Children and pregnant women: covers full range of preventive and restorative services
 - Adults: covers cleanings, diagnostics, and limited fillings and extractions. Co-pays and exclusions apply.
 - The program does not cover crowns, root canals, bridges, or implants. Clients have to pay out of pocket.

Montgomery County's Public Health Dental Program

- Provides dental services to populations identified as underserved, at risk, or as having special needs.
- Those eligible for our services are uninsured / underinsured residents of Montgomery County who meet income guidelines.
- Populations served:
 - Children
Care for Kids program
 - Adults
Montgomery Cares and self-referral
 - Seniors
Age 60+, referred from Aging and Disabilities
 - Pregnant Women
Maternity Partnership
 - HIV patients
Ryan White program

Public Health Services

Dental Programs Locations

<u>Piccard Drive Dental Clinic</u> 1335 Piccard Drive, 1st Floor Rockville, MD 20850 Children Maternity Seniors	<u>Fenton Street Dental Clinic</u> 8630 Fenton St, 10th floor Silver Spring, MD 20910 Children Maternity	<u>Dennis Ave Dental Clinic</u> 2000 Dennis Ave Silver Spring, MD 20902 HIV Specialty Dental Care
<u>Germantown Dental Clinic</u> 12900 Middlebrook Road, 2nd Floor Germantown, MD 20874 Children Maternity	<u>Colesville Dental Clinic</u> 14015 New Hampshire Ave, Suite 115 Silver Spring MD 20904 Adults	<u>Metro Ct. Dental Clinic</u> 7-1 Metropolitan Court Gaithersburg, MD 20878 Adults

Scope of Services

The scope of services includes:

- Preventive care (children, maternity, seniors only)
- Restorative services (all populations)
- Urgent care (all populations)
- Limited specialty dental care (e.g. root canals)
- Limited dentures (funded with contract funds)

Patient co-pays

- Children \$10 per visit
- Maternity \$10 per visit
- Seniors \$10 per visit
- Adults \$20 per visit
\$30 emergencies
- HIV patients No charge

Who provides services?

- Staff of 36, including dentists, dental hygienists, dental assistants, and administrative staff
- Dentists and (some) dental hygienists engaged through open solicitation contract
- Additional staff are a combination of merit (County) staff and staff engaged through a subcontracting arrangement with the Primary Care Coalition

Number of patients served FY 13 and 14

Population	FY13	FY14
Maternity	757	767
Children	1,383	1,457
Senior	716	753
Adult	1,407	1541
HIV	431	476
Total	4,694	4,994

FY 15 Budget

Core Budget	\$2,304,000
Montgomery Cares	\$ 119,000
Ryan White HIV	\$ 351,000
TOTAL	\$2,774,000

Other sources of dental services for low-income residents

- Spanish Catholic Center -- Wheaton (adults and children)
- Community Clinic -- Gaithersburg (adults and children)
- Mary's Center – D.C. (adults and children)
- Muslim Medical Clinic – N. Silver Spring (adults only)

State Collaboration

- State grant @ \$40,000 – supports dentures for seniors (limited availability)
- State grant @ \$30,000 – supports expanded services, dentures, mouth guards for teens
- State partnership:
 - Maryland Dental Action Coalition

What's ahead?

- Electronic Program Management
 - Appointment scheduling, billing
 - Implemented June 2014
- Electronic Dental Records
 - “Go Live” scheduled for Oct. 21, 2014
- Family-Centered Services
 - Patient choice re: service delivery site
 - Awaiting full implementation of EPM and EDR

For additional information

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