Leading People for Oral Health Excellence

2019 Kansas Conference on Oral Health
November 8, 2019
Learning Objectives

Upon completion of this interactive learning activity, participants will be able to:

1. List the priorities of the U.S. Surgeon General and how oral health is related to each;

2. Discuss how the 1\textsuperscript{st} Surgeon General’s Report on Oral Health elevated the conversation about the oral-systemic link; and

3. Develop ideas to create an infrastructure at the state level to improve and protect the oral health of its citizens.
Surgeon General’s Priorities

“Better Health Through Better Partnerships”

- Substance Misuse: Opioids, Tobacco, E-cigarettes
- Community Health and Economic Prosperity
- Health & National Security: Military Eligibility and Readiness
- Vaccinations
- Oral Health: https://youtu.be/snOxqakR2zk

JEROME M. ADAMS, M.D., M.P.H.
Vice Admiral, U.S. Public Health Service
Surgeon General
Oral Health in America: A Report of the Surgeon General

• First-ever report commissioned by the Surgeon General on oral health

• Available at:

  https://www.surgeongeneral.gov/library/reports/index.html

• Major Message:

  Oral Health means much more than healthy teeth, and is integral to the general health and well-being of all Americans.
Oral Health in America: Call to Action (2003)

Goals were:

- To promote oral health
- To improve quality of life
- To eliminate oral health disparities
How has the U.S. changed in the last 20 years?

- Persistent oral health disparities
- Aging of the population
- A changing workforce
- Mental illness & substance abuse
- Healthcare expenditures
- Emerging public health threats: vaping, HPV, vaccinations, etc.
- Advances in research and technology
### Persistent Oral Health Disparities

<table>
<thead>
<tr>
<th></th>
<th>Caries Prevalence, 2-5 years</th>
<th>Untreated Decay, 2-5 years</th>
<th>Caries Prevalence, 6-11 years</th>
<th>Untreated Decay, 6-11 years</th>
<th>Caries Prevalence, 12-19 years</th>
<th>Untreated Decay, 12-19 years</th>
<th>Untreated Decay, 65+ years</th>
<th>Total tooth loss 65+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24.0%</td>
<td>11.1%</td>
<td>15.6%</td>
<td>4.9%</td>
<td>55.9%</td>
<td>17.7%</td>
<td>18.0%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Female</td>
<td>22.4%</td>
<td>9.5%</td>
<td>19.0%</td>
<td>5.5%</td>
<td>57.7%</td>
<td>15.4%</td>
<td>14.2%</td>
<td>16.9%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>17.9%</td>
<td>6.7%</td>
<td>13.4%</td>
<td>4.3%</td>
<td>54.3%</td>
<td>15.6%</td>
<td>13.4%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>28.0%</td>
<td>14.8%</td>
<td>21.6%</td>
<td>7.1%</td>
<td>57.1%</td>
<td>20.4%</td>
<td>29.1%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Mexican American</td>
<td>32.9%</td>
<td>15.1%</td>
<td>24.5%</td>
<td>7.5%</td>
<td>68.9%</td>
<td>20.8%</td>
<td>35.9%</td>
<td>16.7%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>29.6%</td>
<td>13.9%</td>
<td>22.0%</td>
<td>6.9%</td>
<td>65.0%</td>
<td>21.6%</td>
<td>28.6%</td>
<td>28.6%</td>
</tr>
<tr>
<td>≥200% FPL</td>
<td>15.7%</td>
<td>6.0%</td>
<td>12.0%</td>
<td>3.5%</td>
<td>48.7%</td>
<td>11.1%</td>
<td>9.9%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

The Aging Population

Projected Population Growth for Adults 65 and over, U.S., 2000 to 2030

A Changing Workforce: Supply and Demand

Supply of Dentists, 2001-2018

Dentists per 100,000 population, 2001-2018

A Changing Workforce: Dentist Shortage Areas

- 58 million people
- 5,862 dental health professional shortage areas (HPSAs)
- 10,593 practitioners needed

Health Resources and Services Administration. www.data.hrsa.gov/topics/health-workforce/shortage-areas
## Substance Abuse: Opioid Prescribing

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Opioid Rx ( n, \text{ millions (%)*} )</th>
<th>Total Rx ( n, \text{ millions (%)*} )</th>
<th>Opioid Rx/Total Rx %*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family practice</td>
<td>52.5 (18.2)</td>
<td>946.9 (22.3)</td>
<td>5.6</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>43.6 (15.1)</td>
<td>913.9 (21.5)</td>
<td>4.8</td>
</tr>
<tr>
<td>General practice</td>
<td>32.2 (11.2)</td>
<td>431.2 (10.1)</td>
<td>7.5</td>
</tr>
<tr>
<td>Surgery</td>
<td>28.3 (9.8)</td>
<td>77.6 (1.8)</td>
<td>36.5</td>
</tr>
<tr>
<td>Dentistry</td>
<td>18.5 (6.4)</td>
<td>64.0 (1.5)</td>
<td>29.0</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>14.5 (5.0)</td>
<td>29.8 (0.7)</td>
<td>48.6</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>12.5 (4.3)</td>
<td>60.5 (1.4)</td>
<td>20.7</td>
</tr>
</tbody>
</table>

Healthcare Expenditures: Oral Health

Total dental expenditures in the United States

Adjusted Inflation

## Emerging Threats: Oropharyngeal-HPV Cancers

### Number of HPV-Associated and HPV-Attributable Cancer Cases per Year

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Average number of cancers per year in sites where HPV is often found (HPV-associated cancers)</th>
<th>Percentage probably caused by any HPV type</th>
<th>Number probably caused by any HPV type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervix</td>
<td>11,866</td>
<td>91%</td>
<td>10,751</td>
</tr>
<tr>
<td>Vagina</td>
<td>846</td>
<td>75%</td>
<td>635</td>
</tr>
<tr>
<td>Vulva</td>
<td>3,934</td>
<td>69%</td>
<td>2,707</td>
</tr>
<tr>
<td>Penis</td>
<td>1,269</td>
<td>63%</td>
<td>803</td>
</tr>
<tr>
<td>Anus</td>
<td>6,530</td>
<td>91%</td>
<td>5,957</td>
</tr>
<tr>
<td>Female</td>
<td>4,333</td>
<td>93%</td>
<td>4,008</td>
</tr>
<tr>
<td>Male</td>
<td>2,197</td>
<td>89%</td>
<td>1,949</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>18,226</td>
<td>70%</td>
<td>12,885</td>
</tr>
<tr>
<td>* Female</td>
<td>3,412</td>
<td>63%</td>
<td>2,160</td>
</tr>
<tr>
<td>* Male</td>
<td>14,814</td>
<td>72%</td>
<td>10,725</td>
</tr>
<tr>
<td>TOTAL</td>
<td>42,671</td>
<td>79%</td>
<td>33,737</td>
</tr>
<tr>
<td>Female</td>
<td>24,391</td>
<td>83%</td>
<td>20,260</td>
</tr>
<tr>
<td>Male</td>
<td>18,280</td>
<td>74%</td>
<td>13,477</td>
</tr>
</tbody>
</table>

[https://www.cdc.gov/cancer/hpv/statistics/cases.htm](https://www.cdc.gov/cancer/hpv/statistics/cases.htm)
Emerging Public Health Threats: E-Cigarettes

- Record increase in vaping from 2017 to 2018 among teens

- Prompting first-ever SG Advisory on E-Cigarettes among Youth

- Nearly 1 in 11 students reported using cannabis in e-cigarettes in 2016
Innovations at the State Level

- **North Carolina**: Utilized multiple community dental health coordinators to help patients navigate the health care delivery system.

- **Nebraska**: Sent out community dental disease prevention team to provide services in 44 remote areas of the state.

- **Arizona**: Taught ED doctors how to give mandibular blocks (ASDOH).

- **Alaska**: Created Dental Health Aide Therapist program for remote villages.

- **California**: Created $300,000 loan forgiveness for commitment to serving in rural or underserved area.

- **Minnesota**: Allowed advanced dental therapists (6 years) in urban settings.

- **Oregon**: Developed first state guideline for acute dental pain prescribing.
What are some things you can do now?

- Who are some of the non-traditional stakeholders?
Who are the oral health stakeholders?

- Who are some of the stakeholders?
  - Non-traditional: Meals on Wheels, Families USA, housing authority, etc.
  - Veteran’s Affairs, military
  - Medical and behavioral health colleagues, health departments, hospitals
  - Dental industry
  - Dental academia
  - Dental researchers
  - Philanthropic organizations
What do we know about the new Report?

• Oral Health Across the Lifespan
  – Neonatal, Infant, and Child Life Stage
  – Adolescent and Teenager Life Stage
  – Young Adult and Adult Life Stage
  – Older Adult Life Stage

• Effect of Oral Health on the Community, Overall Well-being, and the Economy

• Effects of Addiction and Mental Health Disorders on Oral Health

• Oral Health Integration, Workforce, and Practice

• Emerging Technologies and Promising Science to Transform Oral Health
Where are we headed and what can we do?

- Where we are now?
- Where we have made advances since 2000?
- What challenges persist since the last report?
- What new threats are emerging?
- What are some promising new directions for research and improvement in oral health?
Questions

Follow-up questions or requests for speaking engagements, please contact:

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