

How far have we come since the Surgeon General's Report?

Findings of the National Summit on Children's Oral Health

National Oral Health Conference
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Acknowledgements – AAP Summit

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Time to look back...

- Surgeon General's Report on OH (2000)
- Healthy People 2010 (2000)
- National Call to Action to Promote Oral Health (CTA) (2003)

How far have we come towards meeting the recommendations of the SG Report and the CTA?

AAP meetings

- AAP “Peds 21” – Oral Health Symposium
Dr David Satcher, keynote (Oct 2008)
- AAP National Summit on Children’s Oral Health (Nov 2008)

Other meetings

- Hispanic Dental Association – progress since SG Report (November 2008)
- IOM: Sufficiency of the U.S. Oral Health Workforce in the Coming Decade: A Workshop (February 2009)
- ADA Access to Care conference (March 2009)
- NOHC – April 2009
- AAPD – Early Childhood Caries (November 2009)

Surgeon General’s Report on Oral Health



THE CHARGE:

Define, describe, and evaluate the interaction between oral health and general health and well-being (quality of life), through the life span in the context of changes in society

Major Findings



Oral health is essential to general health.

A “silent epidemic” of oral diseases affects most vulnerable, including children.

There are multiple determinants of health outcomes.

The report proposed a National Oral Health Plan as a next step.

<http://www.nidcr.nih.gov/sgr/oralHealth.asp>

A National Call to Action to Promote Oral Health (2003)

- Combined SG Report Framework for Action with HP 2010 oral health objectives



<http://www.nidcr.nih.gov/sgr/CallToAction.asp>



Oral health objectives most relevant for children

- **Reducing oral diseases and conditions:** dental caries
- **Delivering critical dental services:** sealants, water fluoridation, examinations
- **Increasing health care infrastructure:** dental clinics in schools, surveillance, state dental directors

The CTA asked for plans with strong evaluation components to:

1. Change perceptions of oral health
2. Overcome barriers by replicating effective programs and proven efforts
3. Build the science base and accelerate science transfer
4. Increase workforce diversity, capacity and flexibility
5. Increase collaborations



National Summit on Children's Oral Health: A New Era of Collaboration

The American Academy of Pediatrics
Chicago, November 7-8, 2008

AAP Summit Charge

- Consider progress made in meeting recommendations of SG Report /Call to Action - based on background papers and other publications in the area of children's oral health and access to care
- Develop key messages for going forward



Focus on young children

- Greatest opportunity for prevention
- At highest risk – most diverse, poorest segment of the population
- Disease is not abating – may be increasing
- Least access to dental care
- Most access to primary care
- Included children with special needs

Face of a Child: Surgeon General's Workshop and Conference on Children and Oral Health

Washington DC,
April and June, 2000



<http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/Conference/ConferenceChildrenOralHealth/>

The Face of a Child: Surgeon General's Conference on Children and Oral Health - summary

- Society has a moral responsibility to provide health care for all children – including OH care
- Start early, prevent disease
- Focus on high risk children
- Go where the children are
- Partner with families
- Integrate oral health into all health professional training/delivery
- Create partnerships
- Advance and transfer the science base
- Create strategic communication plans

The ethical mandate

- Children's importance to our future
- Children's vulnerability, dependency
- Children not responsible for their health problems

Mouradian W. (2002) Ethical principles and the delivery of children's oral health care. *Ambul Pediatr.* 2(2)Suppl:162-168
Mouradian WE. (2007) Ethics and leadership in children's oral health. *Pediatr Dent* 29(1): 21 (9): 64-72

The ethical mandate

NIH-MCHB Workshop (January 2000)

- Kopelman, Loretta M. and Mouradian, Wendy E. (2001) 'Do Children Get Their Fair Share of Health and Dental Care?', *Journal of Medicine and Philosophy*, 26:2, 127 - 136



Profession

- Mastery of complex body of knowledge
- Used in service of others
- Members profess commitment to moral precepts
- Commitment to self-regulation
- Promotion of public good
- Basis for a social contract

Oxford English dictionary; Cruess SR, Johnston S, Cruess RL, Teach Learn Med. 2004 Winter;16(1):74-6

The ethical mandate

Responsibility of the health professional caring for children:

- Focus on child's best interests
- Partner with parents for effective health care
- Know behavioral, developmental and cultural factors - and how to influence them (eg, MI)
- Advocate on behalf of children– increased responsibility over that for adults

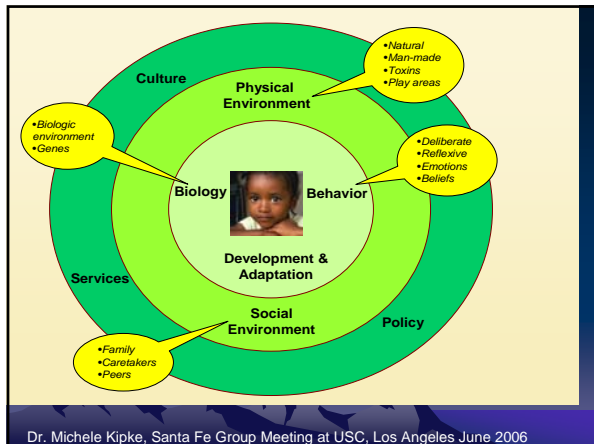
Mouradian (1999) Making Decisions for Children, *Angle Ortho* 60 (4): 300-306

The ethical mandate

Responsibility of the profession:

- Advocate in the best interests of all children
- Help ensure a systematic and effective approach to health care for children, including OH care
- Special responsibility for those with OH expertise
- Requires sharing responsibility for children's oral health

Mouradian W. (2006) Band aid solutions to the dental access crisis: conceptually flawed –A response to Dr. David Smith. *J Dent Educ* 70(11):1174-1179
Mouradian W, Huebner C, Ramos-Gomez F, Slavkin H. (2007) Beyond Access: The Role of Family and Community in Children's Oral Health. *Jr Dent Educ.* 71(5) 619-31.



AAP Summit: Process and Products

- Invited papers with more than >80 contributors and reviewers
- Key background papers will be published in a special issue of *The Journal of Academic Pediatrics*, Fall 2009
- Open access
- Disclaimer –not AAP policy or opinions: authors with input of Advisory Board

Highlights – Action Steps

1. Increase awareness: see progress
 - Policymakers (SCHIP)
 - Other health professionals (primary care)
 - Public awareness
 - Professional associations - AAP Summit– the messenger is the message!
 - Oral health literacy / social marketing – just beginning to understand

Highlights – Action Steps

2. Overcome Barriers/Replicate Effective Programs
 - Access
 - Medicaid-eligible (27 to 33%), 2000 - 2006
 - Low income (18 to 41%), 1994 – 2004
 - ABCD, IMB and other effective programs
 - Policy
 - SCHIP – major success
 - FQHC's – dental services required
 - Reimbursing PCP for F varnishes /preventive services

More policy updates and analyses

Children's Dental Health Project
<http://www.cdhp.org/>

Highlights – Action Steps

3. Science and Surveillance
 - Basic science advances – genetics
 - Documenting the impact of oral health on QOL, morbidity, mortality
 - Caries: risk models and medical approaches, preventing transmission, perinatal guidelines; emerging technologies
 - New disparities research paradigm: determinants of health outcomes - impact of diet, culture, environment, health literacy
 - Psychosocial interventions: Motivational Interviewing

Surveillance

3. Science and Surveillance (con't)

- Caries experience up in young children; down in older children; sealant usage up
- Increases in community water F (and efforts to prevent same – use of internet)
- NOHSS in place
- Some modest gains in the DPH infrastructure in children's OH area

HP 2010

Number	Objective	Baseline	2004 estimate	HP 2010 Target
21-1	Reduce the proportion of children and adolescents who have dental caries in their primary and permanent teeth			
a	2-4 year olds	18%	24%	11%
b	6-8 year olds	52%	53%	42%
c	15 year olds	61%	56%	51%
21-2	Reduce the proportion of children, adolescents and adults with untreated decay			
a	2-4 year olds	16%	19%	9%
b	6-8 year olds	28%	29%	21%
c	15 year olds	20%	18%	15%

Surveillance issues

- Measurements– how best to measure “oral health and access to care”
 - Measure oral health status, oral health visits, parents' perceptions of unmet needs?
- What does NHANES really tell us???
- Is DMFT the best way to measure OH status
- Inconsistency of monitoring from state to state
- Need for dental diagnostic codes
- State reporting requirements -inadequate in past

Highlights – Action Steps

4. Workforce – diversity, capacity, flexibility
 - Pipeline of minority students – modest
 - More pediatric dental residencies (translate into access?)
 - New models of dental education (community-based, RWJ pipeline program, Regional Initiatives in Dental Education, Commission on Curriculum Innovation)
 - Testing of mid-level practitioner models
 - Use of medical practitioners
 - No increase in DPH residencies, more dental HPSA's

Areas of concern

- Youngest children whose caries rate has increased - what is their trajectory?
 - Different environment – demographics, culture, diet, bottled water
 - Is the DPH infrastructure adequate to track these children, and other vulnerable populations?
- Is oral health a part of the national agenda?
 - Do we need a National Oral Health Plan?

Highlights - Action Steps

5. Create collaborations
 - Community collaborations
 - Private-Public partnerships (federal agencies, non-profits, foundations, professional associations)
 - Inter-professional training efforts
 - Numerous examples

Take home messages?

- Lots of gains
- Lots of progress still needed
- Some losses
- It's a different world

ADA Access to Care Conference March 2009

- To create a common vision for long term improvement to access to oral health care
- To engage in participatory problem solving, where the knowledge and perspectives of different sources of expertise and interests work together, so that all aspects of the challenges to improve oral health are addressed collaboratively
- Develop a coordinated strategy for addressing challenges in access to oral health care

Stakeholder Groups

1. Dental special interest groups
2. Dental education and research communities
3. Finance partners (foundations, grant makers, and insurers)
4. Advocacy groups
5. Healthcare policy makers
6. Dental industry/business community
7. Non-dental health workers
8. Federal agencies
9. Safety net dental providers
10. ADA leadership
11. State dental executive directors
12. Volunteer dental leaders

On building constituencies...

- Get the choir into the room
- The choir has to sing the same song
- Coalesce around core values, core goals, "common ground"
 - Example: private and public dental health sectors recognize the value of each others' contributions

Mouradian W. (2001) Building and involving constituencies with the Surgeon General's Workshop and Conference. Editorial. *J Dent Res.* 80(10):1873-1874.

ADA Access Conference F/u workgroups

1. Increasing collaboration between the dental and medical communities
2. Workforce development strategies
3. Strengthening dental delivery systems
4. Population-based prevention and DPH infrastructure
5. Financing models
6. Improving oral health literacy through social marketing
7. Defining and measuring the access issue
8. Coordination and communication

Building constituencies

- Develop a "coordinated strategy"
- Requires a mechanism for working together over the long term
 - Revitalize the "Oral Health Action Partnership" that grew out of the CTA - or create another coalition?
 - Do we need a National Oral Health Plan?

How do we change?

"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."

- Barack Obama, as President-elect

On building constituencies...

- The choir has to go on the road...
- The only way to build constituency is to be a constituent –partner broadly
- Get out of the dental box

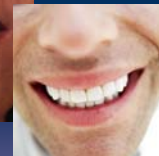


Focus on people - not just their oral health

- Language tells a lot about underlying beliefs



People ...



or mouths?



Overall health?

Dental education: do dental students get sufficient

- Clinical experiences in hospitals/medical settings...
- Opportunity to care for patients w complex problems..
- Interactions with medical/ other professionals?
- Responsibility for the whole patient
- What is the message of cosmetic dentistry, T&M?



An medical intern's life...

- Share difficult experiences with patients
- Appreciate that difficult health trade offs exist, and that health is not the only value of families
- Learn from peers and mentors - student, intern, resident, attending - reinforces lessons
- Work on interdisciplinary teams
- Take responsibility for errors – sometimes grave

Mouradian W. (2000) A physician's viewpoint on the oral health of children, editorial. *Dent. Abst.* 45(6):252-253.

Oral health often left out...

- Crossing the Quality Chasm: A new health system for the 21st century (2001)
- The Future of the Public's Health in the 21st Century (2002)
- Health Professions Education: A bridge to quality (2003)
- Unequal Treatment: Confronting racial and ethnic disparities in health care (2003)
- In the Nation's Compelling Interests: Ensuring diversity in the health care workforce (2004)

IOM Reports last 2 yrs

- Training Physicians for Public Health Care
- Informing the Future: Critical Issues in Healthcare
- Ending the Tobacco Problem
- Challenges in Adolescent Healthcare
- Retooling for an Aging America

IOM Reports

- Knowing what works in Healthcare...
- State of the US Healthcare Indicators...
- America's Uninsured Crisis
- Health Literacy, eHealth, and Patient Communication (Apr 2 2009)

Steps for progress

- Build constituencies – inside and out
- Speak with (mostly) once voice
- Talk about people – not just their OH
- Walk the walk - oral health and overall health
- Take on larger health care issues

The bus is leaving....

Health care reform is happening -
you better be on it



Children have never needed you more



References

- American Academy of Pediatrics – oral health website – <http://aap.org/oralhealth>
 Cruess SR, Johnston S, Cruess RL, Teach Learn Med. 2004 Winter;16(1):74-6
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