

National Oral Health Conference
April 29, 2014

Senior Oral Health: Using Data to Affect Policy

Objectives

- Identify relevant data sources for senior oral health at the state, community, and national level to inform decision-makers in their state
- Demonstrate the ability to populate a fact sheet or infographic template with data specific to their state
- Identify potential partners and resources for obtaining senior oral health data (e.g. existing surveys, sources of funds for state-specific BRFSS questions, etc)
- Describe how and what data to use that will have the desired policy impact

Speakers

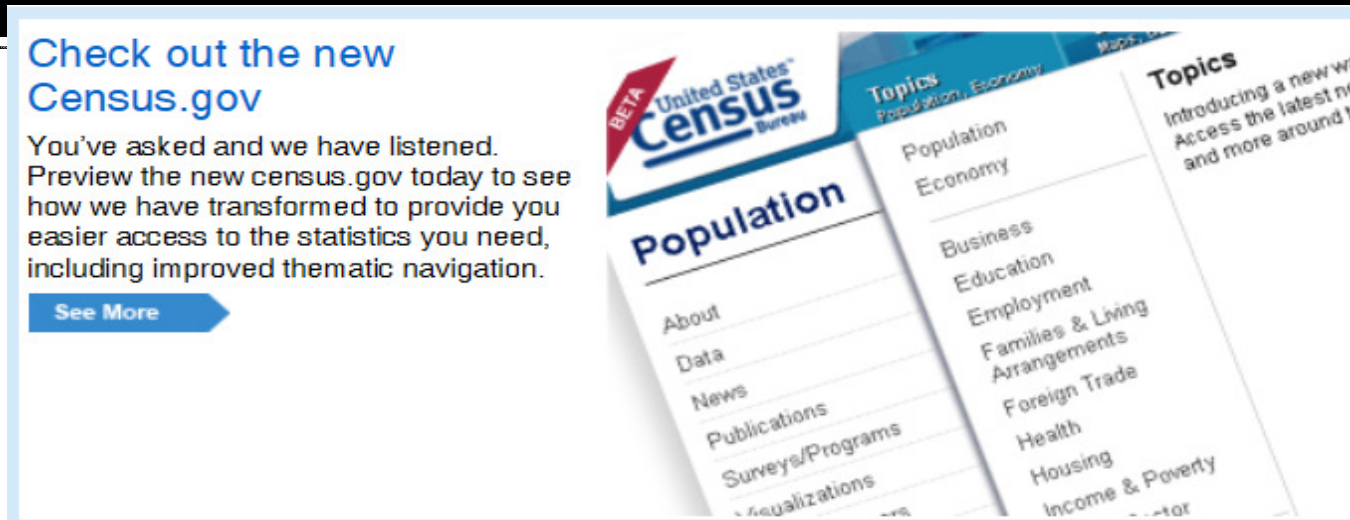
- Mike Manz, DDS, MPH, DrPH
- Barbara J. Smith, RDH, MPH, PhD

Logo, picture Here	Title of Fact Sheet Here
<div>Insert Title Here</div> <ul style="list-style-type: none">▪ Insert key data facts here▪▪▪▪▪	Insert graph/chart here
Insert photo/graph here	Insert here text on why issue is important
<div>Insert title here (e.g. What Program/Policy Changes are Needed – Options)</div> <ul style="list-style-type: none">▪▪▪	

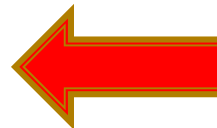
Filling in the Boxes – Appropriate Quotes

- Got Data? – California Milk Processor Board
- Spare Me the Details, Just Give Me the Score
– The Offspring (the first part, anyway)
- Just the facts, Ma'am – Joe Friday (Dragnet),
but actually not
- He Must Be Hopped Up on Goofballs – me?
or about me? but inspired by Dragnet

Oral Health Status of Older Adults



- Start with demographic data to find out about your state population
- www.census.gov/2010census

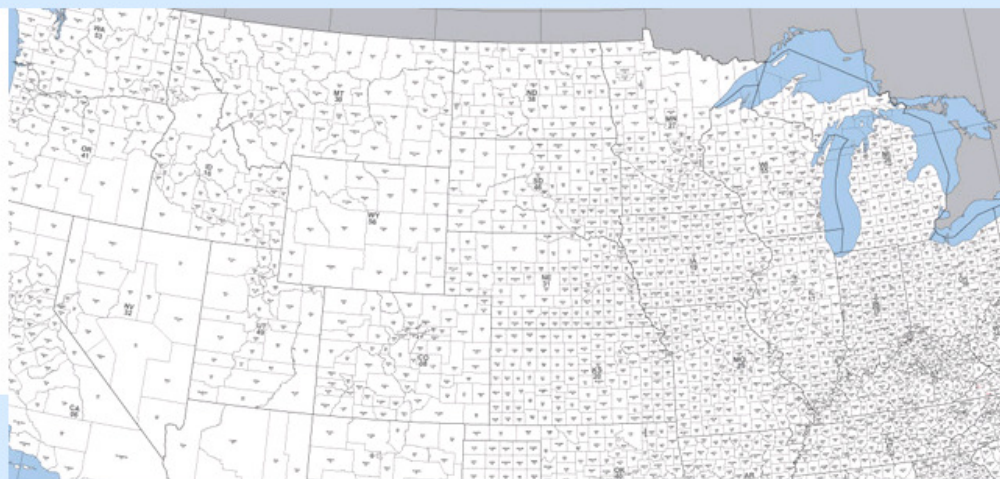


Guide to State and Local Census Geography

View this new online publication filled with geographic history, interesting facts, and population information for each state and state equivalent.

See More

< 1 2 3 4 >



Population Finder

Select a state to begin

Michigan ▼

Interactive Map

Use the [Interactive Population Map](#) to explore 2010 Census statistics.

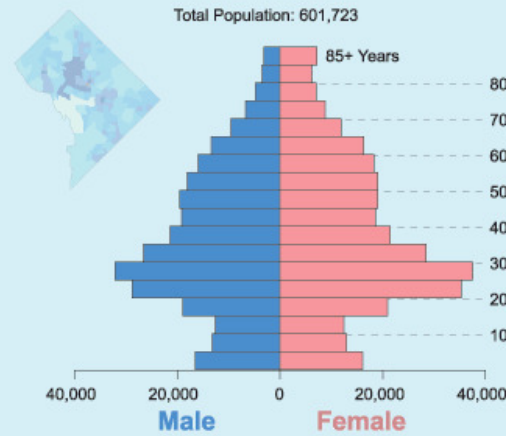
Census Briefs and Reports

[The Older Population](#)
[Congressional Apportionment](#)
[Housing Characteristics](#)
[The White Population](#)
[The Black Population](#)
[The Hispanic Population](#)
[Age and Sex Composition](#)

2010 Census: District of Columbia Profile

Population by Sex and Age

Total Population: 601,723



2010 Census: State Population Profile Maps

View detailed population and housing data from the 2010 Census for each state. Each map includes a pie chart showing population by race, a population pyramid, and a bar chart illustrating housing occupancy rates.

See More

Select State



Michigan

Display

Areas Within

Link To This Page

http://www.census.gov/2010ce

Action

"MI - Michigan" added to display.

Please Note

Data for American Indian and Alaska Native areas are shown for the portion within each state, and only as each state's data are released.

Additional Data

[Download summary files](#)

Map View: 2010 Census Interactive Population Map

2010 Census Interactive Population Search

Print | Share this page



MI - Michigan



Population

Total Population	9,883,640
------------------	-----------

Housing Status

(in housing units unless noted)

Total	4,532,233
Occupied	3,872,508
Owner-occupied	2,793,342
Population in owner-occupied (number of individuals)	7,183,134
Renter-occupied	1,079,166
Population in renter-occupied (number of individuals)	2,471,438
Households with individuals under 18	1,224,631
Vacant	659,725
Vacant: for rent	141,687
Vacant: for sale	77,080

Population by Sex/Age

Male	4,848,114
Female	5,035,526
Under 18	2,344,068
18 & over	7,539,572
20 - 24	669,072
25 - 34	1,164,149
35 - 49	2,022,555
50 - 64	2,017,449
65 & over	1,361,530

Population by Ethnicity

Hispanic or Latino	436,358
Non Hispanic or Latino	9,447,282

Population by Race

White	7,803,120
African American	1,400,362
Asian	238,199
American Indian and Alaska Native	62,007
Native Hawaiian and Pacific Islander	2,604
Other	147,029
Identified by two or more	230,319

13.8%

Behavioral Risk Factor Surveillance System (BRFSS)

- www.cdc.gov/brfss
- 2012 data is not comparable to other years
- Oral Health data collected in “even” years
- Use data to 2010 for trends



Behavioral Risk Factor Surveillance System

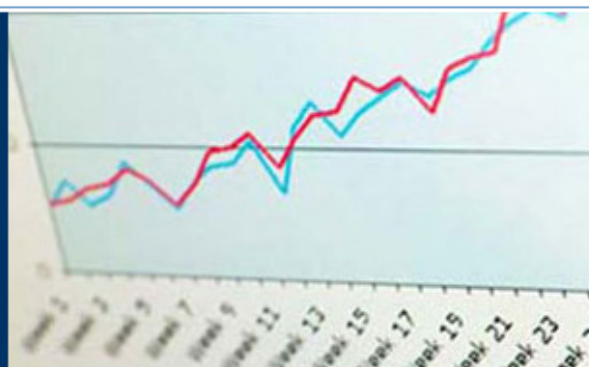


The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system. [Click here to read more.](#)

2012 BRFSS Data Now Available

View the latest BRFSS
Annual Data

[Learn More »](#)



[Email page link](#)

[Print page](#)



Saving Lives.
Protecting People.™

[LEARN MORE ABOUT HOW
CDC WORKS FOR YOU.](#)



Spotlights

2012 BRFSS Cognitive Impairment Module Questions
(December 2013)

Survey Data & Documentation



- [Annual Survey Data](#)
- [Asthma Call-back Survey Data](#)
- [GIS Maps Data](#)
- [Questionnaires](#)
- [SMART City & County Survey Data](#)

Prevalence Data & Data Analysis Tools



- [Prevalence and Trends Data](#)
- [BRFSS Interactive Maps \(GIS\)](#)
- [Chronic Disease Indicators \(CDI\)](#)
- [SMART: City and County Data](#)
- [Web Enabled Analysis Tool \(WEAT\)](#)



Booklets and Fact sheets



BRFSS Newsletter: *Issue 1, Summer 2013*

First issue of BRFSS Facts & News Data making a difference. State Spotlight is North Carolina...
SEPTEMBER 5, 2013

[More »](#)

About BRFSS



- [BRFSS Today](#)
- [BRFSS History](#)
- [BRFSS FAQs](#)

Looking for State-specific Information?



- [View State Coordinators](#)
- [State Data Uses](#)

Related Links

- [Health Indicator Sortable Stats](#)
- [Health Indicators Warehouse \(HIW\)](#)

[Get email updates
about this site](#)

Your email address:

[What's this?](#)

Contact Us:



BRFSS
Centers for Disease
Control and
Prevention
1600 Clifton Rd
Mailstop E-97
Atlanta, GA 30333



800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348



[Contact CDC-INFO](#)



Office of Surveillance, Epidemiology, and Laboratory Services

Behavioral Risk Factor Surveillance System

[BRFSS Home](#) | [Contact Us](#)

► BRFSS CONTENTS

- [Prevalence and Trends Data](#)
- [SMART: City and County Data](#)
- [BRFSS Maps](#)
- [Web Enabled Analysis Tool \(WEAT\)](#)
- [Chronic Disease Indicators \(CDI\)](#)
- [About the BRFSS](#)
- [BRFSS Datasets \(downloads and documentaion\)](#)
- [Chronic Disease and the Environment](#)
- [Questionnaires](#)
- [FAQs](#)
- [State Information](#)
- [Publications and Research](#)

Prevalence and Trends Data

NOTE: When comparing prevalence of variables across states or years, we recommend the use of confidence intervals. If the confidence intervals overlap, the difference is not statistically significant.

Please choose from the following pull-down menus to search for BRFSS data.

State:

Year:

Category:

[States conducting surveillance, by year](#)

For more information on risk factors and calculated variables, see the [Technical Documents and Survey Data](#) for a specific year.

Recommended citation: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [appropriate year].

[Back to top](#)

[Privacy Policy](#) | [Accessibility](#)

[BRFSS Home](#) | [Contact Us](#)

[CDC Home](#) | [Search](#) | [Health Topics A-Z](#)


[United States Department of Health and Human Services](#)
[Centers for Disease Control and Prevention](#)
 Office of Surveillance, Epidemiology, and Laboratory Services
 Public Health Surveillance Program Office

BRFSS: Oral Health Questions



Oral Health

Choose a question to view its data.

- 
- [Adults that have had any permanent teeth extracted](#)
 - [Adults aged 65+ who have had all their natural teeth extracted](#)
 - [Visited the dentist or dental clinic within the past year for any reason](#)

▲ [Top of Page](#)

apps.nccd.cdc.gov/brfss/display.asp?cat=OH&yr=2012&qkey=8461&state=MI

CDC
Office of Surveillance, Epidemiology, and Laboratory Services
Behavioral Risk Factor Surveillance System
[BRFSS Home](#) | [Contact Us](#)

[Select Another Question](#)
[Compare to Another State or Year](#)
[Use All States](#)

Prevalence and Trends Data

Michigan - 2012
Oral Health

Group By:

Adults aged 65+ who have had all their natural teeth extracted

	Yes	No
%	13.3	86.7
CI	(11.8-14.9)	(85.1-88.2)
n	423	2939

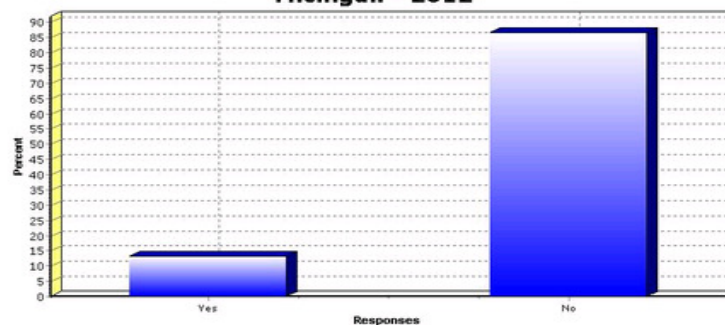
% = Percentage, CI = Confidence Interval, n = Cell Size
Percentages are weighted to population characteristics.

Use caution in interpreting cell sizes less than 50.

N/A = Prevalence estimates not available if the unweighted sample size for the denominator was < 30 or the Relative Standard Error (RSE) is > 0.3 or if the state did not collect data for that calendar year.

See [States conducting surveillance, by year](#).

Adults aged 65+ with all natural teeth extracted Michigan - 2012



Select Another Year For Michigan:

Select Another State For 2012:

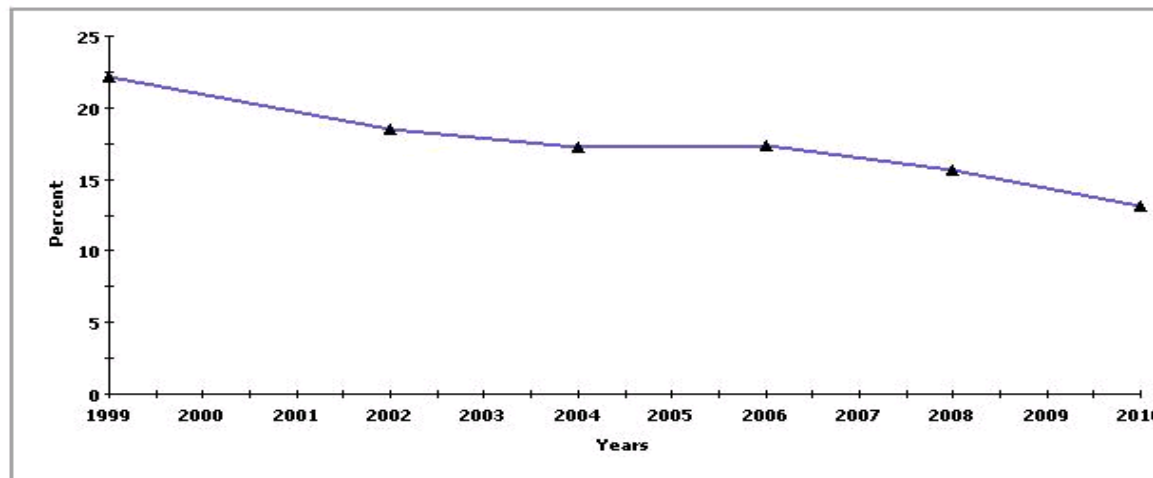
*If you see that a question is not available for a particular year, it is because the question was dropped or changed. Check the category of interest for that year to find similar items.

*Denominator includes all respondents except those with missing, don't know, and refused answers.

*All respondents 65 years old and older.

Trend Charting

Adults aged 65+ with all natural teeth extracted
Michigan - All Available Years
Response = Yes



	Michigan		
Year:	%	CI	n
1999	22.1	(17.9-26.3)	98
2002	18.5	(15.6-21.4)	200
2004	17.2	(14.8-19.6)	197
2006	17.3	(15.1-19.5)	243
2008	15.6	(14.1-17.2)	456
2010	13.1	(11.8-14.4)	466

% = Weighted Percentage, CI = Confidence Interval, n = Cell Size (Numerator)
Use caution in interpreting cell sizes less than 50.

State Added Questions:

https://www.ark.org/brfss_questions/default.aspx



State-Added Question Database

[Home](#) | [CDC](#) | [Contact State Coordinator](#)

Welcome to the Behavioral Risk Factor Surveillance System (BRFSS) State-Added Question Database. This web-based tool will be used to collect state-added questions included on the annual BRFSS surveys. This tool can be used to locate available data for secondary analyses and gather ideas for future instrument development.

Question Category:

State:

Years: To

Question Text:

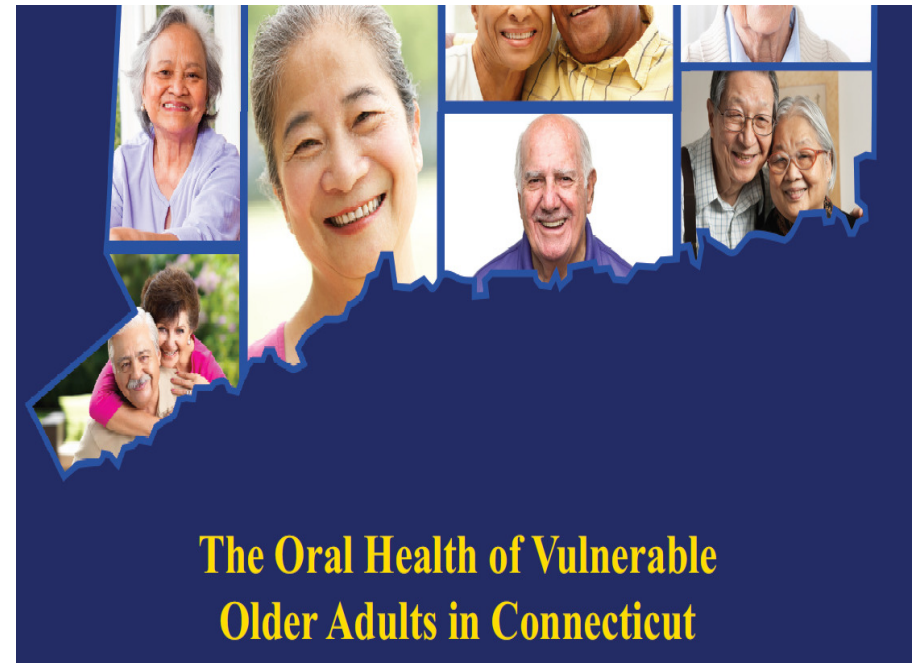
☐ Search for All Words ☐ Search for Any Words

Search Tips

- To search for a phrase, use quotation marks.
For example "any alcohol" includes questions with both terms together.
- To search for any form of a word, use the word stem.
For example, if you enter "part," questions with the word stem "part" will be displayed (i.e., art also includes "department" or "partner").
- For more matches, search for any words, only one word or part of a word.
- To display all questions, leave the Question Text box blank.

State Older Adult Surveillance

- ASTDD - Older Adults
- www.astdd.org
- Members section or links on the home screen
- www.cdc.gov/oralhealth/state_programs/states/index.htm
(lists state reports – check for older adult survey reports)



- **Key Finding #3: Untreated tooth decay is a significant problem for vulnerable older adults in CT; especially for those living in long-term care facilities.**
 - 53% of the LTC facility residents with teeth had untreated tooth decay.
 - Of the adults with teeth screened at the congregate meal sites, 26% had untreated tooth decay.



- Home
- About ASTDD
- ASTDD Brochure
- ASTDD Publications
- A-Z Topics
- State Programs
- Territorial Programs
- Federal Agencies
- National Organizations

- Membership Roster
- Member Benefits
- Members Only
- Membership Renewal
- Job Opportunities

- ASTDD Competencies
- ASTDD Guidelines
- Basic Screening Survey
- Best Practices
- National Oral Health Surveillance System
- Program Support
- Policy Statements
- State Activities
- Synopsis of State Programs 2013 (astdd.org)
- Synopsis of State Programs 2009 (cagc.org)

Who We Are

Vision

Mission

Membership

The Association of State and Territorial Dental Directors (ASTDD) is a national non-profit organization representing the directors and staff of state public health agency programs for oral health. It was organized in 1948 and is one of 17 affiliates of the Association of State and Territorial Health Officials (ASTHO). ASTDD formulates and promotes the establishment of national dental public health policy, assists state dental programs in the development and implementation of programs and policies for the prevention of oral diseases; builds awareness and strengthens dental public health professionals' knowledge and skills by developing position papers and policy statements; provides information on oral health to health officials and policy makers, and conducts conferences for the dental public health community.

ASTDD Key Messages

State Oral Health Programs make an essential contribution to public health and must be continued and enhanced. [Resources to Support ASTDD Key Messages.](#)

- 4. A successful SOHP needs one or more broad-based coalitions that include partners with fiscal and political clout.

« PREV NEXT »

Announcements, Publications & Documents

- NEW - Older Adults Oral Health Webinar – Translating Data to Action** - The ASTDD Policy Committee and Healthy Aging Committee partnered to host this quarterly policy webinar to provide an overview of state and federal initiatives on older adults' oral health. Medical dental collaboration integrating oral health into primary care for older adults were discussed and the webcast included a discussion of the patient centered medical home concept and the use of accountable care organizations. Tools to assist medical providers to integrate oral health into primary care for older adults were described. One state discussed its experience in collecting and using data on older adults to drive programs and policies. Listen to this recording of the webcast to learn more about Older Adults Oral Health initiatives. (March 19, 2014)
[Older Adults Oral Health Webinar – Translating Data to Action PowerPoint](#)
- NEW** - ASTDD Members approved a new policy statement on [Healthy People 2020 Oral Health Leading Health Indicator](#). (March 2014)
- NEW - Pregnancy Risk Assessment Monitoring System (PRAMS) Coffee Break** (March 5, 2014) PRAMS is a surveillance system of the Centers for Disease Control and Prevention (CDC). This Coffee Break presented information about upcoming changes related to Phase 8 of the data collection cycle for PRAMS.
- Effective Monday March 6, 2014 the ASTDD Central Office address will be:**
3858 Cashill Blvd.
Reno, NV. 89509
Telephone and Fax numbers, and e-mail address will remain the same.
- [Collection of Data in Head Start](#) (Feb. 28, 2014)

Basic Screening Survey



▸ Home

▸ About ASTDD

▸ ASTDD Brochure

▸ ASTDD Publications

▸ A-Z Topics

▸ State Programs

▸ Territorial Programs

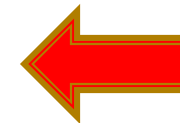
▸ Federal Agencies

▸ National Organizations



ASTDD Basic Screening Surveys

- [ASTDD Basic Screening Survey for Children Planning and Implementation Packet](#)
- [ASTDD Basic Screening Survey for Older Adults Planning and Implementation Packet](#)
- Reference Documents
 - [IRB, HIPAA and Oral Health Surveys](#)
 - [The Basic Screening Survey - A tool for Oral Health Surveillance not Research;](#)
 - [National School Lunch Program \(NSLP\), Family Education Rights Privacy Act \(FERPA\), Protection of Pupil Rights Act \(PPRA\)](#)
 - [Guidance on Selecting a Sample For a School-Based Oral Health Survey](#)
 - [Technical Assistance Request Form](#)
 - [Guidance on How to Analyze Data From a School-Based Oral Health Survey](#)
 - [Oral Health Data and Surveillance Resources](#)
 - [Budget for the Basic Screening Survey](#)



Basic Screening Survey

ASTDD Basic Screening Survey for Older Adults Planning and Implementation Packet

Order Basic Screening Survey for Older Adults Packets Online

This packet, which consists of a CD and DVD, includes all the information you will need to plan and conduct a Basic Screening Survey of high risk older adults at congregate meal sites or long-term care facilities. We recommend that each organization conducting a BSS order 1 complete packet. The CD and DVD may be replicated if you need additional copies.

The CD contains:

- ▶ BSS Manual; A step by step guide for the process of conducting an oral health survey of older adults.
- ▶ Information on the impact of HIPAA and IRB review on oral health surveys. This is a short synopsis that gives general guidance and resources on IRB review and HIPAA compliance in terms of oral health surveys.
- ▶ The Basic Screening Survey - A tool for Oral Health Surveillance not Research. A short description of the BSS tool and its use in oral health surveillance.

The DVD contains:

- ▶ Examiner training video for dental professionals

http://www.astdd.org/state-programs/



Association of State & Territorial Dental Directors

3858 Cashill Blvd., Reno, NV 89509

Phone 775-626-5008 Fax 775-626-9268



Home

About ASTDD

ASTDD Brochure

ASTDD Publications

A-Z Topics

State Programs

Territorial Programs

Federal Agencies

National Organizations

Membership Roster

Member Benefits

Members Only

Membership Renewal

Job Opportunities



State Oral Health Programs

Governmental Oral Health Programs in each state are diverse in size, location in the bureaucracy, funding, staffing and focus. This page provides links to separate pages for each state that include:

- 1) Contact information for the state dental director or ASTDD representative
- 2) Description of the oral health program and links to various state profiles
- 3) Links to a website, newsletters and oral health plan if available
- 4) Links to dental summit and Head Start oral health forum reports and other state-specific reports

[Alabama](#)

[Alaska](#)

[Arizona](#)

[Arkansas](#)

[California](#)

[Colorado](#)

[Connecticut](#)

[Delaware](#)

[District of Columbia](#)

[Florida](#)

[Georgia](#)

[Hawaii](#)

[Idaho](#)

[Illinois](#)

[Indiana](#)

[Iowa](#)

[Kansas](#)

[Kentucky](#)

[Louisiana](#)

[Maine](#)

[Maryland](#)

[Massachusetts](#)

[Michigan](#)

[Minnesota](#)

[Mississippi](#)

[Missouri](#)

[Montana](#)

[Nebraska](#)

[Nevada](#)

[New Hampshire](#)

[New Jersey](#)

[New Mexico](#)

[New York](#)

[North Carolina](#)

[North Dakota](#)

[Ohio](#)

[Oklahoma](#)

[Oregon](#)

[Pennsylvania](#)

[Rhode Island](#)

[South Carolina](#)

[South Dakota](#)

[Tennessee](#)

[Texas](#)

[Utah](#)

[Vermont](#)

[Virginia](#)

[Washington](#)

[West Virginia](#)

[Wisconsin](#)

[Wyoming](#)

www.cdc.gov/oralhealth/state_programs/states/index.htm

CDC Home

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

Division of Oral Health

Oral Health home

School-Based Dental Sealant Programs

Community Water Fluoridation

Infection Control in Dental Settings

Children's Oral Health

Adult Oral Health

Periodontal Disease

Oral Cancer

Disparities in Oral Health

Data Applications

State-Based Oral Health Programs

CDC Funded States

Infrastructure Development Tools

State-by-State Reports

State Oral Health Plans

► State-by-State Reports

Tips for Writing an Effective Success Story

Guidelines & Recommendations

Publications

About the Division of Oral Health

Oral Health Strategic Plan for 2011-2014

Funding Opportunities Announcement

Site Index

Oral Health home > State-Based Oral Health Programs > State Oral Health Plans

 Recommend

 Tweet 1

 Share

State-by-State Reports

Oral Health Information by State and Territory

Alabama	Illinois	Montana	Republic of Palau
Alaska	Indiana	Nebraska	Rhode Island
Arizona	Iowa	Nevada	South Carolina
Arkansas	Kansas	New Hampshire	South Dakota
California	Kentucky	New Jersey	Tennessee
Colorado	Louisiana	New Mexico	Texas
Connecticut	Maine	New York	Utah
Delaware	Maryland	North Carolina	Vermont
District of Columbia	Massachusetts	North Dakota	Virginia
Florida	Michigan	Ohio	Washington
Georgia	Minnesota	Oklahoma	West Virginia
Hawaii	Mississippi	Oregon	Wisconsin
Idaho	Missouri	Pennsylvania	Wyoming

 Email page link

 Print page

Contact Us:

Centers for Disease Control and Prevention
Division of Oral Health
Mail Stop F-80
4770 Buford Highway NE
Atlanta, GA 30341
800-CDC-INFO (800-232-4636)
TTY: (888) 232-6348
8am-8pm ET
Monday-Friday
Closed Holidays
[Contact CDC-INFO](#)

More State Information

[Cooperative Agreement Recipients](#)

[State Oral Health Plans](#)

[Infrastructure Development Tools](#)

[Oral Health Data Systems](#)

 Email

 Print

Page last reviewed: July 10, 2013
Page last updated: July 10, 2013
Content source: Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion

Home

A-Z Index

Policies


Using this Site

Link to Us

CDC Mobile

Contact CDC

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)

USA.gov
Government Made Easy



<http://www.cdc.gov/nohss/>

NOHSS (National Oral Health Surveillance System)



Oral Health Resources

[Oral Health Home](#) | [Contact Us](#)

Oral Health Indicators

[Contact Us](#)

- **Dental Visit**. Adults aged 18+ who have visited a dentist or dental clinic in the past year.
- **Teeth Cleaning**. Adults aged 18+ who have had their teeth cleaned in the past year (among adults with natural teeth who have ever visited a dentist or dental clinic).
- **Complete Tooth Loss**. Adults aged 65+ who have lost all of their natural teeth due to tooth decay or gum disease.
- **Lost 6 or More Teeth**. Adults aged 65+ who have lost six or more teeth due to tooth decay or gum disease.
- **Fluoridation Status**. Percentage of people served by public water systems who receive fluoridated water.
- **Caries Experience**. Percentage of 3rd grade students with caries experience, including treated and untreated tooth decay.
- **Untreated Tooth Decay**. Percentage of 3rd grade students with untreated tooth decay.
- **Dental Sealants**. Percentage of 3rd grade students with dental sealants on at least one permanent molar tooth.
- **Cancer of the Oral Cavity and Pharynx**. Oral and pharyngeal cancer comprises a diverse group of malignant tumors that affect the oral cavity and pharynx (mouth and throat).



This system was developed with the collaboration of the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Dental Directors (ASTDD).

Page last reviewed: August 11, 2010

Page last modified: August 11, 2010

Content Source: Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion

[Privacy Policy](#) | [Accessibility](#)

[Home](#) | [Glossary](#) | [Related Links](#) | [Contact Us](#)

United States Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Oral Health

Oral Cancer Data

- American Cancer Society
- NIH National Cancer Institute
- CDC National Program of Cancer Registries
- U.S. Cancer Statistics
- State contact and state vital statistics
- (links in Older Adult Surveillance Data Template)

National Cancer Institute

<http://statecancerprofiles.cancer.gov>



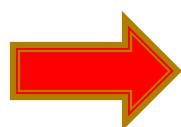
State Cancer Profiles

Dynamic views of cancer statistics for prioritizing cancer control efforts in the nation, states, and counties

Help us improve!
Contact us with
feedback.



Profiles Home



Quick Profiles

Area:

Cancer:

Comparison Tables



[Rate/Trend Comparisons](#)

set higher priority for cancer control when rates are high or rising
[learn more...](#)

- [Prioritize cancer sites](#) for a specific state or county
- [Prioritize states or counties](#) for a specific cancer site



[Death Rates](#)

for states or for counties in a state
[learn more...](#)



[Incidence Rates](#)

for states with high quality cancer registries
[learn more...](#)



[Prevalence Projections \(All Sites and Breast Cancer Only\)](#)

for counts, percents and age-adjusted percents
[learn more...](#)

Graphs and Maps



[5-Year Rate Changes](#)

in cancer mortality or incidence for all major cancer sites by user selectable criteria
[learn more...](#)



[Historical Trends](#)

compare trends in cancer mortality and incidence by user selectable criteria
[learn more...](#)



[Comparative Data Display \(Micromaps\)](#)

explore relationships across geography of mortality, incidence, demographics, screening, or risk factors
[learn more...](#)



[Interactive Maps](#)

for states or for counties in a state - mortality, incidence, screening, or risk factor maps
[learn more...](#)

Support Data



[Screening and Risk Factors](#)

estimates by state (or in some cases county) of screening data, risk factors, and smoking laws
[learn more...](#)

- Prevalence percents from behavioral surveys
- Population percents based on smoking laws



[Demographic Data](#)

showing census data for counties and states - expanded data now available
[learn more...](#)



[Peer Counties](#)

identify counties that are comparable based on a user specified criteria
[learn more...](#)



[Cancer Knowledge](#)

national estimates of cancer-related knowledge and awareness of cancer prevention strategies
[learn more...](#)

[Cancer Control P.L.A.N.E.T. Home](#)

New Releases

[Release Summary](#)

2010 SEER Incidence Data (also released in the [Cancer Statistics Review](#))

[2010 Mortality Data](#)

[2010 USCS Incidence Data](#)

[2011 Screening and Risk Factors](#) by race/ethnicity

[Cancer Knowledge Maps](#)

Demographics data from [American Community Survey](#) and [Small Area Health Insurance Estimates](#)

[Healthy People 2020](#)

Help & About

[About this Site](#)

[Quick Reference Guides](#)

[Tutorials](#)

[Interpret Rankings](#)

[Data Use Restrictions](#)

[Low Vision/Accessibility](#)

[Download State Cancer Profiles brochure \(PDF\)](#)

Note: This Web site is best viewed in [Internet Explorer](#) (version 6.0 or higher), [Mozilla/Firefox](#), or [Safari](#) (MAC Users) at a [screen resolution](#) of 1024 by 768 or more.

Links

[State Registry Contacts](#)

[US Cancer Statistics: 2009 Incidence](#)

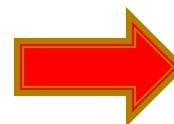
[Resources for Cancer Control:](#)
[Cancercontrolplanet.cancer.gov](#)

[Cancer Progress Report - 2009/2010 Update](#)

[Annual Report to the Nation](#)

[CDC's National Program of Cancer Registries](#)

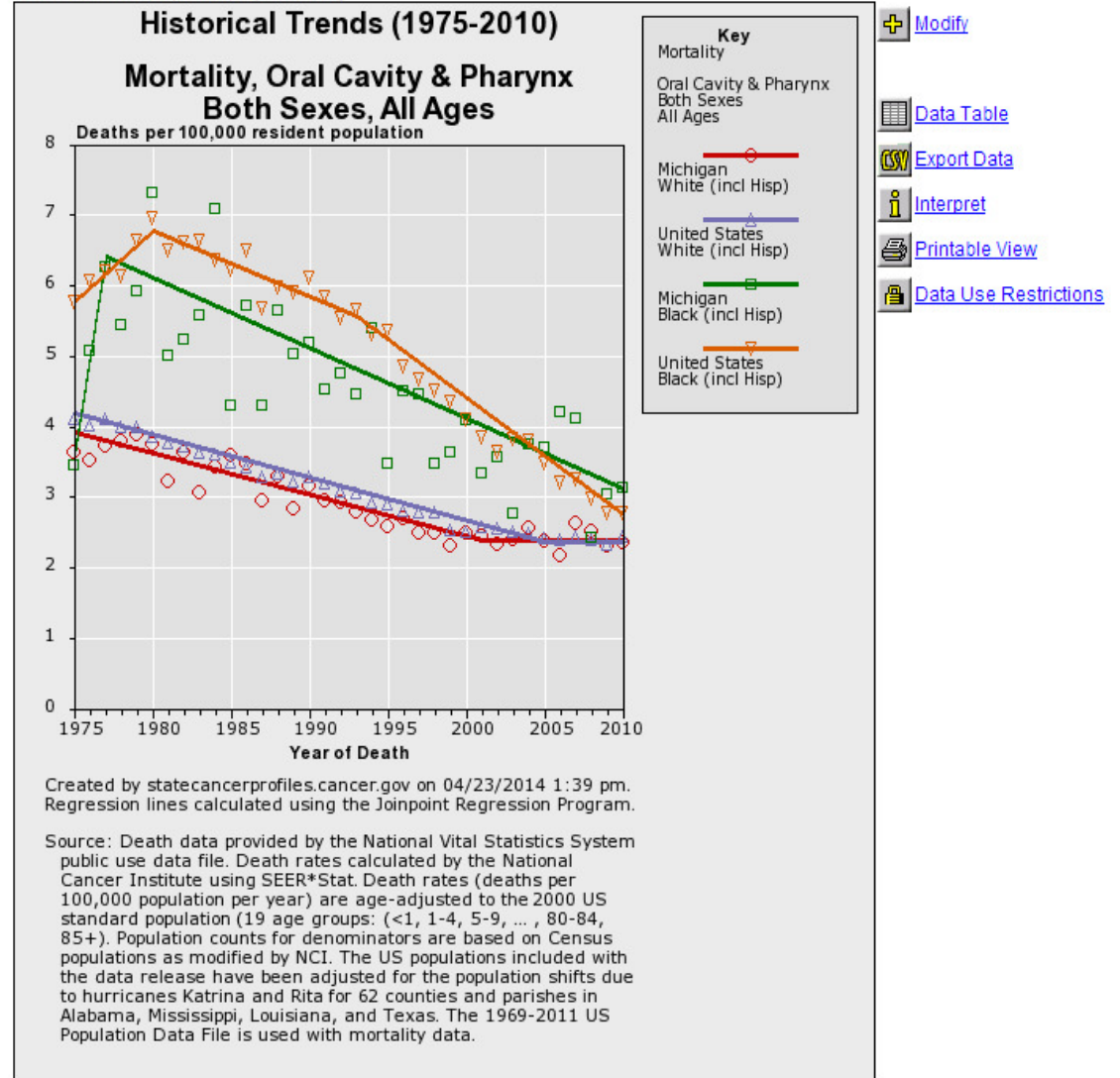
[NCI's SEER - Surveillance, Epidemiology, and](#)



Oral Cancer Data

- <http://statecancerprofiles.cancer.gov>
- NIH National Cancer Institute

Historical Trends (25 Years): Mortality



Nursing Homes/Residents

- American Health Care Association
- www.ahcancal.org
Research and Data tab, LTC Stats (OSCAR data), Nursing Facility Operational and Patient reports
- The Henry J. Kaiser Family Foundation:
<http://kff.org/other/state-indicator/number-of-nursing-facility-beds/>
- Check your state (e.g. Michigan report updated March 2014 on MI DCH website)



Nursing Facility Data



Table 4: Nursing Facility State and Median Occupancy Rate for Certified Beds, December 2013

State	Facilities	Patients	Beds	State Occupancy*	Median Facility Occupancy
US	15,659	1,371,818	1,665,969	82.3%	85.7%
AK	17	498	671	74.2%	87.8%
AL	228	22,779	26,685	85.4%	89.1%
AR	230	17,777	24,419	72.8%	74.8%
AZ	146	11,376	16,479	69.0%	72.6%
CA	1,225	102,220	120,215	85.0%	88.6%
CO	211	15,957	20,359	78.4%	82.2%
CT	231	24,636	27,841	88.5%	91.1%
DC	19	2,569	2,706	94.9%	94.8%
DE	46	4,214	4,986	84.5%	88.9%
FL	687	72,664	82,848	87.7%	90.0%
GA	358	33,924	39,883	85.1%	89.5%
HI	47	3,714	4,065	91.4%	92.7%
IA	444	24,952	31,333	79.6%	80.0%
ID	77	3,915	5,930	66.0%	71.2%
IL	769	72,877	94,018	77.5%	76.7%
IN	516	38,776	50,515	76.8%	73.7%
KS	345	18,389	22,797	80.7%	77.8%

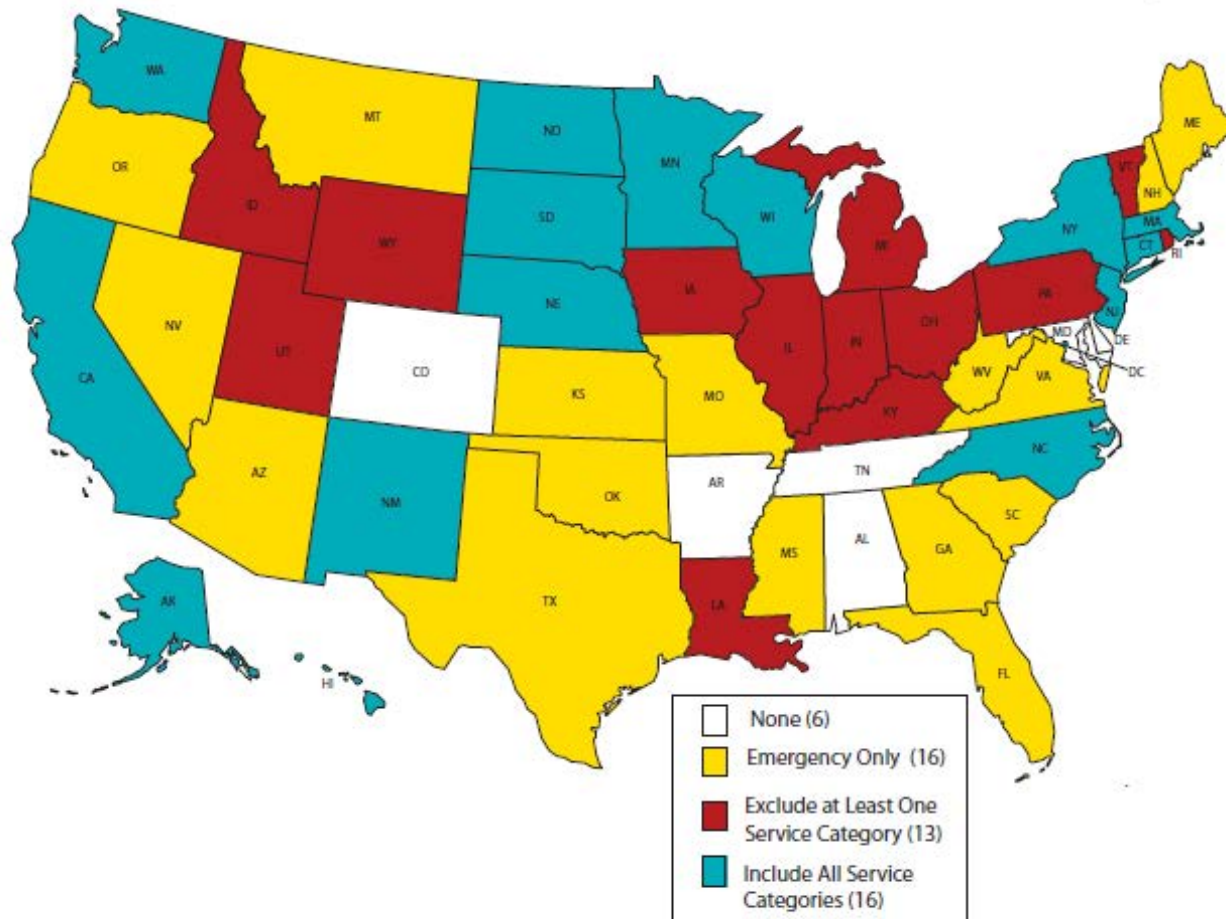
Dental Insurance Data (Medicaid)

- (Nat'l Academy for State Health Policy)
<http://www.nashp.org/publication/medicaid-coverage-adult-dental-services>
- ADA (Barbara)
- Individual state data
 - SOHP
 - State Medicaid

Dental Insurance Data (Medicaid)

MEDICAID COVERAGE OF ADULT DENTAL SERVICES

FIGURE 1: STATE MEDICAID COVERAGE OF ADULT DENTAL BENEFITS FOR ALL COVERED ADULTS, 2007

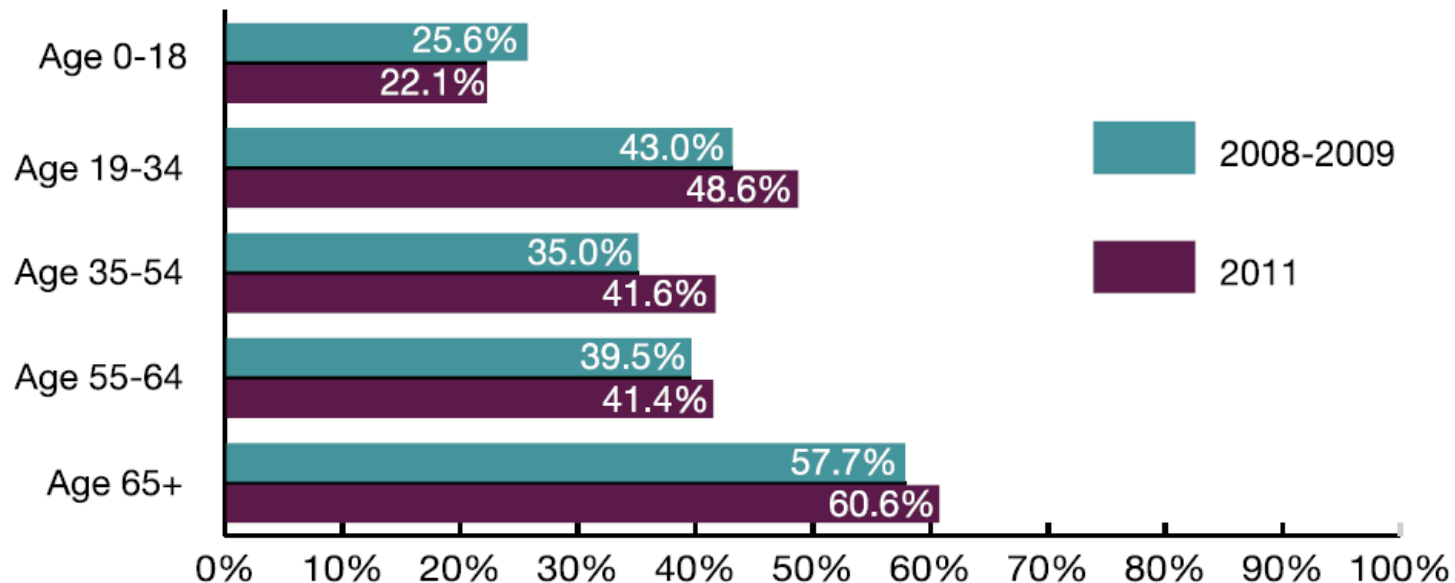


Note: As reflected in Table 1, some states provide enhanced coverage to only specific adult populations.

Data in Context

More Coloradans Over Age 65 Lack Dental Insurance

Dental Uninsured Rates by Age, 2008-2009 and 2011



Two More Data Sources

- HRSA Uniform Data Set
 - By state information on percent of patients 65+, counts of dental visits and dental services at funded Community Health Centers
- ASTDD/CDC State Synopses
 - Workforce, infrastructure and policy indicators, including: number of dentists/hygienists, number of dentists accepting Medicaid, Medicaid dental coverage for adults, number of community based oral health programs,

Topic/Group	Description of Indicator	NOHSS Indicator	HP2020 Indicator	Data Source	Comments:
Older Adults	Demographics			US 2010 Census Data: http://www.census.gov/2010census/	Basic demographic data available at state, county, and community levels. Background document on older adult health – Older Americans 2012 – Key Indicators of Well-Being http://www.agingstats.gov/Main_Site/Data/2012_Documents/docs/EntireChartbook.pdf
Older Adults	Community health, living resources, and quality of life			Community Assessment Survey for Older Adults: http://www.n-r-c.com/what-we-do/survey-products/community-assessment-survey-for-older-adults/	States may have completed a CASOA survey.
Adults	Percent of adults with any dental visit in the past year (aged 18 years and older – can look by age for 65+ estimates) Percent of adults with diabetes having a dental visit in the past year	Added in 1999 Added in 2012	OH-7	Behavioral Risk Factor Surveillance System (BRFSS) www.cdc.gov/brfss The BRFSS has included oral health and diabetes questions in even years since 2002. They are part of the Rotating Core questionnaire. Optional questions can be added at state level – requires SOHP effort. More information may be available from the public use data sets than from the BRFSS web-based data query tools. Data also presented in: Oral Health Maps (Adult Tab): http://apps.nccd.cdc.gov/gisdoh/adult.aspx NOHSS www.cdc.gov/nohss	Note: for state specific BRFSS information, state contacts and links to state websites might be found at: http://www2.cdc.gov/nccdphp/brfss2/coordinator.asp Exact question wording available from BRFSS Web site Questionnaires and from the Dental, Oral and Craniofacial Data Resource Center (DRC) Web site, Survey Questions section. http://drc.hhs.gov and from http://www.cdc.gov/brfss links to “Questionnaires” National data are available from MEPS: www.meps.ahrq.gov/mepsweb/ HP indicator is for children, adolescents and adults (2+years) who received any dental service. Dental, Oral and Craniofacial Data Resource Center http://drc.hhs.gov/dqs.htm Can query “Dental Visits”, which provides access to MEPS (national) data (to 2009) to query on different types of services and population subgroups. More detail available from queries on “Dental Services”, other indicators in DQS.

ASTDD Resource

<http://www.astdd.org/docs/oral-health-data-used-for-policy-05-12-2012.pdf>



Using Oral Health Data to Inform Decisions and Policy Development May 2012

Oral Health Survey Reports

Oral health data obtained through in-mouth surveys using the Basic Screening Survey (BSS) methodology can provide the framework for a powerful policy development tool (www.astdd.org/basic-screening-survey-tool/). Using this type of data to inform decisions and policy, however, requires a clear and concise presentation to make the information both understandable and meaningful for a non-dental professional. Following are some tips for the use and presentation of complex oral health data.

- Oral health survey data should be reported within 6-12 months of data collection; the sooner the better. Advocates and legislators want current information.
- Develop a written communication plan that clearly describes when and how the information will be distributed. The National Association of City and County

Useful Resource:

Making Data Talk – A Workbook

www.cancer.gov/cancertopics/cancerlibrary/MDT-Workbook.pdf

Examples of How SOHPs Address Older Adults' Needs

In **Colorado**, the SOHP sets goals for seniors in areas such as financing, systems of care and health promotion.

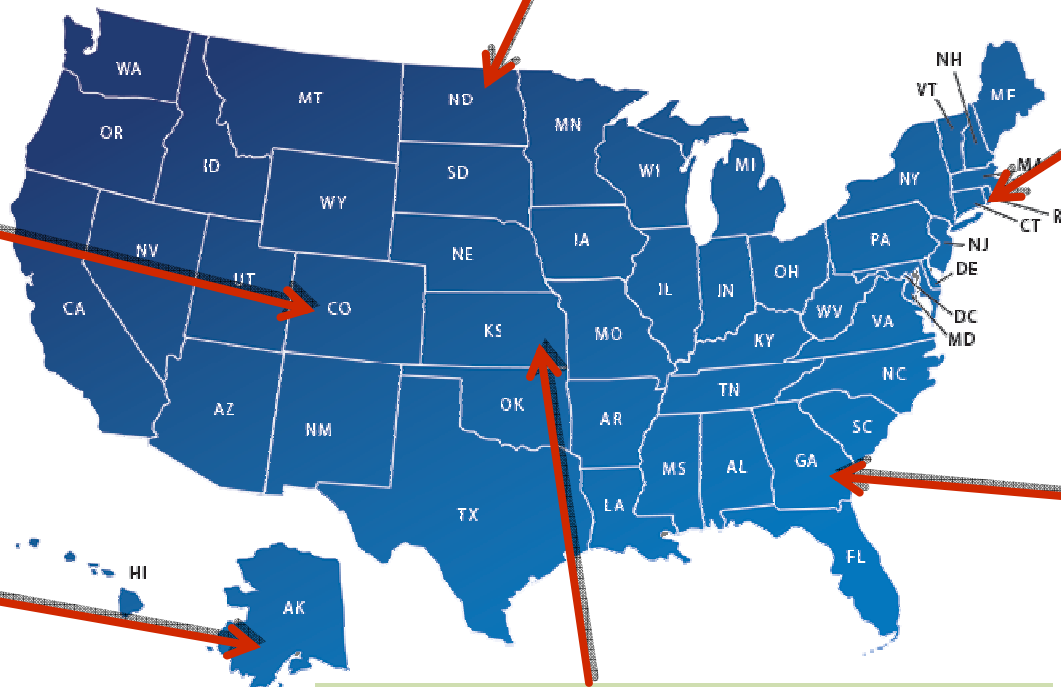
The **Alaska** SOHP devotes a full section to both the data on and the challenges faced by people ages 65 or older.

One of **North Dakota's** SOHP priorities is to increase the percentage of seniors who receive dental services.

Connecticut's SOHP has a separate Oral Health Action Plan that targets the needs of older adults.

One of **Georgia's** 8 recommendations is improving access to adults "with special physical and mental healthcare needs."

Kansas' SOHP calls for strengthening oral health efforts among two populations that include many seniors — those with disabilities and those trying to prevent or manage diabetes, heart disease or stroke.



CDHP Resources:

The Oral Health Policy Profile is a template to assist state oral health programs in monitoring and tracking state oral health policies in three areas:

- Professional policies
- Public policies in laws, regulations, other (*e.g.*, statewide fluoridation mandate)
- Programmatic policies

<https://www.cdhp.org/resources/306-oral-health-policy-profile>

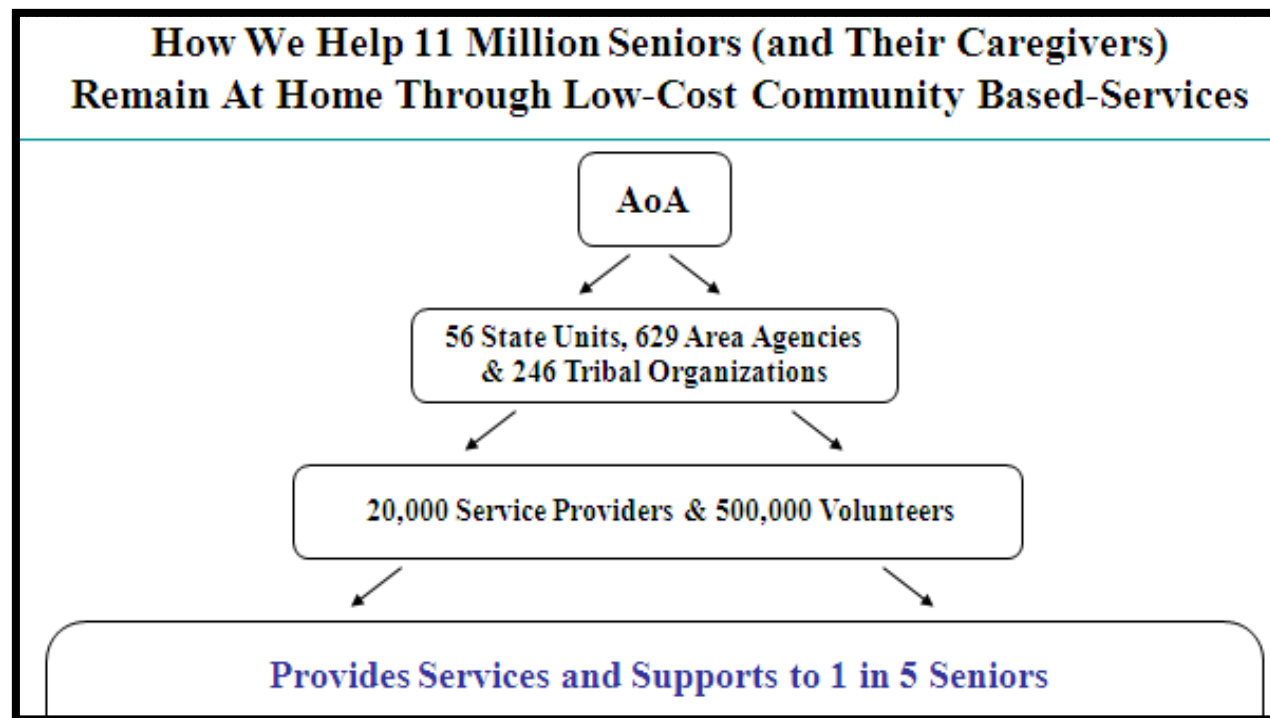
The State Oral Health Plan Comparison Tool allows you to search 24 content areas and make cross-state comparisons through a relational database.

<https://www.cdhp.org/resources/307-state-oral-health-plan-comparison-tool>

What is the Eldercare Locator?

Public service of U.S. Administration on Aging (AoA)

Provides a single toll-free number (1-800-677-1116) and website (www.eldercare.gov) to get connected with the aging network



Program of All-Inclusive Care for the Elderly (PACE)

PACE provides comprehensive long term services and supports to Medicaid and Medicare enrollees.

PACE Eligibility

Individuals can join PACE if they meet certain conditions:

- Age 55 or older
- Live in the service area of a PACE organization
- Eligible for nursing home care
- Be able to live safely in the community

The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees. Individuals can leave the program at any time.

Program of All-Inclusive Care for the Elderly (PACE)

PACE Benefits

PACE benefits include, but are not limited to, all Medicaid and Medicare covered services:

- Primary Care (including doctor & nursing services)
- Hospital Care
- Medical Specialty Services
- Prescription Drugs
- Nursing Home Care
- Emergency Services
- Home Care
- Physical Therapy
- Occupational Therapy

- Adult Day Care
- Recreational therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory/X-ray Services
- Social Work Counseling
- Transportation

American Dental Association



- Suite of 9 initiatives
- Examples
 - Reduce ER use for dental problems
 - Reduce barriers to provider participation in Medicaid
 - Expansion of community water fluoridation

Long-term Care Initiative

December 09, 2013

Action for Dental Health: Long-term care initiative launched

By Craig Palmer, ADA News staff

Washington—Dr. Merle Nunemaker was quick to report the launch of ADA's Long-term Care Dental Campaign, an Action for Dental Health Initiative.

Action for
DENTALHEALTH →

ADA American Dental Association®

Dentists Providing Care to Nursing Home Residents

- participate in nursing home care and
- prevention programs
 - through local community outreach
 - continuing education
 - training to work in long-term care



*ensure every nursing home resident
who wants and needs dental care
is able to get it*

Goal # 1

- At least ten state dental associations committed to implementing a long-term care program to improve the oral health of nursing home residents by 2015.

Goal # 2

- Through ADA continuing education, train at least 1,000 dentists to provide care in nursing homes by 2020, and increase the number of dentists serving on advisory boards or as dental directors of long-term care facilities.

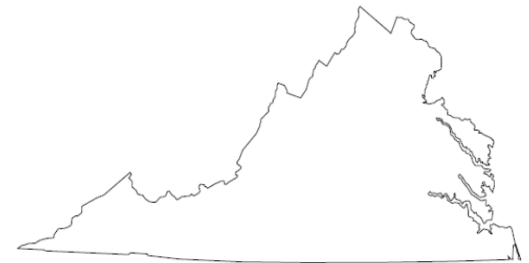
State Dental Association

Examples: LTC initiatives



VIRGINIA: Access to Care Task Force

- Dental Association
- Hygiene Association
- Oral Health Coalition
- Dental Association Foundation
- Health Care Association
- VCU Dental School
- Geriatric Collaborative of Central Virginia
founder



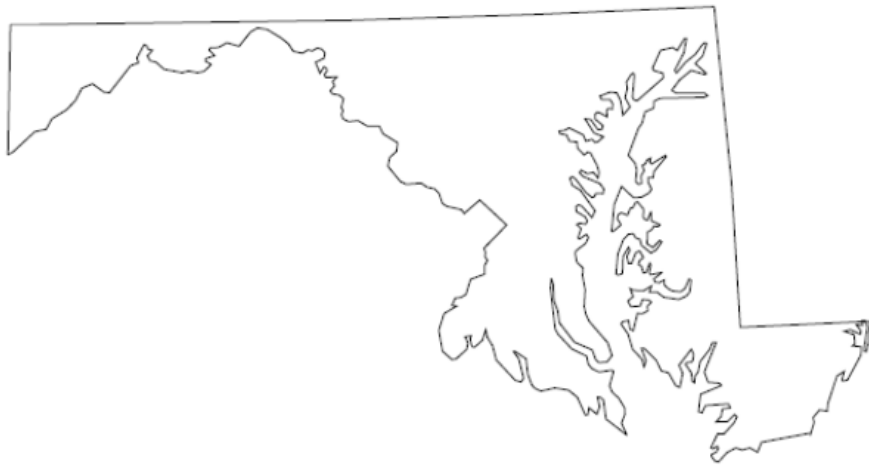
VIRGINIA: LTC initiatives

- Implementation of Teledentistry
 - “Store & forward” technology to streamline care
- Pilot study: dental coordinator nursing home
 - Coordinate preventive & restorative care
- Give Seniors a Smile
 - Richmond area nursing facility
 - Screen residents and provide preventive services

MARYLAND: LTC initiatives

3 phase Pilot project

- State Dental Association
- Dental Hygienists Association
- School of Dentistry
- Office of Oral Health



- CE course to train dental health practitioners
- Training/calibration of dental personnel for statewide measure using BSS for Seniors
- Dental health fairs/ screening in LTC facilities

MARYLAND: LTC initiatives

Rockville Nursing Home

- Inaugural event
- Provided free dental care to residents & staff



Volunteers

ADULT DENTAL BENEFITS IN MEDICAID: 2011 – 2019

ADULT DENTAL BENEFITS IN MEDICAID:

2011 – 2019 Definitions

Definitions of Coverage Categories for Adult Dental Benefits in Medicaid

0. None

1. Emergency (Emerg)

- a. Relief of pain and infection (while many services might be available, care may only be delivered under defined emergency situation)

2. Limited Mix (LM)

- a. A Limited Mix of services and/or a per-person annual expenditure cap of \$1,000 or less. Benchmark being less than 100 services out of the approx 600 recognized services (per ADA-CDT)
- b. **VLM**-Very Limited Mix describes states with exceptionally limited services

3. Comprehensive Mix (CM)

- a. A more comprehensive mix of services, annual spending cap per patient cap is reasonable (i.e. over \$1,000). Benchmark being over 100 services out of the approx 600 recognized services (per ADA-CDT)

4. Full

- a. No limits on services provided; full coverage
-

ADULT DENTAL BENEFITS IN MEDICAID: 2011 – 2019

States “Snapshot”

ADULT ⁱ DENTAL BENEFITS IN MEDICAID: 2011 - 2019									
	2011	2012	2013	2014	2015	2016	2017	2018	2019
<u>Alabama</u>	None								
<u>Alaska</u>	CM								
<u>Arizona</u>	Emerg								
<u>Arkansas</u>	LM								
<u>California</u>	Emerg								
<u>Colorado</u>	Emerg*								
<u>Connecticut</u>	CM								
<u>Delaware</u>	None								
<u>Florida</u>	Emerg								
<u>Georgia</u>	Emerg								
<u>Hawaii</u>	Emerg								
<u>Idaho</u>	Emerg								
<u>Illinois</u>	Emerg								
<u>Indiana</u>	LM								
<u>Iowa</u>	CM								
<u>Kansas</u>	Emerg								
<u>Kentucky</u>	LM								

Updated: 4/2014 *CO-enacted improvement (2014) - pending full adoption of program

ADULT DENTAL BENEFITS IN MEDICAID: 2011 – 2019

States “Snapshot”

	2011	2012	2013	2014
<u>New Mexico</u>	CM			
<u>New York</u>	CM			
<u>N Carolina</u>	CM			
<u>N Dakota</u>	CM			
<u>Ohio</u>	CM			
<u>Oklahoma</u>	None			
<u>Oregon</u>	CM			
<u>Pennsylvania</u>	LM			
<u>Rhode Island</u>	CM			
<u>S Carolina</u>	Emerg			
<u>S Dakota</u>	CM	LM		
<u>Tennessee</u>	None			
<u>Texas</u>	Emerg			
<u>Utah</u>	None			
<u>Vermont</u>	LM			
<u>Virginia</u>	LM			
<u>Washington</u>	Emerg			LM

ADULT DENTAL BENEFITS IN MEDICAID: 2011 – 2019

States Totals

	2011	2012	2013	2014
Full	0	0	0	0
Comp Mix	12	11	11	11
Limited Mix	15	16	16	17
Emergency Only	18	18	18	17
None	6	6	6	6

ADULT DENTAL BENEFITS IN MEDICAID: 2011 – 2019

State Specific Resources

Massachusetts:

<http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/provider-manual/dental-manual.html> (subchapter 6)

<https://masshealth-dental.net/ORM/MassHealth.pdf>

[Return to Top](#)

Michigan:

http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-150940--,00.html

Effective for dates of service on and after October 1, 2010, MDCH is reinstating the adult dental benefit for Medicaid beneficiaries age 21 and older. The Michigan Legislature approved the MDCH fiscal year 2011 budget with language that restores adult dental benefit services to the level of coverage that was available on October 1, 2002. Routine examinations, prophylaxis, restorations and dentures will now be covered. Some services may require prior authorization before treatment is rendered. Pages 325-337 of the Medicaid Provider Manual (pages 9-21 of Dental chapter) list all covered and non-covered services provided.

[Return to Top](#)

Data to Affect Policy Change

- Brochure (template on ASTDD.org)
- Fact sheet (template emailed to participants)
- SOHP or Health Data website – briefs?
- Messages: other chronic disease advocates
- Communication strategy – depends on targeted audience (legislators, public, providers)
- Senior Summit
- Public Will building – awareness, funds to conduct specific data collection
- Incorporate strategies in state oral health plan
- Evaluate efforts using data as baseline data

Policy



COMMUNICATION PLAN FOR STATE ORAL HEALTH PROGRAMS GOAL-SPECIFIC

INSTRUCTIONS: Prepare one plan for each goal.

Problem Statement	60% of seniors aged 65 and older do not have dental insurance.
Goal	Increase the number of seniors with dental insurance,
Target Audience(s)	Legislators, state oral health coalition, state dental and dental hygiene Assoc, local AAA's, foundation
Objectives	1. Identify GF dollars to develop a senior-specific oral health benefit for low income seniors; 2. Identify potential legislative sponsor
Key Messages	Seniors are retaining their natural teeth; oral health related to systemic health; <u>QoL</u> issues
Planned Channels and Materials	Newspaper editorials; tri-fold brochure, fact sheets; Day at the Capital
Plan for Pre-testing Messages and Materials	Oral health coalition lobbyist
Planned Activities and Timelines	Oral Health coalition convenes senior summit by end of 2014; draft legislation;
Evaluation Design, Methods and Measures	
Responsible Parties and Partnerships	
Budget/Resources Needed	

Completed Template - example

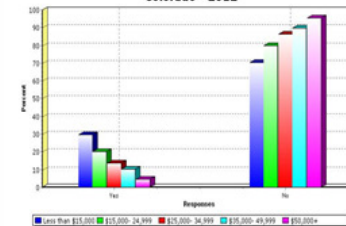


COLORADO SENIOR SMILES

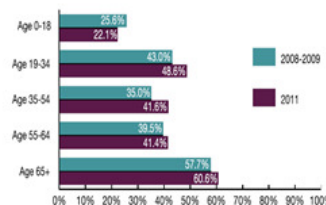
Key Facts about Senior Oral Health in Colorado

- Over 60% of seniors 65+ do not have dental insurance
- Over 50% of low-income seniors have lost all their natural teeth
- Seniors are the fastest growing segment of the population
- Oral health is vital to well-being and quality of life, but barriers exist

Adults aged 65+ with all natural teeth extracted
Colorado - 2012



Dental Uninsured Rates by Age, 2008-2009 and 2011



Age in and of itself is not a dominant or sole factor in determining oral health. However, certain medical conditions, such as arthritis in the hands and fingers, may make brushing or flossing teeth difficult to impossible to perform. Drugs can also affect oral health and may make a change in dental treatment necessary.

What Program/Policy Changes are Needed – Options

- Increase availability of dental insurance for low-income seniors and those on fixed incomes; add adult/senior dental benefits to Medicaid
- Connect local dentists with nursing homes in their practice areas to provide screenings, treatment, and staff/caregiver education