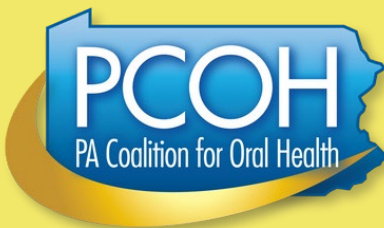


2023 PA ORAL HEALTH SUMMIT:
PAVING THE ROAD TO EQUITY

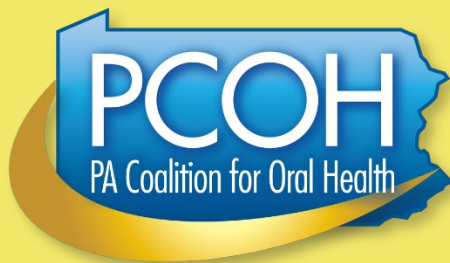
November 15-17, 2023
Harrisburg, PA



Welcome

Jess Rhodes
Board Chair

PA Coalition for Oral Health





Logistics

Needs

Rules of Engagement

Jamboard

Let's Go!



**Thank You to Our 2023
Prime Event Sponsor**

 **HIGHMARK.**
FOUNDATION

United **Concordia**
dentalSM

**Thank You to Our 2023
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- Dr. Joan Gluch
- Dr. Joseph Greenberg
- Katie Noss
- Kelly Braun
- Kristin Haegele Hill
- Mindy Diggan
- Sarah Goard
- Dr. Sean Boynes
- Shannon McDonald

*Thank!
You!*

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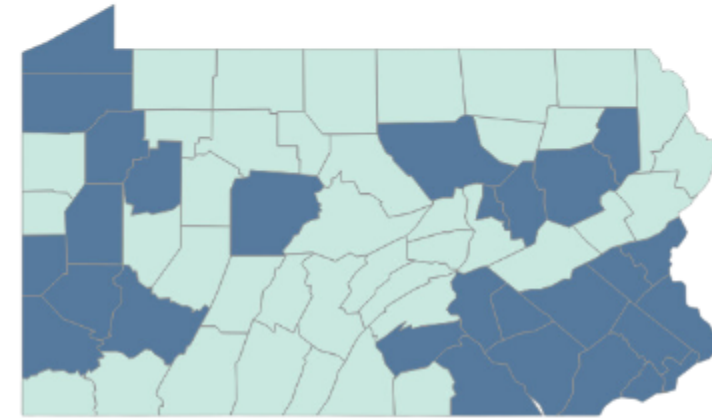
- Dr. Stephanie Gill
- Micah Gursky
- Julie Lentes

Who's in the room?

135 attendees
staff &
presenters

62 Dental
providers

31 Pennsylvania
counties
represented



7 States
represented



30 seconds each:

- Name, Organization, Geographic Region
- What do you consider your hometown?

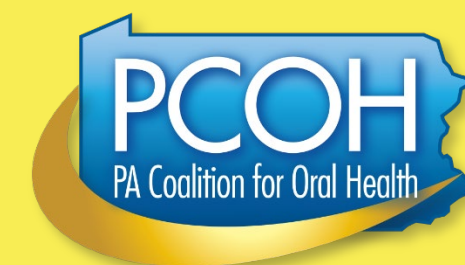
Let's hear from:

Cindy Findley

Deputy Secretary

Health Promotion and Disease Prevention

Pennsylvania Department of Health

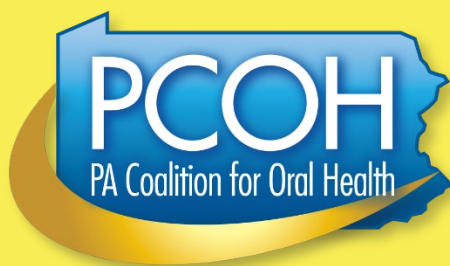


Let's hear from:

Tensae Getz

Pennsylvania Department of Health

Office of Health Equity



WELCOME



Tackling Health Disparities Across The Commonwealth

Pennsylvania Department of Health

Office of Health Equity

Office of Health Equity Mission

Provide leadership to promote public awareness of health disparities, advocate for programs to eliminate health disparities, and collaborate with stakeholders to achieve measurable and sustainable improvement in health status of underrepresented populations.

PIHET & Antiracism Task Force

Pennsylvania Interagency Health Equity Team (PIHET)

We convene Commonwealth leaders to end health disparities by building capacity for equitable policies and programs, cultivating strategic partnerships, and sharing relevant models for action.

Includes numerous Pennsylvania Departments on this team such as PA Department of Transportation and Pennsylvania Department of Human Services

Antiracism and Health Equity Task Force

The purpose of the Antiracism and Health Equity Task Force is to lead the Department of Health's efforts to become an antiracist institution, mindful of historically disinvested communities; to achieve equity and inclusion for all staff and health equity in the commonwealth.

Regional HEAT Committee Creation



**Current
Regional
HEAT
Count:
380**
internal
and
external
members

Statewide HEAT Committee Creation

- Meets virtually via Microsoft TEAMS every other Thursday from 10a-11a.
- Partners consist of academia, healthcare professionals, state agencies, non-profit organizations, foundations, faith-based organizations and more.
- This group encompasses over 500+ individuals across the state with between 85-115 of those individuals joining each meeting

Partnership and Collaboration

Nonprofit and Faith Based Partnership

The OHE is working to expand upon existing partnerships, as well as forging new ones, to address the needs of the most vulnerable communities throughout Pennsylvania. There are several initiatives underway and being prepared for implementation.

Rural Pennsylvania Outreach Partnership

Please see below for a resource developed by the Pennsylvania Office of Rural Health for leaders and members of faith-based communities regarding mitigation of COVID-19:

[Rural Pennsylvania COVID-19 Faith Toolkit](#)

CLAS

Culturally Linguistic Appropriate Standards is a means to improve cultural competency.

- Our goal with CLAS is to help reduce health disparities and achieve health equity in our Department
- OHE has internal CLAS Taskforce with various key objectives

CLAS Standards Toolkit

The purpose of this toolkit is to enable organizations to provide resources to implement the National CLAS Standards and improve health equity. As of 2021 the CLAS Toolkit has an external document.

Find the CLAS Toolkit in our Office of Health Equity Website
[Health Equity \(pa.gov\)](#)

Implicit and Explicit Bias

Racism and biases, implicit or explicit, negatively impact and exacerbate health inequities among historically marginalized communities.

To address implicit bias in Pennsylvania, the OHE is getting ready to deploy a **statewide training** on the topic to all healthcare professionals.

The OHE also built a [tool kit](#) that will be accessed on the DOH website for all organizations. This toolkit was recently publicly released and includes insight into various topics surrounding implicit and explicit bias.



SAVE THE DATE

2024
Health Equity
Summit

Harrisburg, PA

April 4 & 5, 2024





Tensae Getz

Healthcare Opportunity Initiative
Coordinator

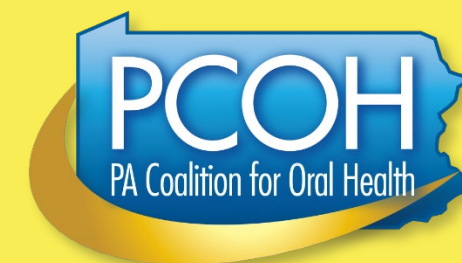
Office of Health Equity

c-tgertz@pa.gov

Let's hear from:

Secretary Valerie Arkoosh

Pennsylvania Department of Human Services



Let's hear from:

Dr. Margaret Larkins-Pettigrew

SVP/Chief Clinical Diversity, Equity & Inclusion Officer,

Allegheny Health Network/Highmark

Academic Chair of Obstetrics/Gynecology at Drexel University

Author

Reflections of Equity Through Inclusive Practices

Margaret Larkins-Pettigrew, MD, MEd, MPPM, FACOG
SVP, Enterprise Chief Clinical Diversity, Equity & Inclusion Officer
Enterprise Equitable Health Institute
Professor and Academic Chair of Obstetrics and Gynecology Drexel
University College of Medicine

Agenda

1. The Existential Question (Why are we here?)
2. Policy and Practices that reflect Diversity, Equity, and Inclusion
3. Defining Diversity, Equity, and Inclusion
4. Introduction to the New IQ (New Inclusion Quotient)
5. Focus on Inclusive Habits/Behaviors
6. Group Engagement - Word Cloud

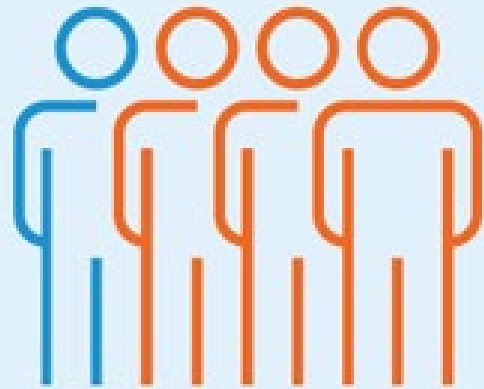
The Why

During this interactive group learning session, you will actively engage in **defining equity & inclusion as a priority for your workplace.**

Our goals for these sessions include:

1. Enhancing collegiality and team effort
2. Outlining current policy and practices that reflect dignity and respect
3. Highlighting initiatives that focus on inclusion and foster inclusive habitats
 - The New Inclusion Quotient (*i.e.*, fair, open, cooperative, supportive and empowering) that supports equitable decisions

Did you know!



Black and Hispanic respondents reported that they had **never been to a dentist** at **more than 3x** the rate of white respondents.



Male respondents reported that they had **never been to a dentist** at **more than 2x** the rate of female respondents.

According to recent CareQuest Institute research:

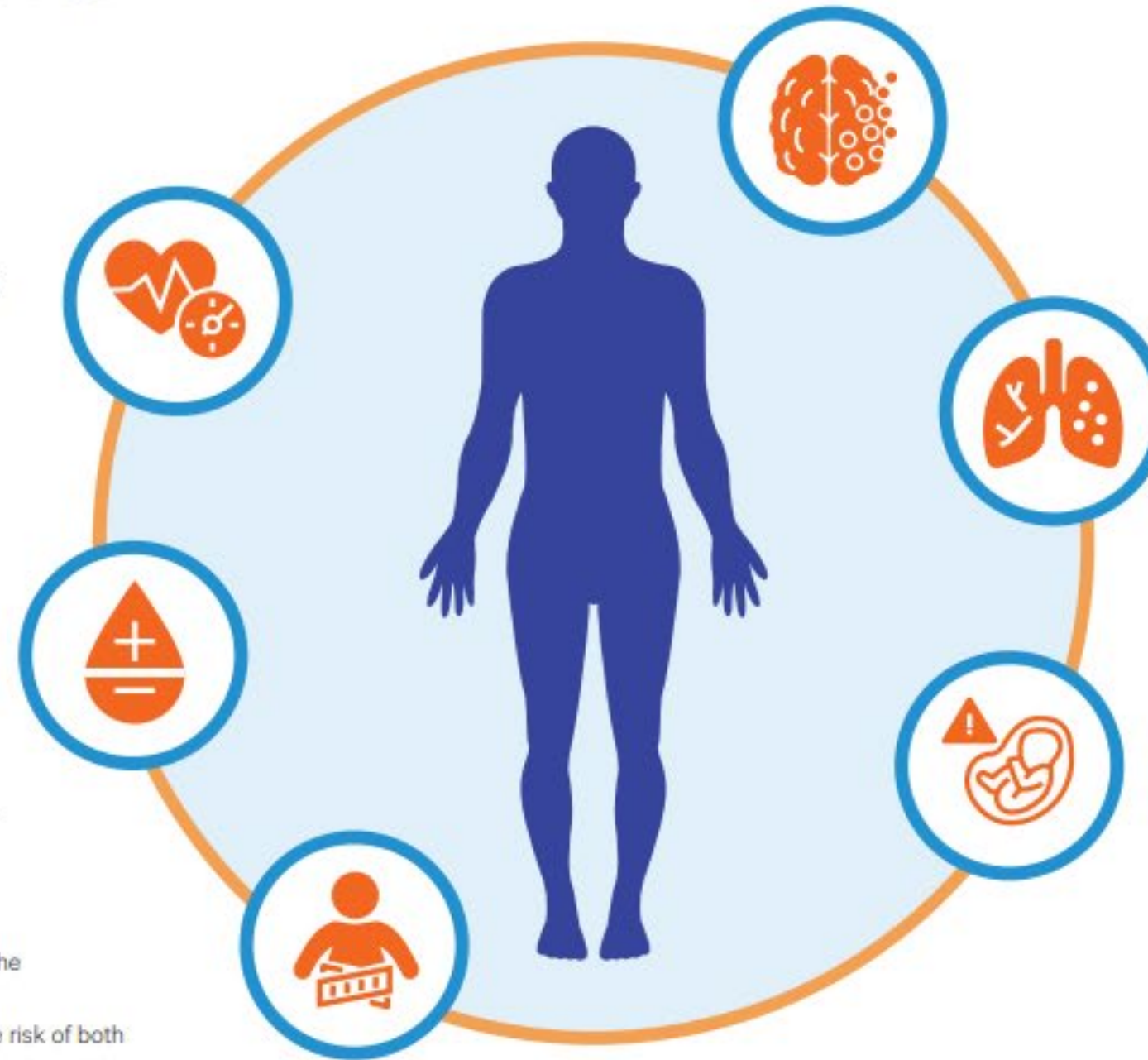
- Black adults are 68% more likely to have an unmet dental need than white adults.
- Latino adults are 52% more likely than white adults to report having difficulty doing their job due to poor oral health.
- Black and Hispanic respondents reported that they had never been to a dentist at more than 3x the rate of white respondents.
- CareQuest Equity of Oral Health 2023

Academic Training

- Dental schools are more diverse than they have ever been.
 - The total share of female students enrolled in predoctoral dental education programs rose from 50.5% in 2018-19 to 55.5% in 2022-23
 - The total share of students who are a racial/ethnic minority grew from 41.9% to 44.8% in that same timeframe, while the total share of white students dropped from 51.1% to 48.2%.
 - The share of first-year Asian and Hispanic dental students increased between 2005 and 2020, The share of Black students stayed roughly the same
 - The percentage of female enrollees in advanced programs also varies significantly by specialty.
-
- Tufts University School of Dental Medicine
 - The University of Colorado School of Dental Medicine,
 - ADA Health Policy Institute's Survey of Dental Education, administered on behalf of the Commission on Dental Accreditation.

Impacts Beyond the Mouth

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:



High Blood Pressure

- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 86%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸

Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴

CareQuest
Institute for Oral Health

Sources

1. Orskovic, NM et al. (2017). Oral health status and longitudinal cardiometabolic risk in a national sample of young adults. *Journal of the American Dental Association*, 148(12), 930-935.
2. Pietropaoli D, et al. Poor Oral Health and Blood Pressure Control among US Hypertensive Adults: Results from the National Health and Nutrition Examination Survey 2009 to 2014. *Hypertension*. 2018 Dec; 72(6): 1365-1373. Müller F. Oral Hygiene Reduces the Mortality from Aspiration Pneumonia in Frail Elders. *Journal of Dental Research*. 2015 Mar; 94(3 Suppl.): 145-165.
3. Preshaw PM, Bissett SM. Periodontitis and diabetes. *British Dental Journal*. 2019; 227: 577-584; Teeuw WJ, et al. Effect of periodontal treatment on glycemic control of diabetic patients: A systematic review and meta-analysis. *Diabetes Care*. 2010 Feb; 33(2): 421-427.
4. Baranowski M.J, et al. Diabetes in dental practice—review of literature. *Journal of Education, Health and Sport*. 2019; 9(2): 264-274.
5. Furuta M, et al. (2020). Longitudinal associations of toothbrushing with obesity and hyperglycemia. *Journal of Epidemiology*, JE20190965.
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11. Müller F. Oral Hygiene Reduces the Mortality from Aspiration Pneumonia in Frail Elders. *Journal of Dental Research*. 2015 Mar; 94(3 Suppl.): 145-165.
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13. Munro S, Baker D. 2018. Reducing missed oral care opportunities to prevent non-ventilator associated hospital acquired pneumonia at the Department of Veterans Affairs. *Applied Nursing Research*, 2018; 44: 48-53.
14. Daslderop LA, et al. Periodontal Disease and Pregnancy Outcomes: Overview of Systematic Reviews. *Journal of Dental Research Clinical and Translational Research*. 2018; 3(7): 10-27.

Suggested Citation:

CareQuest Institute for Oral Health. *Impacts Beyond the Mouth*. Boston, MA; June 2020. DOI: 10.35565/CQI2020.4002

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Policy

- Political Determinants of ***“HEALTH”***
- Ultimately results in
- Social Determinants of ***“LIFE”***



Policies

Enterprise

- 13.27 Nondiscrimination (POL- 4440124)
- 13.26 Nondiscrimination Grievance (POL- 4440120)
- 20.16 Harassment & Unwelcome Conduct (POL- 4441395)
- Reporting Harassment & Unwelcome Conduct (POL- 4441397)
- 20.20 Non-Retaliation (POL- 4408431)
- 20.11 Employment and Equal Opportunity (POL – 4408340)

AHN

- Civil Rights/Nondiscrimination in the Provision of Health-Related Services #6971870 (POL- 4444257)
- Harassment and Unwelcome Conduct #9414427
- Code of Conduct for Patients and Visitors (POL- 4442381)
- Standards of Conduct (POL- 4427814)



The Institute's Principles

- ✓ **Collaborating** with internal and external partners.
- ✓ **Advocating** for equitable access for our communities.
- ✓ **Creating dialogue** about structures of inequality.
- ✓ **Increasing access** to educational, research, and professional opportunities.
- ✓ **Increasing transparency.**



WHAT IS DEI?

Diversity

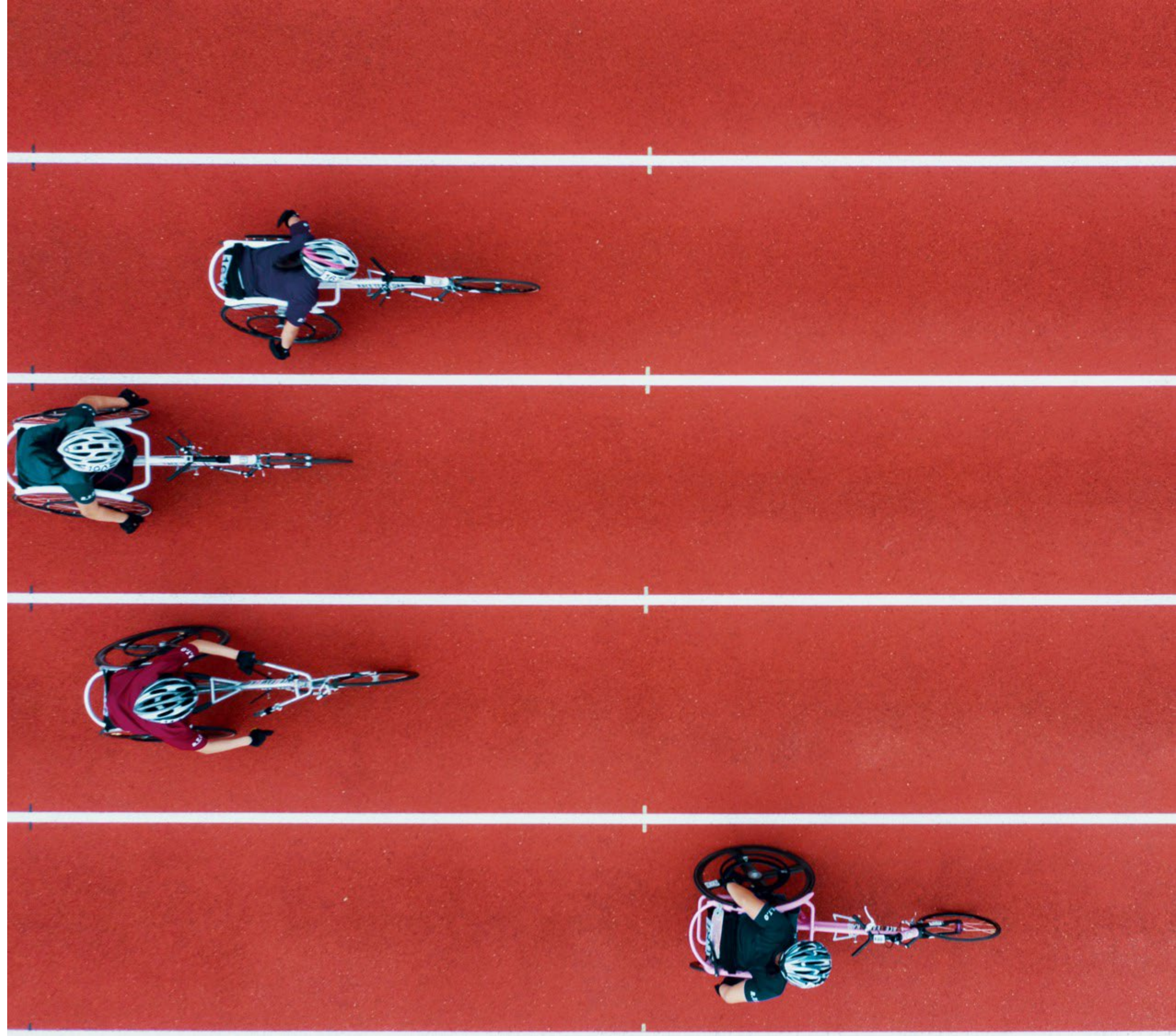
The range of characteristics, seen and unseen, innate or acquired, that exist in groups, like gender identity, race, ethnicity, and military, veteran, LGBTQIA+, or disability status.



WHAT IS DEI?

Equity

Making sure everyone has access to the same opportunities, based on acknowledging unequal starting places to correct and address the imbalance.



Equality



Equity



WHAT IS DEI?

Inclusion

The practice of making all feel welcome and comfortable being their authentic selves with equal opportunity to connect, grow, contribute, and advance their skill sets and careers.





Cultural Competence and Cultural Humility

What's the Difference?

Cultural Competence

- Mastery/expert
- End point
- Rigid
- Technical
- Hierarchy
- Linear
- Status quo

Cultural Humility

- Learner/student
- Fluid
- Flexible, dynamic
- Personal, authentic
- Partnership
- Evolving
- Path to Equity

Four Pillars of Cultural Humility

1. A lifelong process of critical self-reflection and self-critique
2. Redressing the power imbalances in the patient-provider dynamic
3. Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations
4. Advocating and maintaining institutional accountability that parallels the three principles above

Tervalon M, Murray-Garcia J: "Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education," Journal of Health Care for the Poor and Underserved 1998; 9(2):117-124

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Two Important Aspects of Inclusion

Brewer's Optimal Distinctiveness Theory (ODT). This theory essentially explains the tension that people experience between the need to be a unique individual and the need to belong with others.



It is believed that this tension between belongingness and uniqueness is an underlying theme diversity and inclusion literature



The Team

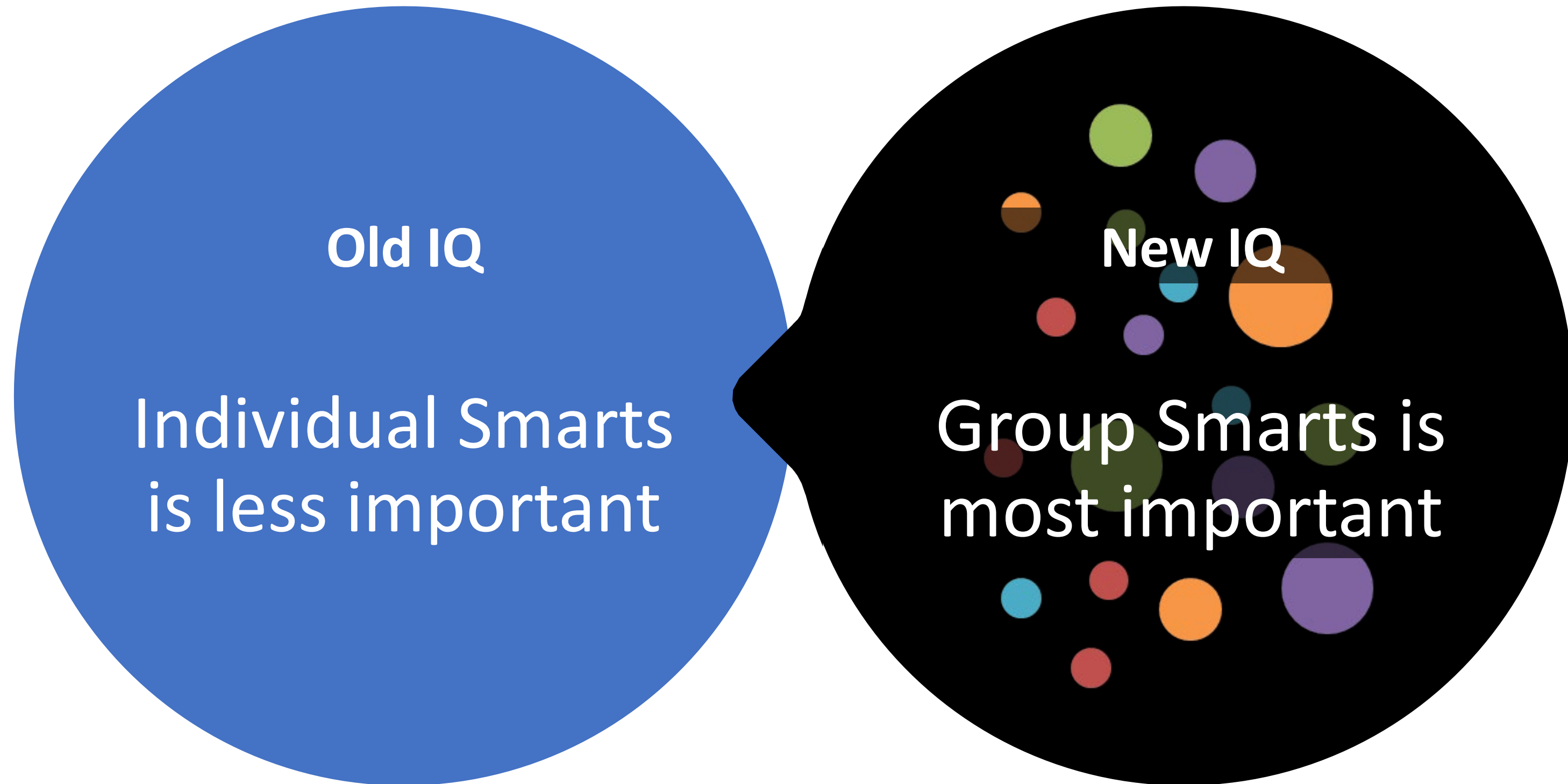
Discussion:

1. Think back to the best jobs you've ever had.
2. What made that place such a great place to work?
3. What can YOU do to make your current workplace a great place to work?

To become **remarkable**, we will adopt the **New IQ**, allowing us to be our authentic selves and thrive in a speak-up culture.



Out with the Old and in the New...





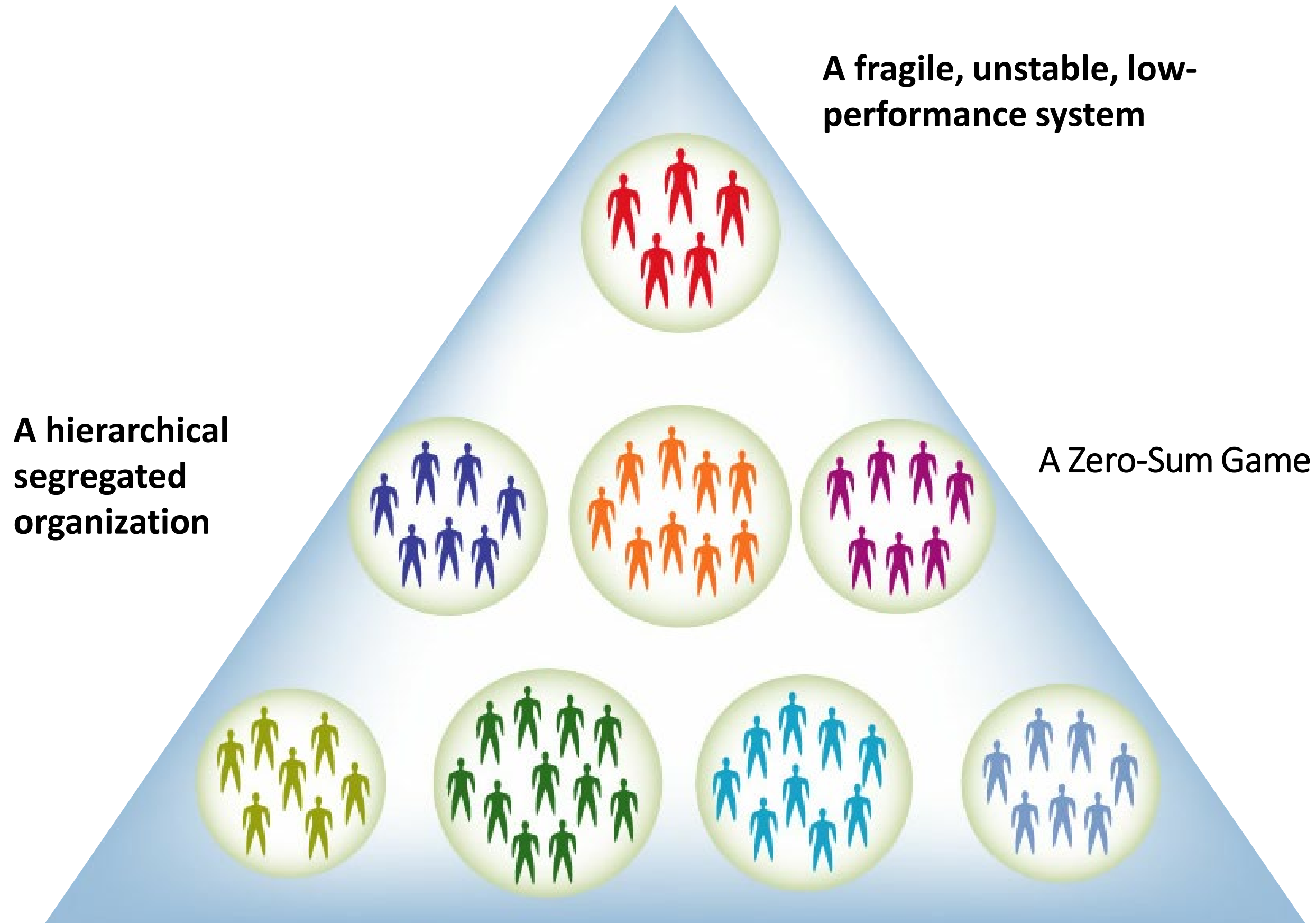
“

Progress depends as much on our collective differences as it does on our individual IQ scores

— Scott Page

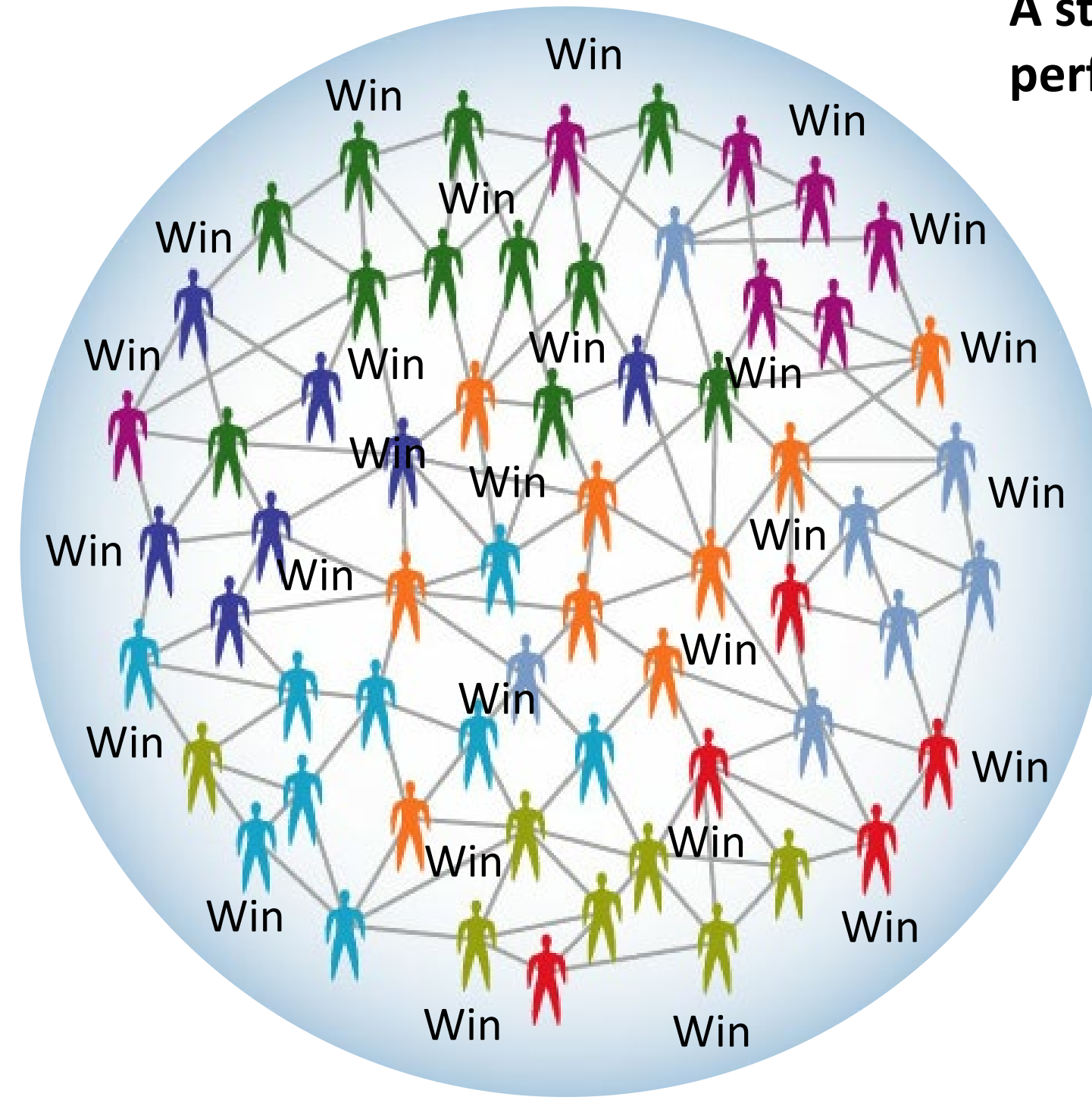
”

We are less Smart like this...



We are Smarter like this...

**An interactive
networked
organization**



**A stable, robust, high-
performance system**

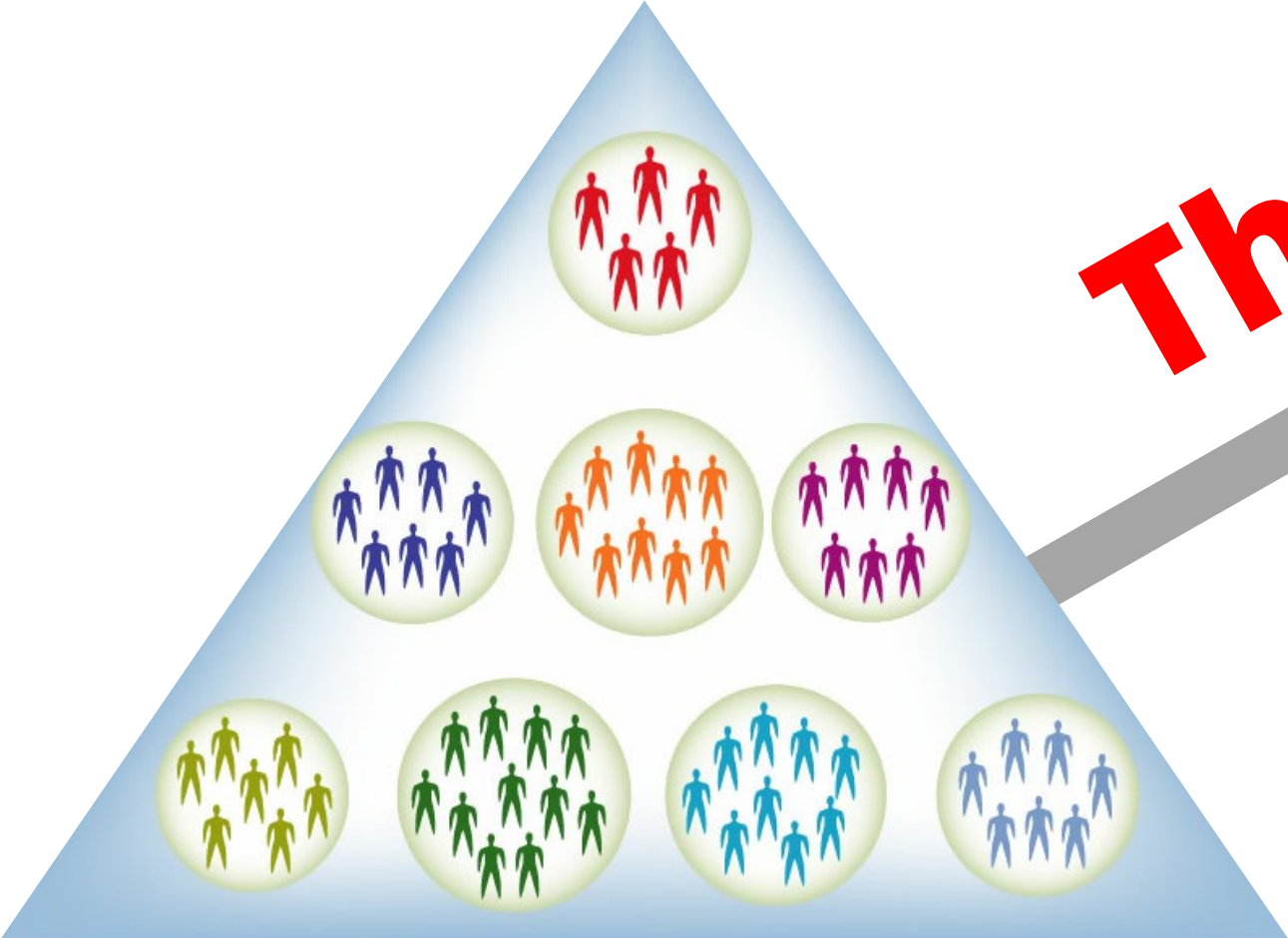
A Positive-Sum Game

How do we get from here to there?

Challenge:

- Disengagement
- Lack of inclusive
- Cliques, silos, and unconscious biases

The New IQ



Highly interconnected workforce where employees feel:

- Included
- Creative
- Engaged

The New IQ = Inclusion Quotient

Measures

The New IQ



Inclusive Intelligence

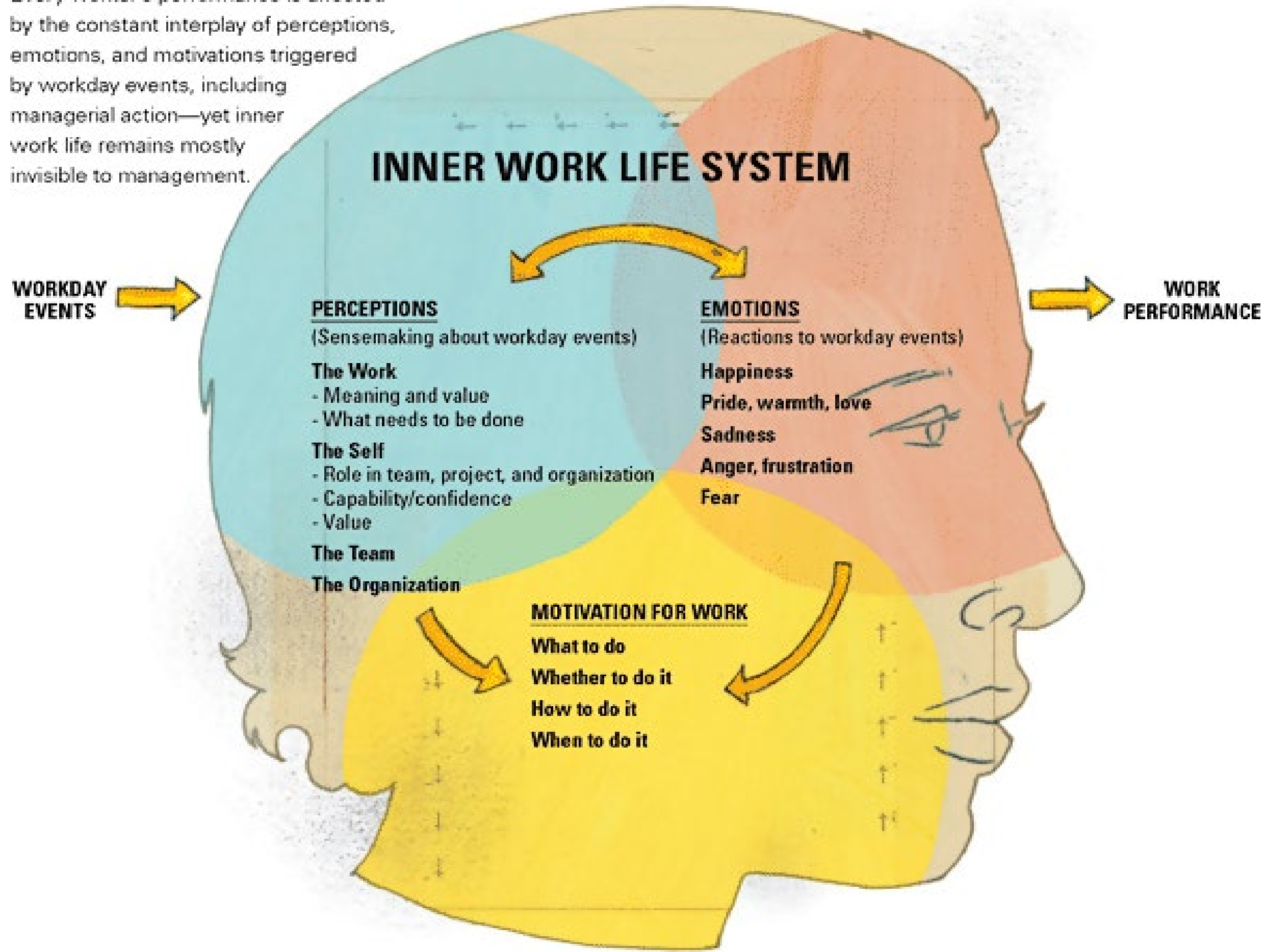
The intentional, deliberate, and proactive acts that increase work group intelligence by making people feel they “belong” and are “uniquely” valued.

If you do not
intentionally,
deliberately, and
proactively include,
you will
unintentionally
exclude.



Processing Work Events: What Happens Inside

Every worker's performance is affected by the constant interplay of perceptions, emotions, and motivations triggered by workday events, including managerial action—yet inner work life remains mostly invisible to management.



Triggers: Has anyone ever said or heard...

- “You don’t act _____”
- “I think you’re being too sensitive”
- “Calm down”
- “I know how you feel”
- “That’s nothing to worry about”
- “I have a lot of friends who are _____”
- “Too emotional...”
- “Are you planning to have a family?”
- “Work-life balance is a woman’s issue.”
- “Not as committed to careers...”

Triggers: Has anyone ever said or heard...

- “Hey, Chief”
- “Hold down the fort”
- “Pow-wow”
- “Low man on the totem pole”
- “Indian giver”
- Many references to the Cleveland baseball team, U of Illinois mascot, Atlanta’s “chop” or Washington’s NFL team
- “Your English is good”
- “Can you recommend a good landscaper or housekeeper?”

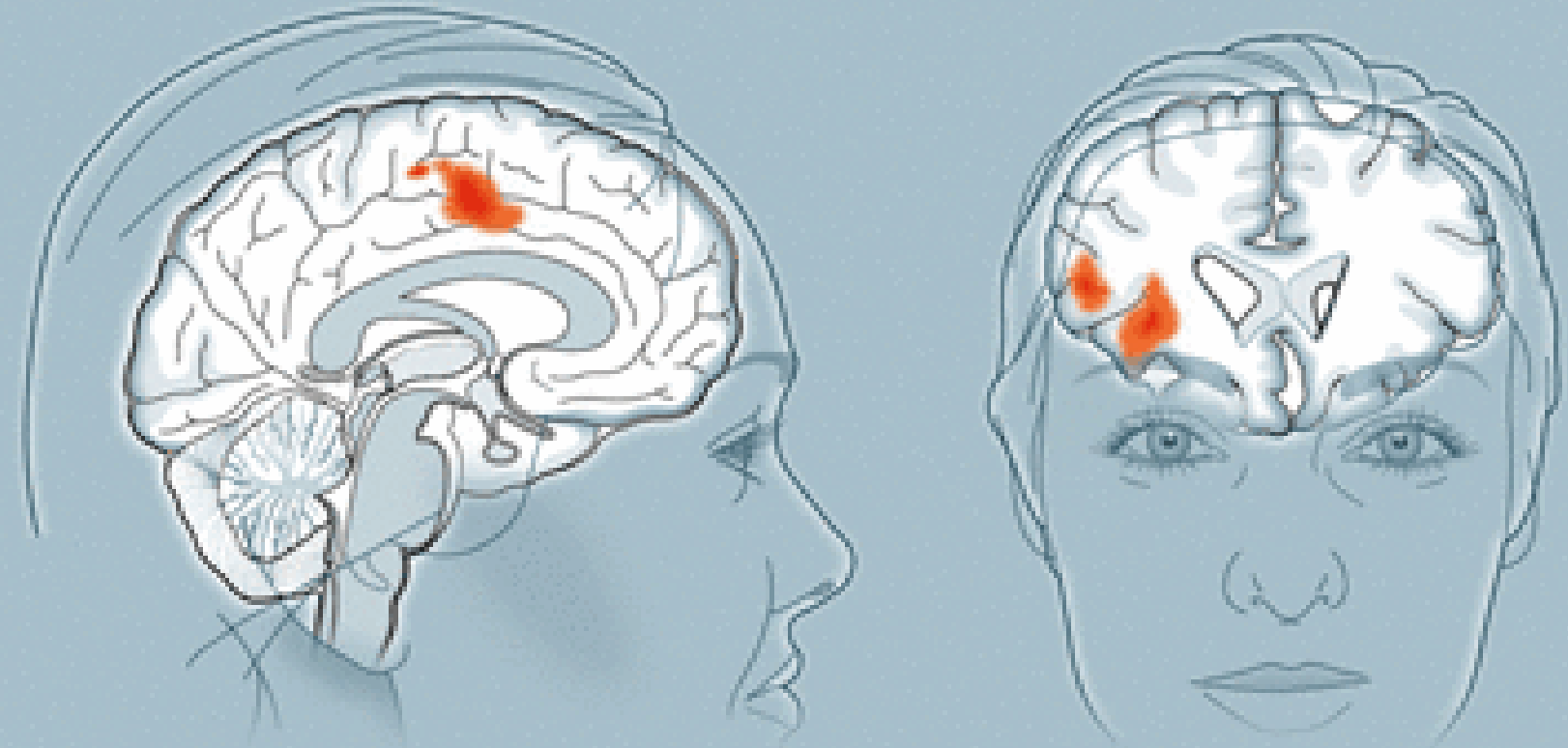
Triggers: Has anyone ever said or heard...

- “I’m sorry you’re gay”
 - What do gay people think about _____?
 - References to the “Alphabet people”
 - Pronouns? It’s too much to think about...
 - Plural pronouns? It’s grammatically incorrect...
 - “How do you potty or use the restroom?”
 - “You look really good (for being disabled).”
 - “Here, I’m going to help you.”
 - “I don’t think of you as a person with a disability”
-

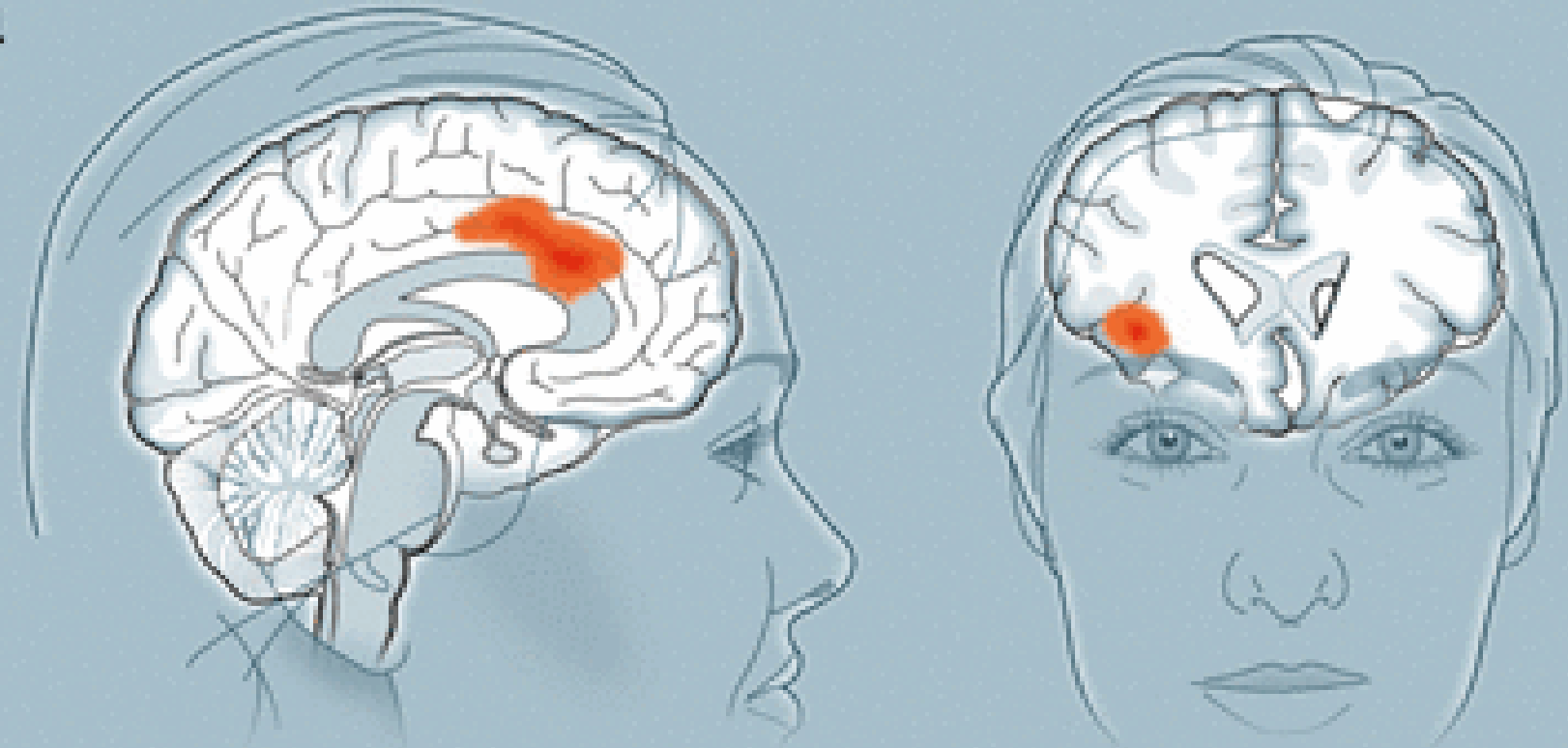
Exhibit 1: Social and Physical Pain Produce Similar Brain Responses

Brain scans captured through functional magnetic resonance imaging (fMRI) show the same areas associated with distress, whether caused by social rejection or physical pain. The dorsal anterior cingulate cortex (highlighted at left) is associated with the degree of distress; the right ventral prefrontal cortex (highlighted at right) is associated with regulating the distress.

Social Pain



Physical Pain



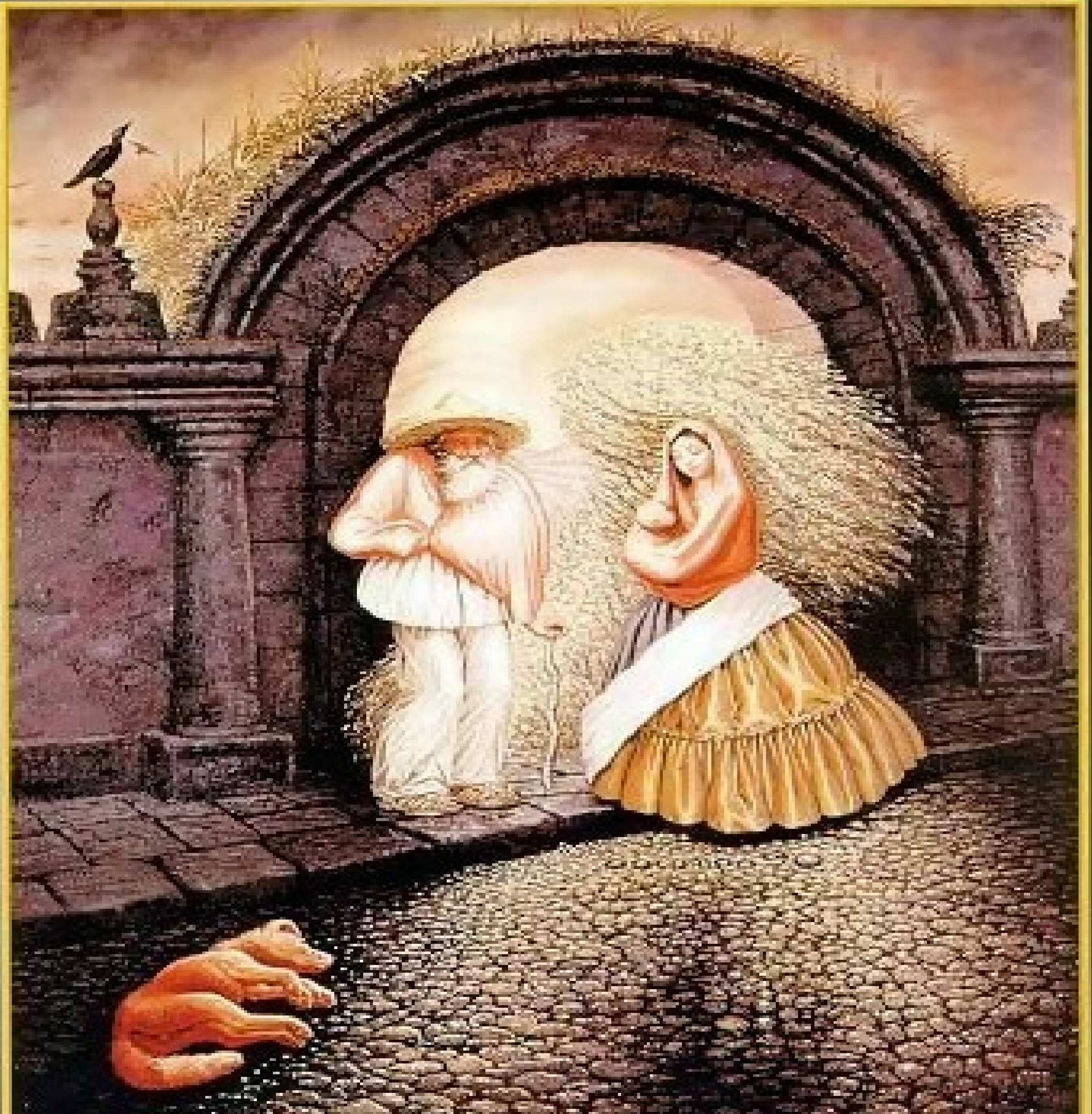
The “Real” Pain of Exclusion

Illustration: Samuel Valasco

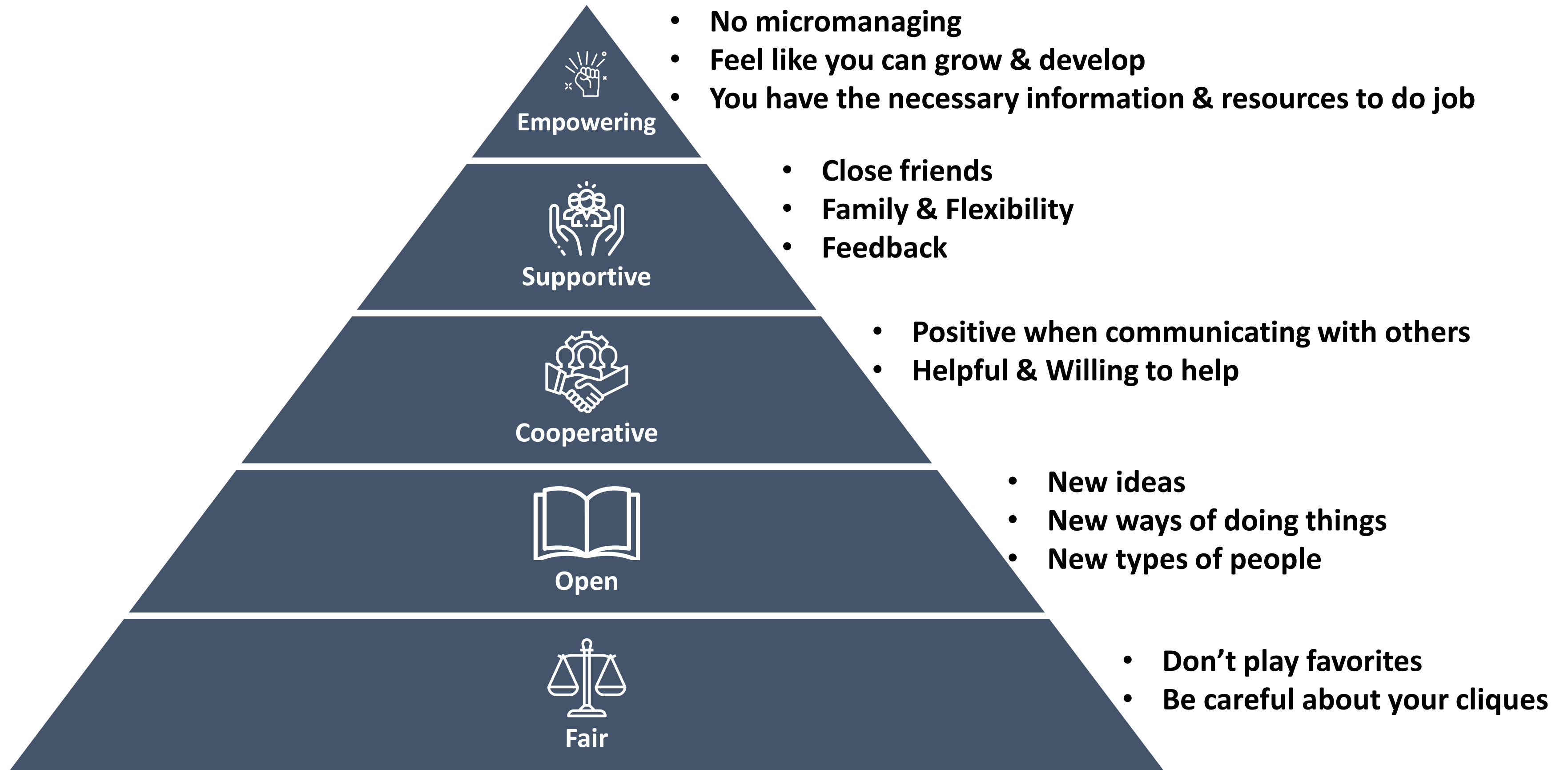
Source: Eisenberger, Lieberman, and Williams, *Science*, 2003 (social pain images); Lieberman et al., “The Neural Correlates of Placebo Effects: A Disruption Account,” *Neuroimage*, May 2006 (physical pain images)



Face Exercise



The 5 Habits of Inclusion



3 Small Steps to Creating Habits

1. Shrink the change
2. Find a spot
3. Train the cycle everyday

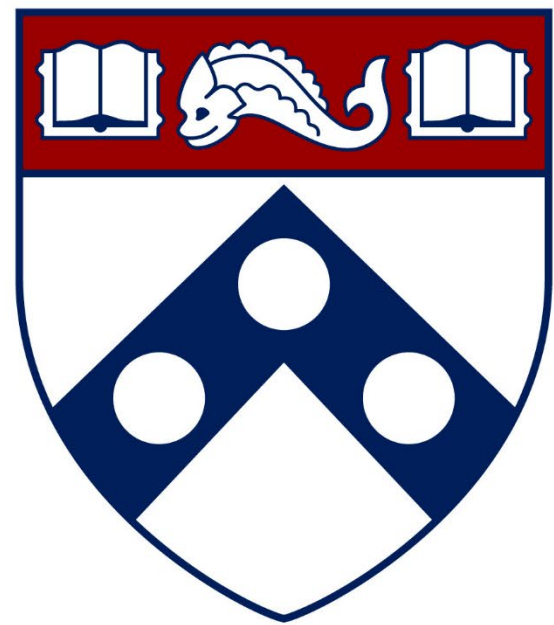
Shape your environment!



Questions

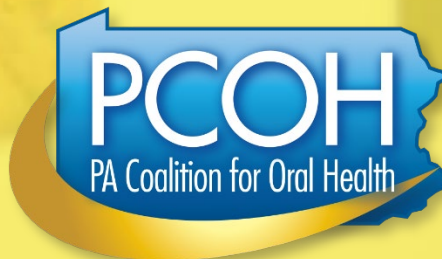


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Penn
Dental Medicine

UNIVERSITY of PENNSYLVANIA



Presentation #1:

Let's hear from:

Micah Gursky

Dental Pain in the ER – The Unavoidable Avoidable



Dental Pain in the ER

The Unavoidable Avoidable

Micah Gursky

St. Luke's University Health Network

Rural Health Clinic Administrator & Dental Clinic Manager

Director of Business Development & Government Relations

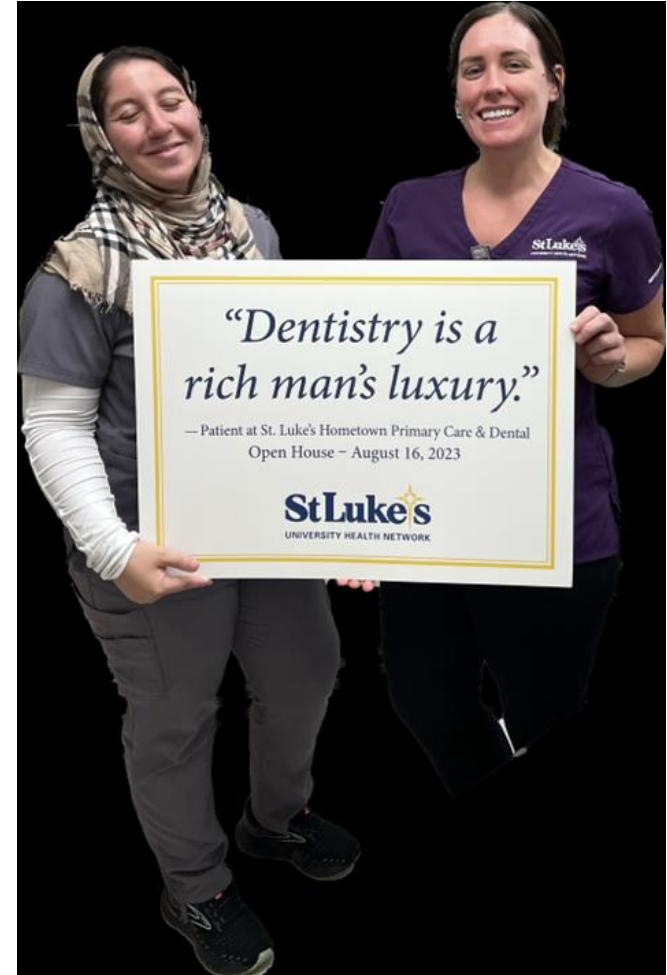
Michah.Gursky@sluhn.org

(m) 570-449-8996



Objectives

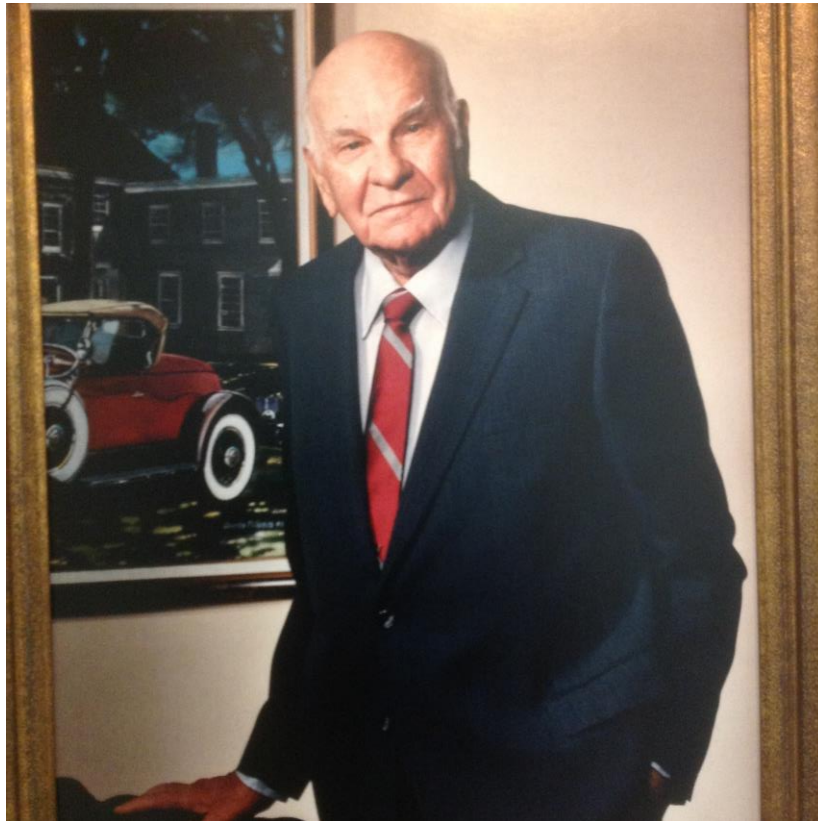
1. Quantify “avoidable” ED Dental Pain Visits
2. Creating a Case for Interventions and Policies
 - Anecdotal
 - Data
 - Financial
3. Best practices to address systemic oral health inequities that result in avoidable ED Dental Pain visits



John E. Morgan – Philanthropist

2000

\$1.5M Personal Gift to Build a New ER



2018

\$4M Foundation Gift to Prevent Avoidable Visits



What does “Avoidable ER Visit” mean?

- Philanthropists
- Patient
- ER Staff
- Hospital Administration
- Policy Makers
- Payers
- Community Health Department



Emergency Services Index (ESI)

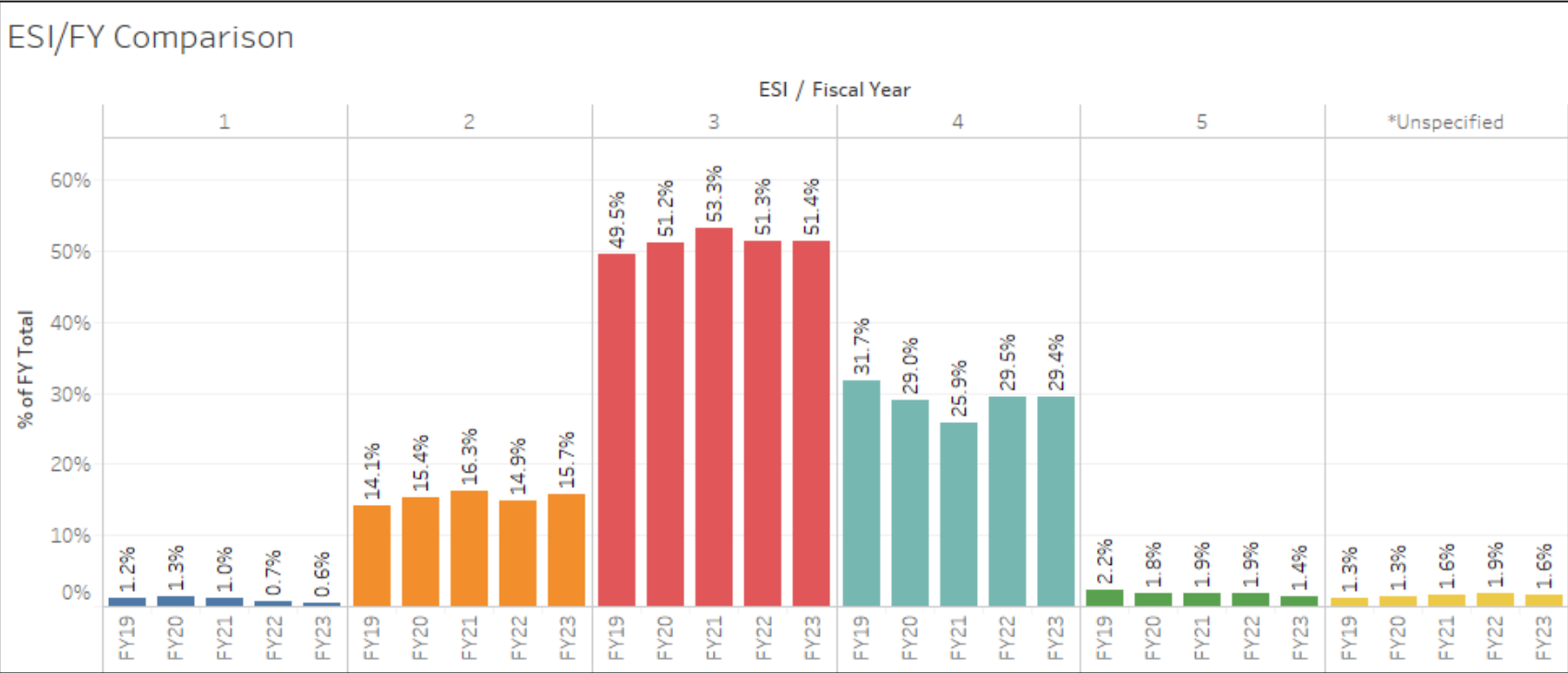
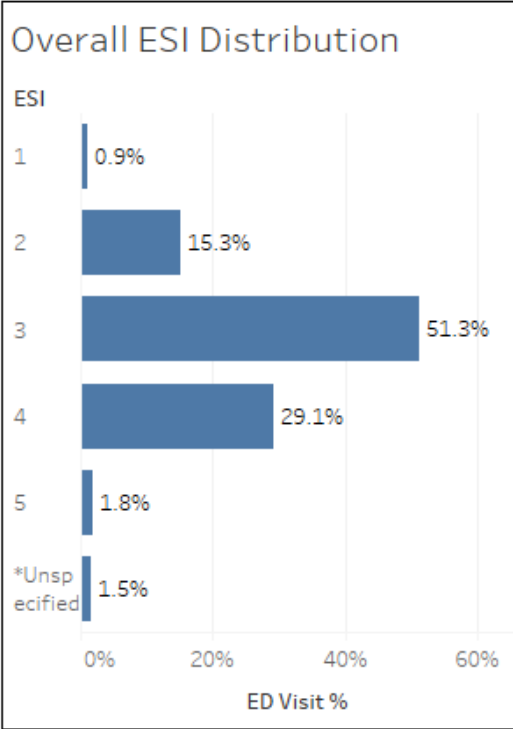
- Every ER visit is given an ESI Score of 1 – 5
 - 1 – Most resource intensive
 - 5 – Least resource intensive
- ESI is not a scale of “Least Avoidable to Most Avoidable”
- However, ESI Level 4 & 5 is a serviceable proxy for “Avoidable”



SLUHN ED Patient Distribution



ED
All

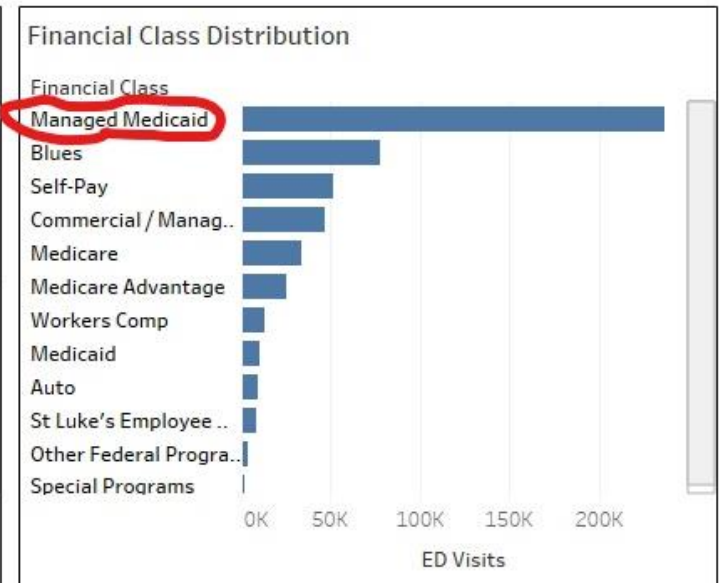
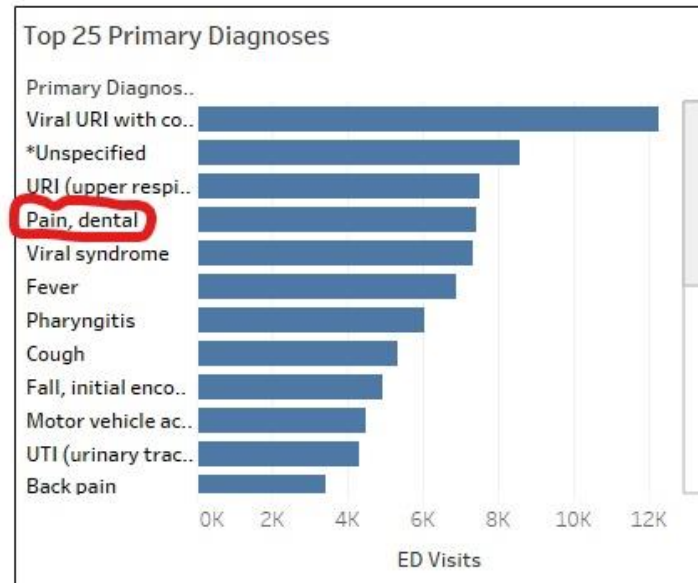
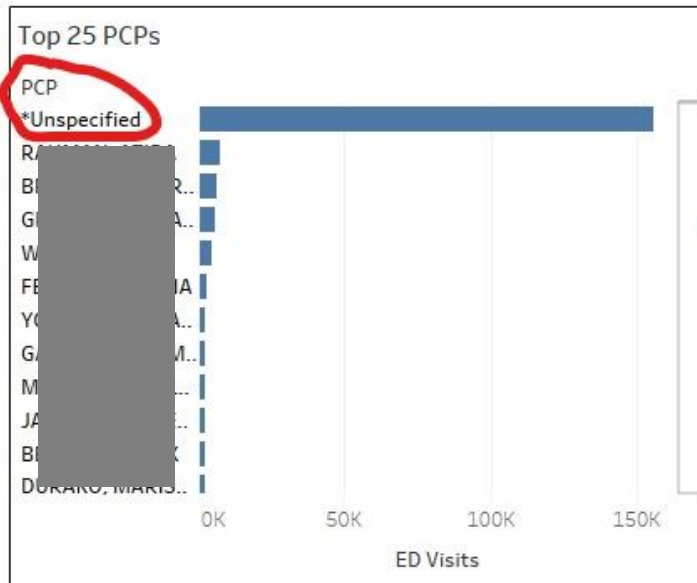


FY18 - FY23 ESI 4 & 5 Visits by Primary Diagnosis, PCP and Financial Class

SLUHN ED Encounter Trends for Care Management



Arrival Date	ED	ESI	MyChart Status	Payor	Age Group
7/1/2018 to 6/30/2023 and Null values	All	Multiple values	All	All	All



The Unavoidable Avoidable

- Understanding of importance of oral health
- Prevention
- Oral health care delivery system
- Providers
- Access
- Payment models
- ERs are part of the safety net



Making Your Case for Interventions & Policy Changes

- Data – ESI data showing cost of emergency dental care
- Anecdotal – HIPPA-compliant stories
- Financial – True costs
 - Example: St. Luke's Miners Campus
 - Ave Charge for any Managed Medicaid ER Visit \$4,460/visit
 - Ave Payment for Managed Medicaid ER Visit \$ 223/visit

Best Practices

- Preventative care
- Integration with primary care, urgent care, emergency care
- Referral vs. Follow Up
- Advocate



Preventative Care



Integration with Primary Care, Urgent Care & Emergency Department



Referrals & Follow-Ups

Patient is seen at a SLUHN facility (AMB Office, Emergency Department or as an Inpatient) and it is determined a referral to Dental is needed.



Physician places an Ambulatory referral to Dentistry (or Pediatric Dentistry, RHC, or Star Wellness Dental Clinic)



Referral drops to a “Dental” Work queue



Patient is contacted via the work queue coordinators to schedule an appointment at an appropriate office location.

Referral Entry Process

- The location in Epic where the physician places the order varies based on the location where the patient is seen:
 - Visit Task Bar- AMB/Urgent Care
 - Dispo Navigator- ED
 - Discharge Navigator- IP
- In all instances, the Physician places the appropriate order:
 - Ambulatory Referral to Dentistry
 - Ambulatory Referral to Pediatric Dentistry
 - Ambulatory Referral to Star Wellness Dental Clinic
 - Ambulatory Referral to Rural Dental Clinic

After Visit Summary

- Patients are provided an After Visit Summary (AVS) which provides information regarding their visit, including referrals and follow ups.
 - It is the expectation that *referrals* made will allow SLUHN to engage the patient for scheduling of the needed service(s).
 - It is the expectation that *follow ups* are for the patient to engage SLUHN if needed/wanted.

AFTER VISIT SUMMARY
Ursula Clindoc MRN: 50005006942
7/14/2021 St. Luke's University Hospital Emergency Department 484-526-4500

Instructions
Testing free text instructions

Ambulatory Referral to Dentistry
Expires: 10/23/2024 (requested)

Schedule an appointment with Michael Abgott, MD as soon as possible for a visit in 2 days
(around 10/21/2023)
Specialty: Family Medicine
Contact 352 Northampton Street
Easton PA 18042
484-822-4250

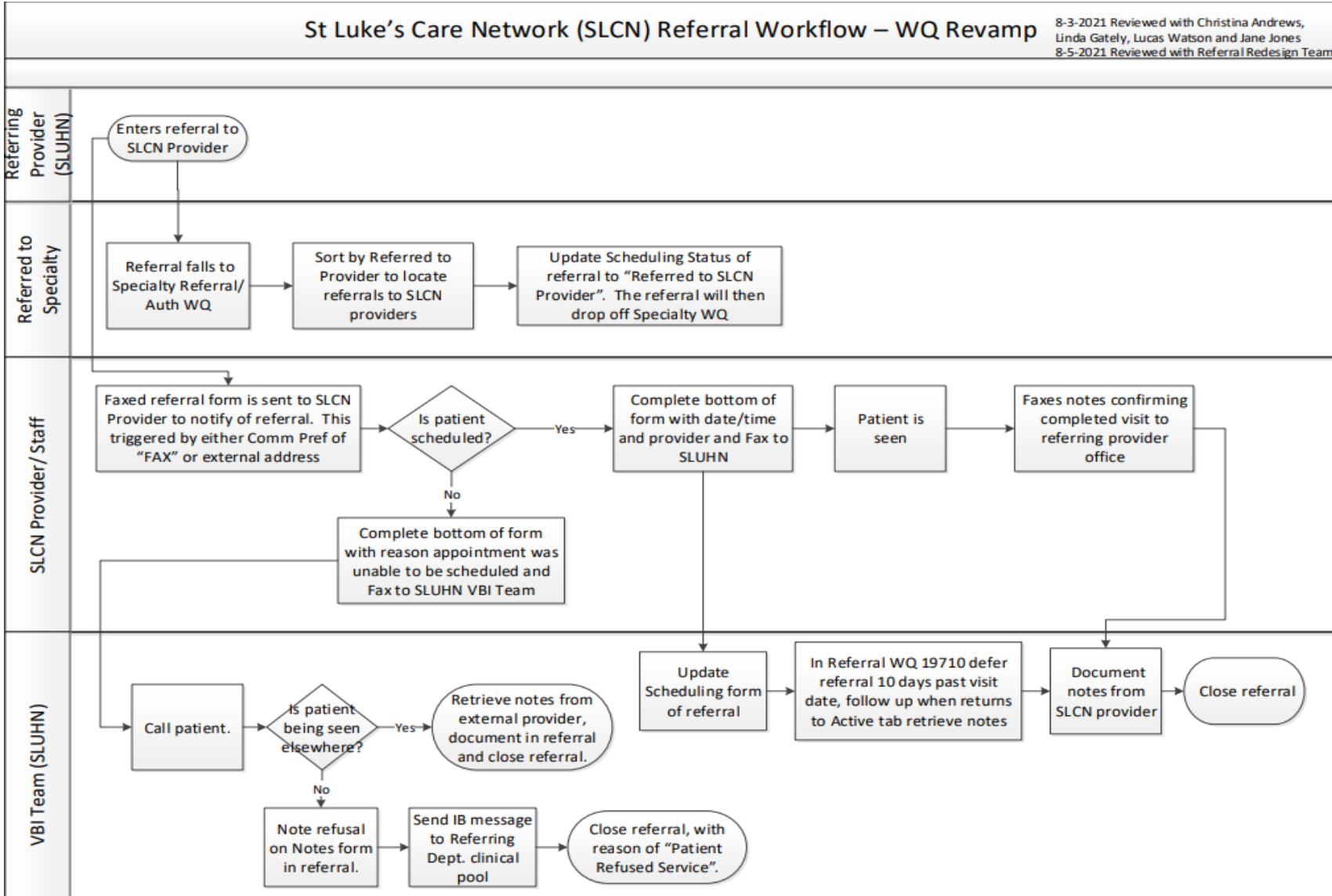
Today's Visit



SLCN Referral Workflow

St Luke's Care Network (SLCN) Referral Workflow – WQ Revamp

8-3-2021 Reviewed with Christina Andrews, Linda Gately, Lucas Watson and Jane Jones
 8-5-2021 Reviewed with Referral Redesign Team



Dental Referrals

- Referrals from Ambulatory to Dental and from ER to Dental
- Referrals from General Dentistry and Dental Vans



Current state of dental referrals.

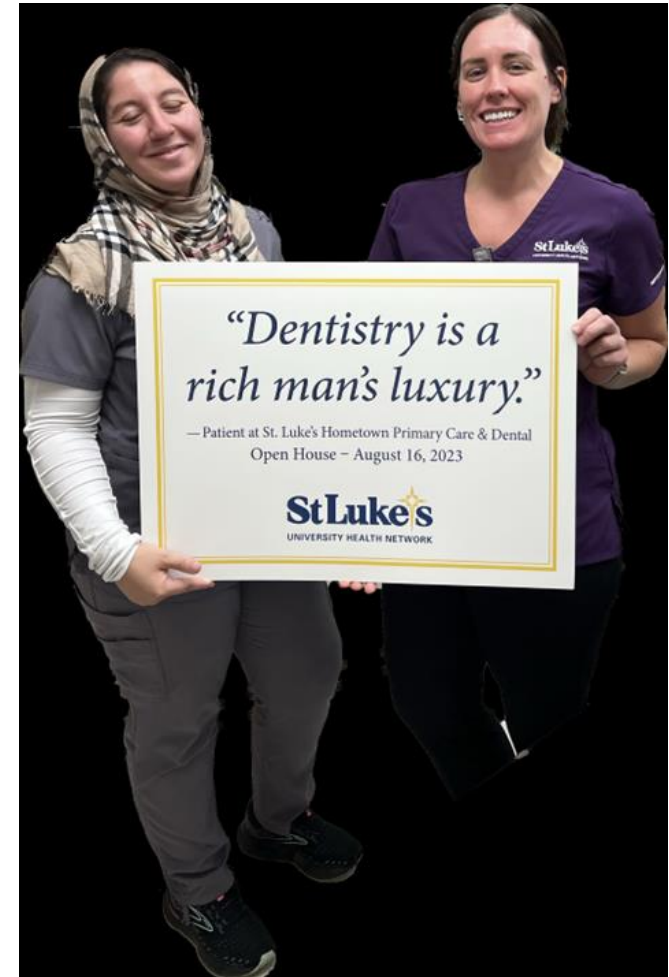


St. Luke's Miners Rural Health Dental and Star Community Health (FQHC) General Dentistry made 2,000+ referrals **OUT** last year.

When safety net providers have no one to refer to, there is no safety net.

Objectives

1. Quantify “avoidable” ED Dental Pain Visits
2. Creating a Case for Interventions and Policies
 - Anecdotal
 - Data
 - Financial
3. Best practices to address systemic oral health inequities that result in avoidable ED Dental Pain visits



Suggestion for small group discussion

- 1. What would you tell your neighbor to do if they have a toothache and no dental insurance or Medicaid Managed Care?**
- 2. PA Medicaid cites data in a managed care outcomes report* that revealed between 2%-3% of all avoidable visits to the ED in 2019. Does this seem accurate within your community?**
- 3. Discuss the different perspectives and expectations of Dental Pain ER Visits:**
 - Patient**
 - ER staff**
 - Hospital Finance Department**
 - Insurance/payer**
 - Primary Care Provider**

*PA DHS, Managed Care Organization Outcomes Program Year Three March 1, 2022



#1 Discussion Questions

1. What would you tell your neighbor to do if they came to you with a toothache and you know they have no dental insurance or Medicaid Managed Care coverage?
2. PA Medicaid cites data in a managed care outcomes report that revealed between 2%-3% of all avoidable visits to the ED in 2019 were dental-related. Does this seem accurate within your community?
3. Discuss the different perspectives and expectations of Dental Pain ER Visits:
 - Patient:
 - ER Staff:
 - Hospital Finance Department:
 - Insurance/payer:
 - Primary Care Provider:



Presentation #2

Let's hear from:

Vanessa Rastovic

Access to Dental for Patients with Intellectual and Developmental Disabilities



#2 Discussion Questions

1. In what ways does your office or do you personally accommodate seeing patients with disabilities or patients with autism in your office?
What additional support could be helpful (from the provider or community/caregiver advocate perspective)?
2. What topics should be covered in both dental and dental hygiene schools regarding service for patients with any type (cognitive, physical, etc.) of disability in clinical practice?



Presentation #3

Let's hear from:

Kelly Braun

Insights from the Basic Screening Survey

Insights from Pennsylvania's Oral Health Basic Screening Survey



KELLY BRAUN, PENNSYLVANIA OFFICE OF RURAL HEALTH
BASIC SCREENING SURVEY SCREENER

Overview

Topics for discussion

- 01 Background
- 02 Methods and Procedures
- 03 Findings and Data
- 04 Next Steps



PROJECT FUNDING SOURCE

Pennsylvania Department of Health through the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) under Grant NU58DP006467: Using Surveillance Data and Evidence-based Interventions to Improve Oral Health Outcomes in Pennsylvania. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by CDC, HHS or the U.S. Government.



DISCLOSURES

I served as a paid screener for the 2021 -2022 BSS.

I have no other relevant financial disclosures.



2020-2030 PA Oral Health Plan



10-year plan
Developed by PA DOH
with input from a diverse
group of stakeholders

Promoting Oral Health
Provides strategies for
sustainability and also an
evaluation component

SOHSS
The third grade BSS is one
SOHSS that will be used
to track oral health status
and disparities in
Pennsylvania

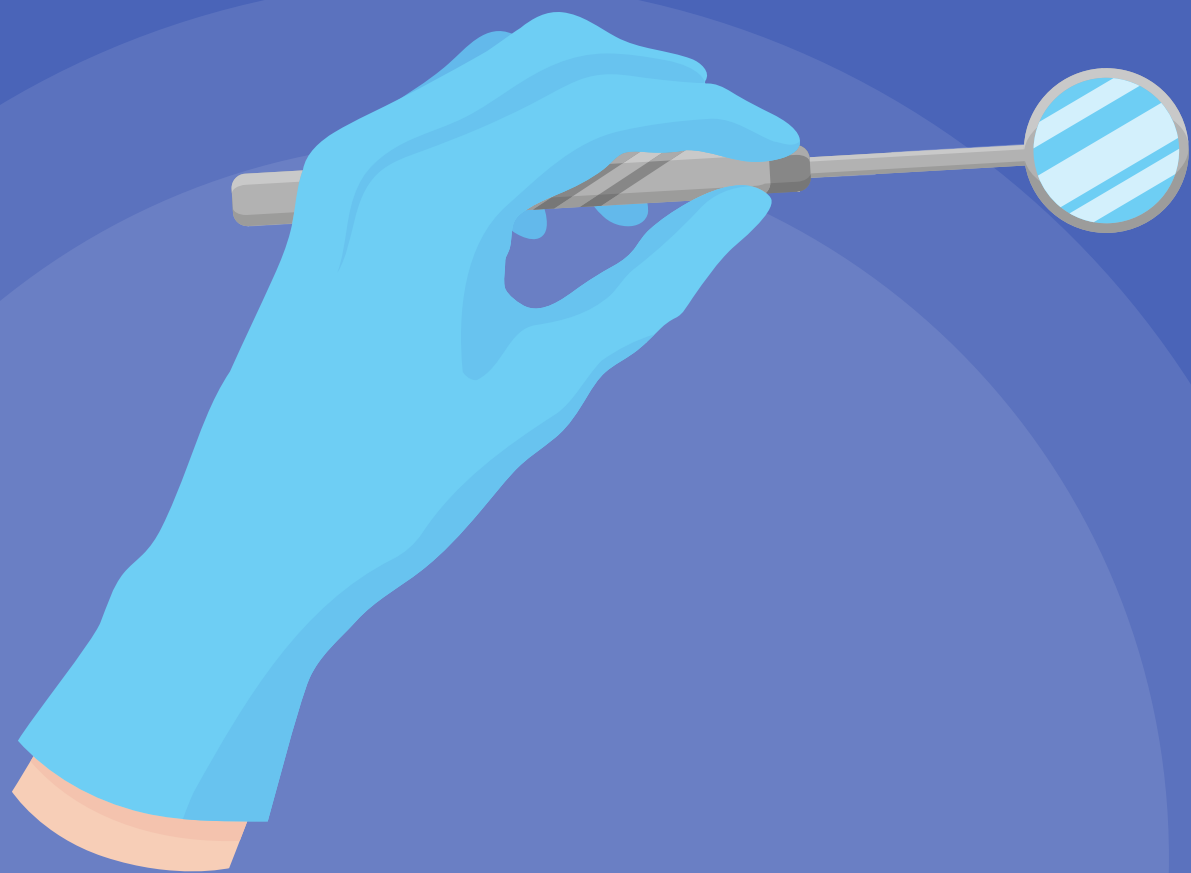
Priorities

- Access, Prevention and Education
- Workforce
- Infrastructure Improvement

Infrastructure
Improvement
To ensure progress,
regular surveillance of
specific oral health
indicators must be tracked
while being mindful of the
statewide plan

[Link to full plan](#)

Basic Screening Survey Methods



Selection of Sites

Schools were selected at random based on stratification by demographics including geographic location and income. Schools that declined participation were replaced by others in the same strata. Only 50 of the schools on the original data pull consented. 74/ 80 schools completed screenings.

Calibrating Screeners

PA DOH worked with PCOH and a consultant from ASTDD to train and calibrate PHDHPs and CSDHs to conduct these screenings. Screeners attended two mandatory trainings to calibrate on assessment, technique, and documentation.

Obtaining Consent

Passive consent was approved by the PA Department of Education and the Institutional Review Board (IRB) using a waiver process and utilized for this screening. All third-grade parents were notified of the screening and had the option to “opt out” of the screening by contacting the school.

Screening Procedures



Scheduling



Ensuring Necessary
Supplies



Screening for
Indicators

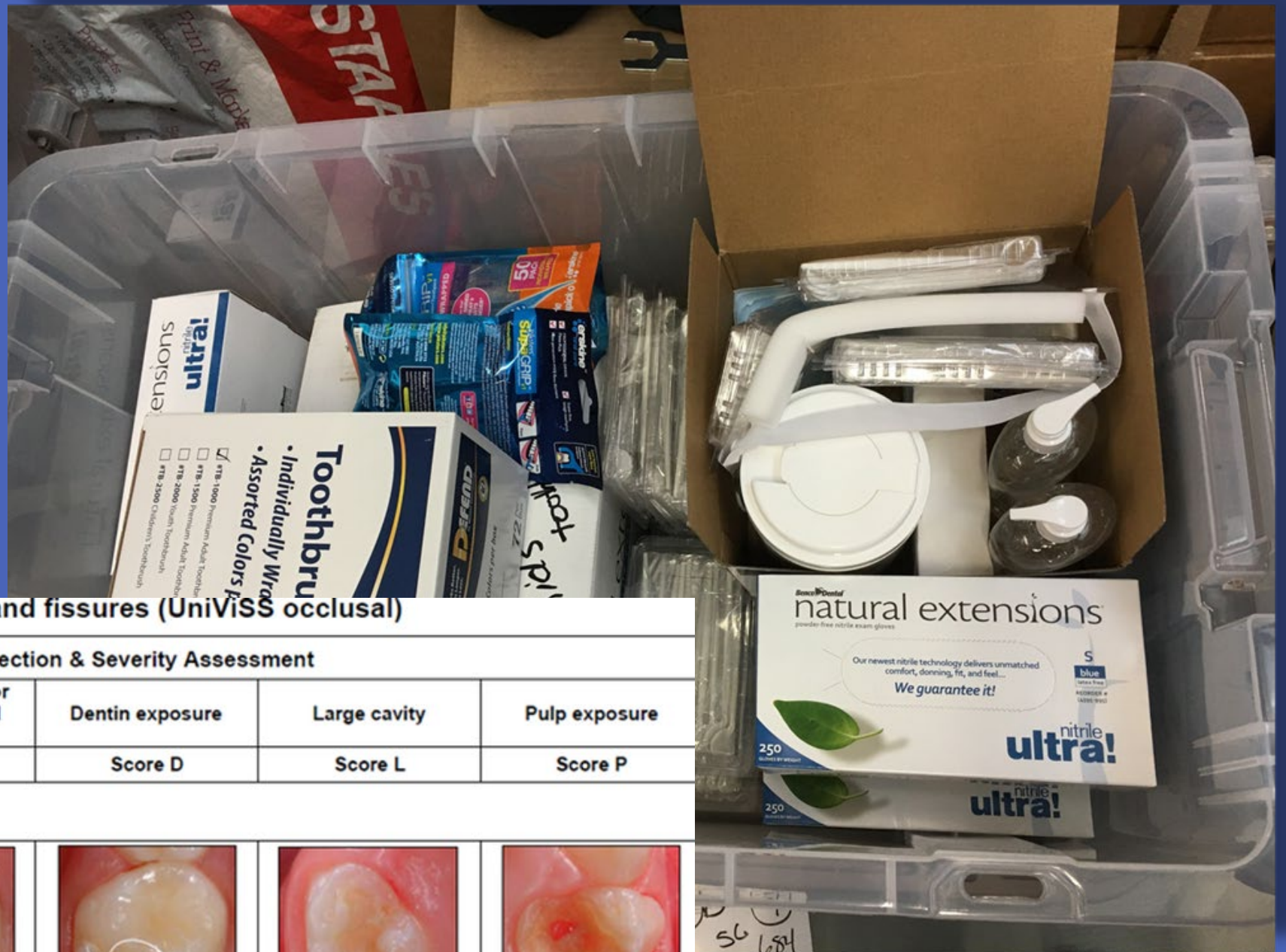


Documenting
Data



Communicating
needs to parents

- Caries Experience
- Untreated Caries
- Dental Sealants
- Urgency of Need
for Dental Care



Universal Visual Scoring System for pits and fissures (UniVISS occlusal)

Second step: Discoloration Assessment	First step: Lesion Detection & Severity Assessment					
	First visible signs of a caries lesion	Established caries lesion	Microcavity and/or localised enamel breakdown	Dentin exposure	Large cavity	Pulp exposure
	Score F	Score E	Score M	Score D	Score L	Score P
Sound surface (Score 0)	No cavitations or discolorations are detectable.					
White (Score 1)						
White-brown (Score 2)						
(Dark) Brown (Score 3)						
Greyish translucency (Score 4)						

Show Me the Data!

General Demographics



500 PA School Districts

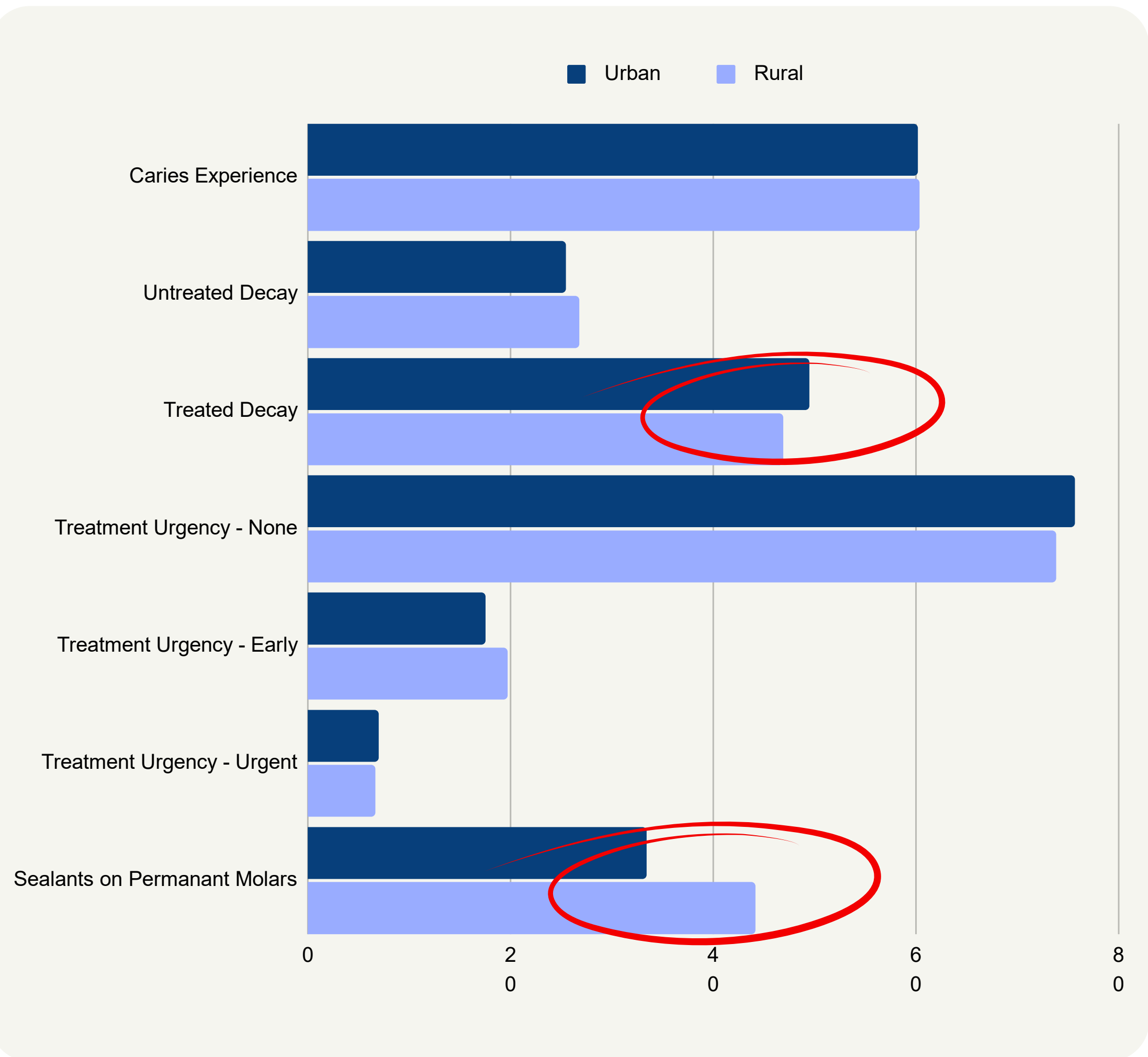
1597 Schools with
Third-graders

74* Schools Screened

Oral Health Indicators by Geography

The percentage of children in both urban and rural areas who have dental caries

> 60%

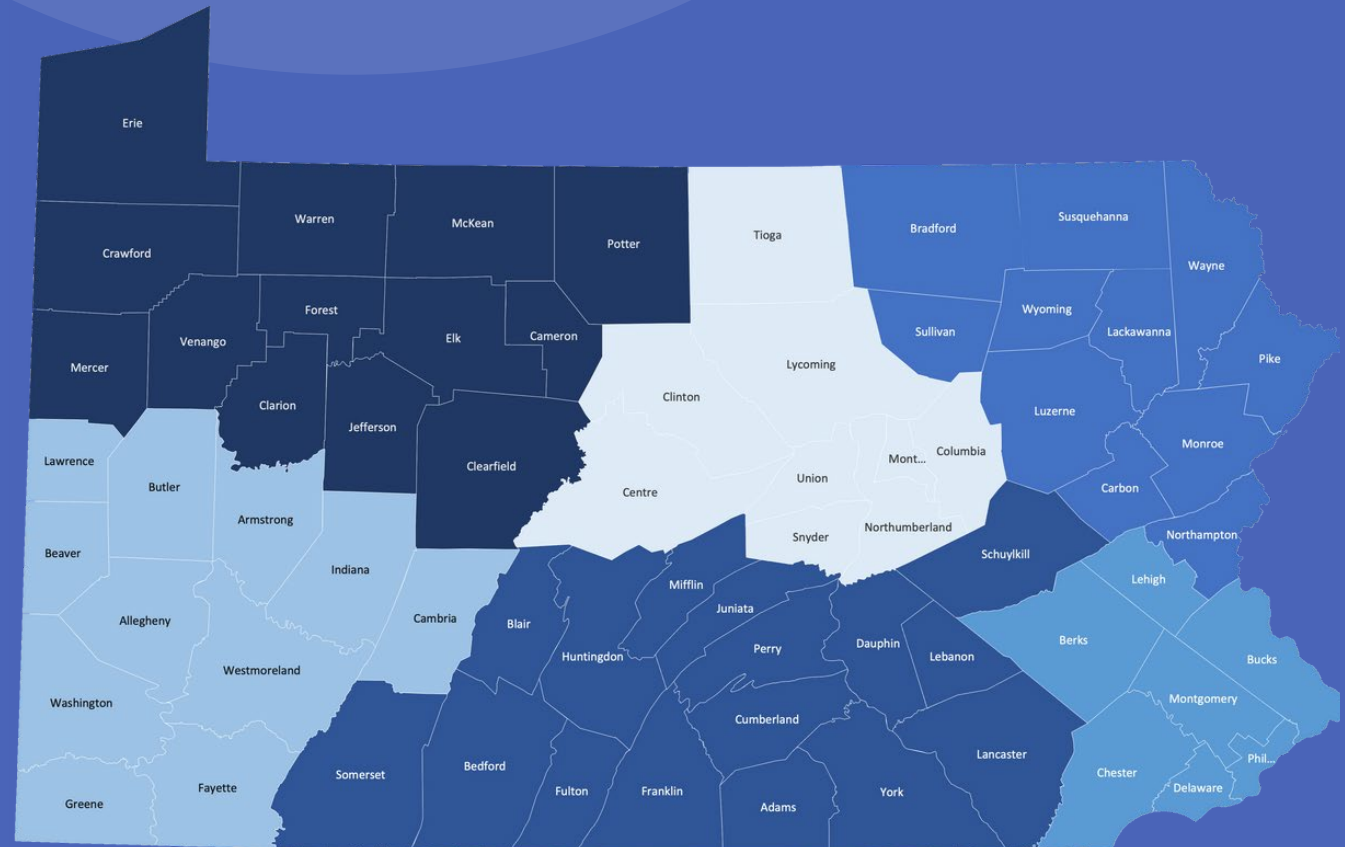


ORAL HEALTH INDICATORS BY RACE AND ETHNICITY

Race/ Ethnicity	Caries Experience	Treated Decay	Untreated Decay	Urgent Treatment Needed	Sealants on Permanent Molars
White	56.9%	24.1%	46.1%	5.5%	38.5%
Black or African-American	65.1%	32.5%	50.9%	32.9%	30.8%
Hispanic	65.8%	27.8%	52.3%	27.5%	33.1%
Asian	66.2%	26.1%	56.7%	26.6%	26.0%
Multi-Racial	64.5%	25.4%	54.1%	24.9%	41.9%



Percentage of Third-Grade Children with Caries by Region



Region	Caries (Weighted %)
Southcentral	52.6%
Northcentral	54.2%
Southwest	55.1%
Northwest	57.8%
Southeast	63.3%
Northeast	71.4%



The Way Forward

Using data and planning to promote oral health equity

- School Based Dental Sealant Programs
- Increase Community Water Fluoridation
- Increase Medicaid Enrollment & Reimbursement
- Targeted Outreach and Education
- Cultural Competency Training
- Increase Access to Affordable Care

Get in Touch!

Email Address

kub277@psu.edu

Learn More

BSS Report Online

[PCOH webpage](#)



#3 Discussion Questions

1. Did any of these statistics surprise you? If so, why or why not?
2. Now that we have the results and data, what's next? How can we use it to elevate oral health for children in PA?
3. What do you see as the biggest barriers for improving children's oral health in your area of the state?



BREAK

Please return at 3:30pm

Presentation #4

Let's hear from:

Dr. Olivia Sheridan

Trauma, What is It, How to Recognize It, How to
Practice Trauma-Informed Care: Learned Lessons

Guidelines for Trauma Informed Dental Care

Olivia Sheridan, DMD
Professor, Clinical Restorative
Director, Vulnerable Populations Clinic
Penn Dental Medicine

Financial disclosure:

I have no relevant financial or non-financial agreements to disclose.

Definition of Trauma

- Older definition: an event presenting significant fear such that one fears for their safety and very life
- Newer: more fluid, incorporates chronic, significantly stressful, secondary, individualized often causing physical adaptations and responses to stimulae

Common Types of Trauma

- Bullying
- Sexual
- Political
- Minority groups
- Poverty
- Violence
- Hunger

All include significant loss of autonomy

Adverse Childhood Experiences

- Child physical abuse
 - Child sexual abuse
 - Child emotional abuse
 - Emotional neglect
 - Physical neglect
 - Mentally ill, depressed, or suicidal person in the home
 - Drug addicted or alcoholic family member
 - Witnessing domestic violence against the mother
 - Loss of a parent to death, abandonment, or divorce
 - Incarceration of any family member
 - Trauma and Adverse Childhood Experience
- Source: US Dept. HHS, Trauma and Adverse Childhood Experiences : eclkc.ohs.acf.hhs.gov

Responses to Trauma

Physical

- Brain connectivity: amygdala+, hippocampus -, pre-frontal cortex unavailable
- Epigenetic: methylation of promotor or loss of promotor to suppress activity
- Immune: upregulating of inflammatory processes

Behavioral

- Fear
- Guilt
- Helplessness
- Shame
- Avoidance
- Dissociation
- Substance abuse

Modifying Influences to Traumatic Events

- Attachments
- Validation
- Stability
- Dialogue
- Advocacy

Six Guiding Principles to a Trauma-Informed Approach



1. SAFETY



2. TRUSTWORTHINESS
& TRANSPARENCY



3. PEER SUPPORT



4. COLLABORATION
& MUTUALITY



5. EMPOWERMENT
VOICE & CHOICE



6. CULTURAL, HISTORICAL,
& GENDER ISSUES

Five Principles for Providing Trauma Informed Care

- 1. Bear witness to the patient's experience of trauma;
- 2. Help patients feel they are in a safe space and recognize their need for physical and emotional safety;
- 3. Include patients in the healing process;
- 4. Believe in the patient's strength and resilience; and
- 5. Incorporate processes that are sensitive to a patient's culture, ethnicity, and personal and social identity

➤ Purkey, E., Patel, R., & Phillips, S. P. (2018). Trauma-informed care: Better care for everyone. *Canadian Family Physician*, 64(3), 170–172.

In Dental Practice of TIC

- Up to ~40% of children have had more than one traumatic event
- 22% of adult women, 8% men report sexual trauma
- 87% dentists surveyed did not screen for trauma
- Lack of training, embarrassment, presence of another most cited

➤ Treating Patients with Traumatic Life Experiences: Providing Trauma Informed Care; Raja et al, JADA 145 #3, 2014 PP 238-45

Common Impediments to TIC in Dental Practice

- Supine position
- Suction
- Fluid
- Taste/smell
- Lights
- Mouth props/rubber dams
- Anesthesia
- Judgement

Vulnerability/Control

TIC in Dental Practice

Pyramid guidelines for offices

All practiced in advance
Includes all in practice

Treating Patients with Traumatic Life Experiences: Providing Trauma Informed Care; Raja et al, JADA 145 #3, 2014 PP 238-45



Referral Base

- Agreed in advance
- Provide context for TIC care
- Confidentiality with limited contextual information
- Must be agreed upon with patient
- Make training available, if possible

Resources

- National Center for Trauma Informed Care (NCTIC)
<https://tash.org/nctic/>
- SAMHSA's National Center for Trauma-Informed Care
<https://www.traumainformedcare.chcs.org/resource/samhsas-national-center-for-trauma-informed-care/>
- The National Child Traumatic Stress Network
<https://www.nctsn.org/trauma-informed-care>

Resources

- **Trauma-Informed Care in PA Mental Health and Substance Abuse Services**
- **<https://www.dhs.pa.gov/providers/Trauma-Informed-Care/Pages/OMHSAS-TIC.aspx>**
- **The Pennsylvania Trauma Informed Network**
<https://www.pacesconnection.com/g/pennsylvania-trauma-informed-network>
- **2020 Trauma Informed PA Plan (PACE)**

contact

➤ **Olivia Sheridan, DMD**
Penn Dental Medicine

Department of Preventive and Restorative Sciences
240 South 40th Street
Philadelphia, PA 19104

oliviash@upenn.edu

#4 Discussion Questions

1. Does your organization/practice use a trauma-informed framework or approaches with the individuals and families you work with?
2. How is your organization/practice prepared to respond to trauma in patients? Is there anything you learned today that you want to implement right away?
3. Do you feel like you need special tools or resources to implement a trauma-informed approach with the populations you work with? If any, what are they?
4. What are some examples of the widespread impact of trauma that you might see in a community or population (e.g. historical trauma)? What could trauma-informed care mean for your community?



Panel

Successes, Challenges, and Impact: The Pennsylvania Safety Net

Facilitated by Kristen Rapp, Free Clinic Association of PA

Panelists: Dr. Janine Burkhardt, Jessica Brennan, Calvin Hoops,
and Darcie Schaffer

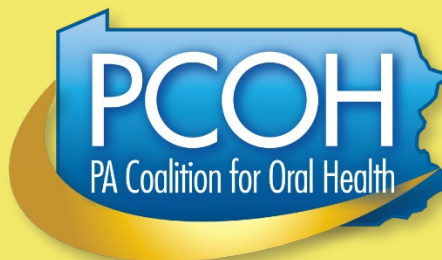
Reflections / Key Takeaways

Thank You to our
Breakfast Sponsor:

Special Smiles  **LTD.**
Comprehensive dental care for persons with special needs

Welcome

Dr. Joan Gluch,
Board Vice Chair
PA Coalition for Oral Health



**Thank You to Our 2023
Prime Event Sponsor**



**Thank You to Our 2023
Gold Event Sponsor**

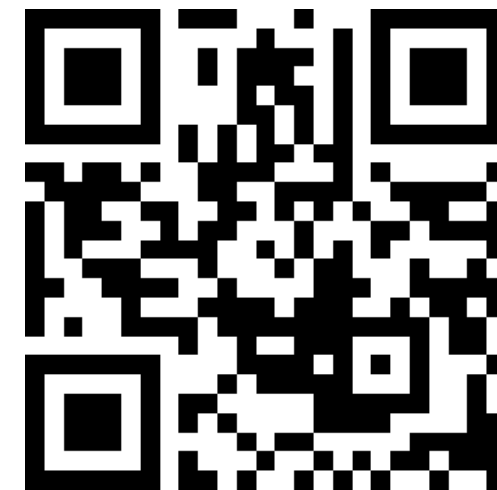
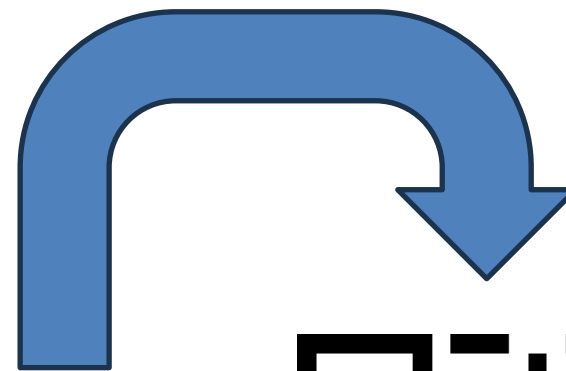
UPMC HEALTH PLAN



First 5 minutes...

- Name, Organization
- If you could be a musical instrument, what would you like to be and why?

Jamboard!



Let's hear from:

Pennsylvania Department of Health

Dr. Jonise McDaniel,

Pennsylvania Public Health Dental Director

Oral Health in Pennsylvania

Dr. Jonise McDaniel
Public Health Dental Director

November 17, 2023

- Overview of the State Oral Health Program
- Significance of Oral Health
- Oral Health Landscape in PA
- PA Oral Health Plan 2020-2030
- Upcoming Projects

Oral Health Program

Dr. Jonise McDaniel

Jan Michele Miller, MA, CPH

Sarah Welch, MPH

Consultants

Dr. Andrea Abbott, Grant Evaluator

Dr. Harry Goodman, Dental Consultant

Key Partner

Pennsylvania Coalition for Oral Health

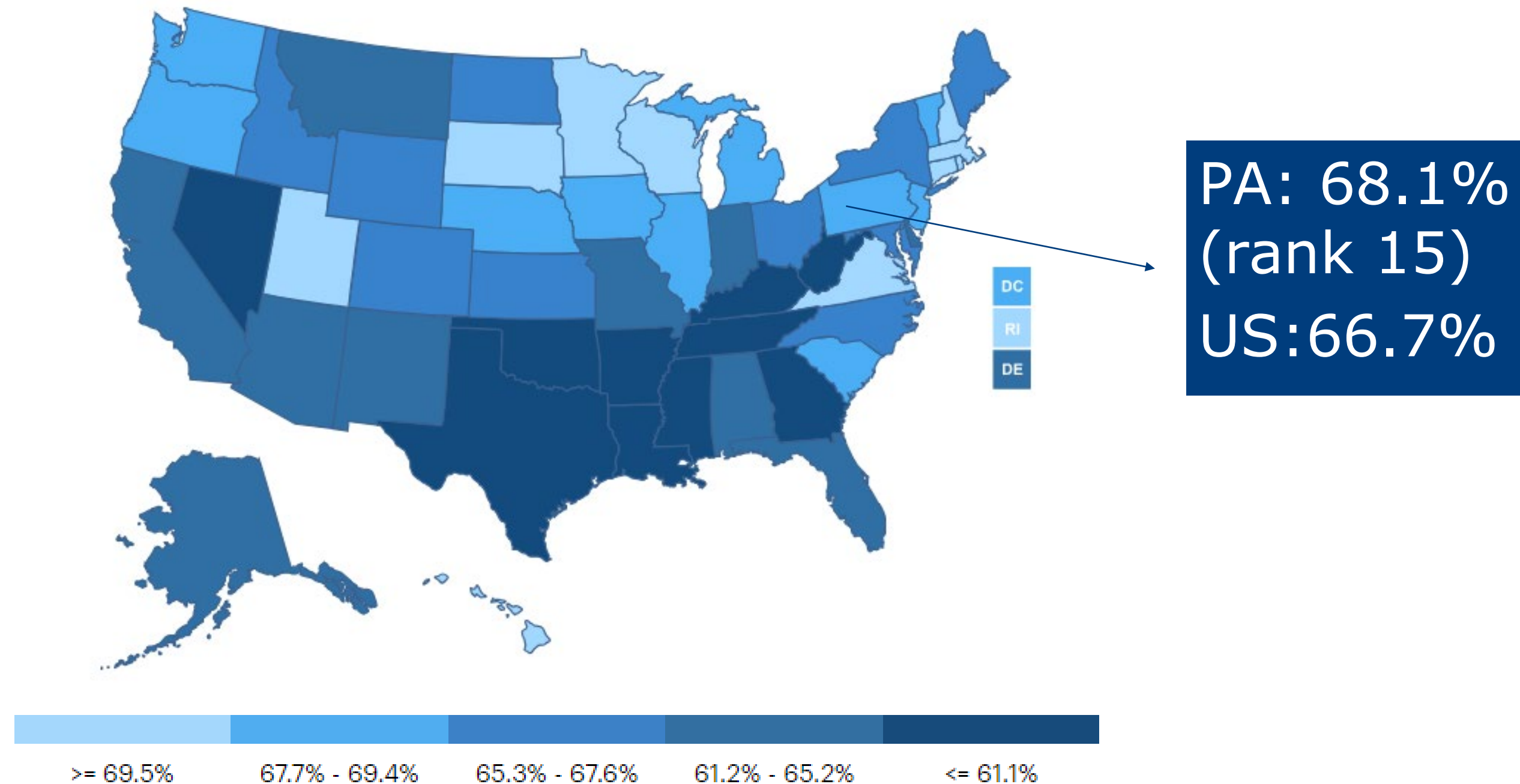
Oral health is a window to overall health.

Conditions that are linked to oral health:

- Endocarditis
- Cardiovascular disease
- Pregnancy and birth complications
- Pneumonia

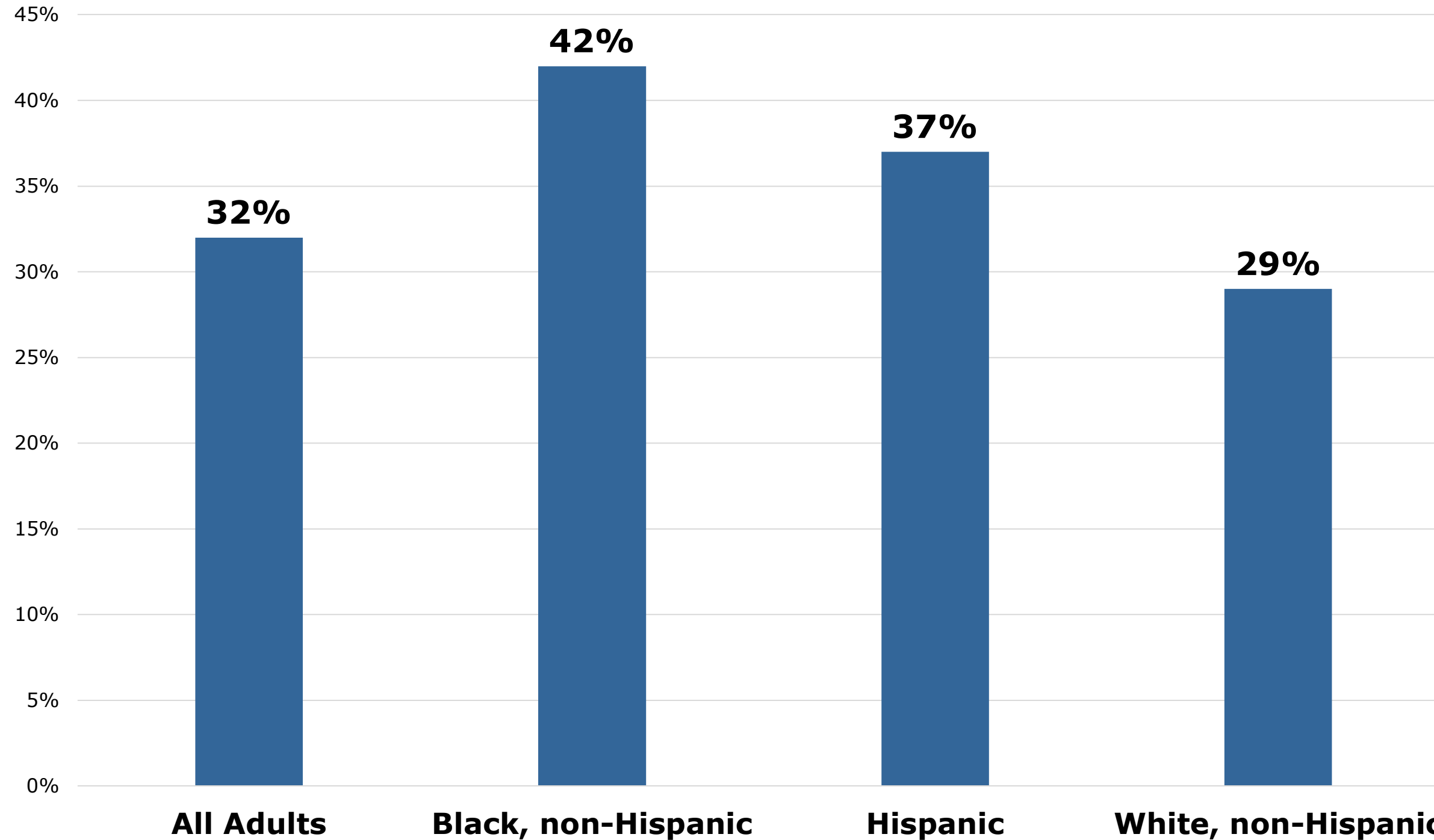
America's Health Rankings – How does Pennsylvania compare?

Percentage of adults who reported visiting the dentist or dental clinic within the past year (2020)



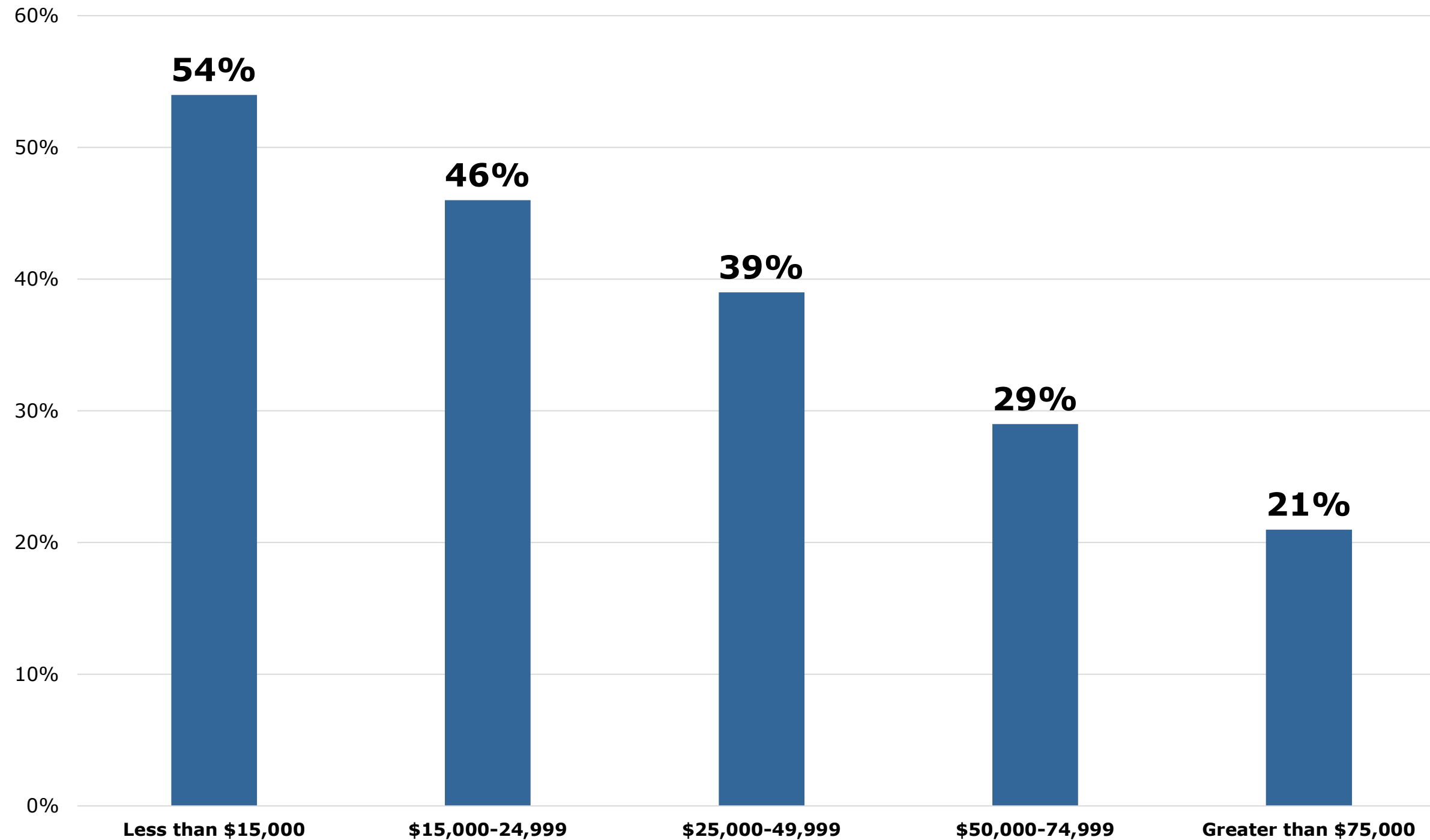
Oral Health Disparities in Pennsylvania

Did not visit a dentist in the past year (Race/Ethnicity)(2020)

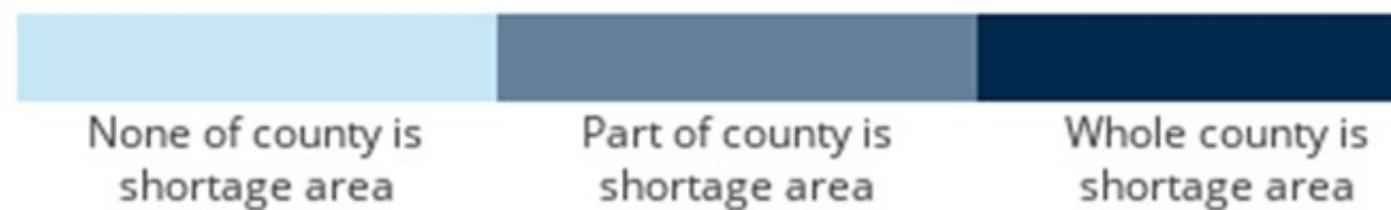
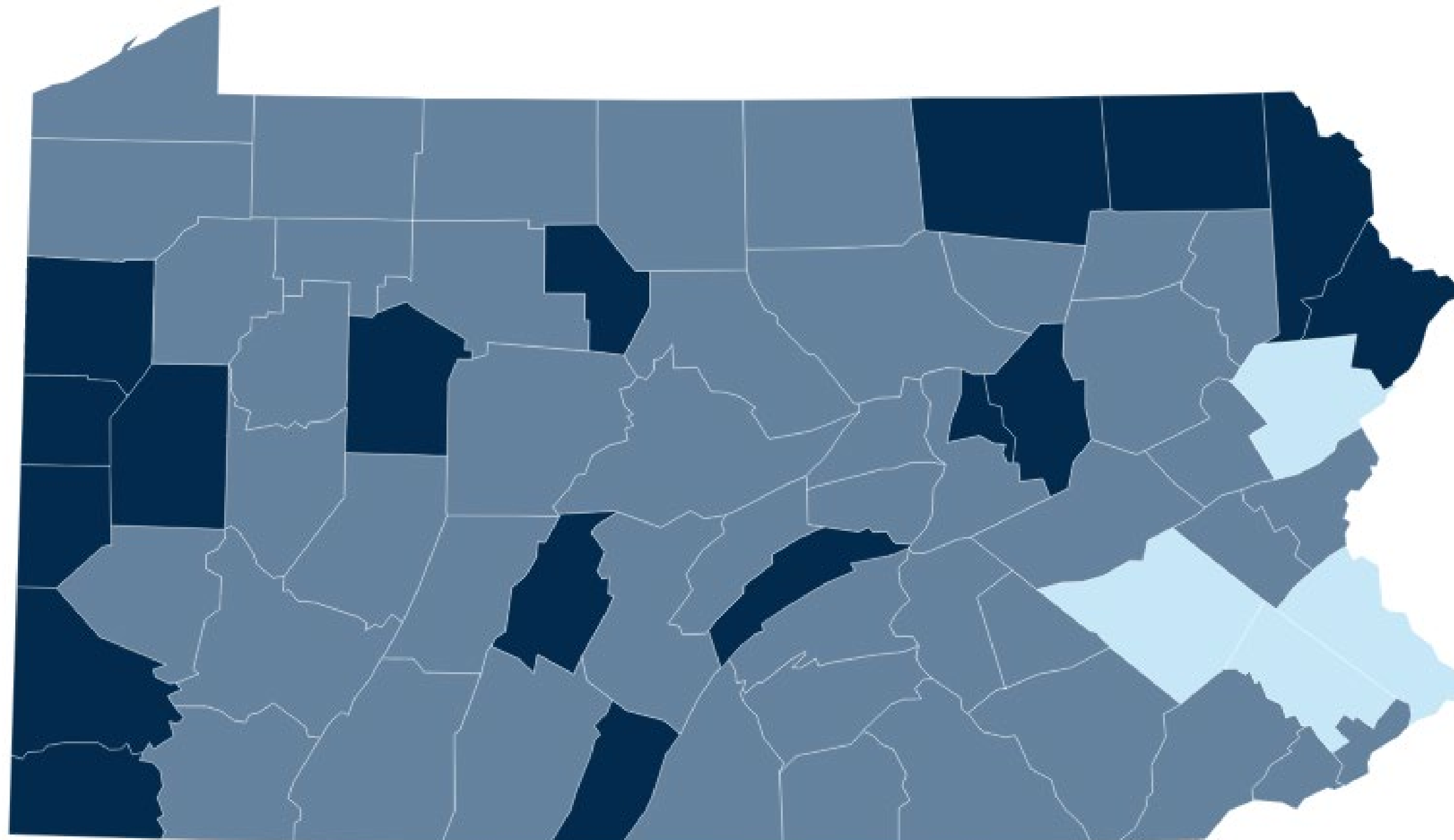


Oral Health Disparities in Pennsylvania

Did not visit a dentist in the past year (Income)(2020)



Dental Health Professional Shortage Areas-2023 (Dental-HPSAs)



Pennsylvania Oral Health Measurable Outcome Indicators

Measurable Outcomes	2020	2021	2022
Increase preventive oral health care for pregnant women (PRAMS)	43.8 %	45.2%	Data Pending
Increase preventive oral health care for children with special health care needs (DHS Medicaid data)	32.3 %	35.8%	Data Pending
Reduce incidence of tooth loss in seniors (DETC)	70.0 %	N/A	Data Pending

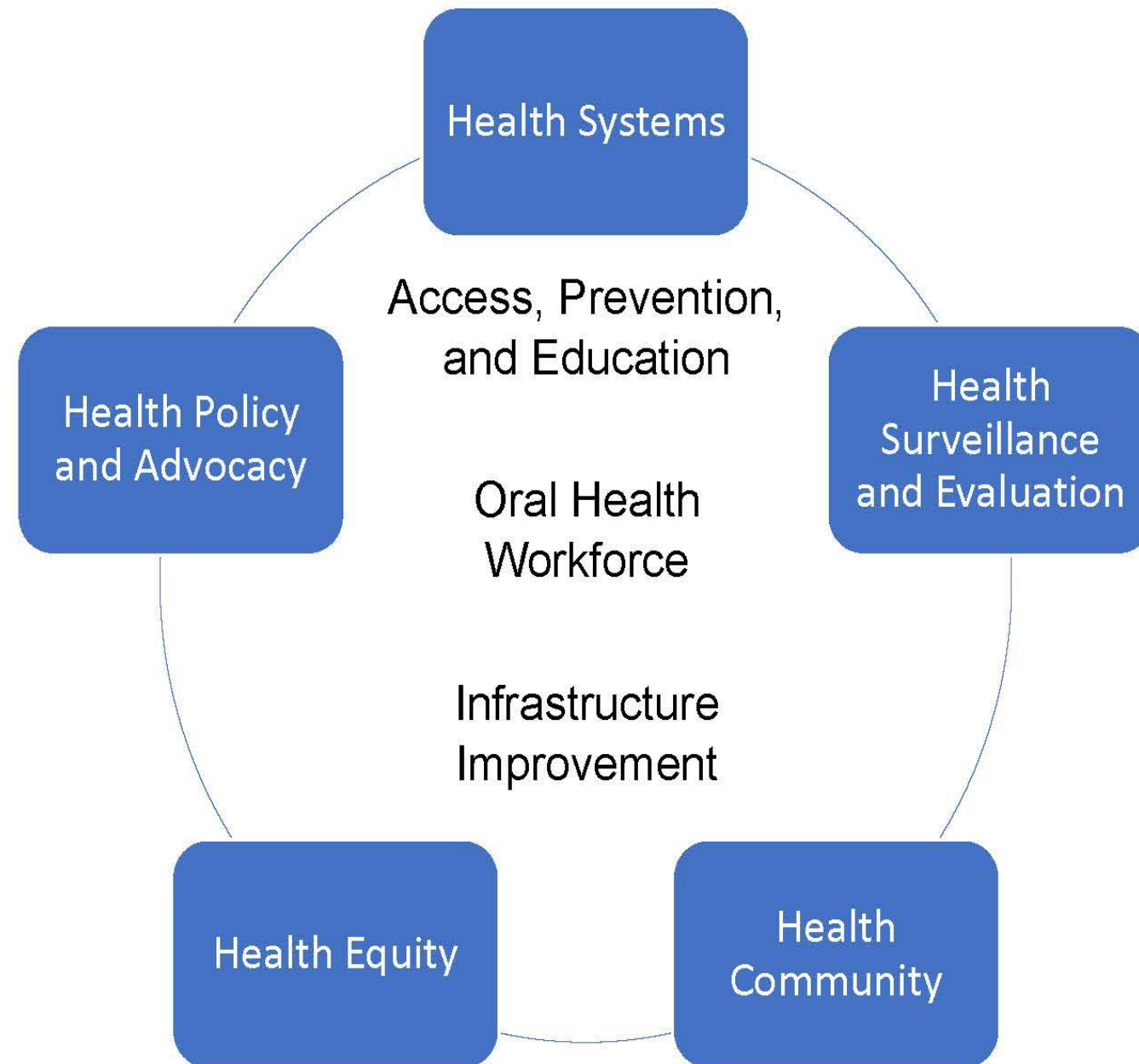


<https://www.health.pa.gov/topics/Documents/Programs/Pennsylvania%20Oral%20Health%20Plan%202020-2030.pdf>

PA Oral Health Plan identified three priority areas:

- Improving access to dental care, preventive services and health literacy;
- Increasing oral health work force; and
- Improving oral health infrastructure.

State Oral Health Plan Framework



- Structural Domains:
 - Health Systems
 - Health Surveillance

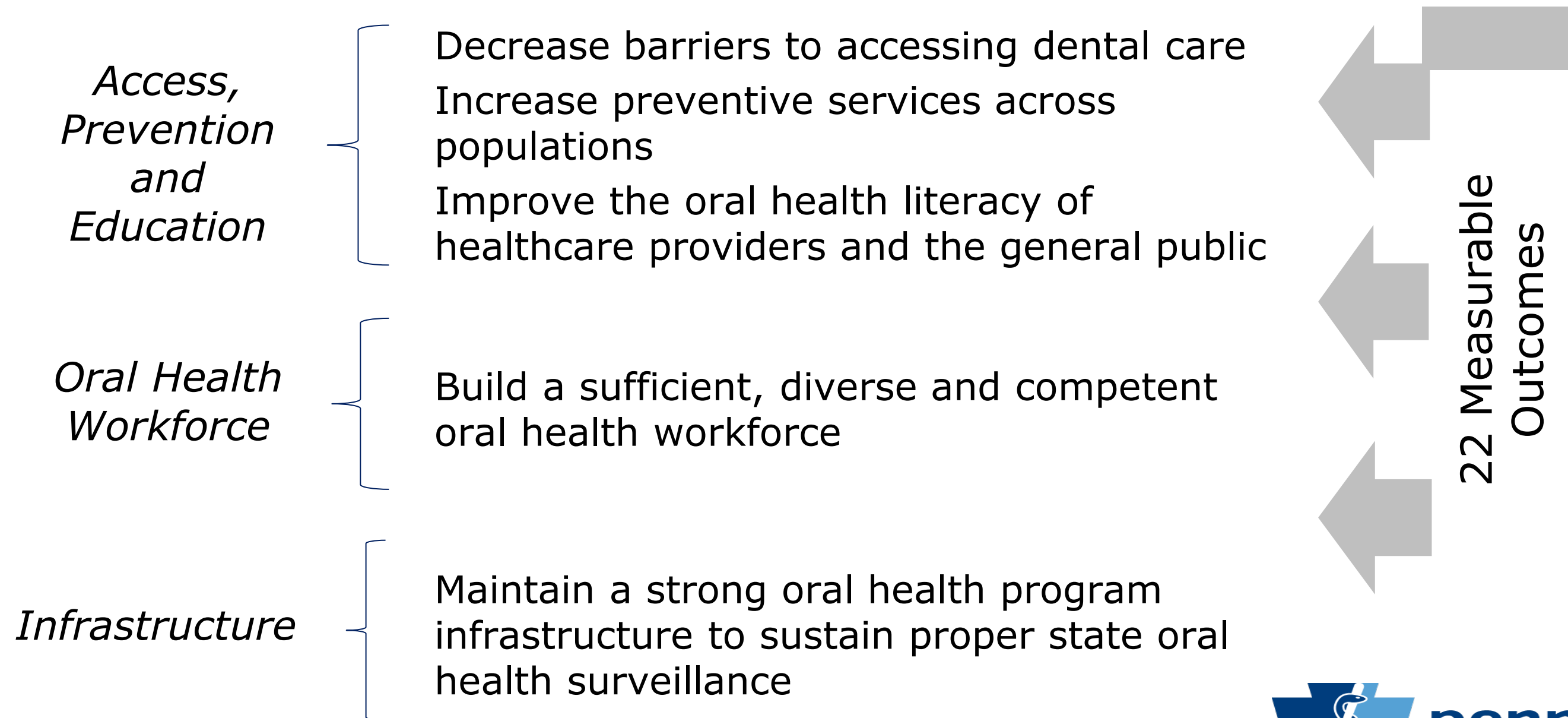
Focus Years: 1-3

- Operational Domains:
 - Health Equity
 - Health Policy and Advocacy
 - Health Community

Focus Years: 4-10

Plan Priorities and Outcomes

OVERARCHING GOAL: Enhance the overall health of all Pennsylvanians through improved oral health.



- Reduce total health care costs through policies and advocacy that enhance access to oral disease prevention and treatment services.
- Initiate policy(ies) to expand the oral health workforce in venues serving underserved populations to provide more opportunities for access to treatment, prevention and education services.
- Reduce oral health disparities according to race, income, ethnicity age, geographic residence, disability status and education levels.

2023 – 2024 Action Steps (Continued)

- Initiate a policy on Medicaid reimbursement for community health workers (and similar groups) for home visiting, education services, and appropriate referral to dental homes.
- Advocate for mandated and increased level funding for the Medicaid fee schedule.
- Identify and support pipeline program development to ensure a competent and diverse future oral health workforce.
- Secure state and federal funding to implement, administer, and operate statewide dental public health programs designed to enhance oral health equity.

Health Resources and Services Administration (HRSA) Projects

- Infuse equity into dental school curriculum.
- Community-based prevention and dental health certified community health workers.
- Promote oral health integration with pediatric telemedicine.
- Create a multisector oral health workforce community of practice.

Centers for Disease Control and Prevention (CDC) Projects

- Pennsylvania School-Based Dental Sealant Program.
- Community Water Fluoridation Communication Campaigns.
- Community Water Fluoridation Equipment Grants.
- Basic Screening Survey Project 2021-2022 School Year.

Upcoming Projects

- New CDC Grant to State Oral Health Program forecasted Notice of Funding Opportunity.
- Program and Agency Collaborations.
- New Oral Health Program webpage on Department of Health website.

Call to Action

- Advocacy
- Education
- Stakeholder Engagement

Thank you

Dr. Jonise McDaniel
Public Health Dental Director
c-jmcdanie@pa.gov

Let's hear from:

Pennsylvania Department of Human Services

Dr. Shahram (Sean) Shamloo, Chief Dental Officer

Dr. David Kelley, Chief Medical Officer

Presentation #5

Let's hear from:

Amanda Taylor Gehman

Making the Invisible, Visible in Oral Health



Making the Invisible Visible in Oral Health

Amanda Taylor Gehman, MPH

Program Manager, Pennsylvania Area Health
Education Center (PA AHEC) and its PA Training
Center for Health Equity

Disclosure

- This project is funded, in part, under a Grant with the Pennsylvania Department of Health. Basic data for use in this study were supplied by the Pennsylvania Department of Health, Harrisburg, Pennsylvania. The department takes no part in and is in no way responsible for any analyses, interpretations, or conclusions.
- The speaker has no financial relationships to disclose relevant to this presentation.

Objectives



- Objective 1: Recognize key principles of health equity decision-making
- Objective 2: Examine how data can help make health disparities visible in PA

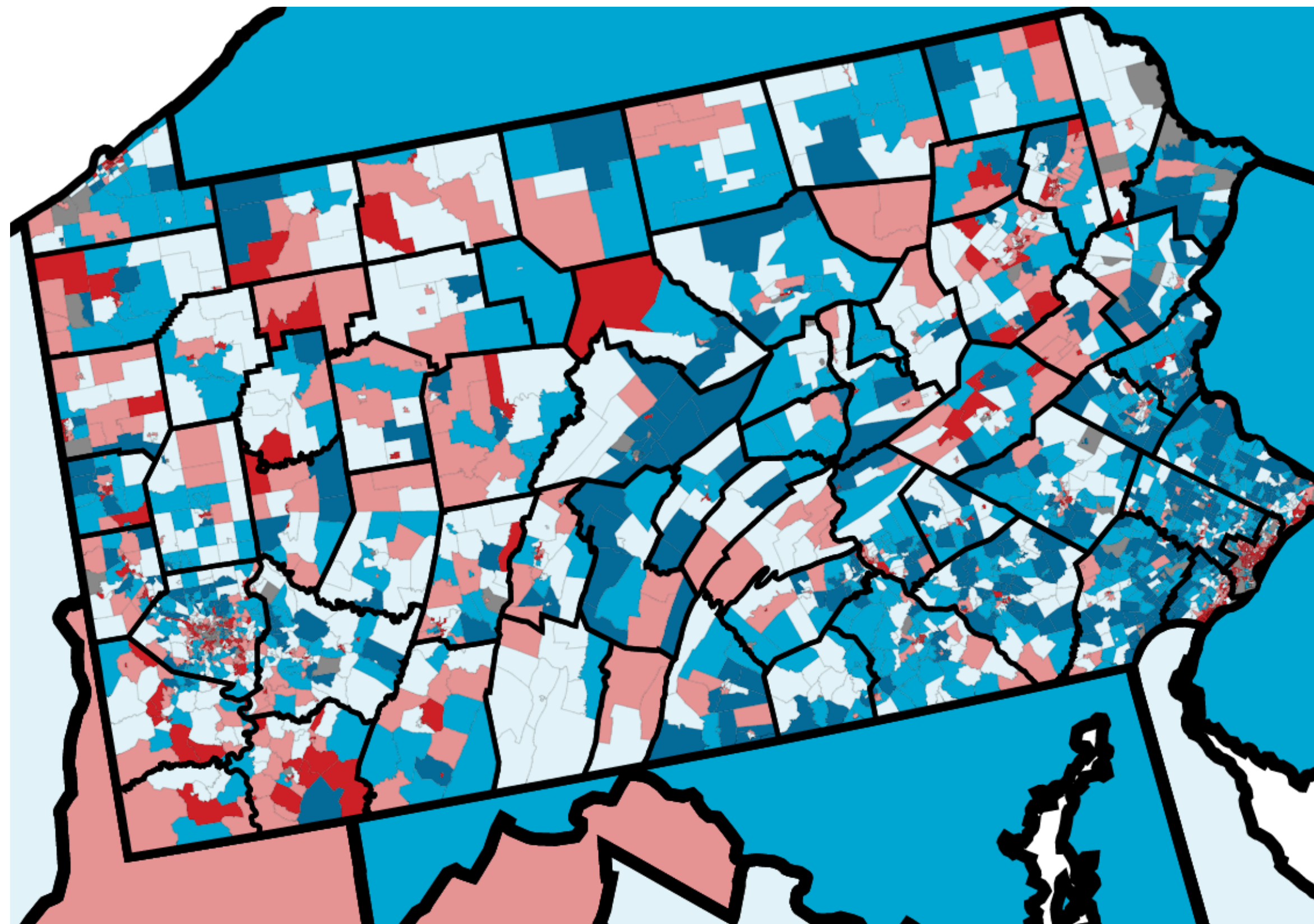
Health Equity



- Complete the following sentence:
 - Regarding oral health, people ought to have _____.

Making the Invisible Visible...Through Data





Life Expectancy at birth (Quintiles)

56.9 - 75.1	75.2 - 77.5	77.6 - 79.5	79.6 - 81.6	81.7 - 97.5
-------------	-------------	-------------	-------------	-------------

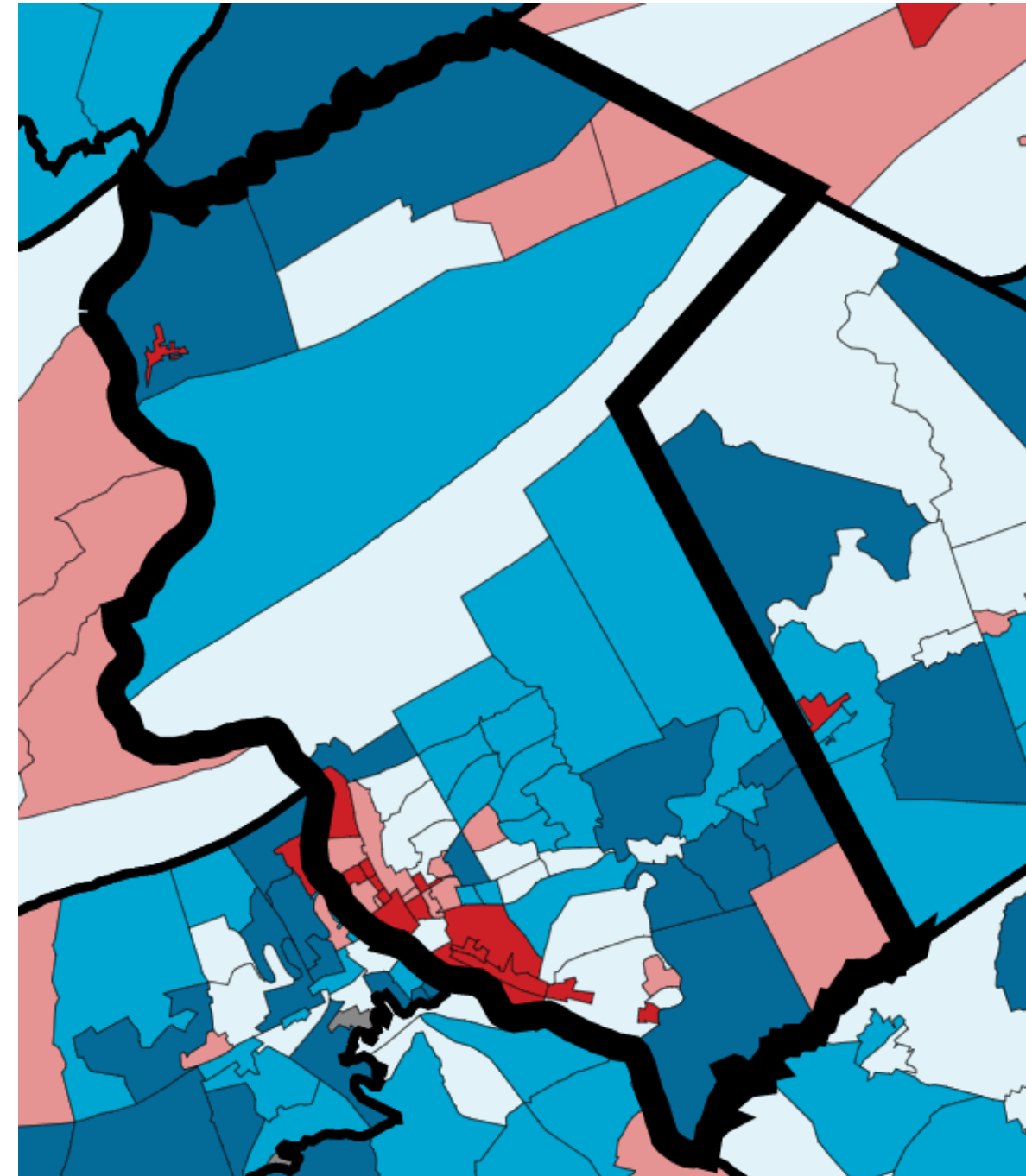
<https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html>

Health Disparities in our Community: Dauphin County, PA

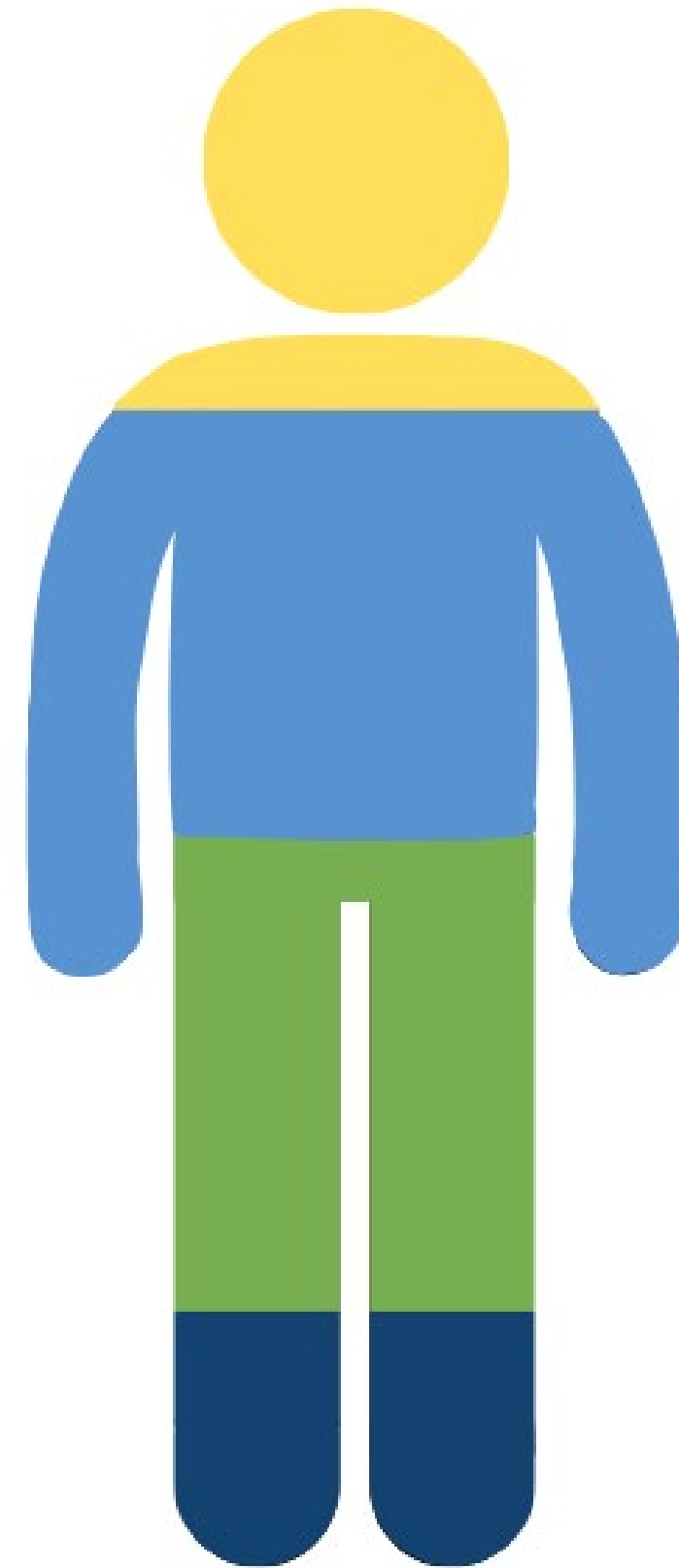
- Best life expectancy: 84.7 years
 - (similar to Japan, best in the world)
- Worst life expectancy: 67.2 years
 - (similar to Pakistan and Ethiopia)



<https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html>



Factors that impact overall health outcomes and quality of life.



Clinical Care - 20%

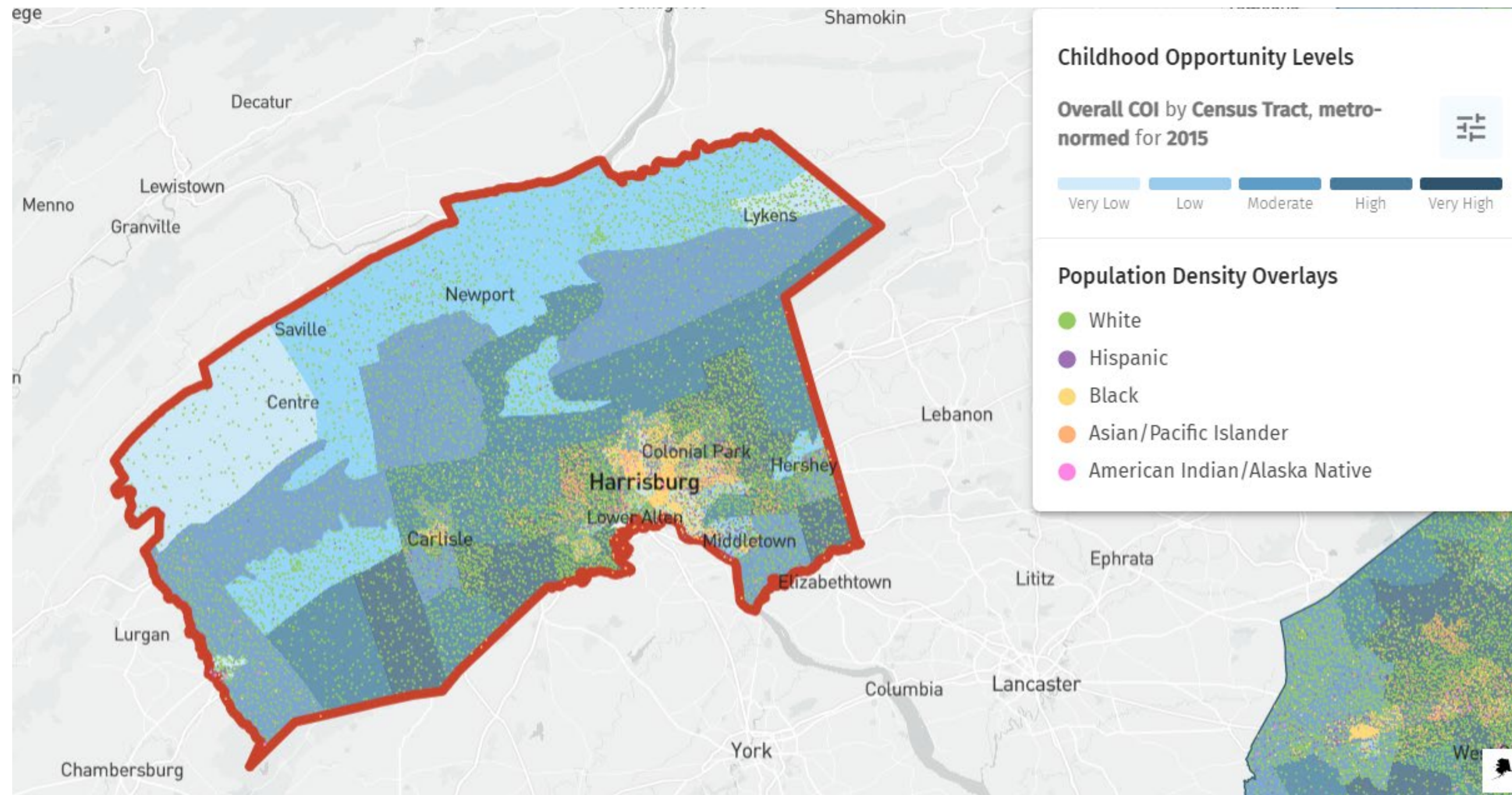
Social & Economic Factors - 40%

Health Behaviors - 30%

Physical Environment - 10%

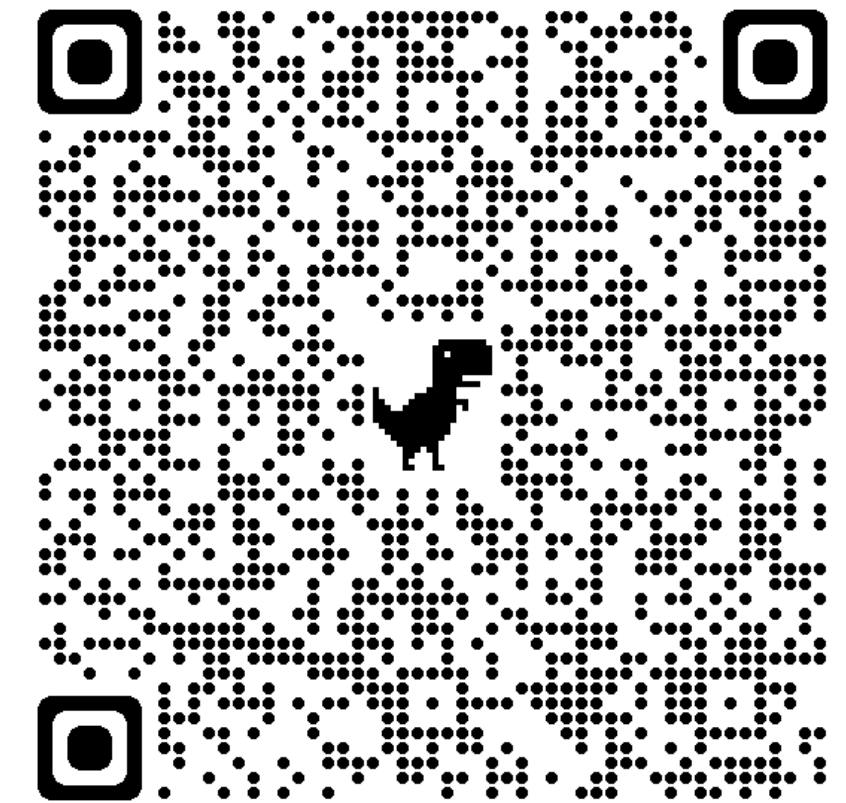
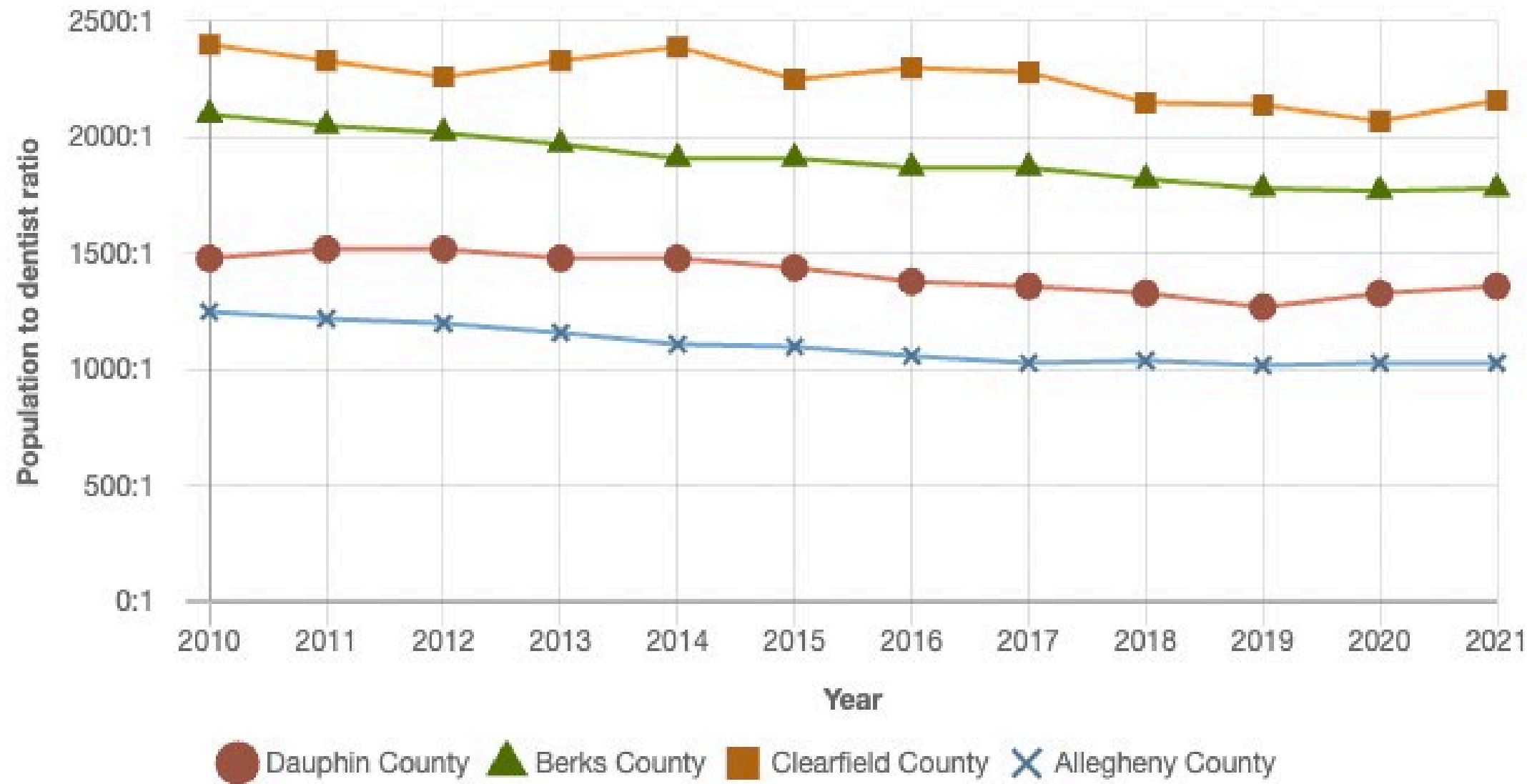


Child Opportunity Index



	Dauphin, PA	Berks, PA	Clearfield, PA	Allegheny, PA
	1,360:1	1,780:1	2,160:1	1,030:1

Trends in Dentists in selected places



Cost is the most common reason for not visiting the dentist

Top reasons given by 14,962 adults for not having visited the dentist in the past 12 months, 2015

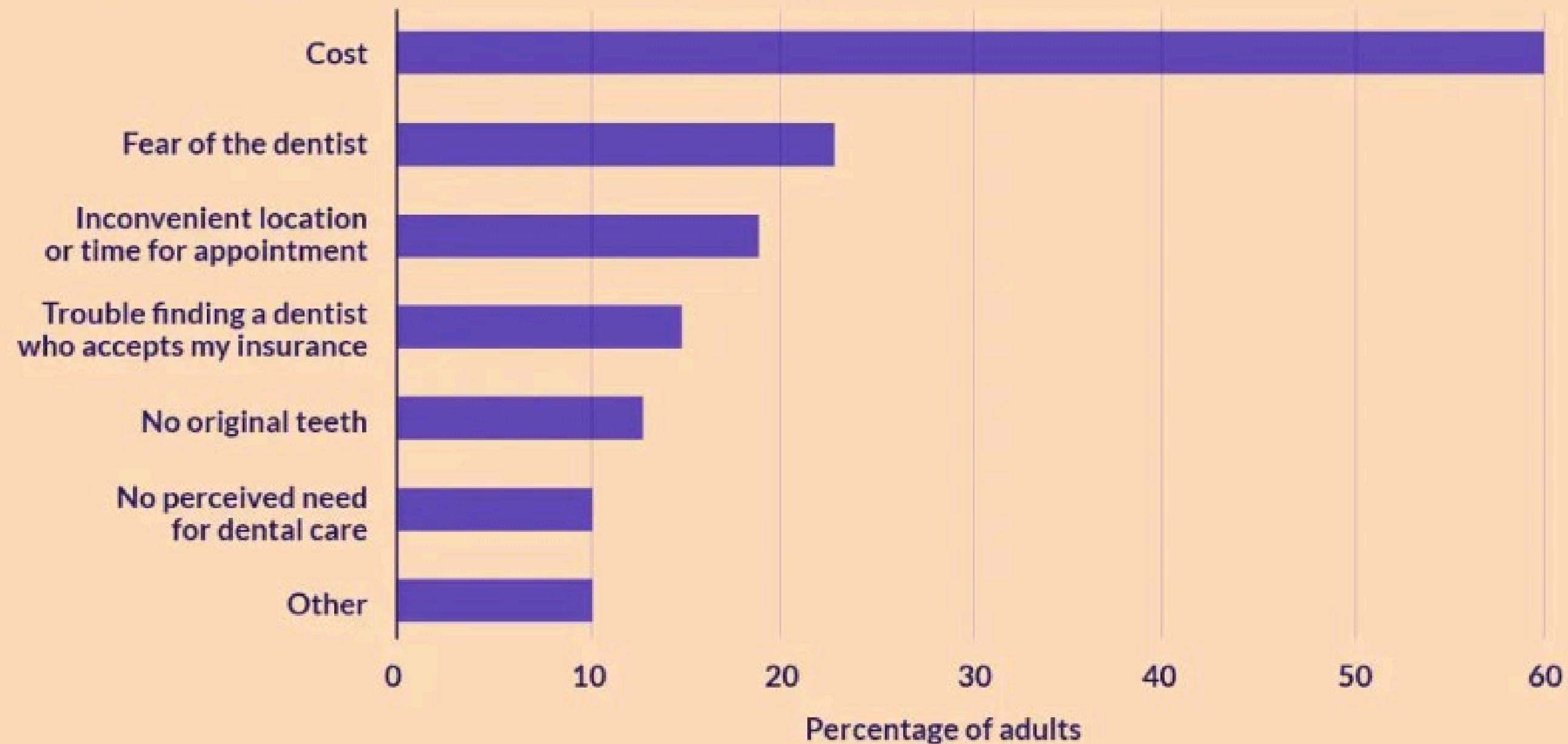


Figure 2. Dental visits in the past year among adults aged 18–64, by percentage of federal poverty level: United States, 2009–2019

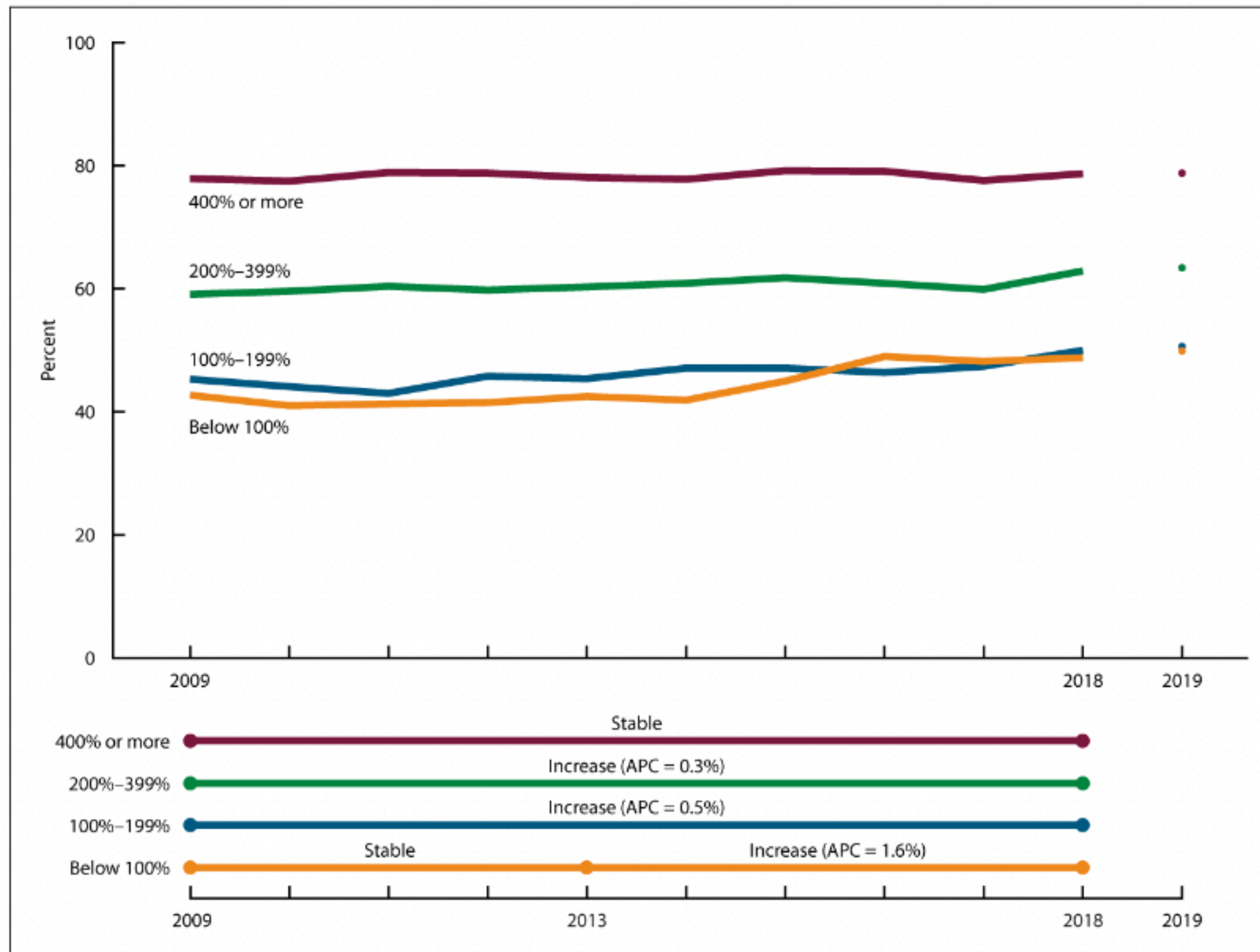
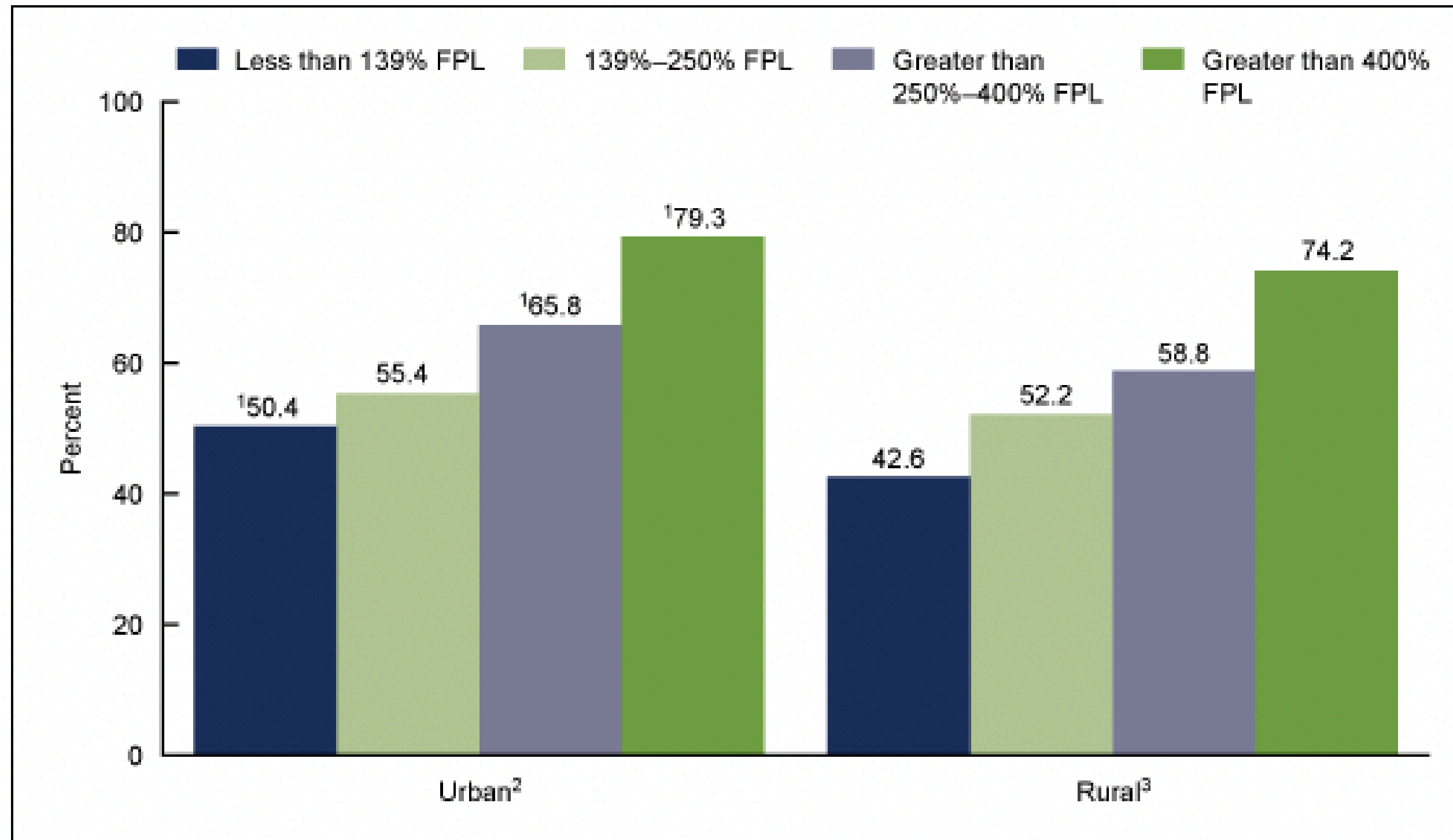
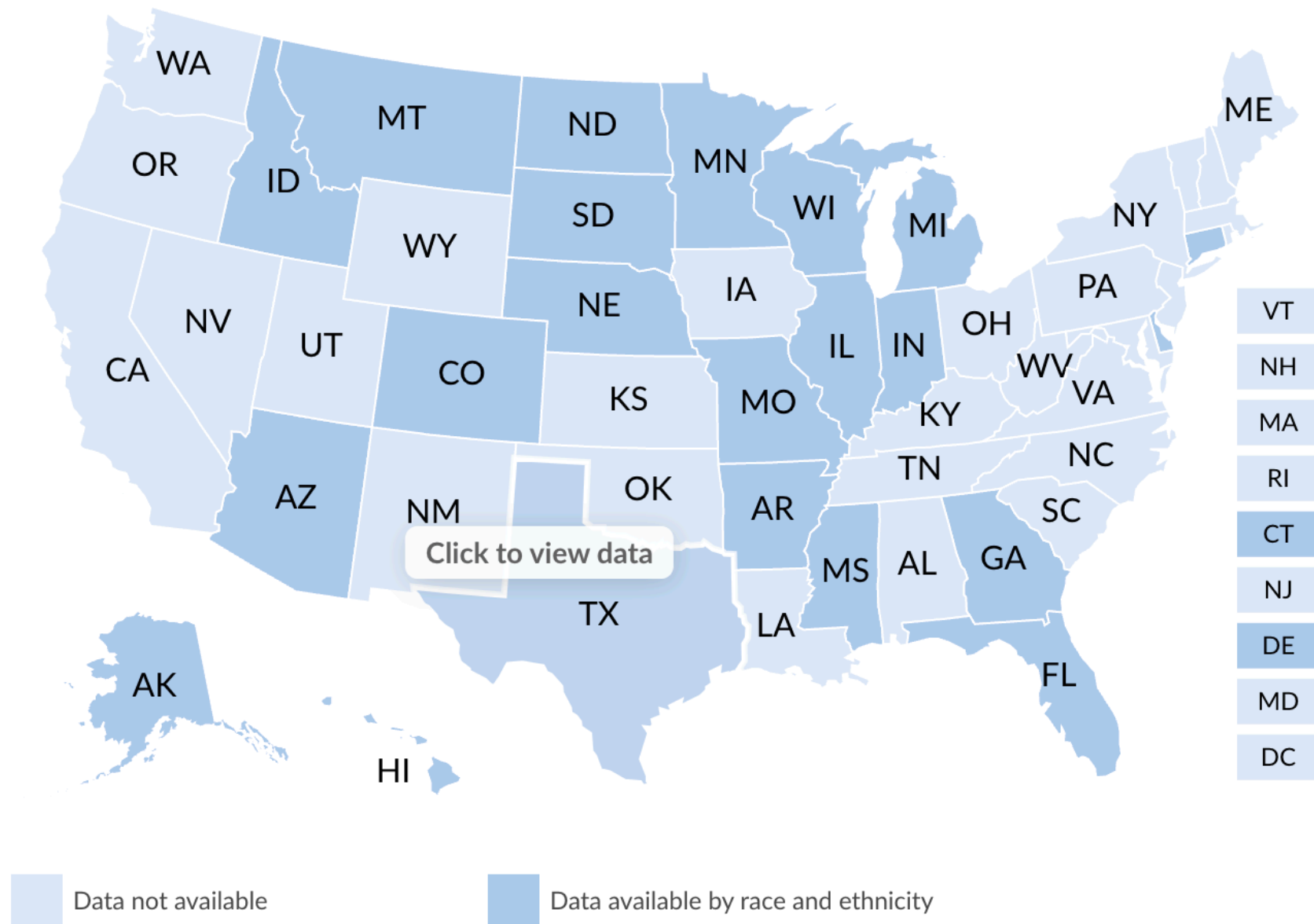


Figure 4. Percentage of adults aged 18–64 with a dental visit in the past 12 months, by urbanicity and family income as a percentage of the federal poverty level: United States, 2019



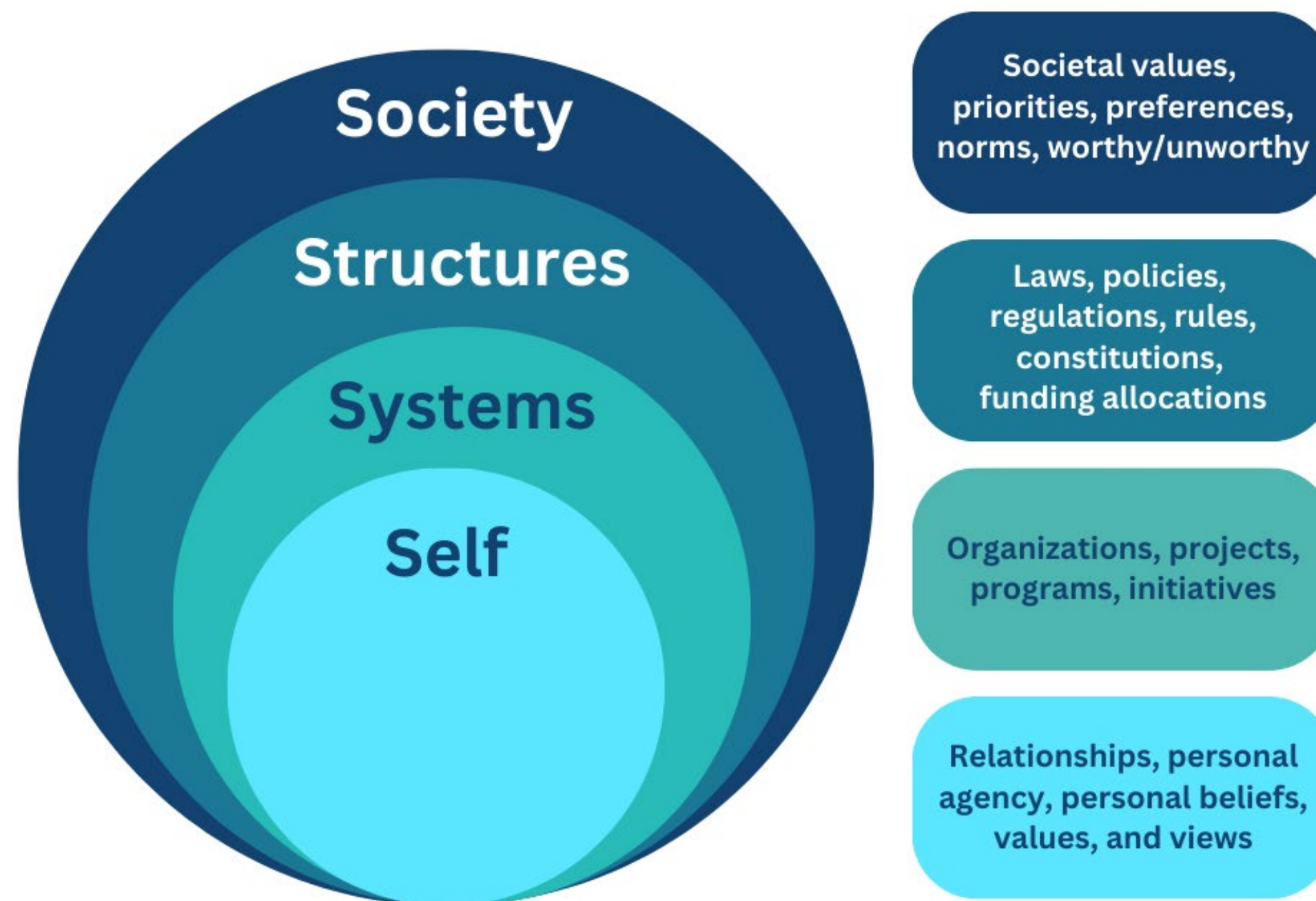
Data Challenges

Tooth Decay Among Third-Graders in 22 States



Without data, it is hard to identify or address health disparities

4 S Model of Health Equity Decision-Making



Health Equity
Decision-Making
must occur at
every level.

Principles of Health Equity Decision-Making



Make a commitment to health equity.



Identify vulnerable groups upfront



Design and build *with* vulnerable groups in mind and with their input



Invest in health equity, allocating resources proportionate to need

Additional Resources:

Equity begins with an ethical orientation: *each person is valued.*

- “The idea that some lives matter less is the root of all that is wrong with the world.”

— Paul Farmer

Additional Resources:

- www.paahec.org
 - Programs -> PA Training Center for Health Equity (or use QR code below)
- **An introduction to health equity:**
 - Health disparities overview
 - Root causes of health inequities
 - PA minority health disparities report
- **Health Equity Tools and Guides:**
 - Health equity tools inventory
 - Equity and empowerment lens
 - Health equity guide



References

Slide 5: Mapping Life Expectancy. *Center on Society Health*, Virginia Commonwealth University. Retrieved from: <https://societyhealth.vcu.edu/work/the-projects/mapping-life-expectancy.html#gsc.tab=0>

Slide 6 & 7: Life Expectancy at Birth. *Centers for Disease Control and Prevention*. Retrieved from: <https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html>

Slide 8: County Health Rankings Model. *County Health Rankings*. Retrieved from: <https://www.countyhealthrankings.org/reports/2023-county-health-rankings-national-findings-report>

Slide 9: Childhood Opportunity Index. *Data Diversity Kids*. Retrieved from: <https://www.diversitydatakids.org/maps/#/explorer/tracts/0/15/10,15/b,w,hi,ap,ai/xc/m/1.0.14/40.248/-77.236/8.25/>

Slide 10: Dentists in Clinical Care by County. *County Health Rankings*. Retrieved from: <https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=42043%2C42011%2C42033%2C42003&year=2023>

Slide 11: The Dental Divide: How Race and Insurance Affects Your Oral Health. *Health Match*. Retrieved from: <https://healthmatch.io/blog/the-dental-divide-how-race-and-insurance-affect-your-oral-health>

Slide 12 & 13: Centers for Disease Control and Prevention. Figure 2. Dental Visit in the past year among adults aged 18-64. Retrieved from: <https://www.cdc.gov/nchs/hus/topics/dental-visits.htm#explore-data>

Slide 14: Pew. 11 March, 2022. *Inequitable Access to Oral Health Care Continues to Harm Children of Color*. Retrieved from: <https://www.pewtrusts.org/en/research-and-analysis/articles/2022/03/11/inequitable-access-to-oral-health-care-continues-to-harm-children-of-color>

Panel

Shared Solutions: Breaking Down the Rural-Urban Divide in Accessing Oral Health Care

Facilitated by Dr. Sean Boynes, Harmony Health Foundation

Panelists: Dr. Kari Hexem and Dr. Laura Dimino



Presentation #6

Let's hear from:

Jamie Santana

Standing in the Gap: Community Health Workers

"Standing in the Gap: Community Health Workers"



Jamie L. Santana, CCHW
November 17, 2023

Agenda

- Purpose
 - Who are Community Health Workers
 - Why have Community Health Workers
 - Roles and Responsibilities
- Licensed Practitioners of the Healing Arts
- Components of State Plan Amendment
- Best Practices in other states
- Resources
- Get Involved



American Public Health Association

Community Health Worker (CHW) definition

“A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

Why Community Health Workers?



Represent the community served

Share “lived experience”

Improve communities

Reduce hospitalizations

Contribute to improved health outcomes

Control Medicaid spending

Roles of Community Health Workers

Cultural
Mediation

Care coordination

Health
system/human
service navigation

Health education
and coaching

Self
empowerment and
social support



PA CHW Employer Classification (2022 v. 2023)



N = 100, 2023

- 478 CHWs represented
- 242 of those are Certified CHWs

Promising Practices: State Plan Amendments

Cover a range of preventive services, populations, & qualifying conditions.



Expand definition of who orders services.



No limits on number of billable hours.



Establish an equitable billing rate & incentivize partnerships.



Licensed Practitioners of the Healing Arts

LPHA-Licensed Practitioner of the Healing Arts-A person who is licensed by the Commonwealth to practice the healing arts. Pennsylvania Regulations Pa. Code § 5200.3

Includes:

- Physician
- Physician assistant (PA-C)
- Certified registered nurse practitioner (CRNP)
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist
- Licensed professional counselor (LPC)
- Psychologist

Proposed additions:

- Licensed Social Workers (LSW)
- Dentists
- Pharmacists
- Nurses

Path to Medicaid Reimbursement



Best Practices

Minnesota

CHW Solutions

<https://chwsolutions.com/>

Rhode Island

RIPIN – Rhode Island Parent Information Network

<https://ripin.org/>

South Dakota

Community Health Worker Collaborative of South Dakota

<https://chwsd.org/>

Resources

Community Health Worker (CHW) Toolkit A GUIDE FOR EMPLOYERS

<https://communityhealthalignment.org/chw-toolkit/>

National Association of Community Health Workers- Sustainable Financing of CHW Employment

<https://nachw.org/wp-content/uploads/2020/10/SustainableFinancingReportOctober2020.pdf>

NACHW- CHW Document Resource Center

<https://nachw.org/chw-document-resource-center/>

PA CHW Collaborative

<https://www.pachw.org/> for main page and <https://www.pachw.org/sustainability> for Advocacy and Sustainability

A CHW Tool kit has been created and can be shared. To learn more about it, please reach out to

Heather Emanuele Heather.Sims@AHN.ORG

Getting involved through the Collaborative



PA CHW Taskforce- has several subcommittee; Self-Care Training, Bilingual Trainings, Barriers to Resources, Advancement & Advocacy Opportunities, and CHW Supervisors. **Others can be created.**

Contact: Diamond Poyer Diamond.Poyer@Temple.edu

PA CHW Collaborative Sustainable Financing group- working on State Plan Amendment and other initiatives

Contact: Kristin Lazzara Kristin.Lazzara@AHN.ORG and Leanna Bird Leanna.Bird@AHN.ORG from Allegheny Health Network Center for Inclusion Health

Legislative Outreach Group

Contact: David Wiles dwiles@cornerstonecare.com
Cornerstone Care Community Health Center of Clairton

PA CHW Association- this is for CHWs only

Contact: Jamie Santana Jamie.Santana@valleyhealthpartners.org

#6 Discussion Questions

1. How can PA oral health champions best utilize Community Health Workers (CHWs) in advancing health equity?
2. What types of tools would be helpful in initiating the use of CHW in your community?



Presentation #7

Let's hear from:

Jacqueline Pugliese

An Assessment of Pennsylvania School-Based Oral Health Programs

AN ASSESSMENT OF PENNSYLVANIA SCHOOL-BASED ORAL HEALTH PROGRAMS

Jacqueline Pugliese, RDH, BS, MPH

PUBLIC HEALTH PROBLEM

- Childhood dental decay/caries is the most common childhood disease – significant public health problem in the USA
- Over 50% of children have decay
- Oral health impacts a child's physical, social, emotional wellbeing
- Health inequities preventing proper oral health care
 - Transportation, provider locations, lack of providers, cost, time, socioeconomics

PURPOSE

- To examine the impact school-based oral health programs have on children's oral health in Pennsylvania

OBJECTIVE

- Identify best practice models to reduce childhood decay utilizing school populations
- Show effectiveness of current school-based oral health programs
- Improve and increase school-based oral health programs through proper workforce utilization and Medicaid billing for sustainability

BACKGROUND

- PA mandates dental examinations in K/1st, 3rd and 7th grade
 - DOH PA Code 23.3
 - Fulfilled by mandated dental program, dental hygiene services program or private dentist
- Public Health Dental Hygiene Practitioner (PHDHP)
 - Dental hygienist with additional certification
- Certified School Dental Hygienist (CSDH)
 - Dental hygienist with additional certification as an educational specialist

SCHOOL-BASED/SCHOOL-LINKED PROGRAMS

- Health care providers may offer services for students on campus (school-based) or affiliated with a school community (school-linked)
- The National Assembly on School-Based Health Care (www.nasbhc.org) found nearly 2,000 school-based healthcare centers (SBHC) in the US

STATE/FEDERAL ORAL HEALTH OBJECTIVES

- Pennsylvania Oral Health Plan 2020-2030
 - Mission: to promote oral health
 - Evaluates how to improve access to oral health care for children
- Healthy People 2030
 - 5 of the 15 oral health related objectives pertain directly to this assessment

METHODS

- Systematic review of MEDLINE/PubMed database
 - Keywords: school-based oral health programs, children's oral health, school health services, children's health promotion, adolescent oral health
 - Dates from 2010-2023
- Informational survey sent to 50 Certified School Dental Hygienist (24 responses)
- Insight Interviews/collaborations
 - Helen Hawkey (PCOH)
 - Julie Cousler Emig (PA School-Based Health Alliance)
 - Matt Crespín (Children's Health Alliance of Wisconsin)

Do you currently practice as a CSDH? *

Yes

No

Do you have a Public Health Dental Hygiene Practitioner (PHDHP) certification? *

Yes

No

Do you also practice in clinical dental hygiene? *

Yes

No

FINDINGS

Aligning services

- 100% of CSDHs provide oral health education
- 16.7% provide sealants
- 16.7% provide prophylaxis (cleanings)
- 37.5% provide fluoride
- 4.2% provide silver diamine fluoride
- 87.5% follow up with child when referred for further care

BENEFITS OF BSS DATA

Sample Oral Health Screening Form/School Children		
Screen Date: ___/___/_____	School Code:	Screeener's Initials:
ID Number:	Grade:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black/AA <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Asian <input type="checkbox"/> Unknown	
Untreated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	Treated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Sealants Perm Molars: <input type="checkbox"/> No <input type="checkbox"/> Yes	Treatment Urgency: <input type="checkbox"/> None <input type="checkbox"/> Early <input type="checkbox"/> Urgent	
Comments:		

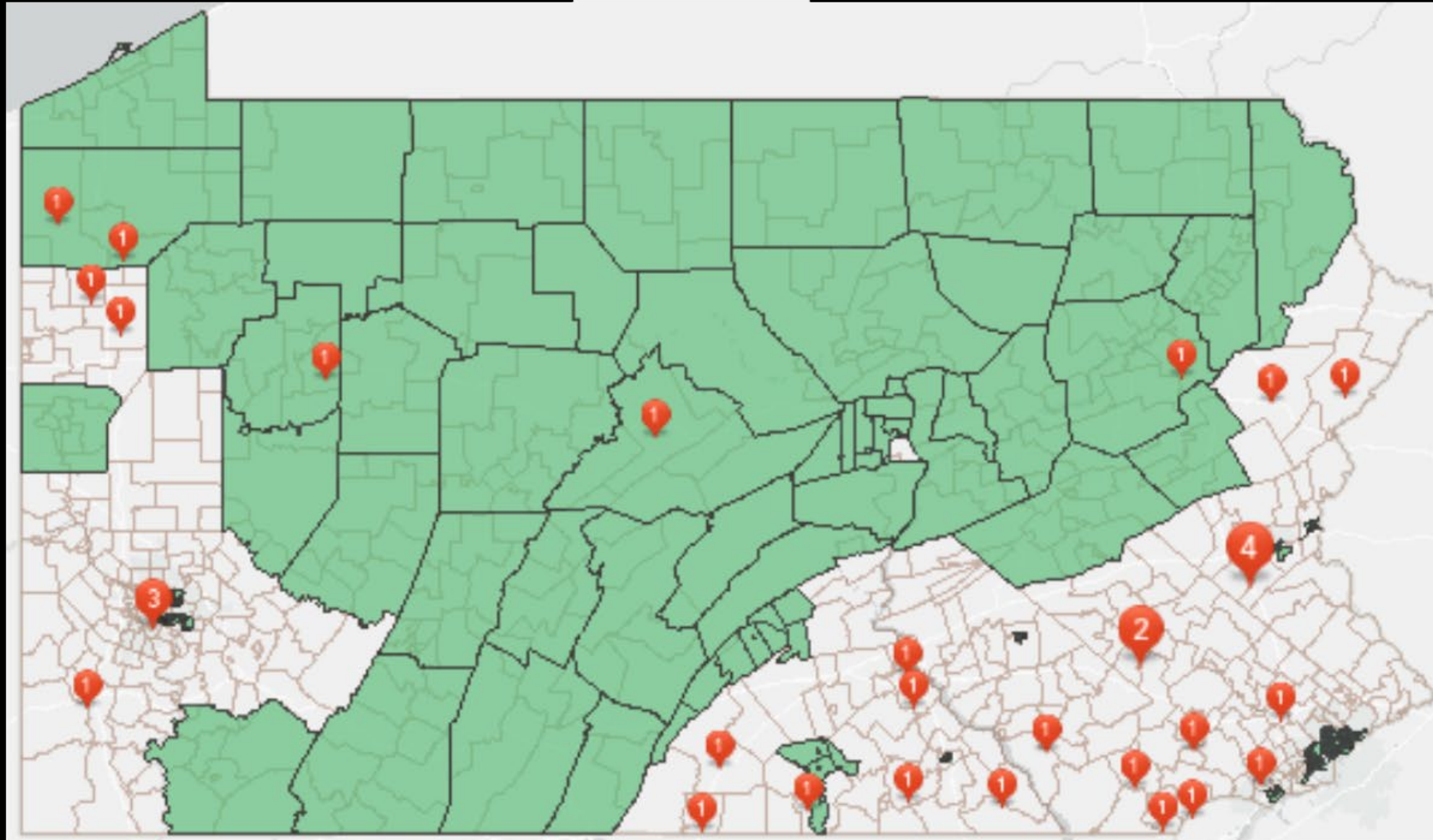
BENEFITS OF BSS DATA

Oral Health Indicators by Race/Ethnicity in Third Grade Students, PA, 2021 - 2022

Race/Ethnicity	Caries	Treated Decay	Untreated Decay	Urgent Treatment Need	Sealed Permanent Molars
White	56.9%	24.1%	46.1%	5.5%	38.5%
Black	65.1%	32.5%	50.9%	32.9%	30.8%
Hispanic	65.8%	27.8%	52.3%	27.5%	33.1%
Asian	66.2%	26.1%	56.7%	26.6%	26.0%
Multi-racial	64.5%	25.4%	54.1%	24.9%	41.9%

HB1478 UPDATE!!

As of October 30th, the House of Representatives voted unanimously for HB1478 to allow PHDHPs to perform the mandated dental screenings in school. The bill now sits in the Senate Education Committee.



- 67 counties, 500 school districts are shown on this map
 - 53 counties considered dental provider shortage areas (seen in green)
 - 27 school districts utilize CSDHs
 - 31 school-based health centers (www.psbha.org)
 - 8-10 provide oral health services

FUNDING

- Medicaid reimbursement
 - Only 50% of children served by Medicaid had a dental visit in 2021
- Successful models seen in 19 other states that allow DH to be reimbursed by Medicaid



PENNSYLVANIA'S SCHOOL SEALANT PROGRAM

2020-2025

- 5,000 children receive sealants
- First 3 years = 2,433 children

2020-2030 PA Oral Health Plan
Goal of 122 programs by 2030

91 schools (2022-2023)

- 75 schools were "high-need"

National Benchmark

- 25% of high-need schools
- 1,501 total = 375 schools

Participation in Program

- Data collection (SEALS)
- Participation in SSP work group through PCOH
- Comply with PA SSP Manual / SEALS Manual

DISSEMINATION

- PA mandated oral health examinations alone will not address the significant public health need of childhood dental decay
- SBOHPs can decrease health inequities
- Allow PHDHPs to practice within their full scope of practice
- Allow schools to bill Medicaid for oral health services
 - Successfully billing other health services
 - Results in sustainable programs and potentially improve current programs in addition to increase programs statewide (as seen in Wisconsin)

CALL TO ACTION

Workforce

- Utilize current workforce
- Evaluate/Revise regulations

Sustainability

- Find funding opportunities
- Medicaid

Aligning services

- Expand SBOHP to all 500 school districts in PA and provide preventive services

RESOURCES

The National Maternal
and Child Oral Health
Resource Center
(OHRC)
produced Promoting
Oral Health in Schools:
A Resource Guide

Pennsylvania Coalition
for Oral Health

Association of State &
Territorial Dental
Directors Best Practice
Approach: School-
Based Dental Sealant
Programs

THANK YOU

- References available upon request

CONTACT INFORMATION

Jacqueline Pugliese, RDH, BS, MPH

JPuglieseRDH@gmail.com

#7 Discussion Questions

1. Are Certified School Dental Hygienists (CSDHs) a good solution?
How can we encourage more school districts to invest in CSDHs?
2. In comparing some of the options for school-based health care, how do mobile units fit in?

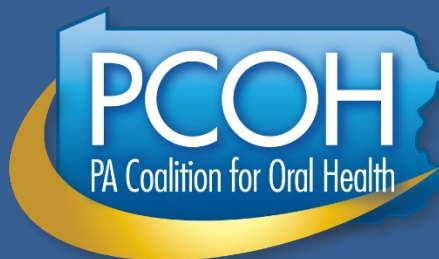


Panel

Addressing Workforce Challenges Through Dental Education: From Pipeline to Practice

Facilitated by Dr. Joseph Greenberg

Panelists: Dr. Joan Gluch, Dr. Amid Ismail, Ashleigh Osborne,
Dr. Michael Verber, and Kelly Wagner





Temple
University
Kornberg School of Dentistry



Understanding the Access to Dental Care Problem



Amid Ismail

Dean and Laura Carnell Professor
Kornberg School of Dentistry



Zip Code: 19002
Count (Sum): 81

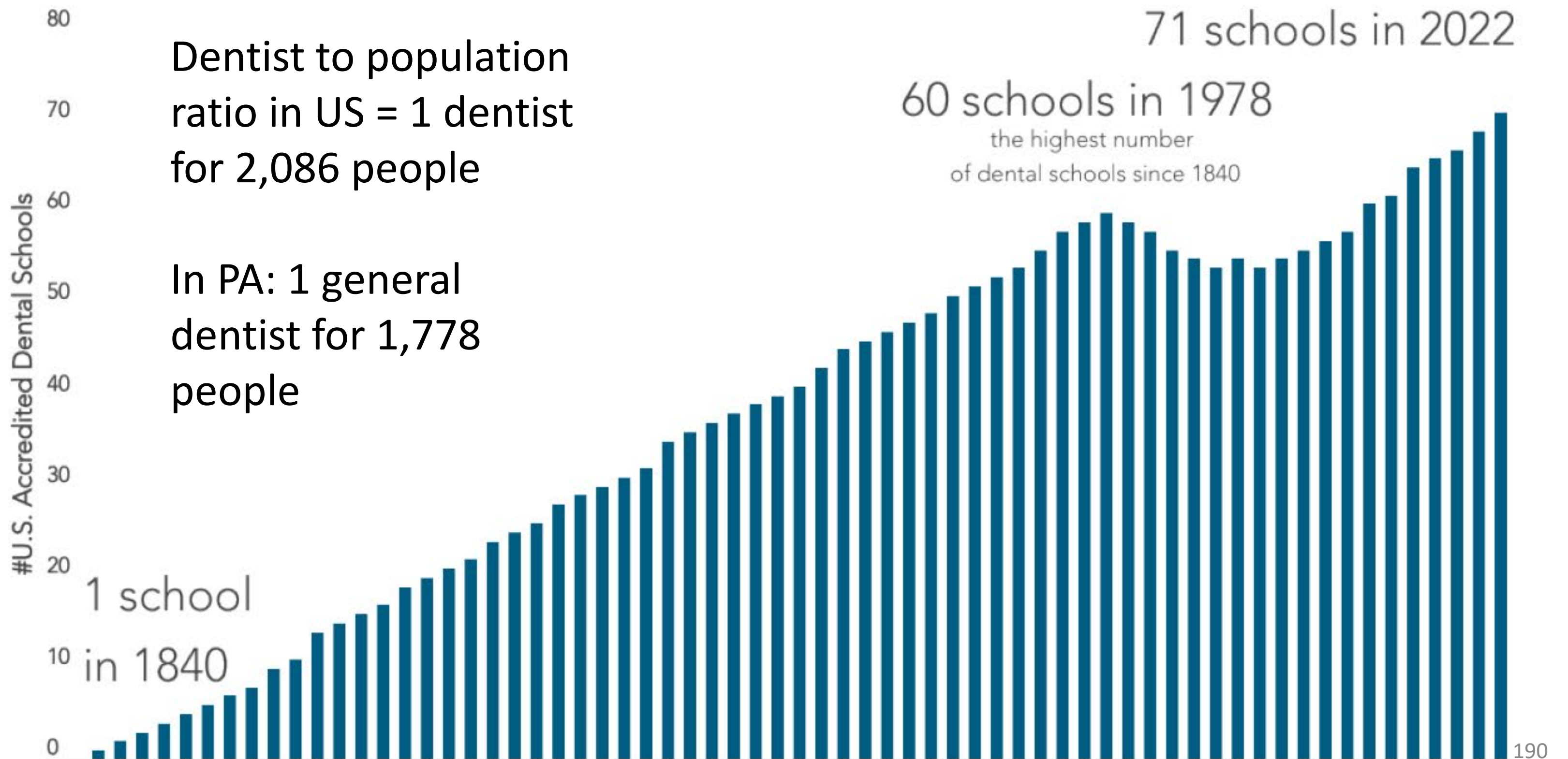
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Zip Code: 17601
Count (Sum): 43

Zip Code: 19006
Count (Sum): 48

Zip Code: 18940
Count (Sum): 41

Setting the Stage: Count of Accredited U.S. Dental Schools, 1840–2022



Support from the Commonwealth of Pennsylvania

	2020	2021	2022	2023	2024
Budget	\$53,935,726	\$54,794,137	\$56,262,484	\$61,349,428	\$64,679,095
Subvention **	\$1,160,317	(\$315,889)	(\$787,239)	(\$1,258,589)	(\$1,749,575)
	2%	-1%	-1%	-2%	-3%

AMA Journal of Ethics[®], January 2022, Volume 24, Number 1: E73-79 HISTORY OF MEDICINE: PEER-REVIEWED ARTICLE Eight Ways to Mitigate US Rural Health Inequity. Jo Henderson-Frost, MD, MPH and Mark Deutchman, MD.

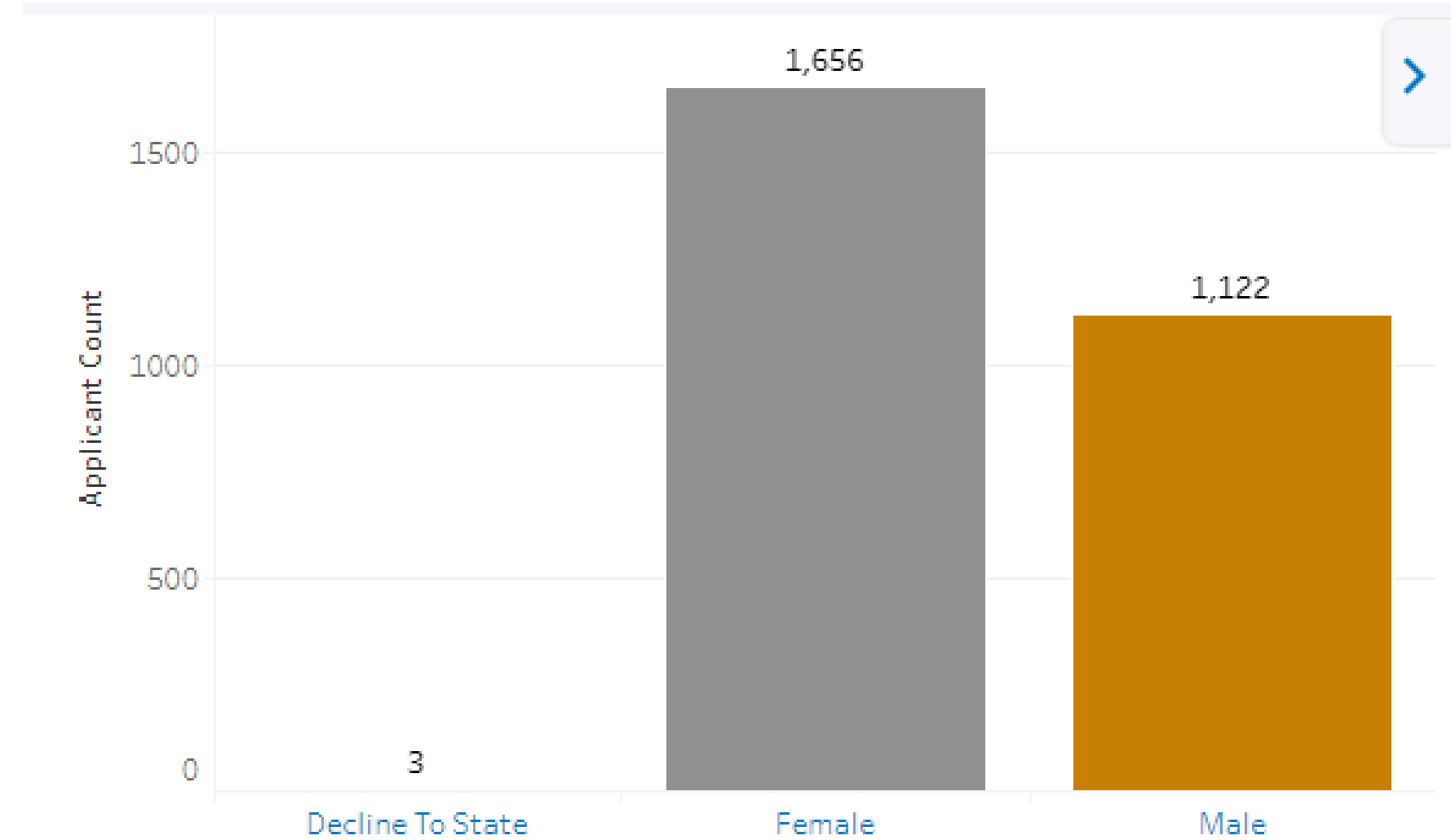
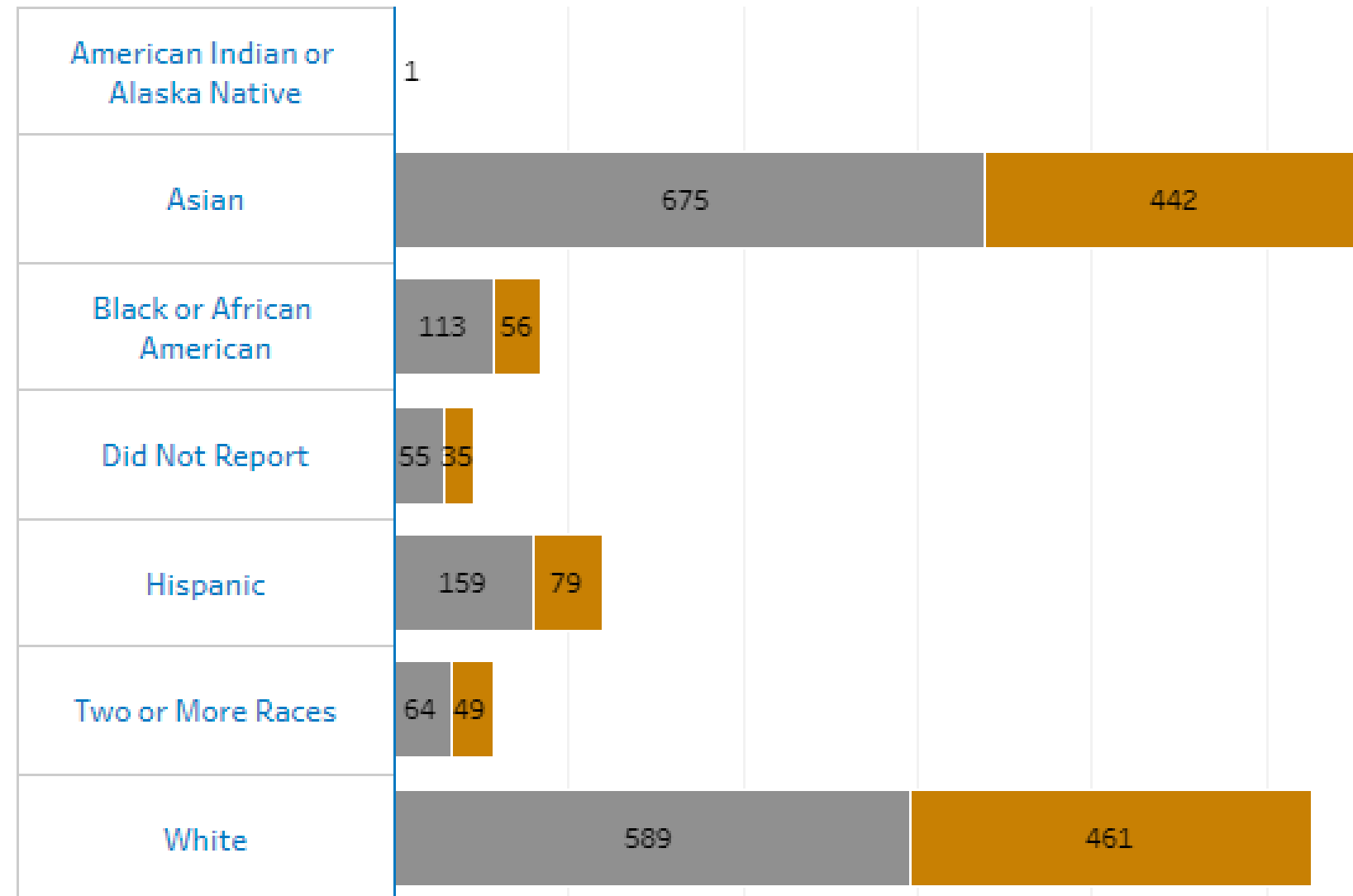
- Most dentists are located in urban areas; only 14% of dentists practice in rural areas where 20% of the US population resides. Of those 14%, the majority practice in large rural areas compared to small or isolated areas. Although the supply of dentists increased nationally by about 9.7% between 2008 and 2015, with both urban and rural locations sharing in the per-capita gain, between 2015 and 2018, the per-capita gain has been entirely in urban locations (B. Munson, Health Policy Institute, Oral communication, July 2019). Private practice dentists are more likely to locate in larger communities and communities with higher-income levels.

Temple Dental Admission Process

- 140 seats (Predoctoral DMD) amongst a large pool of applicants
- 10 seats Advanced Standing DMD
- Qualified candidates selected to interview
 - Academic benchmarks (Sci GPA, DAT scores)
 - Non-cognitive success indicators (life experiences, resilience, communication, community service, passion)
 - Standardized ethical test (CASPER)
- Admissions committee selects best fit that meet criteria
 - Holistic review

Temple Dental Admission Process

Applicant by Ethnicity and Legal Gender 2022-23 Cycle



Pennsylvania Applicants

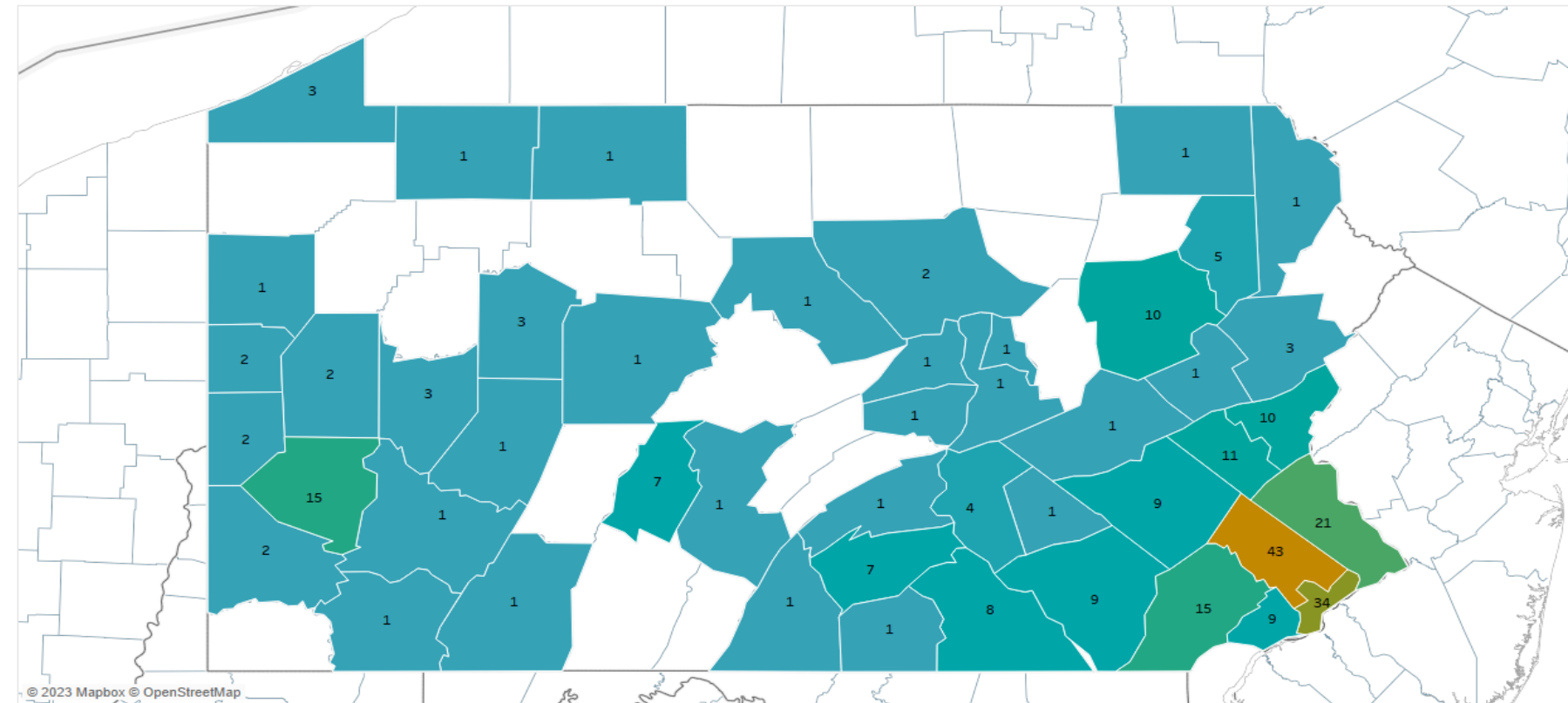
2022-23 Cycle

- PA 9-10 % applicant pool
- Majority from urban counties
- About 35% of DMD class

Applicants by County

10/6/2023 5:04:11 AM EST

To clear all filters and revert to the map's default view, click Clear Filters.



State of Residence
Pennsylvania

262 applicants

Counties

Montgomery County	43
Philadelphia County	34
Bucks County	21
Allegheny County	15
Chester County	15
Lehigh County	11
Luzerne County	10
Northampton Coun..	10
Berks County	9
Delaware County	9
Lancaster County	9
York County	8
Blair County	7
Cumberland County	7
Lackawanna County	5
Dauphin County	4
Armstrong County	3
Erie County	3
Jefferson County	3
Monroe County	3
Beaver County	2
Butler County	2
Lawrence County	2
Lycoming County	2
Washington County	2
Adams County	1
Carbon County	1
Clearfield County	1
Clinton County	1
Fayette County	1
Franklin County	1

Available Filters

Cycle Name
2022-2023

Application Status
All

Decision Code
All

Legal Sex
All

Ethnicity and Race
All

Citizenship Status
All

Program Name
All

Start Term
All

Program Attributes

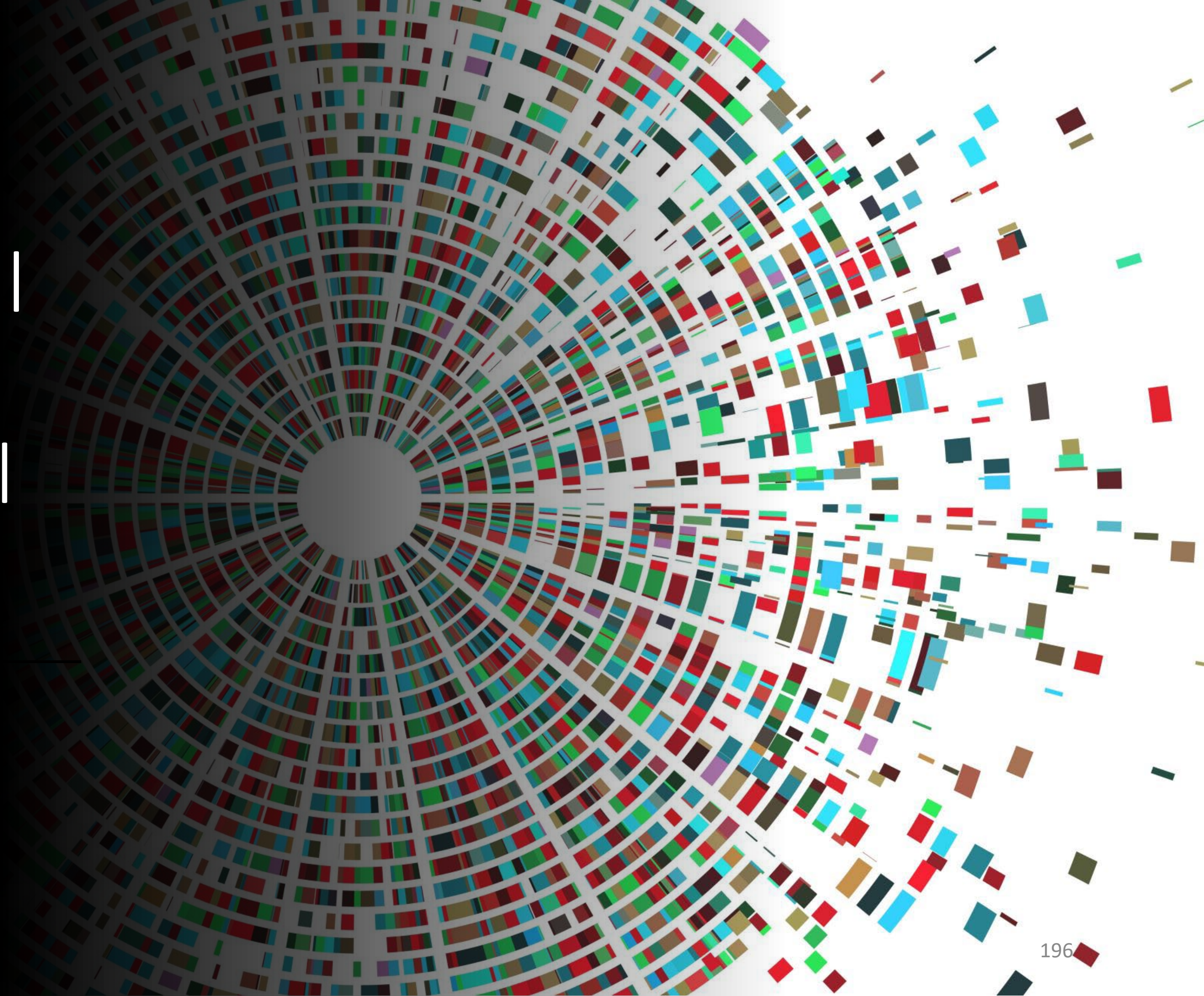
Attribute Name

Attribute Value



Temple Dental is Ready to Create a Rural Track

If Funded



How is Temple Dental Addressing Barriers for Dental School Applicants?

- Holistic admission process that considers applicants' life experiences/background
(60% academic, 40% Non-cognitive factors such as life experiences, socioeconomic and environmental circumstances, etc.)
- **Post-baccalaureate program**
- Pre-dental PB program provides DAT preparation, mentorship, interviewing skills, translational sciences to improve students' overall Science GPA
- Merit and need-based scholarships are available but limited
- Outreach to pre-health programs, high schools in North Philadelphia's underrepresented populations to inspire potential applicants (many know very little about dentistry) -- Impression Day, Digital Dentistry.
- Support and feedback to re-applicants to help improve their application for future cycles
- Admission Office offers advisory sessions to waitlisted and unsuccessful applicants

Post-Baccalaureate program

- Since 2015, majority of admitted PB students (80+%) were accepted to dental schools
- Over half of all students who completed the PB program were admitted to TUKSoD DMD program
- PB students have been admitted to 38 US dental schools

How can Programs Such as Pitt Dental Hygiene Best Convince Students to Consider a Career in Public Health?

- Develop new tracks:
 - advanced oral health practitioner (to replace the PHDH)
 - certificate in pragmatic public health practice
- Oral health teams with dentists, advanced oral health practitioners, community social worker, and dental assistants
- Bachelor of Oral Health Sciences and Community Health
 - Expansion of scope of practice (advanced oral health practitioner)
 - Screening for caries and periodontal diseases
 - Non-surgical and minimally-invasive procedures
 - Health assessment and testing
 - Coordination of care
 - Telehealth
 - Recall
 - Compensation for services in any setting

What Should We Consider?

- Developing community-focused oral health teams to provide comprehensive care
 - Integrate PHDH (AOHP) within an oral health team including dentists social workers, dental hygienists, dental assistants, and digital dental technicians
- Rural Tracks: Outreach rural community clinics, as extension of dental schools, providing comprehensive and community-focused education of students full-time in rural areas
- Focus on addressing the real causes of the access problems rather than political positioning
- Educating more dentists will not solve the problem
 - Social and family wellness
 - Financing of dental care for residents in rural areas
 - Educational debt

How can Programs Such as Pitt Dental Hygiene Best Convince Students to Consider a Career in Public Health?

- Rural and urban health clinics funded via per visit case rates
- Provide state-funded loan repayments for oral health team members who practice, **part-time or full-time**, in underserved areas

In 60 seconds or less,
can you share what you see as
the greatest need in our dental
workforce in PA?

- Teams, teams, and teams focused on comprehensive and integrated dental care
- Funding for Medicaid must change the variation in fees between privately and publicly covered patients
- Rural track: Create opportunities for educating students in rural clinics
- Introduce value-based reimbursement models to reward dentists and dental hygienists for achieving pre-defined oral health and health outcomes
- Standardize the licensure process

Thank You to our
Awards Sponsor:



Roundtables (3 Rounds of 15 Minutes Each)

1. Action for Health Equity: The Governor's Exception MUP
2. Addressing Workforce Challenges in Dental Shortage Areas
3. A Visual Oral Health Screening System
4. Community Dental Health Coordinator National Update
5. Dental Office Simulation
6. Developing a Medical-Dental Integration Program
7. Exploring Oral Health Disparities in the LGBTQ Community
8. A Data System for Tracking Oral Health in Pennsylvania
9. Oral Care for Residents in Long-Term Care Facilities
10. Oral Health Advocacy Update
11. Pennsylvania School Sealant Programs
12. Recognizing and Remediating Risk in Healthcare - PA Project Firstline
13. Strategies to Promote Oral Health in the Pediatric Medical Office
14. SUN Smiles Program
15. Tobacco/Nicotine Connective Services and Billing
16. UPMC for You Dental Provider Days

Impressions and Reflections

1. Bright Spots

2. Areas to Develop and Strengthen

3. What Was Missed?

Don't forget you can share your thoughts on the 2023 PCOH Summit Jamboard!



tinyurl.com/2023PCOHJam