SESSION 9: ORAL HEALTH FOR INDIVIDUALS WITH DISABILITIES
October 18, 2022
Thank you ECHO Partners
Agenda

01. Welcome, Housekeeping, and Call Overview
02. Didactic Presentation: *Oral Health and Disabilities in Rural Areas*
03. Participant Q&A
04. Case Presentation: *Increasing Access to Dental Care for Rural Patients with Intellectual or Developmental Disabilities (I/DD)*
05. Case Discussion
06. Close
Housekeeping

- This call is being recorded.
- Type your email and organization in the chat for recording.
- Slides, forms, and additional materials referenced today will be available following the call on the AIDPH website.
- Remember, avoid PHI/PII on this ECHO session
- Questions about Zoom during the call? Chat with Annaliese Cothron.
About AIDPH

The American Institute of Dental Public Health (AIDPH) is a 501c3 nonprofit centering health equity as a cornerstone of oral health education and training. We offer educational training for oral health professionals, support student growth and career development in dental public health, and serve as conveners of stature to facilitate systems change in the oral health community. AIDPH was established to pursue our mission of fostering professional excellence and advancing innovation in the education and practice of dental public health. Join us as we create our vision: an equity-oriented workforce prepared to lead.
About AIDPH’s Rural Oral Health ECHO

- Follows the CareQuest Institute’s Three Domains Framework, using the lens of rurality and health equity:
  1. Tele-prevention
  2. Minimally invasive care
  3. Integrated and personalized care
- Participants take knowledge back to their communities to implement in their daily work, building the capacity of the oral health professional workforce.
2022 Rural Oral Health ECHO Topics

- Population health management (February)
- Risk-stratified care (March)
- Teleprevention & teledentistry (April)
- Minimally invasive care (May)
- LGBTQIA+ rural oral health (June)
- Personalized & predictive care (July)
- Mental health & oral health integration (August)
- Oral health policy & advocacy (September)
- Oral health for individuals with disabilities (October)
- Veteran oral health (November)
Session Norms

- Each person learns, and each person teaches.
- Everyone uses first names to facilitate equality in the discussion.
- Add your pronouns to your Zoom name.
- Always introduce yourself – with your name, organization, and location – before speaking.
- Please turn on your video, but keep yourself on mute until you are ready to talk.
- Limit environmental distractions (e.g., rustling papers).
- Respect one another – it is okay to disagree, but do so respectfully.
- Respect patient health information.
Oral Health and Disabilities in Rural Areas

PRESENTED BY:
Dr. Holli Seabury, Executive Director
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The facts about oral healthcare for people with disabilities

**BY THE NUMBERS:**
- 1 billion people worldwide have a disability
- 61 million adults in the US live with an intellectual or physical disability
- 1 in 54 children are diagnosed with autism every year and 1 in 700 babies are born with Down Syndrome

**The number one health need for people with disabilities is adequate dental care**

**#1 HEALTH NEED**
- 6.5 million people with intellectual and developmental disabilities are not able to access the dental care they need
- Children with disabilities are 30% more likely to have their first dental visit delayed

**COMPARED WITH THE GENERAL POPULATION, PEOPLE WITH DISABILITIES:**
- Have higher rates and increased severity of periodontal disease
- Much higher rates of untreated cavities
- More missing and decaying teeth
- More gum disease and systemic diseases including heart disease and diabetes

**WHAT'S NEEDED:**
- More training for dentists: 75% of dental students report little to no training in providing care to patients with disabilities
- More awareness: One in every 10 people has a disability, and more than two-thirds of them do not receive any type of oral dental care
- Close the gaps in Medicare and Medicaid coverage: Medicare covers many health care services—but not oral healthcare—for many people with disabilities
- Support for caregivers

Of all the medically underserved populations, people with intellectual and physical disabilities have been the most marginalized when it comes to oral healthcare.”

Dr. Steve Periman, Global Clinical Director and Founder, Special Olympics, Professor Boston University Dental School of Medicine.

The percentage of adults living with disability is highest in rural counties and lowest in urban counties. Compared with adults living in large central metropolitan counties, adults living in noncore counties were:

• 9% more likely to report having any disability;

• 24% more likely to report having three or more disabilities; and

• More likely to report specific disability types (ranging from 7% more likely to report a cognitive disability to 35% more likely to report a hearing disability). (1)

Research suggests that social exclusion is a problem both for people with intellectual disabilities (ID) and for people living in rural areas. This may give rise to a double disadvantage for people with ID living in rural areas. (2)

1. Prevalence of Disability and Disability Types | CDC
Nationwide, the average wait time for a person with I/DD between dental visits is two years.

In rural areas, the wait is longer. In the Upper Peninsula of Michigan, the average wait time between dental visits is 5 years.
Health Professional Shortage Areas: Dental Care, by County, 2022 - Metropolitan

None of county is shortage area
Part of county is shortage area
Whole county is shortage area

Source: data.HRSA.gov, July 2022.
Health Equity NOT Equality

Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Braveman, P. (2014). What are health disparities and health equity? We need to be clear. Public Health Reports, 129(1_suppl2), 5-8.
BREAKING DOWN THE BARRIERS TO CARE FOR PERSONS WITH DISABILITIES

**REIMBURSEMENT**
- Additional reimbursement and services thru both commercial and Medicaid insurances

**TRAINING**
- Training for dental professions students in specialized clinics
- Standardized curriculum
- Hands-on training for clinicians

**EDUCATION & AWARENESS**
- Education for families and professional caregivers
- Awareness, advocacy, destigmatize general public

**INNOVATION**
- Centers for Inclusive Dentistry
- National models for care
CENTERS FOR INCLUSIVE DENTISTRY AT FQHCS

- Develop statewide access to community dental treatment for individuals with physical or intellectual/developmental disabilities (I/DD)

- Create access points through the FQHC system for individuals with disabilities, especially I/DD

- Increase the oral health status of individuals with disabilities

- Send dental staff for immersive training

- Provide equipment needed

- Monthly team meetings to develop tracking and outcomes
PROBLEM #1: LIMITED PROVIDER AVAILABILITY

Many dentists and support staff do not feel adequately trained to treat individuals with physical disabilities and/or I/DD.

Provider comfort levels to treat individuals with disabilities, especially I/DD, are low.
PROBLEM #2: LIMITED LOCATIONS FOR TREATMENT

While 85% of the I/DD population could be seen by a general dentist, there is an over-reliance on referrals to the dental schools.

Patients wait up to 5 years in some locations for dental appts, many drive hours to get care. This leads to extensive emergency room use (65% in IN).
With training and support needs met, FQHC dental clinics could provide locations throughout the state for inclusive treatment. The Medicaid wrap payment and mission of public health make FQHCs ideal locations for this project.
Immersive Training for all dental staff. Two and a half days in the disabilities clinics at either:

- NYU
- Penn Dental Medicine
- Ohio State
DID YOU KNOW?
In the United States there are nearly 57 million people with disabilities.

With the goal of helping to improve access to dental care for individuals with disabilities, Penn Dental Medicine has established a new continuing education series through the support of the Delta Dental Foundation (DDF).

- Live webinars and on-demand courses
- Open to any U.S. licensed dentist and their support personnel at no charge.
- Dentists completing 18 or more of the courses within a three-year period will receive a certificate of completion from Penn Dental Medicine, an ADA CERP Provider, as a Disabilities Dentistry Clinician Expert.

Register for a free course at www.dental.upenn.edu/disabilityscare

Penn Dental Medicine | University of Pennsylvania
Care Center for Persons with Disabilities

ADA CERP™ Continuing Education Recognition Program
Penn Dental Medicine is an ADA CERP-recognized provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by states. Credits or completion of a CERP provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

DELTA DENTAL FOUNDATION

FREE TO REGISTER AND GAIN CREDIT
Better dental visits for kids with autism? There's an app for that!

All smiles shine
Daily Care: Basics

Caregivers play an important role in the daily oral hygiene of the people they support. As a caregiver, you may be completing all steps of a mouth care session for a person, teaching the steps to someone, or observing as someone completes daily mouth care independently.

A daily mouth care plan will help you keep track of their goals and how they are reaching them. See Making a Daily Mouth Care Action Plan. If you have concerns that are not addressed here, check with a professional, such as the dental team or an occupational therapist.

Selecting a Toothbrush

The safest toothbrush option is a regular, soft-bristle toothbrush. Medium or hard bristles can damage teeth and gums and don’t reach into spaces between the teeth. Toothbrushes come in different sizes to fit different mouth sizes. Depending on the needs of the person you support, you may need to modify their toothbrush (See Adaptations and Modifications). For some individuals, an electric toothbrush or a double-sided toothbrush may be the best option.

Always replace toothbrushes or toothbrush heads when bristles are bent or frayed, or every three months.

Daily Care Steps

1. Wash hands or use hand sanitizer.
2. If you are a professional caregiver, put on disposable gloves before touching dental hygiene items.
3. Gather supplies:
   a. Toothbrush
   b. Fluoride toothpaste
   c. Flossing tool(s)
   d. Water
4. Remove partial or full dentures. Clean dentures following denture care steps (two times daily).
5. Check mouth for sores, ulcers, swollen gums, or thick, stringy saliva.
6. Brush teeth following toothbrushing steps (two times daily).
7. For individuals with no teeth, clean their mouth with a wet toothbrush or tooth sponge (two times daily).
8. Clean between teeth (one time daily).
9. To use traditional floss or floss pick, gently press floss between each tooth using a back-and-forth motion. Form a “C” shape around each tooth with the floss. Gently slide the floss up and down the sides of each tooth.
Introduction

Decay and Nutrition

Injury Safety

Chronic Conditions

Offering Incentives

Adaptations & Positions
IMAGINE A BETTER SOLUTION

- All children and adults with physical disabilities and/or I/DD have a dental home and the best oral health possible.
- Parents and caregivers understand the importance of oral health and receive the support and education they need.
- Dental professionals have received training to treat this population.
- Both commercial insurance and Medicaid provide additional dental benefits and reimbursement to achieve health equity.
EVERYONE Deserves a Healthy Smile
Case Presentation

Presenter:
Ellen Sugrue Hyman | Executive Director, Michigan Oral Health Coalition
Holli Seabury | Executive Director, Delta Dental Foundation

Overview:
Persons with intellectual/developmental disabilities (I/DD) who live in rural areas often have difficulty accessing dental care and transportation to care, and have long wait times between visits. This results in poor oral health and increased usage of hospital emergency rooms.

The percentage of adults living with disability is highest in rural counties. Persons with disabilities are more likely to be unemployed, low-income, and covered by Medicaid. Reduced access in rural areas to transportation and other services creates additional barriers. In addition, many dental providers will not treat patients with I/DD.
Asks of the Group

- What are some suggestions for increasing the willingness of providers to treat patients with I/DD?
- What are some SDOH barriers that need to be addressed to get patients into care, and are there models to address those that can be replicated?
- What are some resources needed by parents/caregivers?
- What are some promising or potential models for access to care for the I/DD population?
Next Steps

- CEUs are available for today’s session. AIDPH will send the evaluation and request form following today’s call.
- Recordings and resources from today’s call will be available on the AIDPH website.
- Strategic recommendations from today’s session will be available on the AIDPH website in the coming weeks.
- The next Rural Oral Health ECHO session topic will take place on November 30 on the topic of “Veteran Oral Health.”
- Apply to share your organizational, community, or clinical challenge on a future ECHO call.
AIDPH has developed a certificate program for ECHO program participants to pursue as a formalized pathway signaling expertise and training in rural oral health. After each monthly ECHO session, certificate candidates can choose to take a competency assessment. Assessments include five questions and must be completed with 100% accuracy to be eligible for certificate consideration. Upon completion of eight competency evaluations, AIDPH will send you a self-reflection evaluation for you to complete prior to awarding your certificate.

You can participate in each session live (preferred) or on-demand using the recordings below. Each session includes a link to complete a brief competency evaluation. Email programs@aidph.org to validate your certificate after attending eight sessions.