



Overview

History, Process, Recommendations and Strategies

Updated February 2006



Facilitated by a Federal Health Resources and Services Administration State Oral Health Collaborative Systems grant. (H47MCO1953-02-01).

Despite advances and improvements in oral health, dental care remains one of the most prevalent unmet health needs

Profound disparities in oral health status exist for:

- **Low income populations**
- **Racial and ethnic minority groups**
- **Disabled**



Evidence of Unmet Needs for Oral Health Services are that:

- In general, disadvantaged groups have 2-3 times the unmet need for dental care than average
- Low social and economic status persons are 3-4 times less likely to have a yearly dental visit
- Only 22% of Medicaid-enrolled (low-income) children receive an annual dental visit in Florida
- There has been little increase in sealants use for school-aged children in low-income families

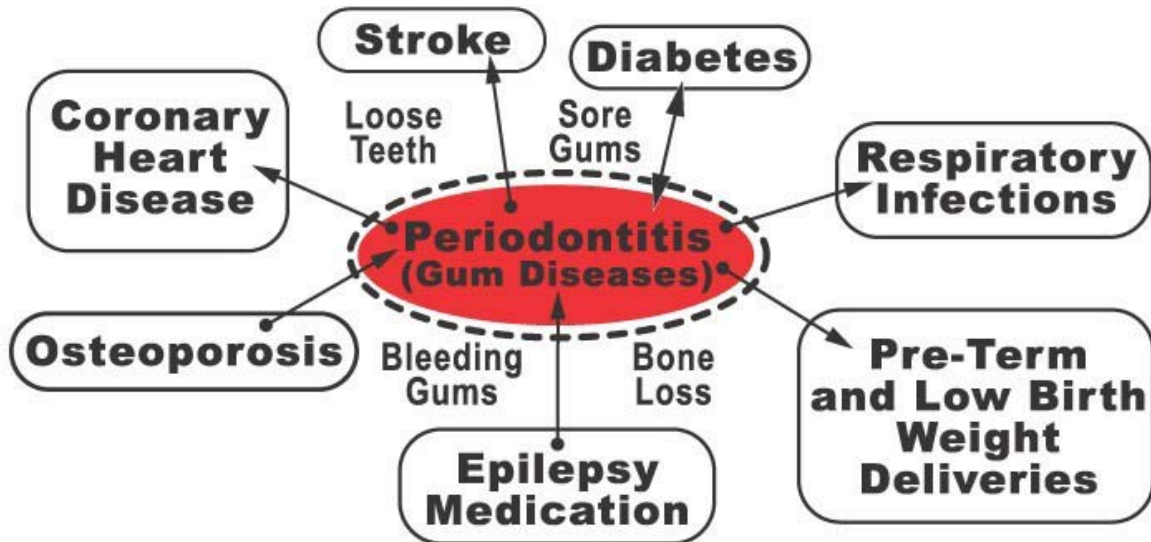


Barriers to Reducing Oral Health Gaps For Disadvantaged Persons Include:

- **Low access to dental care through publicly funded and volunteer programs**
- **Transportation difficulties**
- **Loss of work time without pay**
- **Low perceived value of dentistry**
- **Lack of understanding of importance of routine dental visits for prevention and early diagnosis of chronic disease**



Links Between Oral Health and Other Health Conditions



The Results of Existing Gaps in Oral Health Care Include:

- Unnecessary pain and infections
- Difficulty in eating
- Difficulty in learning
- Loss of school and work days
- Poor appearance – Low self esteem
- Implication of risk of heart disease
- Implication of premature births (low-birth weight)



Previous Efforts to Develop an Integrated, Coordinated Oral Health System

- **1997** - A Dental Summit was held by the Department of Health and the Agency for Health Care Administration. This began dialog

Resulting In

- **1998** – The creation of the Statewide Dental Coordinating Council, which began increased integration and strategic planning efforts with expanded participation by stakeholder organizations in oral health



More Recent Advances Toward an Oral Health Improvement Plan Include:

- **2001** - National Governors Association Oral Health Policy Academy participation highlighted the importance of oral health and of community coalition development to combat oral health disparities
- **2003** - Federal Grant was awarded to facilitate development of an Oral Health Improvement Plan for Disadvantaged Floridians



A Project Development Team

Was Established in January 2004

Including:

- Core Members of the Statewide Dental Coordinating Council and the National Governors Association Oral Health Policy Team and
- Additional Members representing as Broad of a Base of Public and Private Organizations as Possible

Communication was through: *An Extensive E-mail Distribution List and Face to Face Meetings*



Involvement in the 2004 Oral Health Improvement Plan was encouraged through an e-mail distribution list including the following organizations.

Florida Dental Association

Florida Dental Hygiene Association

Florida Dental Assistants Association

Florida Academy of Pediatric Dentistry

Florida Medical Association

UF College of Dentistry

Nova SE College of Dental Medicine

Florida Board of Dentistry

Florida Assoc. of Comm. Health Centers

Florida Healthy Kids

Florida Head Start Collaboration Office

Florida Developmental Disabilities Council

Sunrise Community, Inc

Florida Institute of Family Involvement

Florida Baptist Convention

USF School of Public Health

Sunshine State Dental Association

Suncoast Community Health Center

Community Voices Miami

ACORN Clinic

Suwannee River AHEC

Florida Health Care Association

AHCA Medicaid Program

Developmental Disabilities Agency

Department of Elder Affairs

The E-mail Distribution List Also Included the Following from the Florida Department of Health

Adult and Community Health

Child Nutrition

Children's Medical Services

Chronic Disease

Public Health Dental Program

Disease Control - HIV/AIDS

Family and Community Health

Family Health Services

Maternal and Child Health

School Health

Minority Affairs

Volunteer Program

Alachua We Care

WIC Program

Broward CHD

Duval CHD

Flagler CHD

Jefferson/Madison CHDs

Palm Beach CHD

Gubernatorial Fellow

The distribution list is now kept updated with organizations who wish to participate in planning and individuals seeking information.



**Four Face to Face Meetings Were
Scheduled to Develop the
DRAFT STATE ORAL HEALTH IMPROVEMENT PLAN**

April 2004 – Background Component

June 2004 – Potential Strategies

September 2004 – Recommendations

November 2004 – Implementation Plan



Participants Attending the Face To Face Planning Meetings Included the Following:

Florida Dental Association

Florida Dental Hygiene Association

UF College of Dentistry

Nova SE College of Dental Medicine

Florida Head Start Collaboration Office

Sunshine State Dental Association

Florida Baptist Convention

Florida Institute of Family Involvement

ACORN Clinic

Community Voices Miami

Suncoast Community Health Center

Department of Elder Affairs

AHCA Medicaid Program

Developmental Services Agency

DOH CHDs

DOH Headquarters Programs



Progress Continues toward a Broad Based, Coordinated and Integrated Oral Health Plan for the Disadvantaged

2004/2005 – 2006/2007 - A Federal Grant was awarded to continue development and implementation of the State Oral Health Improvement Plan for the Disadvantaged that was begun with previous grant funding.



State Oral Health Improvement Plan

Goal

- To develop an open and inclusive planning process
- leading to an ever improving oral health system that is
- coordinated between the public and private sectors and
- includes all stakeholders.



STATE ORAL HEALTH IMPROVEMENT PLAN

Objectives are to:

- Increase public awareness and understanding of oral health issues
- Develop objectives with broad based input and support of common goals to reduce oral health disparities
- Develop web site to provide a comprehensive source for background information, current initiatives and county/state profiles
- Facilitate continued development of an integrated, coordinated oral health system
- Facilitate integration of oral health in general health



The STATE ORAL HEALTH IMPROVEMENT PLAN Draft is Divided Into Five Major Sections:

- **State of Oral Health for Disadvantaged Persons**
- **Comprehensive List of Strategies to Consider**
- **Recommendations**
- **Short and Long Term Objectives**
- **Implementation Roles of Partners (Action Plan)**



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendations

1. Improve access to community and school-based preventive programs for all ages
2. Improve access to community and school-based education programs for children and adults
3. Increase public and governmental awareness of oral health issues
4. Improve state and county-based oral health data collection and research
5. Improve access to care by assuring a highly trained, diverse, appropriately allocated dental workforce
6. Improve access to care by assuring adequate statewide, publicly focused infrastructure and support programs
7. Improve the integration of oral health prevention and education into general health



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendation 1. Improve access to community and school-based prevention programs for all ages.

Strategies:

1. Increase access to fluoridation.
2. Advocate for improved diet and nutrition in schools in at least one area of the state.
3. Expand school-based and school-linked dental sealant programs.
4. Expand school-based fluoride mouthrinse programs.
5. Develop school-based fluoride varnish programs



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendation 2. Improve access to community and school-based education programs

Strategies:

1. Enlist support from and train school health providers and educators on oral health issues.
2. Provide appropriate grade-level oral health education curricula in both public and private schools.
3. Provide community-based oral health education presentations throughout communities.
4. Advocate for increased funding for community and school-based oral health education programs.



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendation 3. Increase public and governmental awareness of oral health issues

Strategies:

1. Educate lawmakers and policymakers about the importance of oral health.
2. Educate the public about the importance of oral health and the connection between oral health and general health
3. Educate non-dental health care providers on the importance of oral health.
4. Conduct work groups, forums, or summits to develop strategies, objectives, and action steps for specific disadvantaged population groups including those with specific health care needs.
5. Utilize internet resources for oral health information and education.



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendation 4. Improve state and county-based oral health surveillance and research

Strategies:

- 1.** Develop an outcome/disease-based surveillance system and develop and maintain state and county-specific profiles.
- 2.** Develop a systematic, annual analysis of the Medicaid and KidCare programs
- 3.** Advocate for a statewide oral health research agenda.



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendation 5. Improve access to care by assuring a highly trained, diverse, appropriately allocated dental workforce

Strategies:

- 1.** Assure that an adequate number of appropriate dental care provider types exist and increase the diversity of dental care providers.
- 2.** Expand professional training opportunities regarding care for special needs populations.
- 3.** Expand volunteer incentives.
- 4.** Consider reforms to better utilize the existing dental workforce to achieve improved access to care.



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendation 6. Improve access to care by assuring adequate statewide, publicly focused infrastructure and support programs

Strategies:

- 1.** Promote improvement of the Medicaid program.
- 2.** Expand community-based safety-net fixed clinics and mobile units.
- 3.** Promote school oral health screenings at periodic intervals with appropriate referrals.
- 4.** Improve the dental services through the State Children's Health Insurance Program (SCHIP).
- 5.** Expand number of dental care providers/practitioners and centers with expertise in caring for disadvantaged and special needs populations.
- 6.** Promote continuity of care through targeted case management and patient education.

Recommendation 6. (cont.) Improve access to care by assuring adequate statewide, publicly focused infrastructure and support programs

Strategies (Cont.):

- 7. Establish a county-specific, statewide resource guide of dental care programs that provide care for disadvantaged populations**
- 8. Develop resources to facilitate organizations applying for grants**
- 9. Advocate increasing the quantity of safety-net dental providers by eliminating barriers to participation**
- 10. Explore teledentistry opportunities to increase access to care for underserved populations**
- 11. Advocate for the co-location of dental services with other health services and removal of other barriers to access.**



STATE ORAL HEALTH IMPROVEMENT PLAN

Recommendation 7. Improve the integration of oral health prevention and education into general health

Strategies:

- 1.** Develop protocols to integrate oral health into all appropriate DOH programs.
- 2.** Utilize existing community networks to identify and educate patients with systemic diseases that relate to oral health.
- 3.** Advocate for oral health screenings to become a routine part of medical examinations.
- 4.** Advocate for increased oral health training for medical professionals.



STATE ORAL HEALTH IMPROVEMENT PLAN

Internet Web Resource Site Purpose

- The place to start when looking for oral health information in Florida
- A comprehensive source for background information, current state initiatives, county/state profiles and links to other oral health sites

Profiles for Each County and the State

- Will contain standard data for all counties and state
- Will indicate desirable data that are not available



Selected Oral Health Indicators Measuring Oral Health Status

Indicator	State
Fluoridation	74.5%
Fluoride Mouthrinse	15.3%
School-Based Sealants	8.9%
Annual Medicaid Utilization - Children	22.1%
Annual Medicaid Utilization – Adults	2.9%

(Cont.)



Selected Oral Health Indicators Measuring Oral Health Status (Cont)

Indicator	State
Low-Income Adult Utilization (BRFSS)	53.7%
Low-Income Adult 65+ with no teeth (BRFSS)	13.4%
Low-Income Adults No Teeth Removed (BRFSS)	35.3%



STATE ORAL HEALTH IMPROVEMENT PLAN

Current and Future Activities

- Finalize Promotional Documents for Distribution
- Finalize Web Resource Site
- Continue Promotion and Implementation Activities (**Project Team**)
 - Facilitate County Level Meetings
 - Increase Awareness
 - Facilitate Partnerships/Coalitions
- Conduct State Forums To Develop Specific Subpopulation Strategies
 - Head Start to be first forum
- Monitor and Report Progress
- Periodic Review and updating of Action Plan



Public Input

can be given by E-mail from the Internet Web Pages

To exit use the keyboard escape key.

