



Indiana State
Department of Health



CENTER FOR HEALTH POLICY



SCHOOL OF DENTISTRY

INDIANA UNIVERSITY
IUPUI

STRATEGIC ORAL HEALTH INITIATIVE (SOHI)

Meeting of the Statewide
Planning Council (SPC)

May 15, 2009

AGENDA



12:00 - 12:15	Welcome
12:15 - 2:00	Discussion of SMART Priorities
2:00 - 2:30	Break/Snacks are provided
2:30 - 4:00	Revision of SMART Priorities

WORKFORCE AND DIVERSITY

GOAL 1

In order to ensure that Indiana is planning to meet the current and future oral health needs of its residents:

- ❖ Designees of ISDH and IUSD will work with appropriate state professional associations as partners to encourage the Public Health Committee of the Indiana Legislature to hold informational hearings by December 31, 2010.
- ❖ Results of informational hearing to be shared with appropriate parties, and members of partnership to support legislation during 2011 Legislative Session.

WORKFORCE AND DIVERSITY

GOAL 1

❖ These informational hearings will include:

- Discussion of resources and infrastructure necessary to train the next generation of oral health workers;
- Discussion of the demographics of the current oral health workforce and strategies that can increase the diversity of the oral health workforce;
- Discussion of the oral health needs of rural Indiana and strategies that can increase availability of the oral health workforce;
- Discussion of other resources needed to meet the oral health needs of the Indiana low-income or unemployed population.

WORKFORCE AND DIVERSITY

GOAL 1

This will achieve:

- ❖ Bringing oral health needs to the public's and legislators' attention
- ❖ Discussion of 'hot topics', including resources and service-delivery infrastructure; developing a competent and diverse workforce; and underserved populations (access to care in rural communities, and among low-income and unemployed residents)
- ❖ Building/strengthening collaborations

WORKFORCE AND DIVERSITY

GOAL 2

In order to obtain additional Dental Health Professional Shortage Area (DHPSA) designations:

- ❖ Designees of ISDH, IUSD, Indiana Dental Hygienists Association (IDHA), Indiana Dental Assisting Association (IDAA), and Indiana Dental Association (IDA) will work with appropriate entities to identify by December 31, 2010 geographic areas of Indiana that meet the federal qualifications.
- ❖ The ISDH designee should complete necessary procedures to obtain official DHPSA designations of the identified areas by December 31, 2011.

WORKFORCE AND DIVERSITY

GOAL 2

This will achieve:

- ❖ Identification of additional DHPSAs (laying groundwork for dentist loan repayment programs, and for community health centers)
- ❖ Building/strengthening collaborations

WORKFORCE AND DIVERSITY

GOAL 3

In order to increase dental students' interest in working in areas of need:

- ❖ Designees from ISDH, IUSD, IDHA, IDAA, IDA and other interested parties will request a meeting with dental directors (or representatives) of community health centers by March 31, 2010.
- ❖ Designees will hold first meeting with community health center representatives to develop recommendations for community-health-center-based service learning opportunities for IU dental students by August 31, 2010.
- ❖ Designees will present recommendations to IUSD Dean and Head(s) of community health centers by March 31, 2011.

WORKFORCE AND DIVERSITY

GOAL 3

This will achieve:

- ❖ Introducing dental students to areas of need and helping meet workforce needs at community health centers
- ❖ Healthy People 2010 objective 21-14 (Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component)

SAFETY NET

GOAL 1

Work with school nurses and social workers to ensure that young children and their parents are educated about oral health.

- ❖ By December 31, 2009, designees of ISDH, IUSD and state professional associations will establish at least one school nurse and one school social worker contact in charge of oral health promotion.
- ❖ By December 31, 2010, designees from ISDH, IUSD and state professional associations will present at least one workshop at a school nurses symposium, and at least one workshop at a school social workers symposium (or similarly approved workshops).
- ❖ The ISDH and IUSD representatives will give annual updates to SPC at appropriate forums each year through 2011.

SAFETY NET

GOAL 1

This will achieve:

- ❖ Fitting oral health promotion into existing school programs to reach children and their families
- ❖ Educating school nurses and school social workers on oral health issues, which can lead to dentist referrals
- ❖ Building/strengthening collaborations
- ❖ Healthy People 2010 objective 21-13 (Increase the proportion of school-based health centers with an oral health component)

SAFETY NET

GOAL 2

Development of Public Service Announcements and Reference Tool.

- ❖ By June 30, 2010, designees of ISDH, IUSD, IDA, IDAA and IDHA will develop one theme for a Public Service Announcement (PSA) about oral health promotion. Designees should consider other appropriate members to be part of this initiative by December 31, 2009.
- ❖ Together with the PSA, a reference tool (website, brochure, or 'hot line') will be established to provide information on oral health issues and list of dental professionals.

SAFETY NET

GOAL 2

This will achieve:

- ❖ Raising public awareness of the importance of oral health
- ❖ Improving oral health literacy
- ❖ Providing list of resources to access oral health services
- ❖ Building/strengthening collaborations
- ❖ Healthy People 2010 objective 21-10 (Increase the proportion of children and adults who use the oral health care system each year)

PREVENTION

GOAL 1

In 2010, maintain and provide support for fluoridation equipment, maintenance and procurement through community, state, federal and associative (IDA) support. [Overall priority score: 17]

This will achieve:

- ❖ Maintaining/establishing community fluoridation programs
- ❖ Building/strengthening collaborations
- ❖ Healthy People 2010 objective 21-9 (Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water).

PREVENTION

GOAL 2

By 2010, initiate health promotion strategies to educate expecting mothers, focusing on preventive dental care, and providing resources to help them access oral health care.
[Overall priority score: 12]

This will achieve:

- ❖ Promoting oral health and increasing oral health literacy
- ❖ Encouraging oral examinations of children at an earlier age and increasing use of preventive services
- ❖ Providing list of resources to access oral health services
- ❖ Addressing oral health needs in vulnerable populations
- ❖ Healthy People 2010 objective 21-10 (Increase the proportion of children and adults who use the oral health care system each year)
- ❖ Healthy People 2010 objective 21-12 (Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year)

PREVENTION

GOAL 3

Maintain funding for and extension of the current sealant programs in Indiana (Seal Indiana, Health Dept. Seal Program) by identifying 3 new potential sources of funding and implement strategies to procure funding by 2010.
[Overall priority score: 12]

This will achieve:

- ❖ Prevention of caries in children
- ❖ Addressing oral health needs of underserved children in rural areas and the inner city
- ❖ Healthy People 2010 objective 21-8 (Increase the proportion of children who have received dental sealants on their molar teeth)
- ❖ Healthy People 2010 objective 21-12 (Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year)

PREVENTION

GOAL 4

Begin collecting information in 2010 and produce results for legislative implementation beginning in 2011 to initiate and promote a legislative-needs assessment dealing with one priority associated with oral health prevention in Indiana. [Overall priority score: 11]

This will achieve:

- ❖ Oral health needs and priorities for the state
- ❖ Increase input and involvement in shaping oral health in the state

PREVENTION

GOAL 5

Partnering with organizations, community health centers and healthcare professionals to promote oral health, prevent oral disease, and educate about optimal diet and nutrition.

This will achieve:

- ❖ Improving oral health literacy
- ❖ Educating on the connection between oral health and diet/nutrition
- ❖ Healthy People 2010 objective 21-14 (Increase the proportion of health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component)

PREVENTION

GOAL 6

Since most young children see a physician many times before seeing a dentist, encourage Medicaid to establish a medical code to reimburse appropriately trained physicians for providing oral assessment, fluoride varnish and referral for young children.

This will achieve:

- ❖ Addressing oral health needs of underserved children in rural areas and the inner city
- ❖ Increasing the number of children that have an oral assessment and preventive dental procedures at an earlier age
- ❖ Increasing referrals from physicians to dentists
- ❖ Healthy People 2010 objective 21-1 (Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth)
- ❖ Healthy People 2010 objective 21-12 (Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year)

FINANCE

GOAL 1

Within the next 3 months, appoint a committee who will approach ISDH, for allocations to increase infrastructure of Community Dental Health Clinics in areas that are currently considered dental shortage areas. [Overall priority score: 17]

This will achieve:

- ❖ Increasing oral health access and services to underserved and rural populations
- ❖ Healthy People 2010 objective 21-10 (Increase the proportion of children and adults who use the oral health care system each year)
- ❖ Healthy People 2010 objective 21-14 (Increase the proportion of local health departments and community-based health centers, including community, migrant, and homeless health centers, that have an oral health component)

FINANCE

GOAL 2

Within the next year, identify funding to improve infrastructure for public fluoridation programs to the State in the areas of greatest need. Engage state entities, including ISDH and Lt. Governors offices, in search for funds. [Overall priority score: 16]

This will achieve:

- ❖ Maintaining/establishing community fluoridation programs
- ❖ Building/strengthening collaborations
- ❖ Healthy People 2010 objective 21-9 (Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water)

FINANCE

GOAL 3

Request OMPP (Office of Medicaid Policy and Planning) to encourage utilization of school-based health clinics to promote the “dental home” model (private practice and Community Health Center Dental Clinics) for continuity of care. [Overall priority score: 16]

This will achieve:

- ❖ Addressing oral health needs of underserved children in rural areas and the inner city
- ❖ Healthy People 2010 objective 21-1 (Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth)
- ❖ Healthy People 2010 objective 21-13 (Increase the proportion of school-based health centers with an oral health component)

FINANCE

GOAL 4

Within the next 3 months, develop an action plan to identify dental shortage areas to increase eligibility for money from stimulus (Indiana University Dental School and Indiana Primary Health Care Association). [Matches Workforce goal 2] [Overall priority score: 15]

This will achieve:

- ❖ Identification of additional DHPSAs (laying groundwork for dentist loan repayment programs and for community health centers)
- ❖ Building/strengthening collaborations

FINANCE

GOAL 5

Form a committee to meet with appropriate program directors (Medicaid, etc.) to discuss appropriate utilization of Medicaid funds for more efficient financing, with emphasis on dental health education and prevention, and based on clinical outcomes. [Overall priority score: 13]

- Bi-monthly meetings with OMPP

FINANCE

GOAL 5

This will achieve:

- ❖ Increasing participation and decision-making about Medicaid-covered dental procedures
- ❖ Directing funds to cover more preventive procedures, so that less restorative (and more expensive) procedures will be needed in the future
- ❖ Preventing oral disease and increasing preventive dental services provided to underserved populations
- ❖ Healthy People objective 21-10 (Increase the proportion of children and adults who use the oral health care system each year)
- ❖ Healthy People 2010 objective 21-3 (Increase the proportion of adults who have never had a permanent tooth extracted because of dental caries or periodontal disease)
- ❖ Healthy People 2010 objective 21-4 (Reduce the proportion of older adults who have had all their natural teeth extracted)
- ❖ Healthy People 2010 objective 21-5 (Reduce periodontal disease)
- ❖ Healthy People 2010 objective 21-6 (Increase the proportion of oral and pharyngeal cancers detected at the earliest stage)
- ❖ Healthy People 2010 objective 21-7 (Increase the proportion of adults who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancers)
- ❖ Healthy People objective 21-10 (Increase the proportion of children and adults who use the oral health care system each year)

FINANCE

GOAL 6

Starting in July 2009, work with OMPP to identify funds to provide dental coverage to adults through the Healthy Indiana Plan. [Overall priority score: 12]

This will achieve:

- ❖ Improving access to dental services for underserved populations
- ❖ Healthy People 2010 objective 21-2d (Reduce the proportion of adults with untreated dental decay)
- ❖ Healthy People 2010 objective 21-5 (Reduce periodontal disease)
- ❖ Healthy People 2010 objective 21-6 (Increase the proportion of oral and pharyngeal cancers detected at the earliest stage)
- ❖ Healthy People 2010 objective 21-7 (Increase the proportion of adults who, in the past 12 months, report having had an examination to detect oral and pharyngeal cancers)
- ❖ Healthy People objective 21-10 (Increase the proportion of children and adults who use the oral health care system each year)

DATA

GOAL 1

Establish an oral health surveillance system in Indiana.

- ❖ By July 1, 2010, identify additional data required to quantify, by county, the numbers and groups of people (subpopulations) with unmet dental resources and needs. [Overall priority score: 15]
- ❖ By October 2009, identify existing and accessible data sources of dental needs, barriers and resources, and capture the actual data from available sources: Homeless Connect, Indiana Primary Health Care Association (IPHCA), Federally-Qualified Health Centers (FQHC), Center for Youth and Adults with Conditions of Childhood (CYACC), Human Performance, Situation Awareness and Automation (HPSAA), United Way, Universities, Indiana Dental Association (IDA), Head Start, and the Youth Risk Behavior Surveillance System (YRBSS). [Overall priority score: 14.5]

DATA

GOAL 1

- ❖ By October 1, 2010 create new standardized survey questions to include in current data collection systems for annual monitoring. [Overall priority score: 13.5]
- ❖ December 2009, obtain and analyze accessible data of dental resources, needs and barriers. Collect and analyze the gaps (barriers to care). [Overall priority score: 12.5]

DATA GOAL 1

This will achieve:

- ❖ Continuous data collection and monitoring of the states' oral health and emerging trends
- ❖ Monitoring of data to designate additional DHP SA areas; assess workforce development; measure access to care in underserved and vulnerable populations; and identify barriers to care
- ❖ Establishing a data repository for oral health information
- ❖ Data-driven policy-making
- ❖ Healthy People objective 21-16 (Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system)
- ❖ Healthy People objective 21-15 (Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips, cleft palates, and other craniofacial anomalies to craniofacial anomaly rehabilitative teams)