Indiana Strategic Oral Health Initiative (SOHI)

Presentation of Final Oral Health Goals

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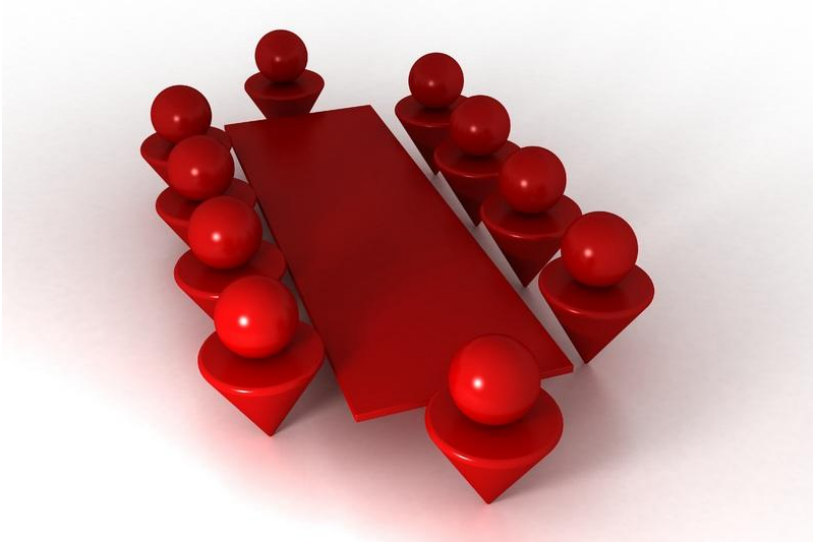


INDIANA'S STRATEGIC ORAL HEALTH PLAN

Strategic plan – WHAT'S NEXT?

Implementation – WHO?

Oral Health Task Force – HOW?

Oral Health Task Force (OHTF)

- Restructuring/reassembly of group
  - Commitment to oral health mission
  - Stronger leadership role
- 'Keeper' of the plan
- Establish co-chairs (State Oral Health Director and IUSD faculty member)
- Appoint committees to implement individual goals
- Build an oral health coalition (build on SPC)

➔Apply best available scientific evidence and guidelines endorsed by federal agencies and professional organizations

INDIANA'S STRATEGIC ORAL HEALTH PLAN (DRAFT)

- Eleven (11) broad goals
- At least 1 strategy under each goal and various sub-strategies (specific actions, key players, and time period)
- Outcome objectives

GOAL 1—DEVELOP A COMPETENT AND DIVERSE WORKFORCE THAT CAN PROVIDE ADEQUATE ACCESS TO CARE FOR ALL INDIANA RESIDENTS.

Strategy 1.1: The Committee shall inform and raise awareness on oral health issues among Indiana policy makers. It shall encourage the Indiana Legislature to hold informational hearings.

Results of these hearings shall be shared with the Oral Health Task Force (OHTF) and Oral Health Coalition (OHC). The informational hearings shall include:

GOAL 1—SUBSTRATEGIES

- 1.1.a Discussion of resources and infrastructure necessary to educate the next generation of oral health providers;

- 1.1.b Discussion of demographics (such as gender, race, and ethnicity) of the current oral health workforce and strategies to increase its diversity;

- 1.1.c Discussion of the oral health needs of rural Indiana and strategies to increase availability of the oral health workforce in these areas;

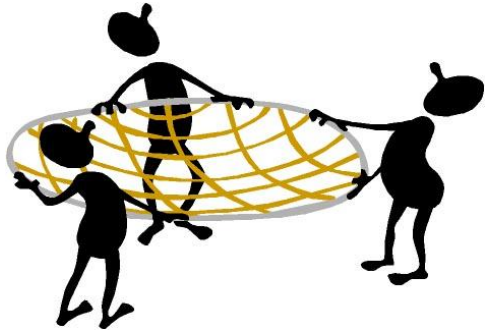
- 1.1.d Discussion of additional resources needed to meet the oral health needs of Indiana's underserved populations, including uninsured, under-insured, low-income, unemployed, aging, and special needs populations. This process shall begin no later than May 2010 and continue annually.

GOAL 1—OUTCOME OBJECTIVES

- 1.i Increase in the dentist-to-population ratio in underserved counties
- 1.ii Increase in the number and wider geographic distribution of community health centers with dental clinics
- 1.iii Increase in the number of dentists who accept patients covered by Medicaid
- 1.iv Increase in recruitment and retention of ethnic and racially underrepresented dental students
- 1.v Increase in use of dental hygienists' workforce and their broadened scope of practice in public health settings to provide preventive services for underserved populations, especially school-based dental sealant programs for children from low-income families

GOAL 2—OBTAIN ADDITIONAL DHPSA DESIGNATIONS IN AREAS OF UNMET NEED.

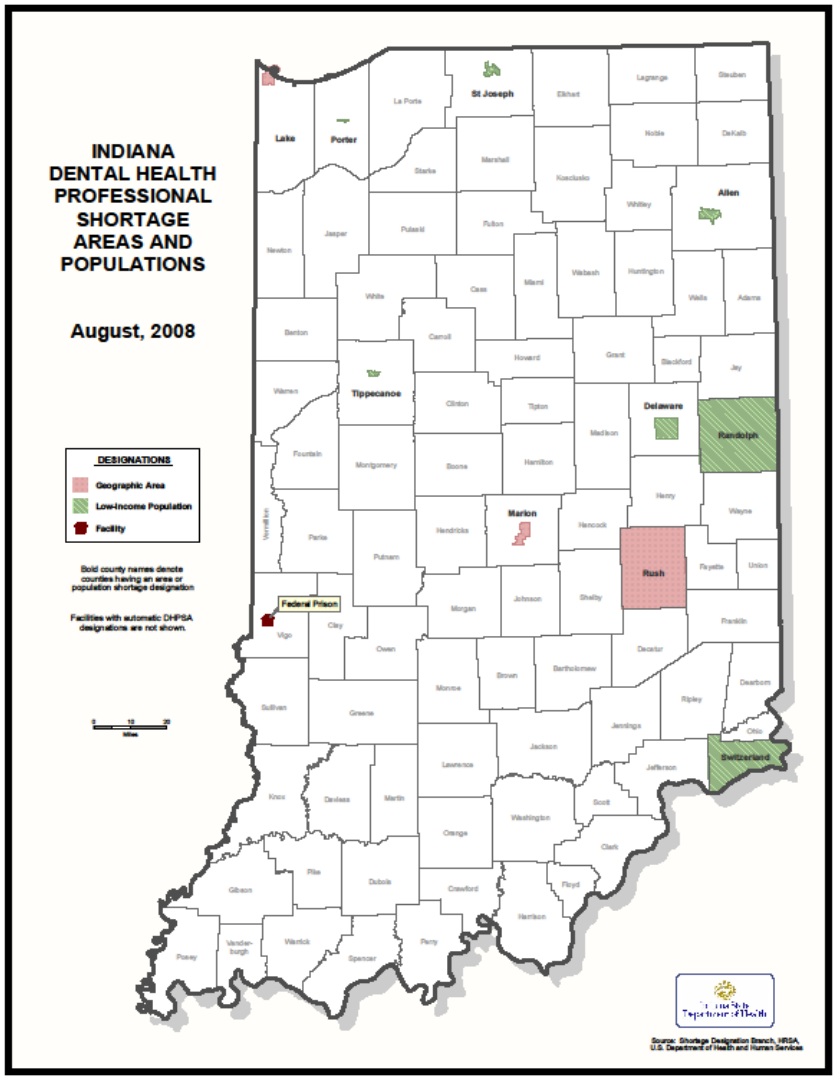
Strategy 2.1: The Committee shall work with communities and the Indiana Primary Health Care Association (IPHCA) to identify areas with unmet oral health needs.



GOAL 2—SUBSTRATEGIES

- 2.1. a The Committee shall help communities with the process of establishing a DHPSA, as defined by federal guidelines from the Health Resources and Services Administration.

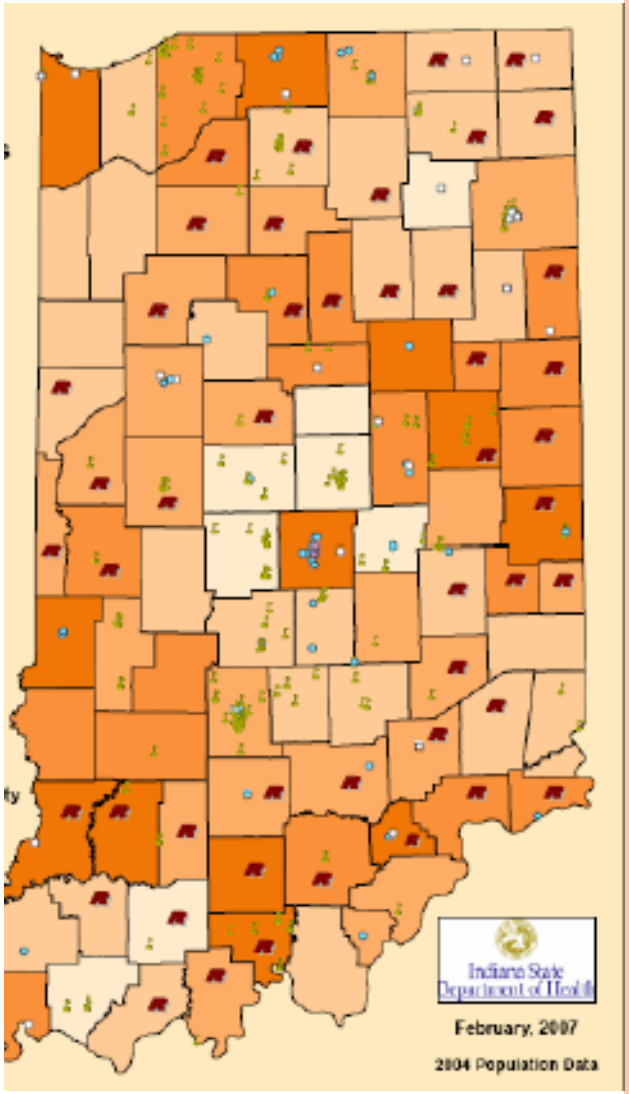
  This process shall begin by June 2010.



GOAL 2—OUTCOME OBJECTIVES

- 2.i Increase in opportunities for recent dental and dental hygiene graduates to earn student loan repayment while practicing in underserved areas of Indiana

- 2.ii Increase in number of dentists and dental hygienists working in rural and inner city locations



GOAL 3— INCREASE DENTAL STUDENTS' INVOLVEMENT IN WORKING IN UNDERSERVED AREAS.

Strategy 3.1: The Committee shall collaborate with dental directors of safety net clinics to provide service learning opportunities for dental students in underserved areas and/or populations.

GOAL 3—SUBSTRATEGIES

- 3.1.a The Committee shall contact/meet with dental directors (or their representatives) of safety net clinics to identify facilities interested in working with dental students.

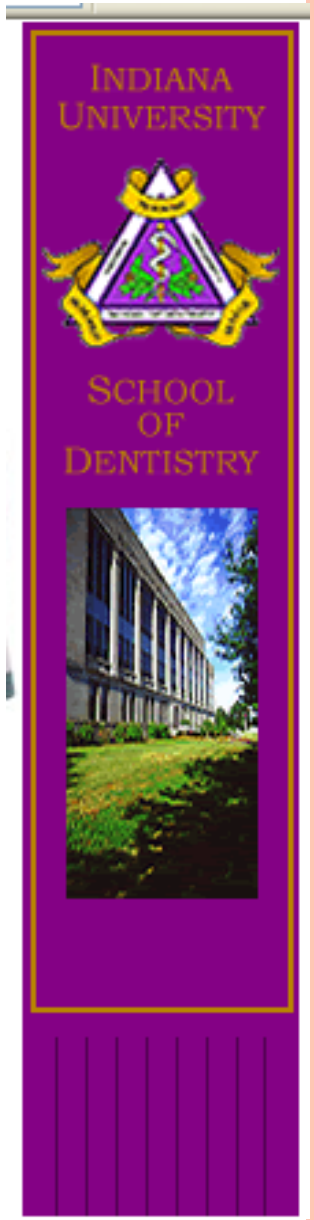
  This process shall begin by August 2010.

- 3.1.b The Committee together with the dental directors shall develop recommendations for service learning opportunities for Indiana University dental students at safety net clinics.

  Recommendations shall be developed by January 2011.

- 3.1.c The Committee shall present recommendations to the Dean of Indiana University School of Dentistry and to the Heads of Indiana's safety net clinics.

  Recommendations shall be presented by March 2011.



GOAL 3—OUTCOME OBJECTIVES

- 3.i Increase in recruitment of dental students from rural and other dental health professional shortage areas (drawing on dental students as role models)
- 3.ii Increase in recruitment and retention of dental professionals in underserved areas and populations
- 3.iii Increase in delivery of oral health care and services to vulnerable populations by helping staff safety clinics with dental students
- 3.iv Greater sense of 'giving back to the community / spirit of service' in future oral health professionals

GOAL 4—EDUCATE THE PUBLIC AND RAISE AWARENESS OF ORAL HEALTH ISSUES.

Strategy 4.1: The Committee shall develop a Public Service Announcement (PSA) and Reference Tool to promote oral health throughout Indiana.

GOAL 4—SUBSTRATEGIES

- 4.1.a The Committee shall identify a theme and target population, and develop an appropriate PSA, by February 2011.

- 4.1.b Together with the PSA, a reference tool (website, brochure, and/or 'hot line') shall be established to provide information on oral health issues, a referral list of oral health professionals who accept Medicaid patients, and safety net dental clinics. This shall be accomplished by February 2011. The Committee shall review and update the reference tool annually.

GOAL 4 (CONT.)

Strategy 4.2: The Committee shall, in collaboration with the Indiana Department of Education (IDOE), work with assigned school staff (e.g., school nurse, social worker, health educator, or dental hygienist) to encourage and assist schools (public, private, charter, and parochial) in providing oral health education and promotion for K-12 students and their families.

GOAL 4—SUBSTRATEGIES

- 4.2.a The Committee shall assist school staff in organizing an oral health promotion per school district. The planning shall start August 2010.

- 4.2.b The Committee shall present oral health information at a symposium targeting school staff (e.g., Head Start Training Conference, School Nurse Conference, IDOE Conference, etc.). At least one workshop shall be presented annually, starting in 2010.

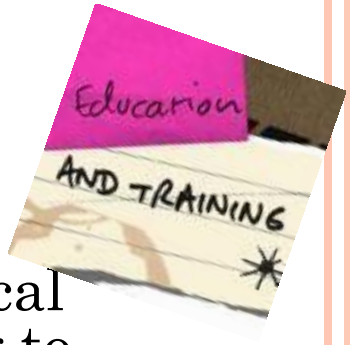
- 4.2.c The Committee shall provide annual updates to the OHTF and OHC, starting in 2010.

- 4.2.d The Committee shall work in collaboration with the Bureau of Child Development to provide oral health education for child care providers, child care attendees and their families. The planning shall start by August 2011.

GOAL 4 (CONT.)

Strategy 4.3: The Committee shall partner with state and local agencies and organizations, such as ISDH's Nutrition and Physical Activity Division and Diabetes Prevention and Control Program, community health centers and other safety net clinics, healthcare professionals, WIC offices, and other community-based and/or faith-based entities to develop a community-based promotion campaign on diet and nutrition and its consequences for oral health.

GOAL 4—SUBSTRATEGIES



- 4.3.a The Committee shall work with state and local agencies that provide food and nutrition counseling to encourage them (the agencies) to educate on oral health consequences of food choices. The process of identifying state/local agencies and initiating collaborative work shall begin no later than January 2011.

- 4.3.b The Committee shall develop, in collaboration with these state/local agencies, a campaign for local health fairs. The campaign shall be developed by July 2011.

- 4.3.c The Committee shall develop, in collaboration with these state/local agencies, a mechanism to bring schools together for an oral health promotion/campaign that would educate families on issues of diet, nutrition, and oral health. The mechanism shall be identified/developed by October 2011.

GOAL 4—OUTCOME OBJECTIVES

- 4.i Increase in oral health awareness among K-12 school system and general public
- 4.ii Increase in knowledge of nutrition and its consequences for oral health
- 4.iii Greater utilization of oral health services by low-income populations including those who are enrolled in Medicaid

GOAL 5—ASSIST COMMUNITIES WITH WATER FLUORIDATION PROGRAM.

Strategy 5.1: The Committee shall educate communities on the benefits of public water fluoridation, and assist them in implementing, improving, and/or maintaining their water fluoridation program.

GOAL 5—SUBSTRATEGIES

- 5.1.a The Committee shall educate communities on the importance and benefits of water fluoridation. This process shall begin by June 2010.

- 5.1.b The Committee shall help communities identify funding to maintain/improve infrastructure for public fluoridation programs and develop a community fluoridation plan by December 2010.

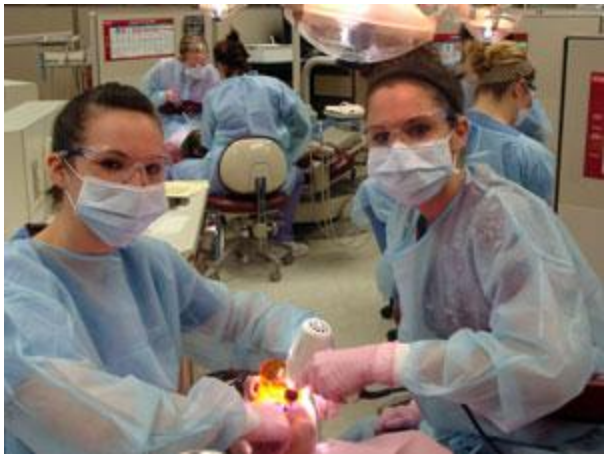
- 5.1.c It is recommended that ISDH shall add an additional staff position to support implementation of the community fluoridation plan.

GOAL 5—OUTCOME OBJECTIVES

- 5.i At a minimum, maintain the proportion of Indiana residents on communal water supplies who receive optimally fluoridated water (95%)

GOAL 6—INCREASE COMMUNITY-BASED ORAL DISEASE PREVENTION PROGRAMS.

Strategy 6.1: The Committee shall provide guidance to communities to identify funding, develop, and/or implement community-based/school-based oral disease prevention programs (e.g., sealant programs).



GOAL 6—SUBSTRATEGIES

- 6.1.a The Committee shall help communities identify funding to maintain and expand current preventive programs. This collaborative process shall begin by September 2010.

- 6.1.b The Committee shall help communities establish new local/regional preventive programs. This collaborative process shall begin by November 2010.

- 6.1.c The Committee shall help communities develop a referral system to connect people to treatment. This collaborative process shall begin by January 2011.

GOAL 6—OUTCOME OBJECTIVES

- 6.i Increase in number of local and regional school-based or school-linked dental sealant programs
- 6.ii Assurance of follow-up treatment and continuity of care in a local dental home

GOAL 7—EDUCATE PREGNANT WOMEN ON ORAL HEALTH ISSUES AND INCREASE THEIR ACCESS TO ORAL HEALTH CARE.

Strategy 7.1: The Committee shall create partnerships with maternal health clinics, OB/GYNs, physicians' offices, safety net clinics, and WIC offices, to initiate health promotion strategies to educate expecting mothers, focusing on preventive oral health care, and providing resources to help them access oral health services.

GOAL 7—SUBSTRATEGIES

- 7.1.a ISDH and local health departments shall strive to provide access to oral health care and education for pregnant women, by June 2010.
- 7.1.b The Committee shall raise awareness in the above mentioned partnerships to stress the importance of establishing a dental home by age one. This process shall begin by July 2010.
- 7.1.c The Committee shall connect expecting mothers with the Born to Smile program. This process shall begin by July 2010.

GOAL 7—OUTCOME OBJECTIVES

- 7.i Greater awareness of oral health in pregnant women and young mothers
- 7.ii Improved oral health for pregnant women
- 7.iii Improved oral health for babies and young children
- 7.iv Increase in the number of children who have a dental home by age one

GOAL 8—ENCOURAGE PEDIATRICIANS AND FAMILY PHYSICIANS' MEDICAL OFFICES TO PROVIDE ORAL SCREENINGS AND COUNSELING FOR CHILDREN AGES 0-3, WHO DO NOT HAVE A DENTAL HOME, AND FLUORIDE VARNISH FOR THOSE WHO ARE AT HIGH-CARIES RISK.

Strategy 8.1: Since most young children see a physician or nurse many times before seeing a dentist, the Committee shall encourage the Office of Medicaid Policy and Planning (OMPP) to establish a medical code to reimburse appropriately trained healthcare providers for performing oral assessments, applying fluoride varnish in high-caries-risk children, and making referrals for young children ages 0-3.

GOAL 8—SUBSTRATEGIES

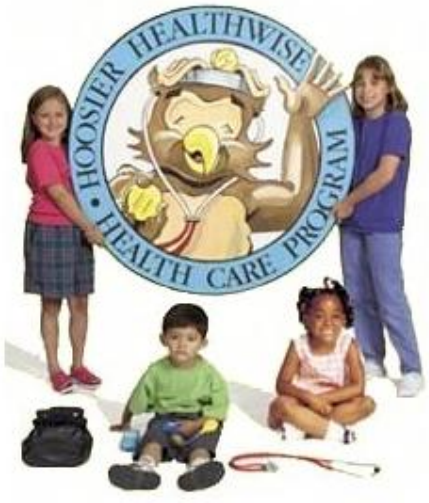
- 8.1.a The Committee shall work with OMPP and private insurers to support fluoride varnish as a specific component of oral health promotion in medical offices. This process shall begin by October 2010.
- 8.1.b The Committee shall work with physicians and nurses to include fluoride varnish as part of an overall health mission. This process shall begin by October 2010.
- 8.1.c The Committee shall link healthcare providers to training opportunities for proper oral health assessment, application of fluoride varnish, and referral to oral health providers. This process shall begin by January 2011.

GOAL 8—OUTCOME OBJECTIVES

- 8.i Increase in physicians and nurses who promote oral health maintenance and regular dental visits for their patients
- 8.ii Increase in physicians and nurses who provide fluoride varnish to young children
- 8.iii Improvement of oral health of babies and toddlers who have not received their first appointment in a dental office

GOAL 9—Engage the Office of Medicaid Policy and Planning (OMPP) in discussions on dental reimbursement and payment policies.

Strategy 9.1: The Committee shall start discussions with OMPP representatives for better utilization of Medicaid funds and more effective reimbursement and payment policies.



GOAL 9—SUBSTRATEGIES

- 9.1.a The Committee shall meet regularly with OMPP representatives to encourage utilization of school-based dental clinics, private practices, or community health center dental clinics to promote the "dental home" model for continuity of care. These meetings shall begin by November 2010.

- 9.1.b The Committee shall meet regularly with appropriate program directors to discuss utilization of Medicaid funds for more efficient financing, with emphasis on dental health education and prevention based on clinical outcomes, and problems associated with the $600 cap for dental treatment in adults. These meetings shall begin by November 2010.

GOAL 9—OUTCOME OBJECTIVES

- 9.i Improved access to continuity of primary care dental services

- 9.ii Improved access to dental services for adults, especially those with intellectual/developmental disabilities and other special needs

GOAL 10—EDUCATE ON THE BENEFITS OF DENTAL COVERAGE THROUGH THE HEALTHY INDIANA PLAN (HIP).

Strategy 10.1: The Committee shall encourage the state to provide dental coverage to adults through HIP.

HEALTHY INDIANA PLAN℠
Health Coverage = Peace of Mind

GOAL 10—SUBSTRATEGIES

- 10.1.a The Committee shall identify funds to provide dental coverage to adults through the Healthy Indiana Plan. This process shall begin by January 2011.

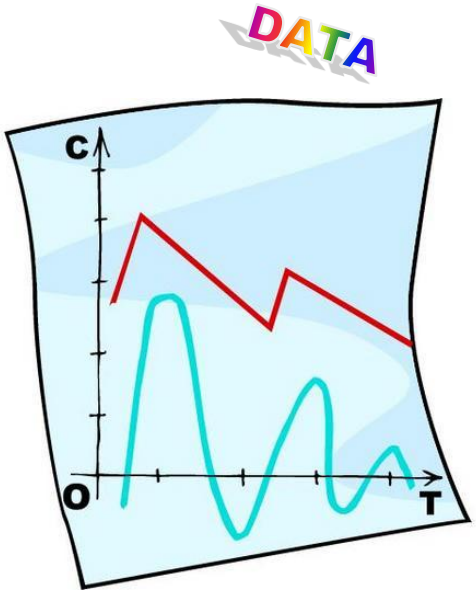
- 10.1.b The Committee shall ask State Legislators to add dental care to the Healthy Indiana Plan. This process shall begin by January 2011.

GOAL 10—OUTCOME OBJECTIVES

- 10.i Improved access to dental services for Indiana's uninsured or underinsured adults

GOAL 11— ESTABLISH AN ORAL HEALTH SURVEILLANCE SYSTEM IN INDIANA.

Strategy 11.1: The Committee shall provide assistance to ISDH in setting up an oral health surveillance system.



GOAL 11—SUBSTRATEGIES

- 11.1.a The Committee shall identify existing and accessible data sources to assess oral health needs; barriers to accessing care; and the state's resources and capacity to deliver adequate oral health care. This process shall be completed no later than December 2010.

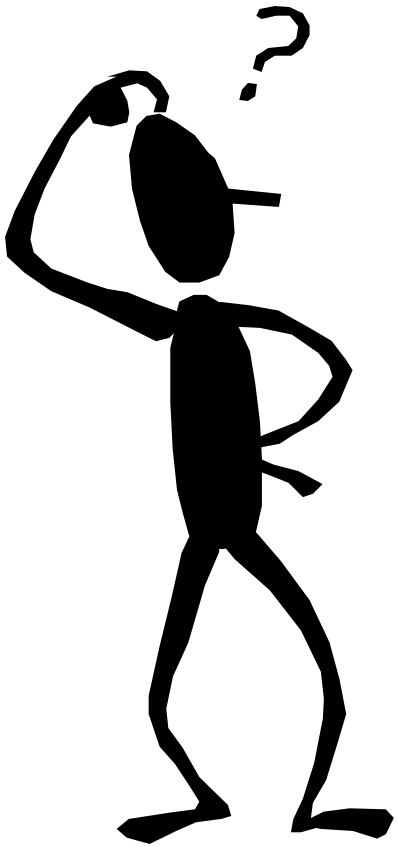
- 11.1.b The Committee shall identify additional data required to quantify, by county, the numbers and groups of people (subpopulations) with unmet dental needs. This process shall be completed no later than February 2011.

- 11.1.c The Committee shall assist ISDH in setting up and executing an oral health data collection system. This process shall begin no later than June 2011.

- 11.1.d The committee shall review data at least biannually, and update the data-driven strategic plan accordingly. This process shall be continued every 2 years.

GOAL 11—OUTCOME OBJECTIVES

- 11.i Monitor oral health trends and needs among Indiana residents
- 11.ii Support data-based decision-making
- 11.iii The State of Indiana will have appropriate data resources for planning, implementing and evaluating oral health services for its residents



QUESTIONS & COMMENTS