

# **Collaborative Oral Health Plan in Texas**

**January 2005**

**Activation of a Collaborative  
Oral Health Plan in Texas Project**

**Funded by  
Division of Child, Adolescent, and Family Health  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
USDHHS  
Through a State Oral Health  
Collaborative Systems (SOHCS) Grant**

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# Collaborative Oral Health Plan in Texas

## January 2005

### Introduction

The development of a collaborative, evidence-based Oral Health Plan in Texas was one of the overall goals of the Activation of a Collaborative Oral Health Plan in Texas project. The project was funded by the Division of Child, Adolescent and Family Health, Maternal and Child Health Bureau, (MCHB), Health Resources and Services Administration (HRSA), USDHHS through a State Oral Health Collaborative Systems (SOHCS) grant in 2003-2005. The Department of Community Dentistry, University of Texas Health Science Center at San Antonio Dental School collaborated with the Oral Health Program, Texas Department of State Health Services (DSHS - formerly the Texas Department of Health, TDH) and the Maternal and Child Health Program (Title V), Texas Department of State Health Services on this initiative.

The Project was overseen by a representative project steering committee. (See Appendix A for a list of members of the Project Steering Committee). The Oral Health Plan in Texas was developed through deliberations of the Steering Committee and with feedback from participants during Meetings of Regional Groups at the Texas Oral Health Summit: Advocacy, Equity & Access held September 9-10, 2004. Nearly 150 participants attended the two-day conference in Austin. (See Appendix B for Texas Oral Health Summit Agenda). Also, the plan was informed by the testimony of Texans presented at five regional Dental / Oral Health Listening Sessions held in Houston, Dallas, McAllen, El Paso, and Austin in Spring 2004. (See Appendix C for Summary: Regional Oral Health Listening Sessions). Over 440 individuals attended the Regional Oral Health Listening Sessions or submitted written testimony.

In development of the oral health plan consideration was given to past roles and activities of the Texas Oral Health Program, Texas Department of State Health Services, and the Texas Health and Human Service Commission. In addition, the budgetary constraints and major reorganization efforts of Texas health and human service agencies initiated in Fall 2003 were assessed during preparation of the Plan. The plan was developed with historical review of state and regional health reports, oral health reports, and the Final Report: Review of the Texas Oral Health Program, Texas Department of Health prepared by the Association of State and Territorial Dental Directors (ASTDD) in 1999.

The Oral Health Plan in Texas was prepared in light of recommendations outlined by recent national reports. The reports reviewed included:

- U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2003
- U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.
- U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC, 2000.

In addition, the Core Public Health Services Delivered by Maternal and Child Health (MCH) Agencies were used as a framework in the development of the Oral Health Plan in Texas (MCHB, HRSA Strategic Plan, 2003-2007). The Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), USDHHS uses the construct of a pyramid to describe the four levels of core public health services for the population served by MCH programs. The figure in Appendix D illustrates this MCH pyramid of public health services by starting at the base with: (1) infrastructure building services, (2) population-based services,

(3) enabling services, and (4) direct health care (gap-filling) services. Infrastructure-building and population-based services provide the broad foundation upon which enabling and direct care services rest. The MCH health services pyramid provides a useful framework for understanding programmatic directions and resource allocation by the MCHB and its partners in carrying out the mission and accomplishing the goals of MCHB.

Materials developed by the Association of State and Territorial Dental Directors (ASTDD), an organization affiliated with the Association of State and Territorial Health Officials (ASTHO) were used as resources in the development of the Oral Health Plan in Texas. These included:

- Guidelines for State and Territorial Oral Health Programs, 2001;
- Building Infrastructure and Capacity in State and Territorial Oral Health Programs, 2000;
- Best Practices Approaches for State and Community Oral Health Programs, 2003;
- ASTDD and Centers for Disease Control and Prevention, Division of Oral Health, National Oral Health Surveillance System;
- Basic Screening Surveys: An Approach to Monitoring Community Oral Health, 2003; and
- Assessing Oral Health Needs: ASTDD Seven-Step Model (prepared by RA Kuthy RA, MA Siegal, and K Phipps), 2003.

## Overview

Oral health is an essential and integral component of health throughout life. No one can be truly healthy unless he or she is free from the burden of oral and craniofacial diseases and conditions. Millions of people in the United States experience dental caries, periodontal diseases, and cleft lip and cleft palate, resulting in needless pain and suffering; difficulty in speaking, chewing, and swallowing; increased costs of care; loss of self-esteem; decreased economic productivity through lost work and school days; and, in extreme cases, death. Further, oral and pharyngeal cancers, which primarily affect adults over age 55 years, result in significant illnesses and disfigurement associated with treatment, substantial cost, and more than 8,000 deaths annually.

Texas faces challenges in progressing toward Oral Health Goals for 2010. Texas has a population of almost 22 million with 3.3 million below poverty level. There are 254 counties, and it stretches almost 800 miles N-S and E-W. Most counties are rural, many are frontier, but 58 are metropolitan. Geographic size, diversity, and distance are additional challenges to advocacy, to planning, and to implementation not faced by most other states. State budget cuts have resulted in the number of Texas Department of Health (TDH) Dental Service Regions being reduced from 8 to 5, the General Revenue Budget for oral health activities has been cut over 70% from \$2.7M in FY2003 to \$0.805M in FY 2004 to an estimate \$0.753M in FY 2005 with loss of 37 staff members. Further dental care has been eliminated from the SCHIP, EPSDT (Medicaid) client eligibility and re-eligibility have been made more stringent and provider reimbursement rates has been reduced 2.5%, potentially affecting provider enrollment. There continues to be no safety net dental Medicaid program for adults.

Creative, new, collaborative approaches are required, which must arise from and be supported by the grassroots and have scientific rationale. Several overarching points are vital to implement the strategies outlined in the Oral Health Plan in Texas. It is essential that state and local systems work collaboratively together to make sustained improvements in oral health for children and adults in Texas. Multidisciplinary collaboration and coordination between systems including medical, dental, mental health, social services, academia and education, non-profit, professional organization, and government at the state and local levels are essential for progress. Leadership at the state and local levels is critical to advocate for quality assurance, policy changes, and enhanced human and financial resources throughout the oral health system.

## Executive Summary: Collaborative Oral Health Plan in Texas

**Oral Health Goal: To improve the health and quality of life for individuals and communities by preventing and controlling oral diseases and injuries and improving access to oral health services for all Texans**

### ASSESSMENT

#### 1. Establish a Texas Oral Health Surveillance System to Assess Oral Health Burden and Trends

**Objective 1:** Assess oral health burden in Texas by monitoring trends in oral health needs, resources, and gaps.

##### **Overall Strategy 1**

Support, enhance, and expand statewide, ongoing Oral Health Surveillance System with a common set of data, uniform collection and reporting methods.

The Oral Health Surveillance System will have the capacity to define the scope of oral health needs and access to oral health services, to monitor community water fluoridation status, and to measure the utilization of oral health services by children and adults in Texas.

### POLICY DEVELOPMENT

#### 2. Build State Oral Health Infrastructure

**Objective 2:** Develop a strong oral health unit with a full-time state dental director and effective infrastructure within the Texas Department of State Health Services to provide state level oral health leadership and perform the essential public health functions to meet the oral health needs of all Texans.

##### **Overall Strategy 2**

Build state level oral health infrastructure to maintain oral health leadership with sufficient capacity, adequate resources (human, physical, and fiscal), and appropriate authority that enables the Texas Oral Health Program, Office of State Dental Director to effectively address oral health problems in Texas.

Develop effective management structures and administrative procedures within the Texas Oral Health Program that includes mechanisms for coordination, building relationships communication, documentation, tracking, monitoring, problem-solving, capacity building, and systems development.

### **3. Mobilize Support for Oral Health**

**Objective 3:** Change perceptions regarding oral health and oral disease so that oral health becomes an integral component of health policies and programs in Texas by informing, educating, and empowering community partners, public officials, policymakers, and the public.

#### **Overall Strategy 3**

Develop a State Oral Health Coalition of broad-based stakeholders to maximize state oral health capacity by building public, private, and non-profit linkages to: (a) increase community awareness of the oral health needs in Texas (b) communication with stakeholders, policy makers and the public; and (c) promote population-based strategies and expand access to oral health services.

Foster community oral health capacity by engaging Regional Groups in community-based collaborative partnerships to identify oral health issues and to promote and implement oral health solutions.

Institute a Texas Oral Health Council (like the Texas Diabetes Council or the Texas Cancer Council) through legislative mandate.

## **ASSURANCE**

### **4. Build Collaborative Partnerships to Implement Population-Based Oral Health Programs**

**Objective 4:** Build collaborative partnerships and apply evidence-based prevention strategies to address identified needs and disparities to improve oral health of Texans.

#### **Overall Strategy 4**

Plan, implement, and evaluate population-based programs through collaborative partnerships to increase the utilization of evidence-based primary and secondary prevention and reduce the oral health burden in Texas.

Invest in prevention programs and focus on Texans who suffer disproportionately from oral diseases by (a) enhancing the Texas Community Water Fluoridation Program, (b) expanding School-Based Preventive Dental Sealant Programs (c) developing Early Head Start-Based and WIC-Based Programs to Prevent Tooth Decay for children birth through three years of age (d) collaborating in the development of an Oral Cancer Prevention Program to target high risk groups for oral cancer prevention and screening, early detection, referral, and follow-up.

### **5. Build Collaborative Partnerships to Implement Strategies to Increase Access to and Quality of the Oral Health Care System**

#### **Objective 5**

Remove barriers between people and the oral health care system by enhancing oral health system capacity, including directly supporting or providing oral health services when necessary

#### **Overall Strategy 5**

Increase the proportion of children, adults, seniors, and long-term care residents who use the oral health care system each year by linking people to needed clinical oral health services and support services

Assure the availability, accessibility, and acceptability of oral health services



# Framework: Collaborative Oral Health Plan in Texas

## ASSESSMENT

### **Gaps in Assessment Identified in Texas**

- A statewide oral health surveillance system does not exist in Texas currently.
- Oral health needs assessment and surveillance has made little progress over the past decade.
- There has been a lack of funding earmarked for oral health assessment.
- Texas lacks oral health data representative of the state and there are limited oral health assessments of statewide populations.
- There is a lack of standardized local oral health data and no uniform data system or collection processes
- Oral health assessment efforts at the local level are not coordinated or standardized
- Current oral health assessment efforts do not collect data on special child and adult populations including low-income, Medicaid insured, elderly, disabled, and individuals with special health care needs or living in long-term care facilities
- There is a lack of oral health information sharing
- Oral health has not been integrated into existing data systems and statewide surveys.
- Systematic health workforce studies have not been included dental workforce assessments.
- Fluoridation monitoring, reporting, training, and quality assurance has not been systematized in Texas.
- Some oral health programs implemented in communities are not based on current contemporary public health practices or evidence-based science

### **1. Establish a Texas Oral Health Surveillance System to Assess Oral Health Burden and Trends**

**Objective 1:** Assess oral health burden in Texas by monitoring trends in oral health needs, resources, and gaps.

#### **Overall Strategy 1**

Support, enhance, and expand statewide, ongoing Oral Health Surveillance System with a common set of data, uniform collection and reporting methods.

The Oral Health Surveillance System will have the capacity to define the scope of oral health needs and access to oral health services, monitor and improve community water fluoridation status, and measure the utilization of oral health services by children and adults in Texas in both the public and private sectors.

#### **Action Steps (1Year)**

- The State Dental Director will form a Oral Health Surveillance Work Group of key stakeholders to develop and implement a surveillance plan including flow chart of systems and data collection methods to support oral health program
- State agencies will be represented on the Oral Health Surveillance System Work Group and will include programs within Texas HHC and TDHS as well as other state agencies with an interest in health surveillance. Additional organizations and agencies with a state or local focus and interest in health assessments and surveillance will be represented on the Oral Health Surveillance System Work Group
- Establish objectives for Oral Health Surveillance System
- Select or develop case definitions and indicators (using standard health indicators whenever possible)

- The Texas Oral Health Program with the Oral Health Surveillance System Work Group will review systematically current oral health data sources to maximize the contribution and use of existing public health data systems. Include in review data from Texas Health Surveys, Maternal and Child Health Assessments, datasets held by the Texas Health and Human Services Commission (HHSC), TDH, local, city, county oral health needs assessments to inform the science base necessary to improve oral health in Texas. Investigate the inclusion of oral health related data in Behavioral Risk Factor Surveillance System (BRFSS), Youth Behavioral Risk Factor Surveillance System (YRFSS), State Cancer Registry, Information submitted annually to the Texas State Board of Dental Examiners, Texas data submitted to the National Oral Health Surveillance System, 211 System Data, HHSC Community Planning, Texas Medicaid and CHIP data, Data on health insurance benefit packages, Pregnancy Risk Assessment Monitoring System (PRAMS), Hospital Discharge Data, Assessments for Maternal and Child Health (Title V) Block Grant Title V Block Grant and Preventive Health and Health Services Block Grant, etc.
- Review mechanisms used by other states to implement an Oral Health Surveillance System that integrates standardized methods and training
- Based on the findings of the review the Texas Oral Health Program with the Oral Health Surveillance System Work Group will review existing data sources and identify data gaps.
- Texas Oral Health Program with the Oral Health Surveillance System Work Group will prioritize, develop consensus and plan the needed components of a statewide Oral Health Surveillance System
- The Texas Oral Health Program with the Oral Health Surveillance System Work Group will use existing oral health data immediately by integrating key information into policy briefs and other materials to inform policymakers, public officials, and legislators about key oral health issues, challenges, and evidence-based solutions

**Action Steps (2-5 Years)**

- Collect data to eliminate data gaps that integrates standardized methods and training to assure validity and quality
- Obtain community-level indicators by providing technical assistance to communities interested in collecting data to identify oral health needs and developing partnerships/coalitions to address oral health issues at the local level
- Meet other pressing data needs.
- Support statewide efforts through community collaborative partnerships to implement a Texas Oral Health Surveillance System
- Support continued analysis of secondary oral health data
- Support the integration of oral health into existing primary data collection by modifying existing primary data collection mechanisms
- Support the development of new primary oral health data collection mechanisms
- Develop logic data checks and data cleaning protocol
- Develop and test analytic approach
- Conduct analysis and interpret findings
- Develop dissemination approach
- Develop written surveillance report
- Develop dissemination plans
- Disseminate findings from Texas Oral Health Surveillance System to advocacy groups through electronic communications (broadcast e-mails, list serves, Internet websites, etc.), publications, statewide oral health conference, and the Texas Oral Health Coalition
- Use findings to inform the science base necessary to improve oral health in Texas and modify policies, programs, and practices
- Ensure data security
- Develop sustainability strategies
- Educate legislators and policymakers about essential support needed for oral health assessment and surveillance system

<ul style="list-style-type: none"> <li>▪ Evaluate surveillance system</li> <li>▪ Sustain and maintain a Texas Oral Health Surveillance System to track key indicators and outcomes of population-based and personal oral health services</li> </ul>
<p><b>Leadership - Responsible Entity and Lead Organization</b> Texas Oral Health Program with the Oral Health Surveillance System Work Group</p>
<p><b>Collaborating Organizations and Agencies</b></p> <ul style="list-style-type: none"> <li>▪ US Department of Health and Human Services - Centers for Disease Control and Prevention (CDC) and Health Services and Resources Administration (HRSA)</li> <li>▪ Association of State and Territorial Dental Directors (ASTDD)</li> <li>▪ Texas Health and Human Services Commission</li> <li>▪ Texas Department of State Health Services</li> <li>▪ Texas Oral Health Coalition</li> <li>▪ Texas Dental Association</li> <li>▪ Texas Dental Hygienists' Association</li> <li>▪ State Dental Schools</li> <li>▪ Dental Hygiene Schools</li> <li>▪ Community Health Centers</li> <li>▪ Texas Association of Community Health Centers</li> <li>▪ City and County Health Departments</li> <li>▪ Safety Net Dental Clinics</li> <li>▪ Non-Profit and Faith Based Oral Health Programs</li> <li>▪ Hospitals and Health Systems</li> <li>▪ Health Plans and Dental Insurers</li> <li>▪ Head Start Grantees, WIC Programs</li> <li>▪ Foundations</li> <li>▪ School Districts and School Nurses</li> </ul>
<p><b>Personnel, Expertise, and Resources Needed</b></p> <ul style="list-style-type: none"> <li>▪ Human resources – (including contract and in-kind) personnel with expertise and experience including epidemiological support, data management, information technology, oral health policy leadership, and data collection staff, technical assistance/training staff in regions.</li> <li>▪ Existing national, state, and local community-level data sources</li> <li>▪ Informational technology hardware and software</li> <li>▪ Standardized data collection, analysis, and reporting methods and tools developed at the state level</li> <li>▪ Training for regional and local personnel</li> <li>▪ Maintenance and operations for assessment at the state, regional, and local levels</li> </ul>
<p><b>Funding Sources</b></p> <ul style="list-style-type: none"> <li>▪ Utilize funding and technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) Cooperative Agreement</li> <li>▪ Utilize funding and technical assistance from the Association of State and Territorial Dental Directors</li> <li>▪ Seek funding streams such as funding from the Maternal and Child Health (Title V) Block Grant and Preventive Health and Health Services Block Grant</li> </ul>
<p><b>2010 Targets for Administration, Operations and Services</b></p> <ul style="list-style-type: none"> <li>▪ The Texas Oral Health Program with the Oral Health Surveillance System Work Group coordinates the collection of oral health data through surveys.</li> <li>▪ In order to assess the need for oral health services by Texans, the DSHS Texas Oral Health Program conducts a variety of surveys, usually relating to oral health status and to the dental care delivery system. A survey may take the form of a mailed questionnaire, a face-to-face or telephone interview, focus groups or an "open-mouth" screening survey in which a dentist or dental hygienist looks in the mouths of schoolchildren or other groups of interest.</li> </ul>

- The Texas Oral Health Program organizes the data and/or other information into special reports to assist communities in identifying oral health care needs and to help health care providers better meet their patients' oral health needs.
- The Texas Oral Health Program conducts comprehensive assessments through multiple surveys approximately every five years.
- In addition, the Texas Oral Health Program conducts annual surveys of third grade students at a specific number of sentinel schools across the state.
- The Texas Oral Health Program obtains community-level indicators by providing technical assistance to communities interested in collecting standardized data to identify oral health needs and developing partnerships/coalitions to address oral health issues at the local level
- Surveys of special groups (e.g., homeless, preschool, children of migrant farm workers, individuals living in long-term care facilities, etc.) are conducted periodically.
- The Texas Oral Health Program periodically publishes reports relating to dental public health and oral health.

**Justification / Rationale / Healthy People 2010 Objectives**

**Healthy People 2010 Objective**

Objective 21-16: Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.

**Essential Functions**

The Essential Functions of a systematic and ongoing Statewide Oral Health Surveillance System are to:

- Assess oral health status and needs so that problems can be identified and addressed
- Analyze determinants of identified oral health needs including resources
- Assess the status of necessary population-based interventions including fluoridation of water systems
- Monitor and report the fluoride levels in drinking water and participate in the Centers for Disease Control and Preventions' Water Fluoridation Reporting System (WFRS).
- Implement an oral health surveillance system to identify, investigate, and monitor oral health problems and health hazards
- Have the capacity to capture data on special child and adult populations including low- income, Medicaid insured, elderly, disabled, and individuals with special health care needs

**Available Resources – Relevant Models, Tools, Guidelines, and Evidence-Based Best Practices**

- Association of State and Territorial Dental Directors. Assessing Oral Health Needs: Seven-Step Model, 2003.
- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: State Based Oral Health Surveillance System, 2003.
- Association of State and Territorial Dental Directors. Building Infrastructure and Capacity in State and Territorial Oral Health Programs, 2000.
- Centers for Disease Control and Prevention, Division of Oral Health. Infrastructure Development Tools: Logic Model for Oral Health Surveillance System.
- Centers for Disease Control and Prevention, Division of Oral Health. National Oral Health Surveillance System
- U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2003
- U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.
- U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC, 2000.

## **POLICY DEVELOPMENT**

### **Gaps in Policy Development Identified in Texas**

- There is a lack of oral health leadership at the state, regional, and local levels with a focus on coordinated actions and collaborating partnerships to assure improvements in oral health for children and adults in Texas.
- There is lack of communication at the state and local levels among partners in the public, private, and non-profit sectors about oral health challenges and solutions
- The majority of Texas counties and cities do not have dental directors.
- There is a lack of dental public health education available for current oral health staff in public health departments and community health centers
- There has not been systematic approaches for dental public health training or information sharing related to contemporary dental public health principles and practices, or where formal training in state universities is available (DDS, MPH with Dental Public Health Residency) has not been a requirement for senior public health appointments (Health People 2010 Objective 21-17).

### **2. Build State Oral Health Infrastructure**

**Objective 2:** Develop a strong oral health unit with a full-time state dental director and effective infrastructure within the Texas Department of State Health Services to provide state level oral health leadership and perform the essential public health functions to meet the oral health needs of all Texans.

#### **Overall Strategy 2**

Build state level oral health infrastructure to maintain oral health leadership with sufficient capacity, adequate resources (human, physical, and fiscal), and appropriate authority that enables the Texas Oral Health Program to effectively address oral health problems in Texas.

Develop effective management structures and administrative procedures within the Texas Oral Health Program that includes mechanisms for coordination, building relationships, communication, documentation, tracking, monitoring, problem-solving, capacity building, and systems development.

#### **Action Steps**

- Develop a strategic plan to assure a strong oral health unit with a mandated full-time state dental director, effective infrastructure, competent staff working in the Central Office and Regional Offices within the Texas Department of State Health Services. Oral health program staff needs to have expertise and experience to provide state level oral health leadership and perform the essential public health functions to meet the oral health needs of all Texans.
- Educate policymakers and decision makers within Texas Health and Human Service Commission and Texas Department of State Health Services including the Executive Commissioner within the Texas Health and Human Service Commission, the Deputy Executive Commissioner for Health Services within the Texas Health and Human Service Commission, and the Commissioner of the Texas Department of State Health Services to support a full-time Texas State Dental Director and Oral Health Program. It is essential to build state level oral health infrastructure and leadership within organizational structures of state agencies with sufficient capacity, adequate resources (human, physical, and fiscal), and appropriate authority to effectively address oral health problems in Texas.
- Develop effective management structures and administrative procedures within the Texas Oral Health Program by establishing and institutionalizing mechanisms for coordination, building relationships, communication, documentation, tracking, monitoring, problem-solving, capacity building, and systems development.

- Implement a strategic plan to sustain capacity and maintain state level oral health leadership and infrastructure including systems, people, relationships and resources.

**Leadership - Responsible Entity and Lead Organization**

- Texas Oral Health Program
- Executive Commissioner within the Texas Health and Human Service Commission, the Deputy Executive Commissioner for Health Services within the Texas Health and Human Service Commission, and the Commissioner of the Texas Department of State Health Services
- Texas Oral Health Coalition

**Collaborating Organizations and Agencies**

- Texas Health and Human Services Commission
- Texas Department of State Health Services
- Texas Dental Association
- Texas Dental Hygienists' Association
- State Dental Schools
- Dental Hygiene Schools
- Community Health Centers
- City and County Health Departments

**Personnel, Expertise, and Resources Needed**

- Full-time state dental director
- Adequately staffed oral health unit with competence to perform dental public health functions and work in the Central Office and Regional Offices within the Texas Department of State Health Services
- Sufficient capacity and adequate resources (human, physical, and fiscal) for the Oral Health Program in the Central Office and Regional Offices within the Texas Department of State Health Services

**Funding Sources**

- Utilize funding and technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) Cooperative Agreement
- Seek funding streams such as funding from the Maternal and Child Health (Title V) Block Grant and Preventive Health and Health Services Block Grant

**2010 Targets for Administration, Operations and Services**

- The Texas Oral Health Program, Texas Department of State Health Services has an effective dental public health program in place that provides state level leadership on oral health, represents the agency on oral health issues within the government and with outside organizations, and coordinates oral health program initiatives.
- The Texas Oral Health Program, Texas Department of State Health Services performs the essential public health functions by: (a) developing and implementing plans and policies through a collaborative process; (b) carrying out evidence-based planning, program implementation and evaluation of oral health efforts to address oral health needs in Texas; (c) promoting and enforcing laws and regulations that protect and improve oral health, ensure safety, and assure accountability for the public well-being.
- The Texas State Dental Director and Oral Health Program will be institutionalized within the Texas Department of State Health Services to provide state level oral health leadership and perform the essential public health functions of assessment, policy development, and assurance.

**Justification / Rationale / Healthy People 2010 Objective**

**Healthy People 2010 Objective 21-17:** Increase the number of Tribal, State, and local health agencies that serve jurisdictions of 250,000 or more persons that have in place an effective dental public health program directed by a dental professional with public health training.

**Available Resources – Relevant Models, Tools, Guidelines, and Evidence-Based Best Practices**

- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: Statutory Mandate for a State Oral Health Program, 2003.
- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: State Oral Health Plans and Collaborative Planning 2003.
- Association of State and Territorial Dental Directors. Guidelines for State and Territorial Oral Health Programs, 2001
- Association of State and Territorial Dental Directors. Building Infrastructure and Capacity in State and Territorial Oral Health Programs, 2000.
- Tomar SL. Assessment of the Dental Public Health Infrastructure in the United States Gainesville, FL: University of Florida, College of Dentistry, Division of Public Health Services and Research, July 2004 (Supported by the National Institute of Dental and Craniofacial Research, Contract No. 263-MD-012931).
- U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2003
- U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.
- U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC, 2000.

**3. Mobilize Support for Oral Health**

**Objective 3:** Change perceptions regarding oral health and oral disease so that oral health becomes an integral component of health policies and programs in Texas by informing, educating, and empowering community partners, public officials, policymakers, and the public

**Overall Strategy 3A and 3B**

3A. Develop a State Oral Health Coalition of broad-based stakeholders to maximize state oral health capacity by building public, private, and non-profit linkages to: (a) increase community awareness of the oral health needs in Texas (b) communication with stakeholders, policy makers and the public; and (c) promote population-based strategies and expand access to oral health services.

3B. Foster community oral health capacity by engaging community-based collaborative partnerships to identify oral health issues and to promote and implement oral health solutions through Regional Oral Health Groups.

**Action Steps**

- Explore the feasibility of forming a Texas Oral Health Coalition
- Create a steering committee
- Set the stage for the formation of a Texas Oral Health Coalition by bringing together a diverse group of stakeholders, individuals, and organizations to assure broad based input from constituency groups.
- Develop a set of preliminary objectives to maximize state oral health capacity by building public, private, and non-profit linkages to: (a) increase community awareness of the oral health needs in Texas (b) communication with stakeholders, policy makers and the public; and (c) promote population-based strategies and expand access to oral health services.
- Develop a set of preliminary activities
- Convene the Texas Oral Health Coalition
- Secure financial resources to support the work of the Coalition
- Define and implement elements of a successful coalition structure
- Build the foundation for action by establishing common ground for shared oral health vision and mission
- Develop an electronic oral health communication network to communicate with stakeholders, policy makers and the public
- Review systems and oral health strategies to build on knowledge of what works well to influence systems and improve oral health
- Develop an Oral Health Coalition Action Plan that outlines the steps needed to accomplish the coalition goals
- Create lasting solutions by maintaining and sustaining success
- Maintain coalition vitality by making improvements through evaluation
- Create a more comprehensive and strategic change process that will further improve oral health in Texas

**Leadership - Responsible Entity and Lead Organization**

- Texas Oral Health Program
- Texas Oral Health Coalition Steering Committee
- Texas Oral Health Coalition Members

**Collaborating Organizations and Agencies**

The Texas Oral Health Coalition members could include representatives from health and human service agencies, professional organizations, health care professional groups, the primary care association, consumer advocacy groups, communities, businesses, universities, faith-based organizations, hospital and health systems, third party payers, foundations, the media and the legislature. They could include:

- Children's Advocacy Organizations
- City and County Health Departments
- Community and Family Health Centers
- Community Nurse Health Associations
- Disability Advocacy Groups
- Elder Service Centers and Advocacy Groups
- Faith-Based Health and Human Service Organizations
- Foundations
- Head Start Grantees
- Health Advocacy Groups
- Health Plans and Dental Insurers
- Health Policy Centers
- Hospitals and Health Systems
- Non-Profit and Faith Based Oral Health Programs
- Safety Net Dental Clinics
- School Districts and School Nurses



<ul style="list-style-type: none"> <li>▪ School-Based Health Centers and Oral Health Centers</li> <li>▪ Schools of Public Health</li> <li>▪ State Dental Schools</li> <li>▪ State University and Community College Dental Hygiene Programs</li> <li>▪ Texas Association for Community Health Centers</li> <li>▪ Texas CHIP Coalition</li> <li>▪ Texas Dental Association</li> <li>▪ Texas Dental Hygienists' Association</li> <li>▪ Texas Department of State Health Services – Oral Health, Texas Health Steps Maternal and Child Health, Primary Care, Health Workforce, etc.</li> <li>▪ Texas Health and Human Service Commission - Medicaid and CHIP</li> <li>▪ WIC Programs</li> <li>▪ Youth Service Centers and Advocacy Groups</li> </ul>
<p><b>Personnel, Expertise, and Resources Needed</b></p> <ul style="list-style-type: none"> <li>▪ Adequate resources (human, physical, and fiscal) to effectively support the activities of a Texas Oral Health Coalition Steering Committee and Texas Oral Health Coalition</li> </ul>
<p><b>Funding Sources</b></p> <ul style="list-style-type: none"> <li>▪ Utilize funding and technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) Cooperative Agreement</li> <li>▪ Seek funding streams such as funding from the Maternal and Child Health (Title V) Block Grant and Preventive Health and Health Services Block Grant</li> <li>▪ Seek funding from Texas and National Foundations</li> </ul>
<p><b>Justification / Rationale / Healthy People 2010 Objectives</b></p> <ul style="list-style-type: none"> <li>▪ The Association of State and Territorial Dental Directors (ASTDD) recommends State Oral Health Coalitions and Collaborative Partnerships as a Best Practice Approach for State and Community Oral Health Programs</li> <li>▪ Communications and linkages, building linkages, and building community capacity are key elements of a State Oral Health Program to achieve Healthy People 2010 Objectives according to the ASTDD Report, Building Infrastructure and Capacity in State and Territorial Oral Health Programs</li> </ul>
<p><b>Available Resources – Relevant Models, Tools, Guidelines, and Evidence-Based Best Practices</b></p> <ul style="list-style-type: none"> <li>▪ Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: State Oral Health Coalitions and Collaborative Partnerships, 2003.</li> <li>▪ Association of State and Territorial Dental Directors. Building Infrastructure and Capacity in State and Territorial Oral Health Programs, 2000.</li> <li>▪ Association of State and Territorial Dental Directors. Guidelines for State and Territorial Oral Health Programs, 2001</li> <li>▪ Centers for Disease Control and Prevention, Division of Oral Health. Infrastructure Development Tools: Oral Health Coalition Framework.</li> <li>▪ Cohen L, Baer N, Satterwhite P. Developing Effective Coalitions an Eight Step Guide. In Wurzbach ME. (Ed.) Community Health Education and Promotion: A Guide to Program Design and Evaluation. 2<sup>nd</sup> Edition. Gaithersburg, MD: Aspen Publishers, Inc., 2002: 144-161.</li> <li>▪ Oral Health America. Coalition Best Practices Workshop White Paper. Chicago, IL: Oral Health America, 2001.</li> <li>▪ U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2003.</li> <li>▪ U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.</li> </ul>

- Washington State Oral Health Coalition. Community Roots for Oral Health: Guidelines for Successful Coalitions.

### **Overall Strategy 3C**

3C. Institute a Texas Oral Health Council (like the Texas Diabetes Council or the Texas Cancer Council) through a legislative mandate.

The Texas Oral Health Council mission would be to effectively reduce the health and economic burdens of oral diseases in Texas. The Texas Oral Health Council would:

- Address issues affecting people with oral diseases and conditions in Texas
- Advise the Texas Legislature on legislation that is needed to develop and maintain a statewide system of quality and access to: (a) oral disease prevention, (b) dental care, and (c) oral health promotion and education services for the public and for health care professionals.
- Develop and implement a state oral health plan to assure access to: (a) oral disease prevention, (b) dental care, and (c) oral health promotion and education services for the public and for health care professionals.

## **ASSURANCE**

### **4. Build Collaborative Partnerships to Implement Population-Based Oral Health Programs**

**Objective 4:** Build collaborative partnerships and apply evidence-based prevention strategies to address identified needs and disparities to effectively to improve oral health of Texans

#### **Overall Strategy 4**

Plan, implement, and evaluate population-based programs through collaborative partnerships to increase the utilization of evidence-based primary and secondary prevention and reduce the oral health burden in Texas

Invest in prevention programs and focus on Texans who suffer disproportionately from oral diseases by: (a) enhancing the Texas Community Water Fluoridation Program, (b) expanding School-Based Preventive Dental Sealant Programs (c) developing Early Head Start-Based and WIC-Based Programs to Prevent Tooth Decay for children birth through three years of age (d) collaborating in the development of an Oral Cancer Prevention Initiative to target high risk groups for oral cancer prevention and screening, early detection, referral, and follow-up.

#### **Action Steps - Texas Community Water Fluoridation Program**

- Evaluate the effectiveness, accessibility, quality, and outcomes of the current Texas Community Water Fluoridation Program to gain insights and apply innovative solutions to oral health problems in Texas.
- Prepare a work plan to implement and evaluate the key elements of an effective Texas Community Water Fluoridation Program.
- Secure funding to plan enhancements and maintenance of the Texas Community Water Fluoridation Program
- Implement the Texas Community Water Fluoridation Program with the aims to: promote water fluoridation, provide information on the safety, benefits and cost of fluoridation, inform health professionals and the public on the proper use of various preventive fluoride measures, and provide information on fluoride levels in Texas communities. The Texas Community Water Fluoridation Program will (a) fund fluoride equipment and installation; (b) provide technical assistance in system design and equipment installation; (c) maintain a system for tracking statewide levels of fluoride to assure quality as part of the CDC Water Fluoridation Reporting System (WFRS), (d) provide education to people and communities about the safety and benefits of fluorides and community water fluoridation, and (e) provide ongoing training to water plant operators.
- Update and maintain community water fluoridation data from Texas Commission on Environmental Quality, reported regularly to the CDC Water Fluoridation Reporting System (WFRS), to ensure quality, inform the public of the benefits of fluoridation and advise health professionals of water fluoride levels for prescribing and advocacy reasons.
- Evaluate the effectiveness, accessibility, quality, and outcomes of the enhanced Texas Community Water Fluoridation Program to make future improvements
- Maintain the Texas Community Water Fluoridation Program

**Action Steps - Texas School-Based Preventive Dental Sealant Program**

- Evaluate the effectiveness, accessibility, quality, and outcomes of the current Texas School-Based Dental Sealant Program.
- Prepare a work plan to systematically expand, implement and evaluate a Texas School-Based Dental Sealant Program through collaborative partnerships in communities with grant/contract funding mechanisms and technical assistance.
- Secure funding for pilot projects of the Texas School-Based Dental Sealant Program
- Implement pilot projects to demonstrate the Texas School-Based Dental Sealant program that integrates community collaborations and partnerships.
- The Texas School-Based Dental Sealant program can provide dental sealants and reach high-risk children by funding dental sealant grants in local communities to provide dental sealants in schools using portable equipment. With parental consent, teams of dental hygienists and dental assistants place sealants on children's teeth in targeted grades in accordance with treatment plans developed by examining dentists, who also assist children to access any needed treatment. Grants can be awarded on multi-year cycles. Grantees garner and demonstrate evidence of community support. Grantees are responsible for submitting standard reports and maintain written protocols and procedures for meeting program standards. Grantees receive technical assistance, program support, program evaluation and oversight from the Division of Oral Health
- Develop and disseminate standardized methods to assess oral health needs, plan and implement Texas School-Based Dental Sealant programs and evaluate outcomes.
- Provide support and assist local agencies and organizations to implement and maintain school-based dental sealant programs.
- Evaluate the effectiveness, accessibility, quality, and outcomes of the demonstrations projects to gain insights and apply innovative solutions to oral health problems in the future
- Develop funding streams to expand the application and replication of Texas School-Based Dental Sealant programs throughout Texas maximizing resources and utilizing community collaborations and public-private partnerships

**Action Steps - Early Head Start-Based and WIC-Based Program to Prevent Tooth Decay for Children Birth through Three Years of Age**

- Develop an assessment and evaluation component for early childhood caries (tooth decay) and its determinants among young children in Early Head Start, Head Start, and WIC
- Prepare a work plan to implement and evaluate an Early Head Start-Based and WIC-Based Program to Prevent Tooth Decay for Children Birth through Three Years of Age Texas through collaborative partnerships in communities with grant/contract funding mechanisms and technical assistance.
- Secure funding for pilot projects of the Early Head Start-Based and WIC-Based Program to Prevent Tooth Decay for Children Birth through Three Years of Age
- Implement pilot projects to demonstrate the Early Head Start-Based and WIC-Based Program to Prevent Tooth Decay for Children Birth through Three Years of Age that integrates community collaborations and partnerships, and includes parental oral health education and anticipatory guidance including feeding practices, daily toothbrushing with fluoride toothpaste, and professional application of fluoride varnish
- Based on outcomes of pilot projects modify program.
- Plan, implement, and evaluate throughout Texas an Early Head Start-Based and WIC-Based Program to Prevent Tooth Decay for Children Birth through Three Years of Age.

**Leadership - Responsible Entity and Lead Organizations**

- State Dental Director and Oral Health Program Staff, Texas Department of State Health Services in Collaboration with Local Agency WIC and Head Start Grantees

**Action Steps - Oral Cancer Prevention and Early Detection Program**

- Collaborate with public, private, and non-profit partners to develop and implement an Oral Cancer Prevention and Early Detection Program. Partners could include Texas Cancer Council, Dental Oncology Education Program of the Texas Cancer Council, American Cancer Society – Texas Division, dental schools, other health professional schools and programs, MD Anderson Cancer Center, etc.
- Build on past and current initiatives in Texas (Dental Oncology Education Program) as well as State Models for Oral Cancer Prevention and Early Detection in Maryland, Florida, Illinois, Michigan, New York, and North Carolina)
- Plan and implement an assessment of oral cancer to determine high risk groups, targeted geographic areas in the Texas, needs for early detection and risk reduction.
- Prepare a work plan to implement and evaluate a collaborative Oral Cancer Prevention and Early Detection Program that is based on contemporary evidence and targets high risk groups for oral cancer prevention and screening, early detection, referral, and follow-up.
- Support collaborative partnerships in communities with grant/contract funding mechanisms, technical assistance, and funding of pilot projects that integrates Oral Cancer Prevention with community collaborations and partnerships
- Based on outcomes of pilot projects modify Oral Cancer Prevention and Early Detection Program
- Plan, implement, and evaluate throughout Texas an Oral Cancer Prevention and Early Detection Program

**Collaborating Organizations and Agencies**

- US Department of Health and Human Services - Centers for Disease Control and Prevention (CDC) and Health Services and Resources Administration (HRSA)
- Association of State and Territorial Dental Directors (ASTDD)
- Texas Health and Human Services Commission
- Texas Department of State Health Services
- Professional Dental Associations
- Dental Schools
- Dental Hygiene Schools
- Community Health Centers
- City and County Health Departments
- Safety Net Dental Clinics
- Non-Profit and Faith Based Oral Health Programs
- Hospitals and Health Systems
- Health Plans and Dental Insurers
- Head Start Grantees – e.g., 142 Head Start Grantees in Texas in 2004
- WIC Local Agencies (LA) – e.g., 80 local public, private non-profit health agencies, and public health regions that contract with Texas Department of State Health Services to deliver WIC services in 2004
- Foundations
- School Districts and School Nurses

**Personnel, Expertise, and Resources Needed**

- Human resources to develop a plan for prevention programs
- Human resources to support community collaborations and public-private partnerships that develop demonstration projects
- Human resources for development and dissemination of standardized tools and methods to assess oral health needs, plan and implement prevention programs, and evaluate outcomes
- Funding for maintenance and operations for prevention programs at the state, regional, and local levels
- Training and Technical Assistance on prevention programs including: (a) Community Water Fluoridation, (b) School-Based Dental Sealant Programs (c) Head Start-Based and WIC-Based Prevention Programs (d) Oral Cancer Prevention and Early Detection Program

**Funding Sources**

- Maximize resources and leverage all possible funding mechanisms and funding streams to plan, implement, and evaluate population-based oral health programs that focus on prevention and include: a) Community Water Fluoridation, (b) School-Based Dental Sealant Programs (c) Head Start-Based and WIC-Based Prevention Programs (d) Oral Cancer Prevention and Early Detection Program
- Utilize funding and technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) Cooperative Agreement
- Seek funding streams such as funding from the Maternal and Child Health (Title V) Block Grant and Preventive Health and Health Services Block Grant
- Gain from Matching Funds and In-Kind Support in Request for Application from Partners at the Local Level to assess oral health needs, plan and implement prevention programs such as (a) Community Water Fluoridation, (b) School-Based Dental Sealant Programs (c) Head Start-Based and WIC-Based Prevention Programs (d) Oral Cancer Prevention and Early Detection Program and evaluate outcomes

**2010 Targets for Administration, Operations and Services**

By 2010 state and regional administration and operations are in place and sustained to plan, implement, and evaluate effective population-based oral health programs state-wide that focus on prevention and include: a) Community Water Fluoridation, (b) School-Based Dental Sealant Programs (c) Head Start-Based and WIC-Based Prevention Programs (d) Oral Cancer Prevention and Early Detection Program

**Justification / Rationale / Healthy People 2010 Objectives**

Healthy People 2010 Objectives:

- 21-1. Reduce proportion of children and adolescents with dental caries experience
- 21-2. Reduce proportion of children, adolescents, and adults with untreated tooth decay
- 21-8. Increase proportion of children and adolescents who have received dental sealants
- 21-9. Increase proportion of the U.S. population served by community water fluoridation with optimally fluoridated water

### **Available Resources – Relevant Models, Tools, Guidelines, and Evidence-Based Best Practices**

- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: School-Based Dental Sealant Programs, 2003.
- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: State Oral Health Coalitions and Collaborative Partnerships, 2003.
- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: Use of Fluoride: Community Water Fluoridation, 2003.
- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs – Dental Public Health Activities and Practices: Incorporating Oral and Pharyngeal Cancer into State Comprehensive Control Plan, Division of Oral Health, Illinois Department of Public Health, April 2002.
- Association of State and Territorial Dental Directors. Best Practice Approaches for State and Community Oral Health Programs: – Dental Public Health Activities and Practices: Maryland Oral Cancer Prevention Coalition’s Needs Assessment Efforts, Office of Oral Health, Maryland Department of Health and Mental Hygiene.
- Association of State and Territorial Dental Directors. Building Infrastructure and Capacity in State and Territorial Oral Health Programs, 2000.
- Association of State and Territorial Dental Directors. Guidelines for State and Territorial Oral Health Programs, 2001.
- Centers for Disease Control and Prevention, Division of Oral Health. Proceedings and Background Papers: 1996 Oral Cancer Conference National Strategic Planning Conference for the Prevention and Control of Oral and Pharyngeal Cancer, Chicago, Illinois, August 7-9, 1996.
- Promoting Oral Health: Interventions for Preventing Dental Caries, Oral and Pharyngeal Cancers, and Sports-related Craniofacial Injuries: A Report on the Recommendations of the Task Force on Community Preventive Services. MMWR, November 30, 2001;50(RR-21):1-13.
- Truman BI, Gooch BF, Evans CA Jr. (Eds.). The Guide to Community Preventive Services: Interventions to Prevent Dental Caries, Oral and Pharyngeal Cancers, and Sports-Related Craniofacial Injuries. Am J Prev Med 2002;23(1 Supp).
- U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2003.
- U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC, 2000.
- U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.

**5. Build Collaborative Partnerships to Implement Strategies to Increase Access to and Quality of the Oral Health Care System**

**Objective 5**

Remove barriers between people and the oral health care system by enhancing oral health system capacity, including directly supporting or providing oral health services when necessary

**Overall Strategy 5**

Increase the proportion of children, adults, seniors, and long-term care residents who use the oral health care system each year by linking people to needed clinical oral health services and support services

**Action Steps**

Support the Campaign to Restore CHIP to restore CHIP eligibility and benefits. The Campaign to Restore CHIP is a Coalition of 230 Organizations and 2000 Individuals that is supporting a broad-based statewide effort to eligibility and benefits, including mental health, vision, dental, and hospice services, to previous levels and build a broad-based support network for children's health issues.

Develop and support all channels to systematically educate policymakers, decision makers, public officials, and legislators about the consequences of reducing financial barriers to dental access and the importance of restoring oral health benefits in the Texas Children's Health Insurance Program and improving the oral health component of the Medicaid program for children to expand access to oral health care (e.g., amend legal opinion which restricts publically funded dental care for children under Medicaid EPSDT), including care that was formerly was delivered to children without access by government agencies and other agencies.

Establish a statewide Task Force on Access to Dental Care to study and recommend effective strategies in Texas to assure the availability, accessibility, and acceptability of oral health services for all Texans (children, adults, and elders). Assess and evaluate state and community models for assuring access to dental care for children and adults based on the key characteristics of a dental home including accessibility, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent.

Develop a plan of action by public, private and not-for-profit partners to develop a safety net primary dental care\* program for Texas adults without access to dental care. Specifically include considerations for nursing home residents, the adult disabled, homebound, homeless, the medically, physically and mentally compromised, and the working population without dental insurance, the unemployed and the incarcerated.

\* Primary (or basic) dental care consists of those elements of patient education, prevention and treatment, considered to be an essential minimum for oral health, when appropriately applied.



Assist and encourage public, private and not-for-profit partnerships to provide summary data on the oral status of subpopulations they serve, the scope and quantity of dental services they deliver (educational, preventive and therapeutic) and the outcomes of this care in terms of standard oral surveillance indicators of the subpopulation; thereby welding a system of dental care whose accomplishments and gaps are better appreciated and more likely to be addressed at all levels. Implement different models of dental service delivery that creatively accommodate the economic, cultural, social, employment and other relevant circumstances of the sub population, without a dental service safety net, to overcome barriers to oral health for these persons.

**Leadership - Responsible Entity and Lead Organizations**

Executive Commissioner within the Texas Health and Human Service Commission, the Deputy Executive Commissioner for Health Services within the Texas Health and Human Service Commission, and the Commissioner of the Texas Department of State Health Services  
 Texas Oral Health Program  
 Texas Oral Health Coalition Taskforce on Access to Dental Care (to be established)

**Collaborating Organizations and Agencies**

- Texas Health and Human Services Commission
- Texas Department of State Health Services
- Texas Dental Association
- Texas Dental Hygiene Association
- Community Health Centers and TACHC
- City & County Health Departments
- Non-Profit and Faith Based Oral Health Programs
- Hospitals and Health Systems including County Hospitals
- Health Plans and Dentals Insurers
- Dental Schools
- Dental Hygiene Schools
- Foundations
- Advocacy groups whose clients lack dental care access

**Personnel, Expertise and Resources Needed**

- Coordinating staff
- Ability to liaise effectively across the wide range of potential dental service providers and organizations
- Technical capacity to collect, collate and disseminate data on oral health, services planned, services provided and outcomes

**Funding Sources**

Initially from foundations and participants In the longer term, from inclusion of adult primary dental care under Medicaid, as in numerous other states.

**2010 Targets for Administration, Operations and Services**

Administration and operations are in place to assess, plan, implement, and evaluate state and community models for assuring access to dental care for children and adults in Texas based on the key characteristics of a dental home including accessibility, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent.

**Justification / Rationale / Health People 2010 Objectives**

Health People 2010 Objective 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Health People 2010 Objective 21-11: Increase the proportion of long-term care residents who use the oral health care system each year.

Health People 2010 Objective 21-12; Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

**Essential Functions**

- Provide a safety net primary dental care system for Texas adults who presently have no or very limited access
- Allow the demand for dental care to be more adequately assessed for these groups
- Allow the full impact of available resources for basic dental care for adults without access, to be compiled
- Allow the gaps between demand for dental care and available services to be systematically reported, so that programs and policy can be realistically improved over time

**Available Resources – Relevant Models, Tools, Guidelines, and Evidence-Based Best Practices**

- American Dental Association: Future of Dentistry: Today's Vision, Tomorrow's Reality. Chicago, IL: American Dental Association, Health Policy Resources Center, 2001.
- American Dental Association: State and Community Models for Improving Access to Dental Care for the Underserved—A White Paper. Chicago, IL: American Dental Association, October 2004.
- American Dental Association: Policy Brief Series: Increasing Access to Medicaid Dental Services for Children Through Collaborative Partnerships. Chicago, IL: American Dental Association, 2004.
- American Dental Association: Proceedings: Report of Achieving Improvement in Medicaid (AIM) for Change Medicaid Conference, Chicago, IL: American Dental Association: August 2–3, 1999.
- American Dental Association: State Innovations to Improve Dental Access for Low-Income Children: A Compendium. Chicago, IL, American Dental Association, 2003.
- American Dental Education Association President's Commission: Improving the oral health status of all American: roles and responsibilities of academic dental institutions: the report of the ADEA President's Commission. Washington, DC: American Dental Education Association, 2003.
- Association of State and Territorial Dental Directors: Best Practices Approaches for State and Community Oral Health Programs: Access to Oral Health Care – Workforce Development. Jefferson City, MO: Association of State and Territorial Dental Directors, 2003.
- Barnett WS, Brown KC: Dental Health Policy Series: Issues in Children's Access to Dental Care under Medicaid. Chicago, American Dental Association, April 2000.
- Brown LJ and Lazar V: Workforce trends that influence the dental service capacity. J Am Dent Assoc 129:619, 1998
- Crall JJ: Children's oral health services: organization and financing considerations. Ambul Pediatr 2:148,2002.
- Spisak S, Holt K (eds.): Building Partnerships to Improve Children's Access to Medicaid Oral Health Services: National Conference Proceedings. Arlington, VA, National Maternal and Child Oral Health Resource Center, 1999.
- Valachovic RW: Dental workforce trends and children. Ambul Pediatr 2:154,2002.
- U.S. Department of Health and Human Services. A National Call to Action to Promote Oral Health. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2003
- U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC, 2000.
- U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: HHS, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.
- Dental Access Resources available from conferences sponsored and publication prepared by the National Conference of State Legislatures (NCSL) and National Governors Association (NGA)

## Appendix A

### Project Steering Committee: Activation of a Collaborative Oral Health Plan in Texas

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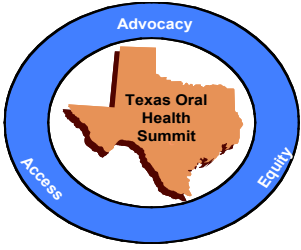
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## Appendix B: Goals, Agenda, and Invited Speakers



# ***Texas Oral Health Summit:*** **Advocacy, Equity & Access**

**September 9-10, 2004**

**Omni Austin Hotel Downtown**  
**700 San Jacinto at 8th Street, Austin, Texas 78701**  
**Phone: 512-476-3700**

### **The Summit Goals are to:**

- Discuss critical oral health issues that impact children, adolescents, adults and elders in Texas
- Present promising approaches to enhance oral health surveillance, build capacity, and develop infrastructure for oral health improvements
- Identify best practices for community efforts to prevent oral diseases and promote oral health
- Discuss strategies to expand access to dental care for children and adults in urban and rural areas
- Highlight opportunities to maximize resources and increase access to clinical services for children through the Children's Health Insurance Program (CHIP) and Medicaid
- Explore the necessity of coalition-building and proactive advocacy for policies, programs, and practices to promote oral health in Texas
- Provide feedback and contribute to an Oral Health Plan for Texas
- Foster collaboration and dialogue about regional gaps, coalitions, and the implementation of oral health initiatives to improve oral health in Texas

**Department of Community Dentistry, University of Texas Health Science Center  
at San Antonio Dental School in Collaboration with the  
Maternal and Child Health Program (Title V) and Oral Health Program  
Texas Department of State Health Services**

**Supported by Maternal and Child Health Bureau  
Health Resources and Services Administration  
State Oral Health Collaborative Systems Grant Program**

Texas Oral Health Summit <<http://dental.uthscsa.edu/oralhealthsummit/>>  
Summit Presentations <<http://dental.uthscsa.edu/oralhealthsummit/presentations.html>>

**Texas Oral Health Summit: Advocacy, Equity and Access  
September 9-10, 2004, Austin, Texas  
Agenda**

**Day One - Thursday, September 9, 2004**

<b>10:30 am - 12:30 pm</b>	<b>Registration</b>	<b><i>Mezzanine</i></b>
<b>12:30 pm - 1:00 pm</b>	<b>Welcome and Opening Remarks</b> Moderator John P. Brown, BDS, PhD  Charles Bell, MD	<b><i>Lone Star Room</i></b>  Professor and Chairman Department of Community Dentistry, University of Texas Health Science Center at San Antonio Dental School, San Antonio  Deputy Executive Commissioner for Health Services, Texas Health and Human Services, Austin
<b>1:00 pm - 3:00 pm</b>	<b>Opening Plenary Session: Oral Health Surveillance, Capacity and Infrastructure</b> Moderator Johanna DeYoung, DDS, MPH  <b>Oral Health Surveillance in US &amp; States</b> Michael Manz, DDS, MPH  <b>Oral Health Surveillance in Texas</b> David Cappelli, DMD, MPH, PhD  <b>Reactor</b> Kenneth Bolin, DDS, MPH	<b><i>Lone Star Room</i></b>  Dental Bureau Chief, Houston Department of Health and Human Services  Senior Research Associate School of Dentistry, University of Michigan and Consultant to Association of State and Territorial Dental Directors (ASTDD)  Associate Professor, Department of Community Dentistry, University of Texas Health Science Center at San Antonio Dental School  Assistant Professor, Department of Public Health Sciences, Baylor College of Dentistry, Texas A&M University System Health Science Center, Dallas

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Moderator  
Kelly Shanahan, BA

LBJ School of Public Affairs, University  
of Texas, Austin

**Oral Health Capacity and  
Infrastructure in the States**

Lynn Douglas Mouden, DDS,  
MPH

Director, Office of Oral Health,  
Arkansas Department of Health, Little  
Rock, Arkansas and Past President of  
Association of State and Territorial  
Dental Directors

**Reactor**

Judge F. Scott McCown

Executive Director, Center for Public  
Policy Priorities, Austin

**Discussion from Floor**

**3:00 pm - 3:15 pm**

**Break** (with Refreshments)

**3:15 pm - 5:15 pm**

**Plenary Session: Evidence-Based  
Community Prevention Programs**

***Lone Star Room***

Moderator  
John P. Brown, BDS, PhD

**The Evidence Base for  
Community Preventive Services  
and Examples from States of  
ASTDD Best Practices**

Dolores Malvitz, DrPH

Consultant in Dental Public Health. Until  
July 2004, Chief, Surveillance, Investigation  
and Research Team, Division of Oral  
Health, Centers for Disease Control and  
Prevention (CDC), Atlanta

**Community Water  
Fluoridation in Texas**

Tom Napier, BS (Ch. E)

Community Water Fluoridation  
Engineer, Texas Department of State  
Health Services (formerly Texas  
Department of Health), Austin

**Model School-Based Dental  
Sealant Program in Arlington:  
SMILES - Sealing Molars  
Improves Life of Every Child**

Sally Hopper

Executive Director, Dental Health for  
Arlington (DHA), Arlington TX

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**Reactors**

G.M. Nana Lopez, DDS, MPH      Dental Practitioner and Dental Public Health Consultant, Austin

Dianna Prachyl, BSDH, MS      Clinical Manager, Children’s Medical Center Dallas, and Texas Dental Hygienists’ Association

**Discussion from the Floor**

**5:15 pm - 5:30 pm      Where have we been? Wrap-Up Day 1      Lone Star Room**  
**Where are we going? Looking ahead to Day 2**

Daniel Jones, DDS, PhD      Chairman, Department of Public Health Sciences, Baylor College of Dentistry, Texas A&M University System Health Science Center, Dallas

**Evening      Dinner on Your Own**

**Day Two - Friday, September 10, 2004**

**7:00 am - 8:00 am      Registration      Mezzanine**

**7:00 am - 8:00 am      Continental Breakfast      Lone Star Room**

**8:00 am - 10:15 am      Plenary Session: Increasing Access to Dental Care      Lone Star Room**

Moderator  
Dan Jones, DDS, PhD

**Invited Participants:  
Consequences of Lack of Access to Dental Care in Texas Today**

Dianna Prachyl, BSDH, MS      Clinical Manager, Children’s Medical Center Dallas

James M. Startzell, DMD, MS      Director of Graduate Training Department of Oral and Maxillofacial Surgery, University of Texas Health Science Center at San Antonio Dental School, San Antonio

Johanna DeYoung, DDS, MPH      Dental Bureau Chief, Houston Department of Health and Human Services

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**Increasing Access to Dental Care through State Initiatives in Medicaid and SCHIP**

Diane Brunson, RDH, MPH

Chief, Oral Health Program, Colorado Department of Public Health and Environment

**The Future of the Texas Dental Workforce to Improve Access to Care**

Robert Wood, MPH

Biostatistician, Department of Family and Community Medicine and Regional Center for Health Workforce Studies, University of Texas Health Science Center at San Antonio

**Reactors**

Jose Camacho, JD

Executive Director, Texas Association of Community Health Centers, Austin

Mickey Vaclav, DDS

Dental Practitioner, Amarillo, and Texas Dental Association, Austin

Gary Delz, DDS

Texas Dental Director, United Concordia Insurance Company, Dallas

David Warner, PhD

Professor, LBJ School of Public Affairs, University of Texas at Austin

10:15 am - 10:30 am

**Discussion from the Floor Break** (with Refreshments)

10:30 am - 11:30 am

**Plenary Session: Coalition Building and Advocacy for Oral Health**

***Lone Star Room***

Moderator

Jane E. M. Steffensen, MPH, CHES

Associate Professor, Department of Community Dentistry, University of Texas Health Science Center at San Antonio Dental School, San Antonio

**Coalition Building and Advocacy to Improve Oral Health in Texas**

Patti Everitt

Executive Director, Children's Defense Fund in Texas, Austin

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**The Roles of Foundations and Not-For-Profit Organizations in Building Coalitions, Advocacy and Implementing Programs to Improve Oral Health in Texas**

Kevin C. Moriarty, M.S.

Chief Executive Officer  
Methodist Healthcare Ministries of  
South Texas, Inc. San Antonio

**Discussion from the Floor**

**11:45 – 1:15 pm**

**Regional Groups and Lunch Meetings**

***See List of Rooms Assigned***

**Austin Regional Group**

Facilitators: Robert Peterek, DDS and G. M. Nana Lopez, DDS, MPH

**Dallas Regional Group**

Facilitator: Dianna Prachyl, BSDH, MS

**El Paso and Panhandle Regional Groups**

Facilitators: Janet Bartlett, RN and Maureen Weber, DDS

**Houston Regional Group**

Facilitator: Johanna DeYoung, DDS, MPH

**Lower Rio Grande Valley Regional Group**

Facilitator Julie Parrish, MA, MPH

**San Antonio Regional Group**

Facilitator Sherry Jenkins, RDH, BS

**Each group will:**

- **Draft a response to the Oral Health Plan in Texas**
- **Outline their Regional Oral Health Initiatives for the Oral Health Plan in Texas**

**1:15 pm - 2:30 pm**

**Plenary Session: Regional Oral Health Initiatives for the Oral Health Plan in Texas**

***Lone Star Room***

Moderator

Magda de la Torre, RDH, MPH

Assistant Professor, University  
of Texas Health Science Center  
at San Antonio, San Antonio

**Regional Groups Report on Initiatives and How They will Activate the Texas Oral Health Network**

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Summit Presentations <<http://dental.uthscsa.edu/oralhealthsummit/presentations.html>>

2:30 pm - 3:30 pm

**Closing Plenary Session: Next Steps to Improve Oral Health**

Moderator

John P. Brown, BDS, PhD

**Response to the Draft Oral Health Plan for Texas and Opportunities for Capacity Building through the CDC Oral Health Cooperative Agreement with TDSHS**

Linda Altenhoff, DDS

Interim State Dental Director and Director of Texas Health Steps, Department of State Health Services (TDSHS), Austin

**Response to the Draft Oral Health Plan for Texas and Opportunities for Capacity Building through the MCH Block Grant**

Fouad Berrahou, PhD

Director, Maternal and Child Health Title V, Department of State Health Services (TDSHS), Austin

**Focused Next Steps for the Texas Oral Health Network**

Johanna DeYoung DDS, MPH

Dental Bureau Chief, Houston Department of Health and Human Services

**Discussion from the Floor: Future Commitments from Represented Organizations**

3:30 pm

**Evaluation and Adjournment**

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## Invited Speakers

### Texas Oral Health Summit: Advocacy, Equity, & Access

**September 9-10, 2004  
Austin, Texas**

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## Appendix C

### **Summary: Regional Oral Health Listening Sessions for Activation of a Collaborative Oral Health Plan in Texas**

Mosh Farokhi DDS, MPH, FAGD, Resident in Dental Public Health, Department of Community Dentistry, University of Texas Health Science Center at San Antonio Dental School assisted in summarizing the testimony provided during the Regional Oral Health Listening Sessions.

#### **Overview and Aims**

The Project, Activation of a Collaborative Oral Health Plan in Texas, included five Regional Oral Health Listening Sessions held across Texas in Spring 2004. The Project was coordinated by the Department of Community Dentistry, University of Texas Health Science Center at San Antonio Dental School in collaboration with the Oral Health and Maternal and Child Health (Title V) Programs, Texas Department of Health, TDH (now called the Texas Department of State Health Services - DSHS). The project was funded by the Division of Child, Adolescent and Family Health, Maternal and Child Health Bureau, (MCHB), Health Resources and Services Administration (HRSA), USDHHS through a State Oral Health Collaborative Systems (SOHCS) grant.

Local Listening Sessions are a well tested approach used at the national level for the development of the National Call to Action to Promote Oral Health and respond to Oral Health in America: A Report of the Surgeon General. Also, Regional Community Forums have been organized by United Ways across Texas in collaboration with the Texas Health and Human Services Commission for input on state planning of health and human services.

The Regional Listening Sessions were designed to obtain input and suggestions for improving oral health and expanding access to clinical oral health services and community-based prevention by involving local stakeholders, consumers and community leaders in the process. Participants at the local listening sessions had the opportunity to share their stories by identifying unmet oral health needs in communities and outlining improvements needed to increase accessibility and delivery of services. The agendas for the Listening Sessions included invited participants and an open forum for public input to focus on oral health issues and ways to better address oral health needs. Participants were asked to discuss oral health challenges as well as local solutions that successfully address oral health issues.

Those listening included the State Dental Director and the Director for the Maternal and Child Health (Title V) Program from the Texas Department of Health, TDH (now called the Texas Department of State Health Services - DSHS) as well as the Project Co-Directors. The aims of the Listening Sessions were to:

- Increase local involvement and participation in the state oral health planning process.
- Solicit input from the communities and the region on the effectiveness of current oral health efforts. How are communities doing in addressing oral health problems?
- Identifying oral health needs in communities and regions. What are the oral health needs in communities and regions in Texas?
- Assess local capacity to address oral health needs the strategic priorities. What is being done at the local level to improve oral health and address oral health issues? Are there other ways for local communities to partner together to address oral health problems?
- Foster grass roots support for and build a community-based coalition in Texas to improve oral health and expand access to clinical oral health, community-based prevention and oral health promotion.



Table 1 outlines the dates, times, regional area, and lead organizers for the five regional Oral Health Listening Sessions held across Texas in Spring 2004. For each Regional Listening Session a Local Organizer was identified and with a regional planning group planned, organized, and arranged the community Oral Health Listening Session. A Planning Guide was developed and used by the Regional Coordinator as a framework for the Listening Session.

**Table 1**  
**Regional Oral Health Listening Sessions**

<b>Date &amp; Time</b>	<b>Regional Area</b>	<b>Regional Organizers</b>
February 18, 2004, 1:30 – 4:30 PM	Houston	Johanna DeYoung, DDS, MPH
March 17, 2004, 1:30 – 4:30 PM	Dallas	Daniel Jones, DDS, PhD Dianna Prachyl, BSDH, MS
April 7, 2004, 1:30 – 4:30 PM	Lower Rio Grande Valley	Julie Parrish, MA, MPH
April 15, 2004, 1:30 – 4:30 PM	El Paso	Mary Helen Mays, RD, MPH, MBA, PhD
April 29, 2004, 1:30 – 4:30 PM	Austin	Robert Peterek, DDS Gloriana (Nana) Lopez, DDS, MPH

The regional organizers invited participants from diverse agencies and organizations with the goal of involving stakeholders who had direct involvement with or were impacted by oral health issues and problems. The organizers promoted stakeholder diversity that included persons of all ages, races, ethnicity, and socioeconomic status, as well as persons with disabilities representing a broad range of oral health issues for urban and rural communities. Over 440 individuals attended the Regional Oral Health Listening Sessions or submitted written testimony. These included:

- Representatives from local health agencies and human service organizations
- Staff from non-profit organizations and agencies
- Members of community coalitions and local advocacy groups
- Representatives from Regional and Local Oral Health Coalitions
- Private, non-profit and public service providers
- Community-based and faith-based organizations
- Members of the local Area Agencies on Aging
- Representatives from Area Councils of Government
- State and local elected and public officials
- US-Mexico Border Health Commission administrators
- Members of the American Diabetes Association and its branch organizations
- Employees from the Texas Department of Health, TDH (now called the Texas Department of State Health Services (DSHS))
- Public health administrators
- County hospital oral health and health care providers
- Community Health Centers and Safety Net Dental Clinic managers and providers
- Parents
- Representatives of insurance companies
- Social workers and nurses
- Superintendents of independent school districts, school nurse and other school district representatives
- Head Start program executives and health coordinators
- Dentists, dental hygienists, and dental assistants from private, non-profit, and public health sectors

- Members of district dental societies and dental hygienists' associations
- Directors of community college dental assisting and dental hygiene programs
- Dental health care professionals from various universities in Texas
- Members of the Texas Academy of Pediatric Dentistry

### **Summary Regional Oral Health Listening Sessions**

The next section summarizes the testimony presented at the five Regional Oral Health Listening Sessions as well as written materials submitted to the project staff. The Oral Health Issues identified can be categorized under the following headings:

- Access
- Advocacy and Policy
- Awareness
- Barriers
- Collaboration and Communication
- Education
- Evaluation and Surveillance
- Funding
- Oral Disease Prevention and Oral Health Promotion
- Resources

The next section synthesizes the solutions identified across all five regions of Texas.

#### **Access**

- Reinstatement of dental and other Children's Health Insurance Program (CHIP) services/eligibility/enrollment and re-enrollment
- Provide school-based oral health services to increase access
- Increase the percentage of persons receiving optimally fluoridated water
- Establish community health center dental clinics for indigent and medically compromised patients
- Require dental care for the underserved as part of the process of obtaining or renewing dental licenses for dentists and dental hygienists
- Restart DSHS dental van services with ability to provide preventive sealants
- Increase access to care for all segments of the population including adult indigent, physically and mentally challenged, nursing home residents and elderly and other home bound persons
- Provide greater access to preventive oral health services as well as targeting high risk groups
- Incorporate a primary dental care treatment component in existing dental hygiene schools as an expansion of roles
- All Community Health centers should include dental clinics as a component, as now required of new start-up grants for Community Health Centers
- Allow the working poor segment of the population access to reduced cost oral health care

#### **Advocacy and Policy**

- Encourage and expand legislative advocacy
- Form a coalition to network on oral health policies

- Need to have a strong Oral Health presence at Bi-National Border Health Symposia
- Organize an institute to train advocates and local officials on how to effectively promote oral health and advocate legislatively
- Teach parents to be advocates for their children's oral health
- Advocate the role of federal and state legislation with regards to oral health policy
- Create a task force to fluoridate water systems, to advocate and educate for ongoing and new systems of community water fluoridation, increase the percentage of persons receiving optimally fluoridated water. Enhance water plant operator training, improve quality assurance and enhance system design.
- Promote legislation to expand dental services and community based preventive services to rural areas

### **Awareness**

- Increase public health dental information and awareness
- Increase community awareness
- Empower parents and others to act on behalf of the children
- Provide information about the location of community health center clinics and the availability of care
- Dental students need to be further encouraged to participate and practice within the community health centers
- Provide internships for dental residents in rural and frontier areas to increase their knowledge and ability in such care
- Update and publish on the web the list of Medicaid (and potentially CHIP) dental providers and show those accepting new patients

### **Barriers**

- Bring back CHIP dental coverage and reimbursement to reduce financial barriers
- Barriers with regards to oral health care according to the attendees may be related to distance, transportation, awareness of preventive orientation, financial, physical, language, and cultural factors
- Provide dental care to children at schools to reduce many of these barriers
- Establish a system of referral to willing private dental providers to decrease oral health care barriers
- Remove supervision for hygienists to perform educational and preventive programs and other services
- Employ Spanish speaking staff as well as translation of materials to limit language barriers. Translate from English to Spanish and to other appropriate languages
- Increase Medicaid reimbursement rates to encourage provider participation
- Increase dentist participation by speedy electronic reimbursement for Medicaid
- Change Medicaid Fraud rules
- Medicaid administration, fee schedule and age restrictions are limiting oral health care provision
- Lack of dentists in certain counties and in particular in the rural and frontier areas is a barrier for many children and adults

### **Collaboration and Communication**

- Encourage public and private partnerships through state and local oral health coalitions
- Establish communication between the different local, state and national health agencies and with health care providers

- Link oral health into existing programs, such as exercise and nutrition education for obesity. Periodontal and other disease prevention is linked through diabetes prevention.
- Increase participation or establish collaboration of health care agencies and providers in the public, nonprofit, and private sectors, including dentists, dental hygienists, dental assistants, physicians, nurses, office staff members, social workers as well as dental, dental hygiene, and dental assistant students.
- Support collaboration and communication with the Dentists from Mexico in the border region
- Encourage multi-agency collaborations, for example, partnerships between dental and dental hygienists associations, health departments, community health centers, dental and dental hygiene programs and community-based organizations including School Districts, Head Start Grantees, local American Cancer Society offices, etc.

### **Education**

- Provide In-service training for Head Start health coordinators and school nurses
- Train members of the health care professions, including social workers about oral health
- Educate the parents about their children's oral health
- Educate the community about oral health and dental care
- Educate local public officials and state legislators on importance of oral health
- Focus oral health education programs with pregnant women
- Provide professional and patient education with regards to oral health and chronic diseases such as diabetes
- Provide better training for dental and dental hygiene students in providing oral health services to children and vulnerable population groups
- Integrate oral health education into existing school curriculum

### **Evaluation and Surveillance**

- Strengthen and expand the existing system of oral health surveillance. Collect data which can be compared with that of other states and local jurisdictions
- Evaluate programs and assess capacity to expand to adult dental care within Medicaid to provide an adult dental primary care safety net, lacking in Texas
- Increase surveillance programs with regards to assess and compare oral health needs of all the segments of the population, as well as the population at risk

### **Funding**

- Seek funds to support school-based oral health programs
- Require a match of federal funding to be utilized for a variety of under budget oral health care services
- Restore the funding and scope of the Children's Health Insurance Program, including dental services
- Consider a grant mechanism to encourage existing organizations such as non-profit organizations, dental schools, health departments, and private providers to collaborate in creating innovative approaches to address the oral health needs in their communities
- Increase access to health care by using county funds
- Funds need to be available for Mobile Dental Van units regardless of which resources are utilized to provide such care
- Apply for private foundations grants, utilize Title V funds, community development Block Grant Funds, County funds for oral disease prevention, oral health promotion, and dental care access

### **Oral Disease Prevention and Oral Health Promotion**

- Restore dental CHIP program
- Emphasize the community oral disease prevention and oral health promotion

- Pilot a basic program of dental preventive services for all eligible children
- Promote among physicians, parents and front line primary care providers for children the idea that oral health is a critically important component of the child's complete health and well-being, and engage these providers in the process of prevention and early interception of oral disease in children
- Implement school based preventive dental sealant programs in Texas communities to reduce oral health disparities
- Shift from a dental model to a medical model and thereby treat and prevent dental disease not just its consequences
- Geriatric population needs root caries prevention
- Prioritize population segments, start with the children to include regular basic dental care and preventive care at a young age
- Identify the high-risk children through case finding and early intervention at the early stages of dental caries

### **Resources**

- Reinstate dental CHIP program
- Allow Dental Hygienists to work effectively in schools, Head Start programs, WIC, nursing homes and other locations without direct supervision of dentists
- Utilize existing models such as the Florida Model by requiring work in a public dental services agency for continuing education credits as well as other means to encourage volunteerism and donated dental care
- Incorporate oral screening of school age children by the school nurses in the state of Texas
- Provide Incentive for dentists to serve populations without access, such as lower malpractice insurance rates, higher reimbursements rates, or loan repayment programs for their services
- Recruit more pediatric dentists to areas of need
- Deliver oral health care through existing facilities saving on time and money
- Encourage dental practices to see a minimum number of Medicaid patients

### **Conclusions**

In summary, the attendees of the Regional Oral Health Listening Sessions were highly concerned about issues that are similar to the Association of State and Territorial Dental Directors (ASTDD) Guidelines for State and Territorial Oral Health Programs, 2001 available at [http://www.astdd.org/docs/ASTDD\\_Guidelines.PDF](http://www.astdd.org/docs/ASTDD_Guidelines.PDF). These Guidelines and Best Practices serve as a reference assessing the role of oral health for state dental public health programs and of public health program administrators. The guidelines, as well as the attendees, emphasized a priority need for states to include an oral health surveillance system, leadership of a full time state dental director, resources to build community capacity and to establish health systems interventions.

The ASTDD Guidelines are summarized below for comparison with the Listening Session issues and solutions.

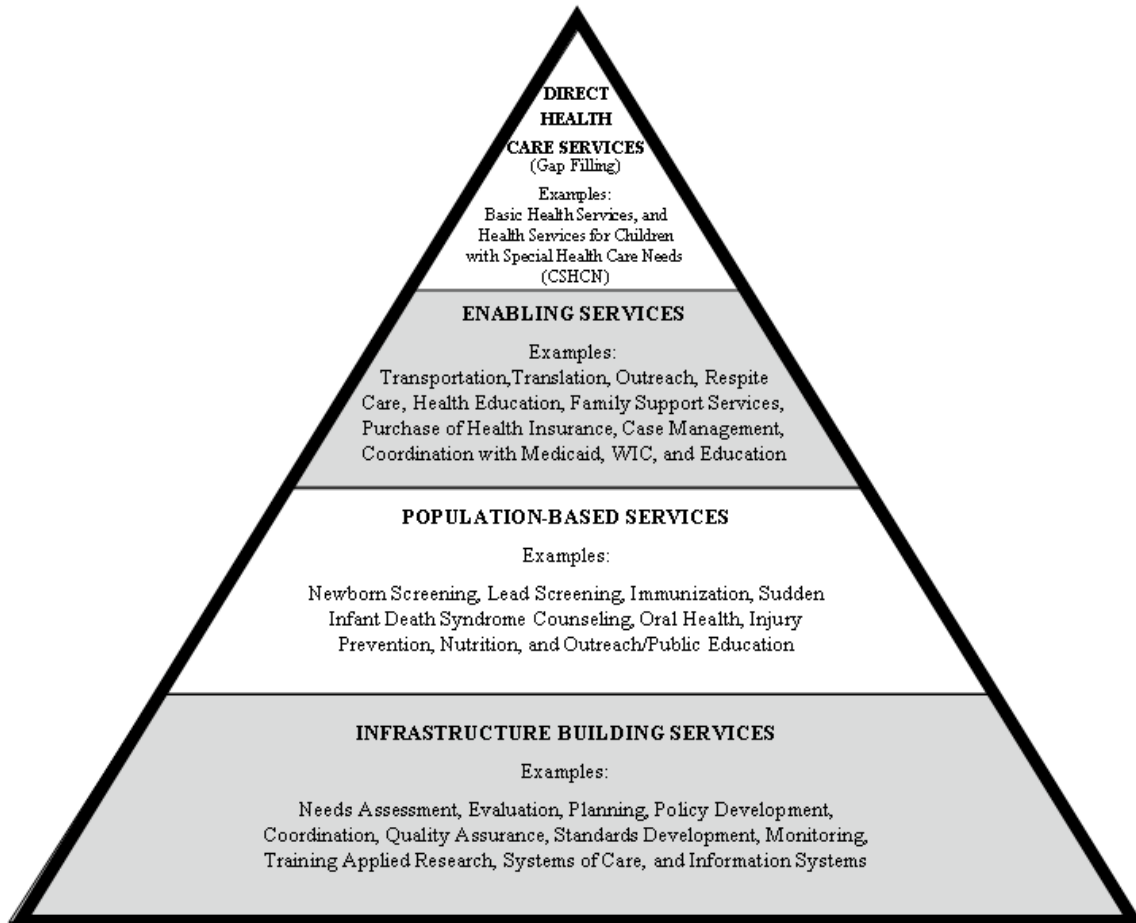
- Emphasizing that state and local stakeholders need to assist state dental directors and state Medicaid dental consultants to develop strategies and incorporate plans to resolve dental access barriers
- The State dental hygiene associations need to establish and/or increase their involvement with state oral health programs, and to be assisted in doing so
- Collaboration between local, state, and national efforts for effective, accessible, and high quality oral health care services

- Maximize resourced and link people to needed oral health services
- Assess oral health status and needs, identify problems and address them
- Evaluate the quality and report effectiveness of oral health services
- Evaluate accessibility and availability of oral health services.
- Assess oral health knowledge, opinions, and practices of the community such as the perspectives provides by attendees of these listening sessions
- Educate and empower the public regarding oral health problems and solutions
- Promote and enforce laws including resources as well as regulations that protect and improve oral health
- Assess the fluoridation status of water health, ensure safety, and assure systems, and other sources of fluoride
- Implement oral health surveillance
- Link people to needed population-based system to identify, investigate oral health services, oral health problems and provide support
- Assure the availability, access, and acceptability of these services by enhancing system capacity
- Develop plans and policies through a collaborative process that support individual and community oral health efforts
- Support services and implementation of programs that focus on primary prevention
- Mobilize community partnerships between and among policy makers, professionals, organizations, groups and the public
- Evaluate effectiveness, accessibility, and quality of population-based oral health services.
- Conduct research, support projects to gain new insights and applications of innovative solutions to oral health problems
- Identify barriers to access such as Medicaid provider participation
- Prepare and submit funding proposals and applications for Maternal and Child Health (MCH) Block Grant that integrate evidence-based oral health interventions
- Pursue private sector resources, private service organizations and corporate business contributions
- Develop plans and policies with a collaborative oral health approach and address oral health needs in communities
- Support and promote dental professionals to provide personal oral health services to low income clients
- Create incentives for dental professionals to provide oral health services for Medicaid eligible clients and working poor
- Support promotion efforts to educate public officials, policy makers, program administrators, and professional(s) to increase awareness of oral health
- Mobilize community partnership based on findings from needs assessment and oral health problems and issues
- Support collaborations between public, private and nonprofit agencies and organizations interested in oral health issues
- Educate and empower the public about oral health status and oral health service needs
- Provide resources to assure accessibility to and availability of effective oral health services for all residents to include vulnerable, undocumented, disabled children, adults, and elders
- Support oral health promotion, nutrition, social services, welfare programs, developmental services and education
- Support early intervention such as school based preventive dental sealant programs and utilize evidenced based findings and studies to design and implement intervention
- Implement culturally competent services by assuring services that are available, accessible, acceptable, coordinated, and effective

- Support transportation, child care, interpretation, and financial support in order to increase access to oral health services

## Appendix D

### Public Health Services Delivered by Maternal and Child (MCH) Agencies



Source: Maternal and Child Health Bureau. Strategic Plan: Fiscal Year 2003-2007. Rockville, MD: Maternal and Child Health Bureau, 2003.