

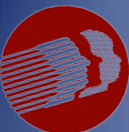
*DELAWARE HEALTH AND SOCIAL SERVICES*

*Division of Public Health*

*Bureau of Oral Health and Dental Services*

# **Delaware Oral Health Systems Improvement Plan November 22, 2013**

**Bureau of Oral Health and  
Dental Services  
Delaware Division of Public  
Health**



# BOHDS

- **Mission:** To Protect and Promote the Oral Health of the People
- **Vision:** All Delawareans will have the resources to achieve optimal oral health.
- **Goals**
  - To improve access to care for families, particularly from disadvantaged backgrounds.
  - To decrease the burden of oral disease among Delaware residents through promotion of oral health and primary prevention.
  - Facilitate Delaware's mission to improve the oral health goals set forth in the Healthy People 2010 report and the Surgeon General's Oral Health Report.

January 20, 2001

- **“Ask not what your country can do for you, but what you can do for your country”**
- **JFK**

# BOHDS Programs

- Dental Services
- Oral Health Population Based Services
- Consultative Services
  - Medicaid
  - Other DHSS and DPH Programs



# Goals for Today

- Oral Health 2014 orientation
- Overview of the Delaware Oral Health Systems Improvement Plan
- Outcomes
  - Understanding of Oral Health Issues and Resources
  - Vision of Oral Health In Delaware
- Understanding of Oral Health Plan Development Process

# US National Oral Health Alliance



## **Access to Dental Care Summit, March 2009**

The “Access to Dental Care Summit” was convened in Chicago by the American Dental Association with the support of a planning committee serving in a volunteer capacity. The objective was to bring together representatives from a variety of communities to create a shared vision to improve the oral health of underserved populations in the United States.

The diverse group of 144 individual stakeholders at the Summit included: health care policymakers, representatives of dental education and research institutions, dental association leaders, financing organizations including third-party-payers and philanthropy, non-dental health care providers, dental volunteer leaders, consumer advocacy groups, special interest groups, and state dental societies.



# Priority Areas

By the conclusion of the March 2009 Summit, the participants agreed to work together to address these priority areas:

1. Prevention and public health infrastructure\*
2. Oral health literacy\*
3. Medical-dental collaboration
4. Developing metrics for improving oral health
5. Financing models
6. Strengthening the dental care delivery system

# DentaQuest Foundation



- The DentaQuest Foundation was established in 2000 with a mission to support and promote optimal oral health.
- The Foundation collaborates with partners in communities across the United States, connecting key stakeholders, raising awareness, and supporting solutions.
- Achieves mission by investing efforts in four systems -- Policy, Funding, Care and Community.



# Oral Health 2014 Initiative

- Launched in 2011, the DentaQuest Foundation's multi-year Oral Health 2014 Initiative is building a national groundswell of activity on behalf of oral health for all.
- Oral Health 2014 grantees are state-based organizations working to eliminate systemic barriers that keep many from attaining good oral health through strong community partnerships.

# Oral Health 2014 Initiative

- During the initial year of funding (Planning Phase), grantee organizations are guided as they become facilitative leaders able to engage community stakeholders, assess local needs, and collaboratively develop oral health solutions with specific objectives.
- Following a successful planning year, Implementation Phase funding is available to enable the state-based grantees to put their plans into action.

# New Planning Phase Grantees



1. Delaware Department of Health and Human Services\*
2. University of Hawaii
3. Illinois Chapter: American Academy of Pediatrics
4. Oral Health Kansas\*
5. Kentucky Youth Advocates\*
6. New Hampshire Public Health Association\*
7. North Carolina Foundation for Advanced Health Programs



## Vision of Success

- **Populations** have better oral health and less disease through greater access to quality care and prevention
- **Providers (dental and non-dental) and Patients** work together to effectively prevent and manage disease.
- Reimbursement (**public and private payers**) is based on improved outcomes rather than procedures.
- **Private funders** achieve greater system and community impact to improve oral health.
- **Policymakers** have a clear vision of an optimal oral health system with sound data and best practices to make policy and funding decisions.

# A New Decade of Advancing Oral Health in Delaware

- Planning Grant Period: May 2013 – April 2014
- Final Plan Due: December 19, 2013
- Implementation Grants Announced: February 2014
- Implementation Phase: 2014-2015
- Grantee meetings and monthly webinars & teleconferences
- Priority Areas:
  - Prevention and public health infrastructure
  - Oral Health literacy

# Delaware Goals

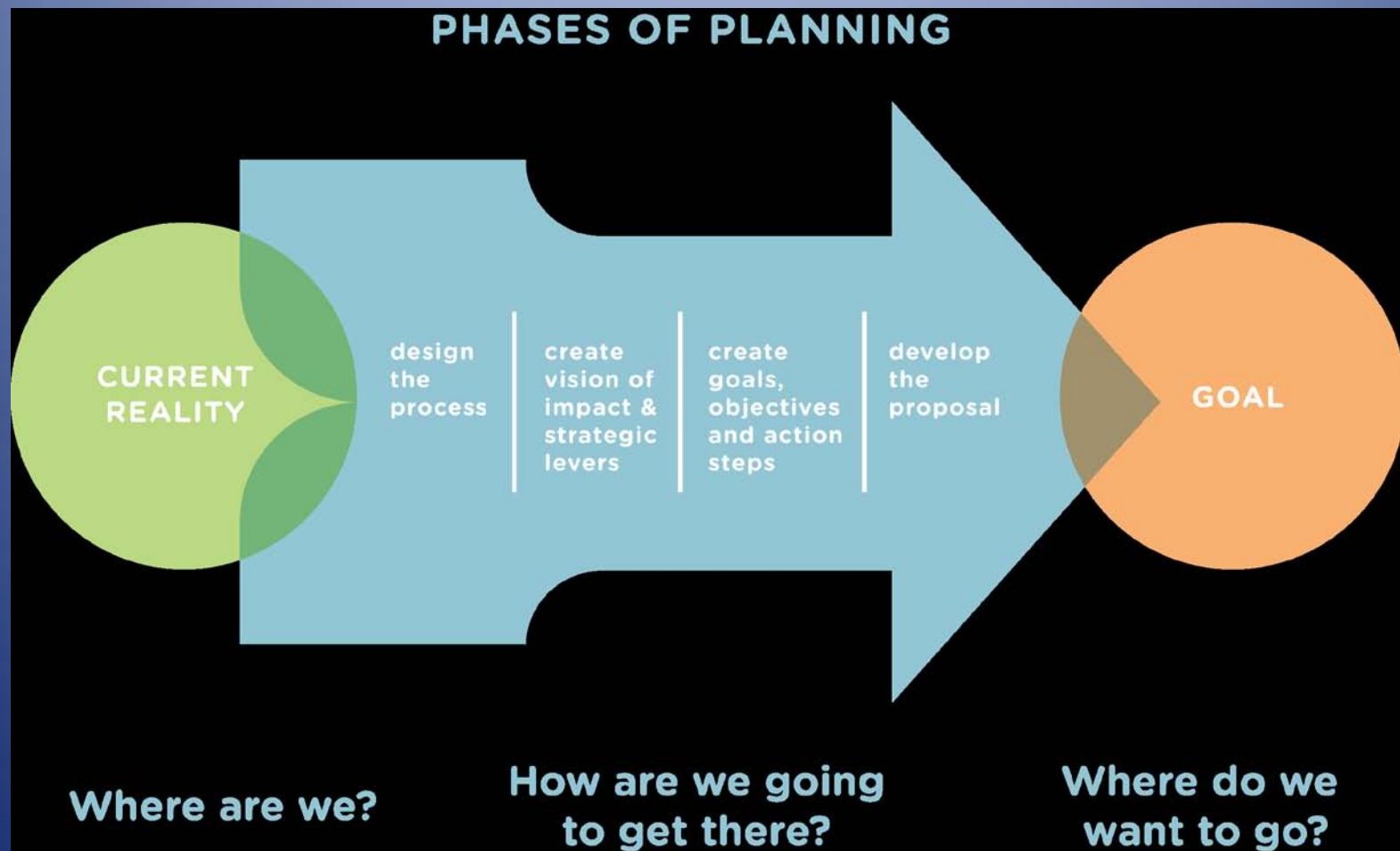
## **Public Health Infrastructure**

- To develop a collaborative roadmap that sets forth a plan for oral health improvements in prevention and public health infrastructure and oral health literacy.
- To create a sustainable collaborative infrastructure and a network of advocates that will ensure implementation of the plan for access to oral health care and optimal oral health.
  - Increase the organizational capacity of the Delaware Oral Health Coalition (DOHC)
  - Revise state oral health plan
- A case management plan for referring children to a dental home
- Community and School Outreach and Prevention

## **Oral Health Literacy**

- The Oral Health Literacy Initiative, First Smile Delaware that targets young children, will be expanded to all segments of the population.

# Planning Process



# Key Stakeholders

**Key stakeholders are any people or group of people who:**

- Are responsible for the final decision
- Are in a position to implement the decision
- Are in a position to prevent it from being implemented
- Are likely to be impacted by the outcome of the decision
- Have relevant information or expertise

## **Criteria for involvement**

- Network Theory
- Equity, Power, and Inclusion
- Represents the complexity of the field



# Summary of Process

- Design Team Activities
- Oral Health Plan Process with Planning Team
- Delaware Oral Health Coalition
- Oral Health Literacy Plan Development
- Case Management Referral System Plan
- Community and School Outreach Plan
- Assemble Plans for Grant Application

# Planning Group

## **Role of the Planning Group**

- Builds alignment on context, current reality and goals of the process
- Identifies additional areas of research and knowledge needed to inform their work
- Refines and builds agreement on strategies for engagement of and communication with
- Key stakeholders beyond strategy group that fosters a statewide network of oral health
- Advocates
- Inspires and enrolls all in a shared vision of success
- Serves as ambassadors and advocates for Oral Health 2014
- Develops the collaborative roadmap that sets forth a plan for statewide oral health improvements

# Surgeon General's Report on Oral Health; 2000

- Oral Health is essential for general health
- Oral Health means much more than healthy teeth
- Tooth Decay is the single most common chronic childhood disease
- Disparities: SES, rural, minorities, vulnerable
- Preventive measures exist

# Oral Health Determinants

- Socio-Economic
- Cultural
- Environment
- Dental Care Services
- Diet
- Oral Hygiene and Behavior
- Age, Gender, Genetics
- Fluoride
- General Health

# Dental Environment in DE

- Most people enjoy good oral health and have access to care
  - 85% of children have dental insurance (including Medicaid)
  - 72% of children had a dental visit during the last year
  - 54% percent of third grade children had dental sealants
  - 74% of adults visit a dentist each year
  - 71% of parents reported their children's oral health as excellent or very good.
- Mandatory Fluoridation of Municipal Water Supplies- 84% of population are drinking fluoridated water
- School Sealant Program
- Community Dental Clinics
- DPH Dental Clinics- School Linked

# Oral-Systemic Health

- Periodontal Disease and...
  - Heart Disease
  - Diabetes
  - Pre- Term Birth
  - Respiratory Infections
- Associations-
  - Need Intervention Studies
- Oral Disease is a Disease- Needs treatment by itself
- Pregnancy- Dental Safety
- Antibiotic Prophylaxis for Dental Treatment
- Mouth Reflects General Health
- Quality of Life
- Medicare Limited Definition of “Medically Necessary Dental Services”

# CDC Infrastructure

Activity 1: Program Infrastructure—Staffing, Management, and Support \*\*

Activity 2: Data Collection and Surveillance \*\*\*

Activity 3: Strategic Planning—The State Oral Health Plan \*\*\*

Activity 4: Partnerships and Coalitions \*\*\*

Activity 5a: School-Based/School-Linked Dental Sealant Programs \*\*\*\*\*

Activity 5b: Coordinate Community Water Fluoridation Programs \*\*\*\*\*

Activity 6: Policy Development \*\*\*

Activity 7: Evaluation \*\*

Activity 8: Program Collaboration \*\*\*

# Status of Oral Health in Delaware

## Defining the Problem in Delaware's Children:

- 3% of third graders have never been to the dentist.
- 16% of the third-grade children needed dental care for untreated decay.
- 47% of children had a history of dental caries (one or more tooth with untreated decay and/or a filling).
- 54% of children had a dental sealant on one or more permanent molars.



# Status of Oral Health In Delaware

- Trends Since 2002
- Delaware has experienced a significant *decline* in the prevalence of untreated decay (30% to 16%), the percent of children needing dental care (30% to 16%) and the mean number of decayed teeth (0.66 to 0.30).
- Delaware has experienced a significant increase in the prevalence of protective dental sealants (34% to 54%).
- Delaware has successfully addressed oral health disparities for minority and low-income children.

# Status of Oral Health In Delaware

- **Comparison of the prevalence of sealants and untreated decay in the primary and permanent teeth of Delaware's third grade children in 2002 and 2013 by race/ethnicity.**
- Hispanic children were more likely to have sealants (62%) than either African –American (52%) and white children (56%). Compared to 2002, Hispanic children were less likely to have sealants (5%) than either African–American (30%) or white children (41%).
- 
- African-American and Hispanic children demonstrated slightly higher rates of untreated decay (23% and 15% respectively) compared to white children (13%). Compared to 2002, African-American and Hispanic children demonstrated slightly higher rates of untreated decay (40% and 43% respectively) compared to white children (23%).
- **Although African American children, compared to white children, had a higher prevalence of untreated decay (23% vs. 13% respectively) the difference was not statistically significant.**

# Status of Oral Health in Delaware

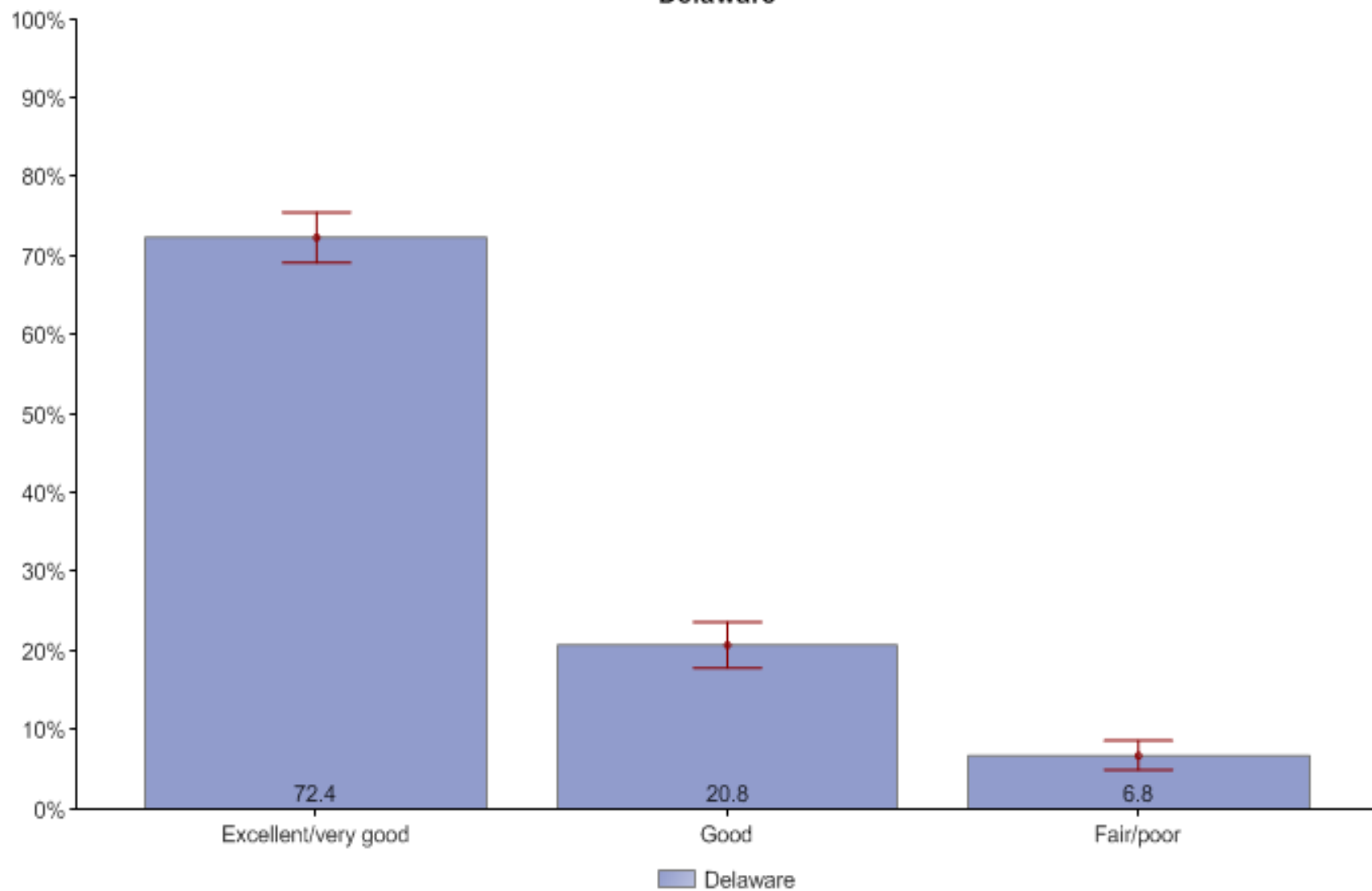
## Medicaid Utilization FY 2011:

- Children under age 3: **10%**
- Children age 3-5: 47%
- All Children under age 6: 31%
- All Children under age 21: 41%
  - This has increased to 46% in FY 2012

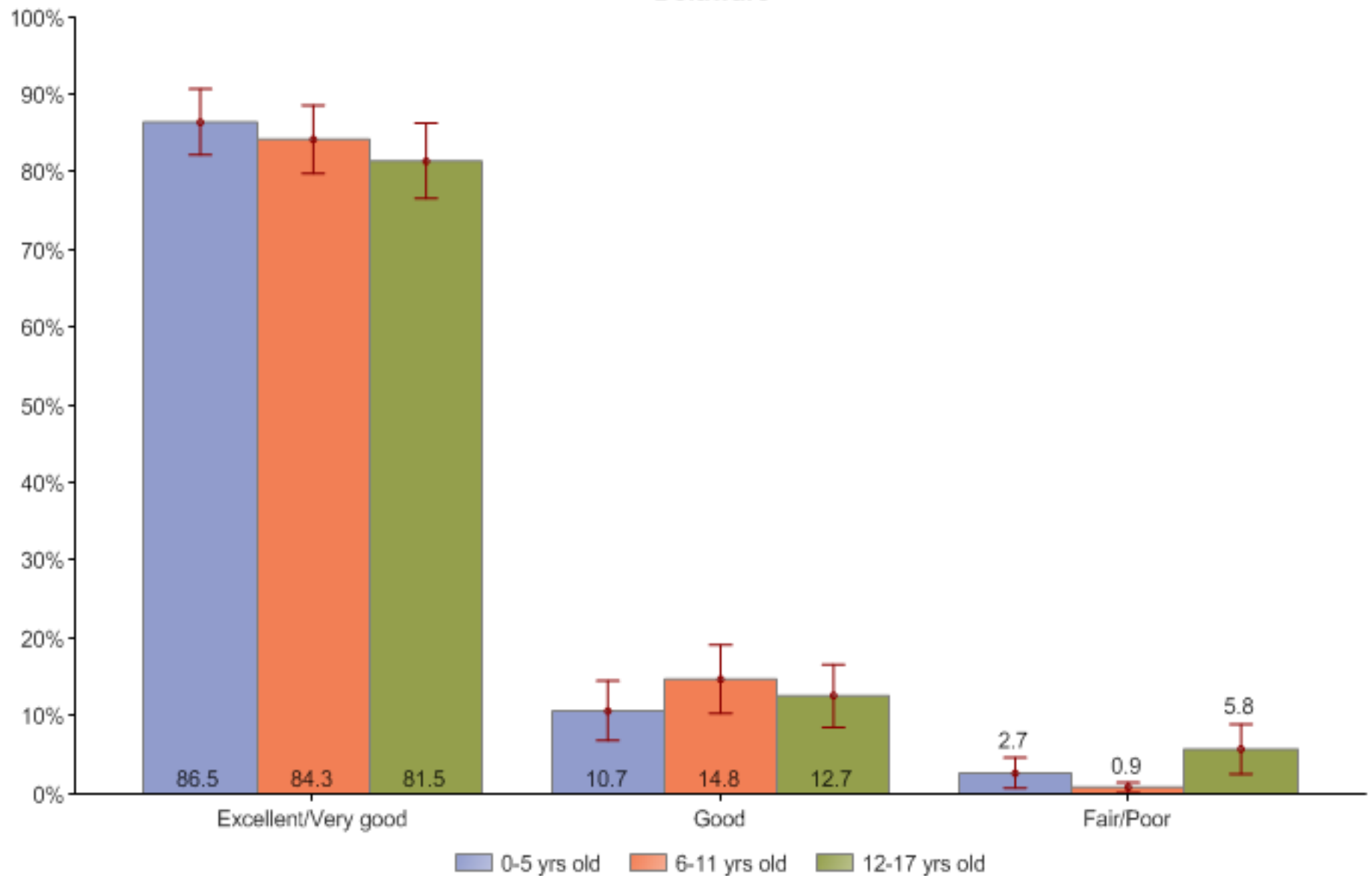
Key Indicators Comparison Between 2002 and 2012:

Key Indicator	2012	2002	Improve ment	HP 2020
Children with history of tooth decay	47%	54%	<b>12% Decrease In Decay</b>	49%
Children with untreated decay	16%	30%	<b>47% Decrease In Decay</b>	26%
Children with Sealants on Permanent Molars	54%	34%	<b>58% Increase in Sealants</b>	28%

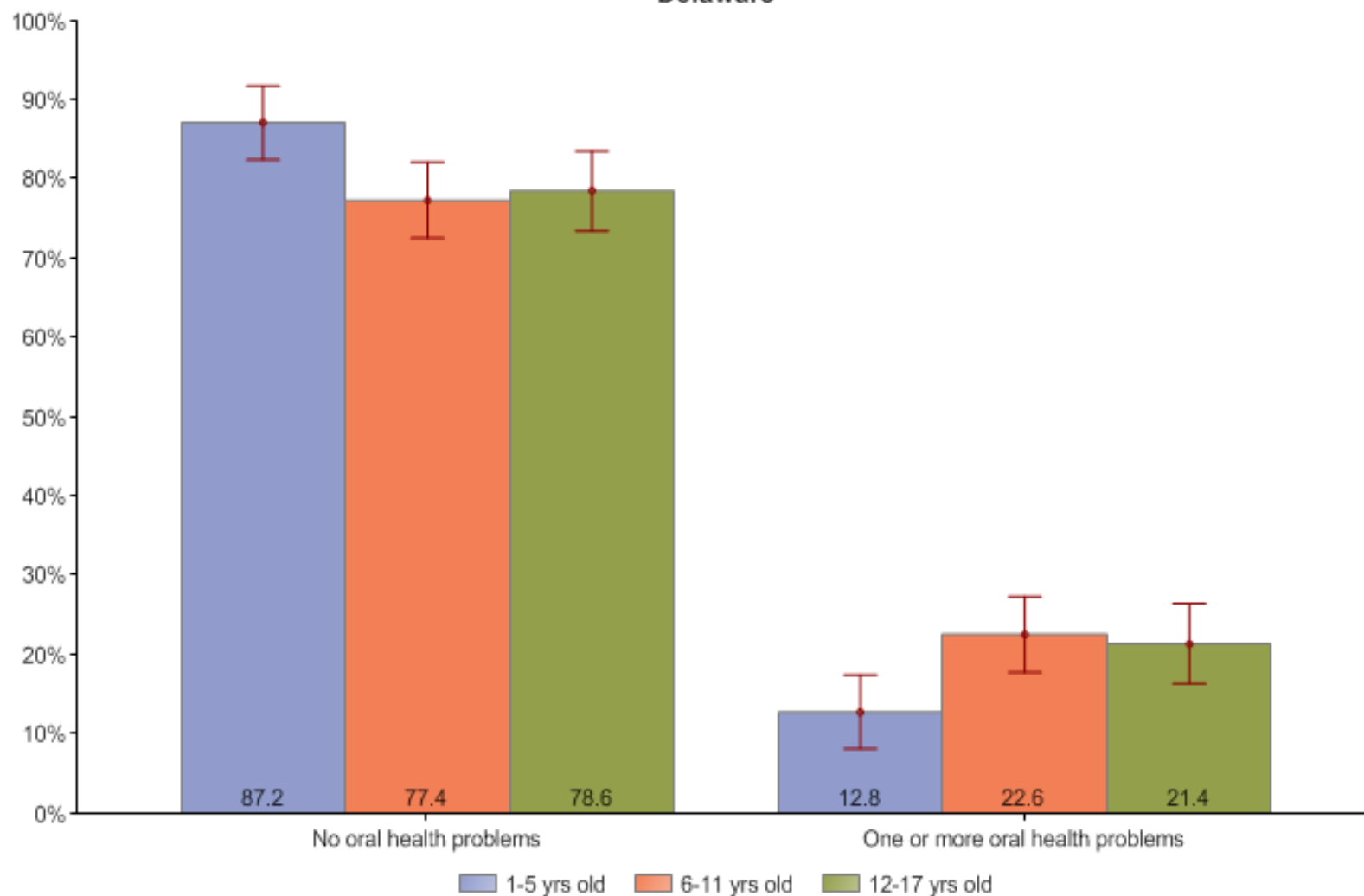
**Overall condition of children's teeth**  
Children age 1-17 years  
**Delaware**



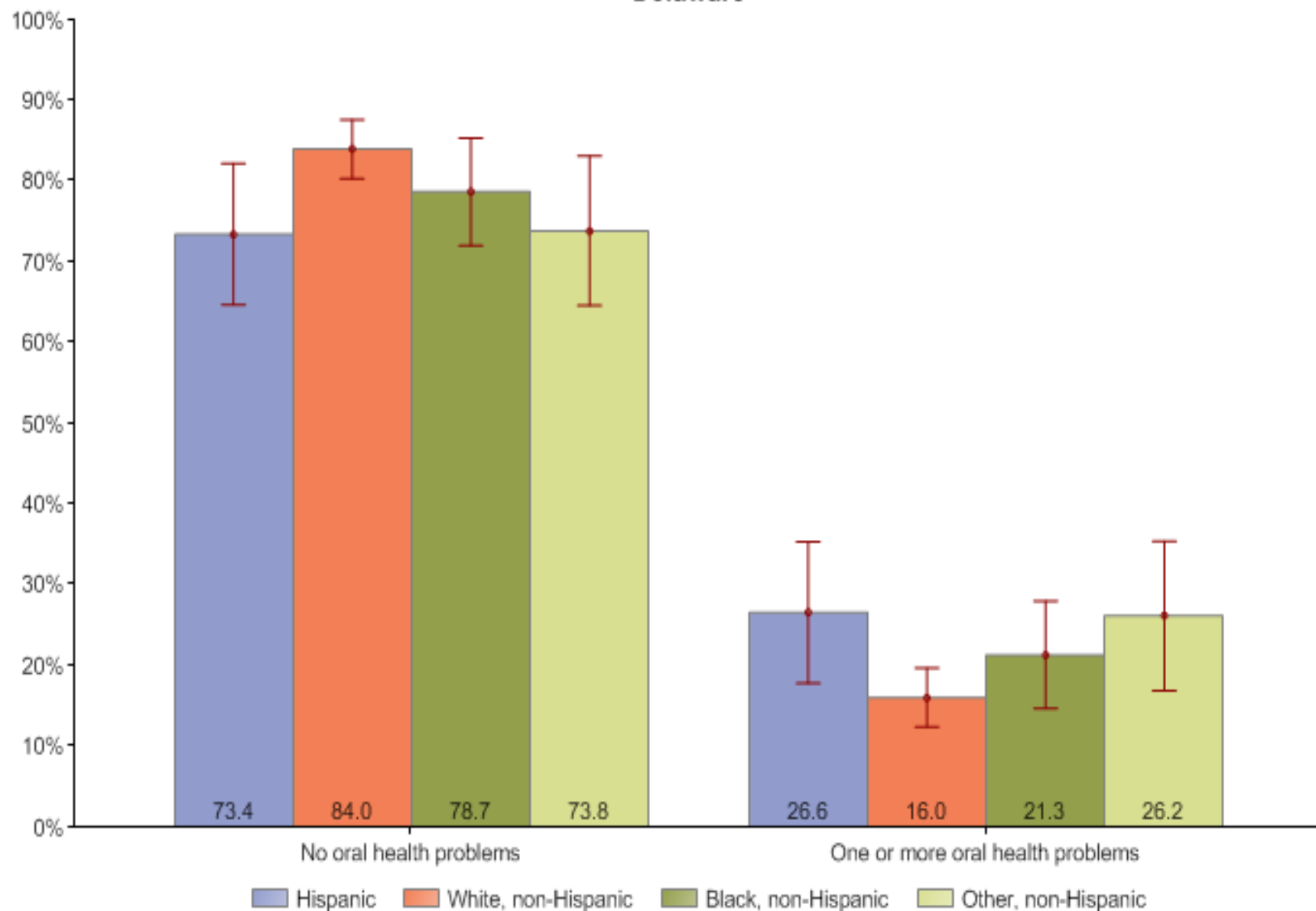
**Children's overall health status**  
Children age 0-17 years  
**Delaware**



**One or more oral health problems**  
Children age 1-17 years only  
Delaware

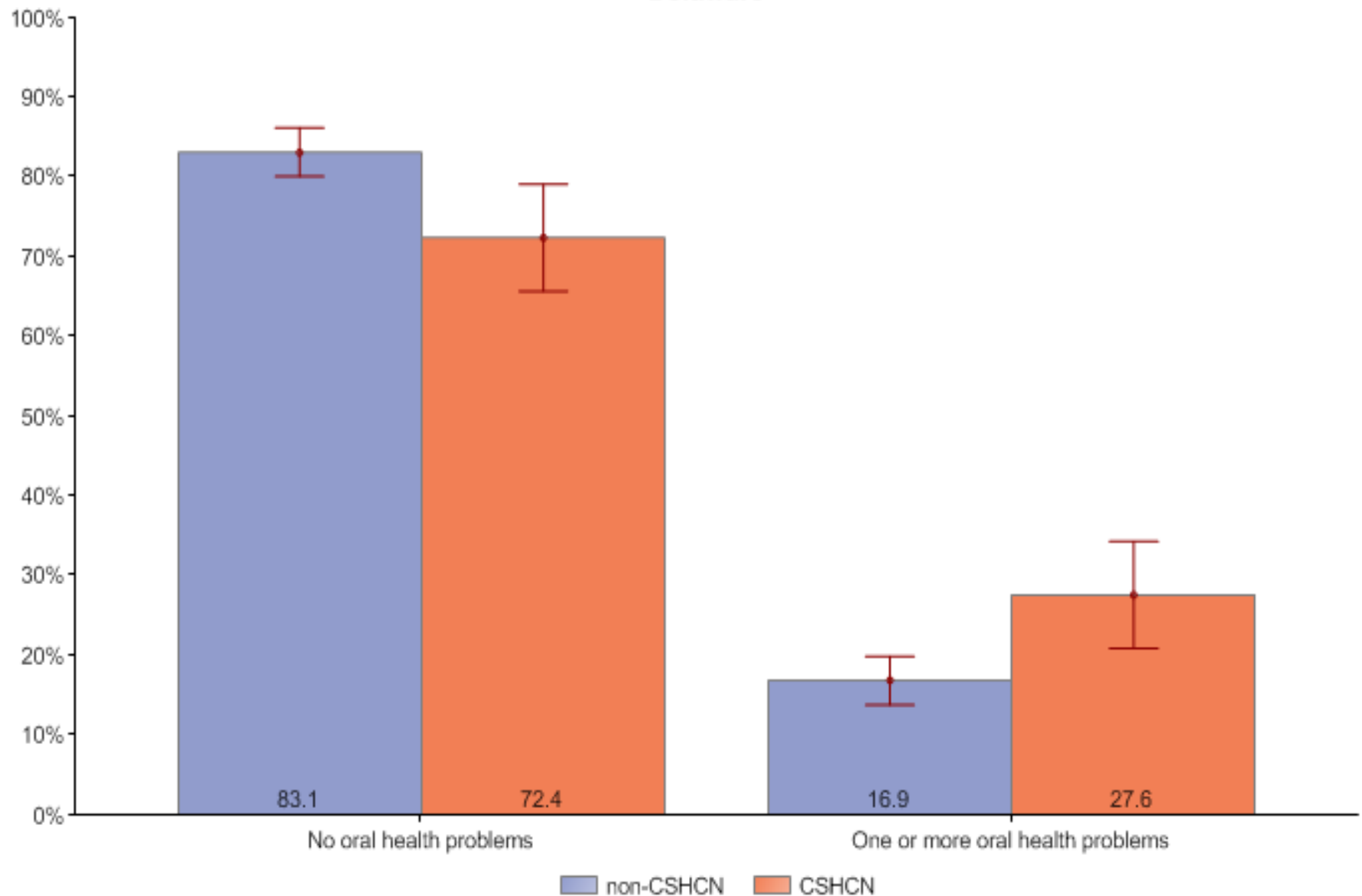


**One or more oral health problems**  
**Children age 1-17 years only**  
**Delaware**

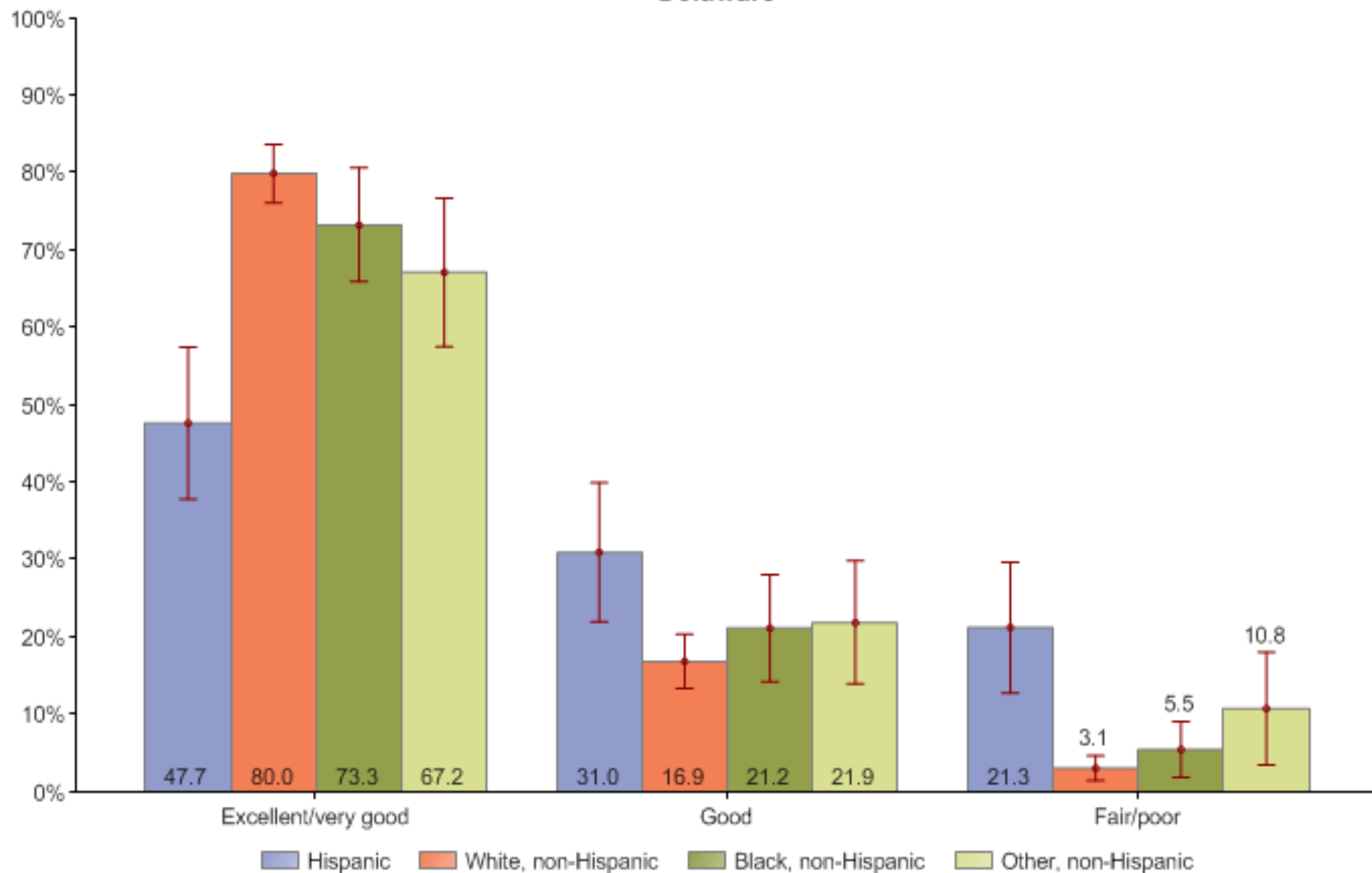




**One or more oral health problems**  
Children age 1-17 years only  
**Delaware**



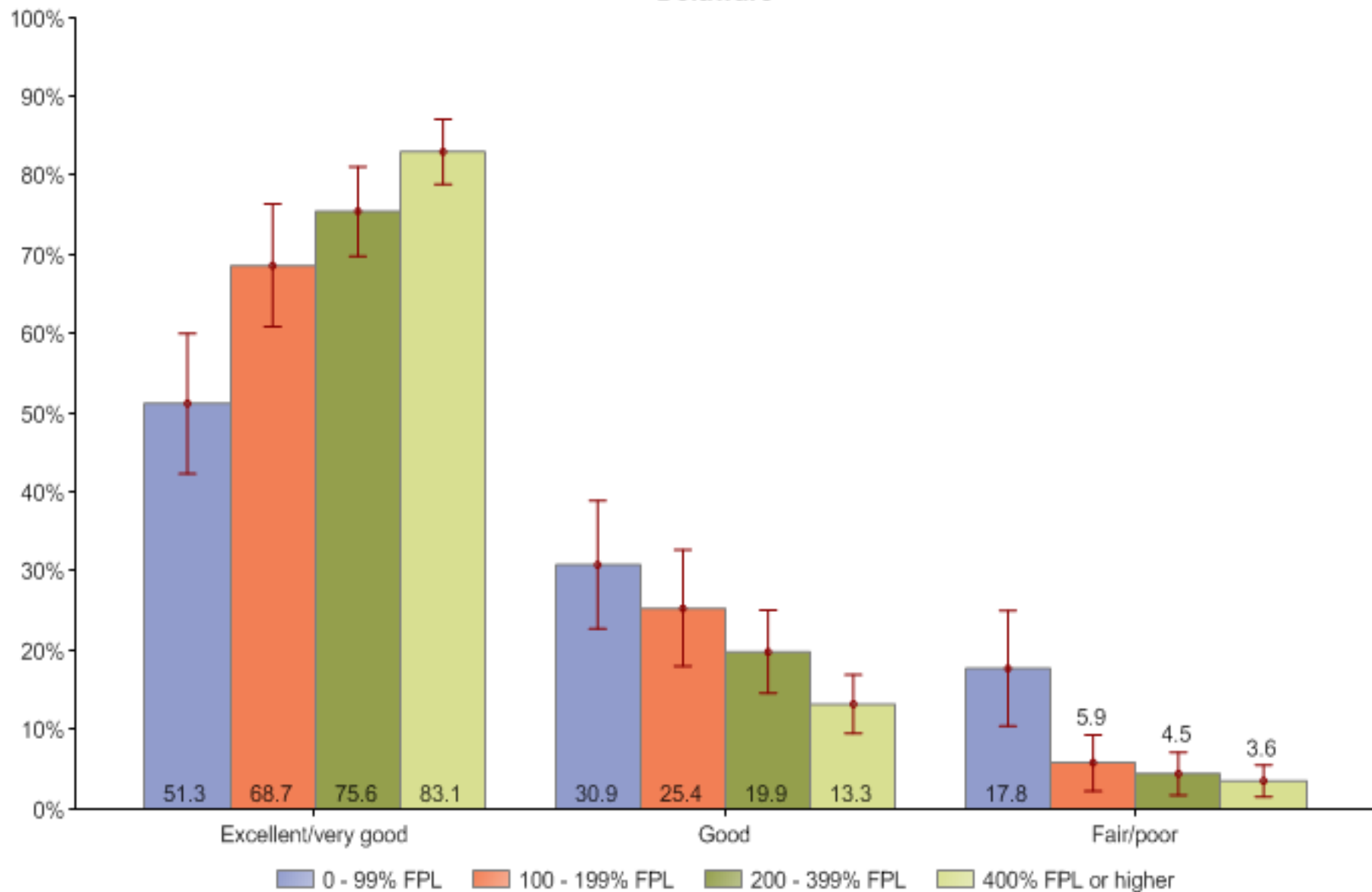
**Overall condition of children's teeth**  
Children age 1-17 years  
Delaware



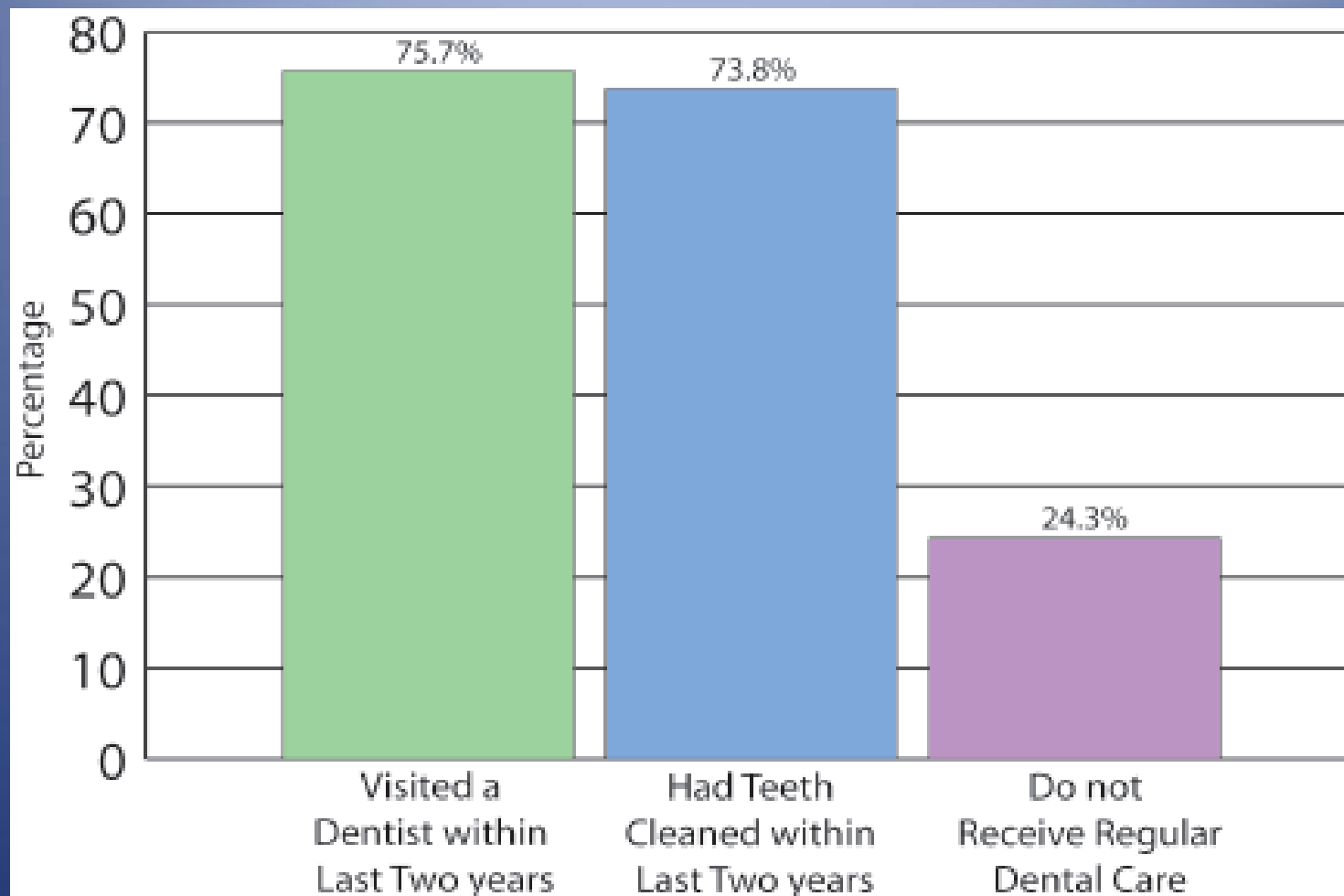
## Overall condition of children's teeth

Children age 1-17 years

Delaware

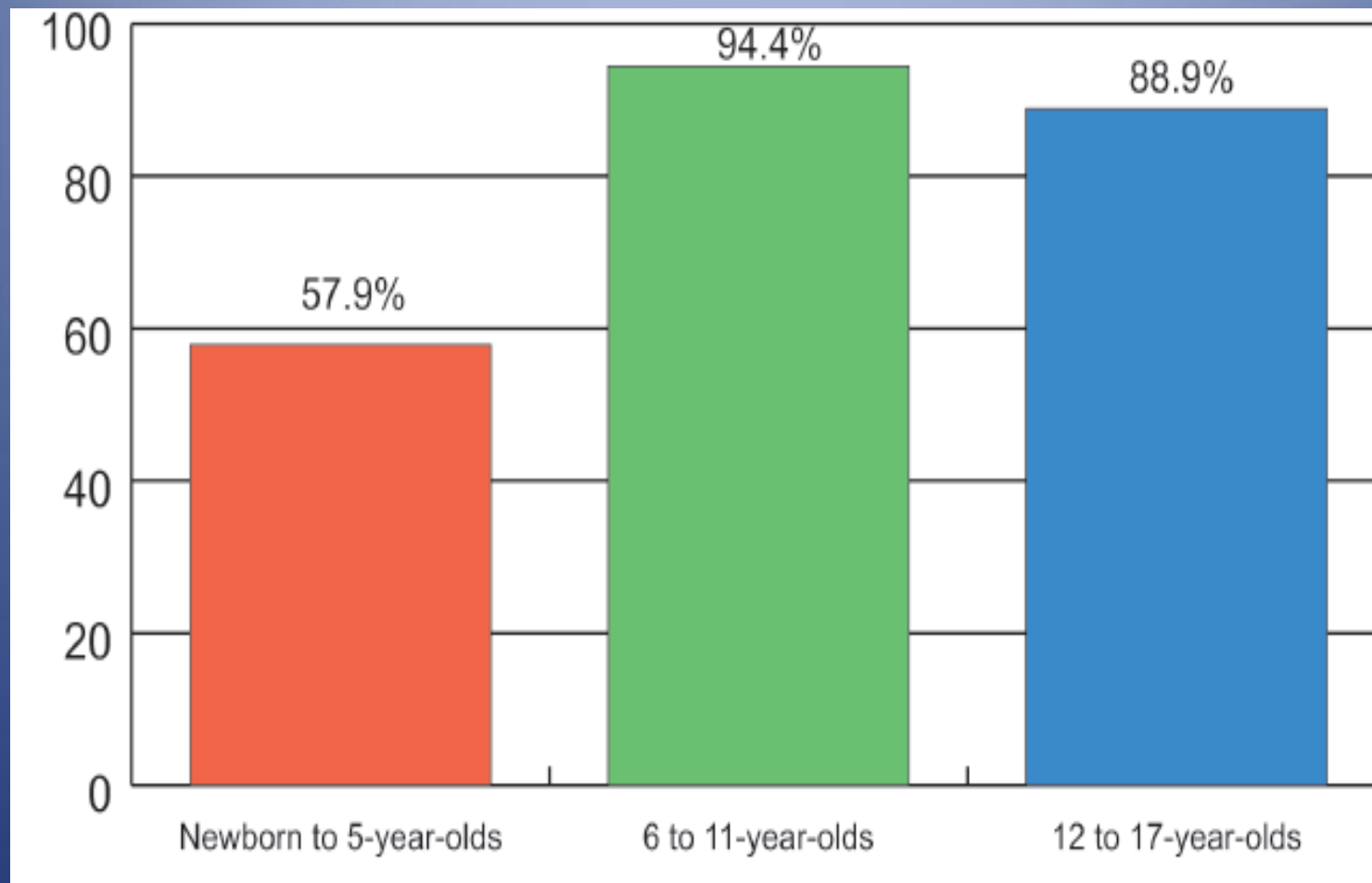


## Preventative dental care of survey respondents



*Source: 2006 Healthy Delawareans with Disabilities 2010 Survey; Center for Applied Demography and Survey Research, University of Delaware*

## Access to dental care, by age of child



*Source: 2008 Healthy Delawareans with Disabilities 2010 Survey; Center for Applied Demography and Survey Research, University of Delaware*

# Head Start PIR Data: Past and Current

## ➤ Children Completing Dental Exams

➤ 2004 78%

➤ 2011 88% 

## ➤ Children Needing Dental Treatment

➤ 2004 21%

➤ 2011 28% 

## ➤ Children Obtaining Dental Treatment

➤ 2004 ?

➤ 2011 77% 

## ➤ Pregnant Women w/ Dental Exam

➤ 2004 7%

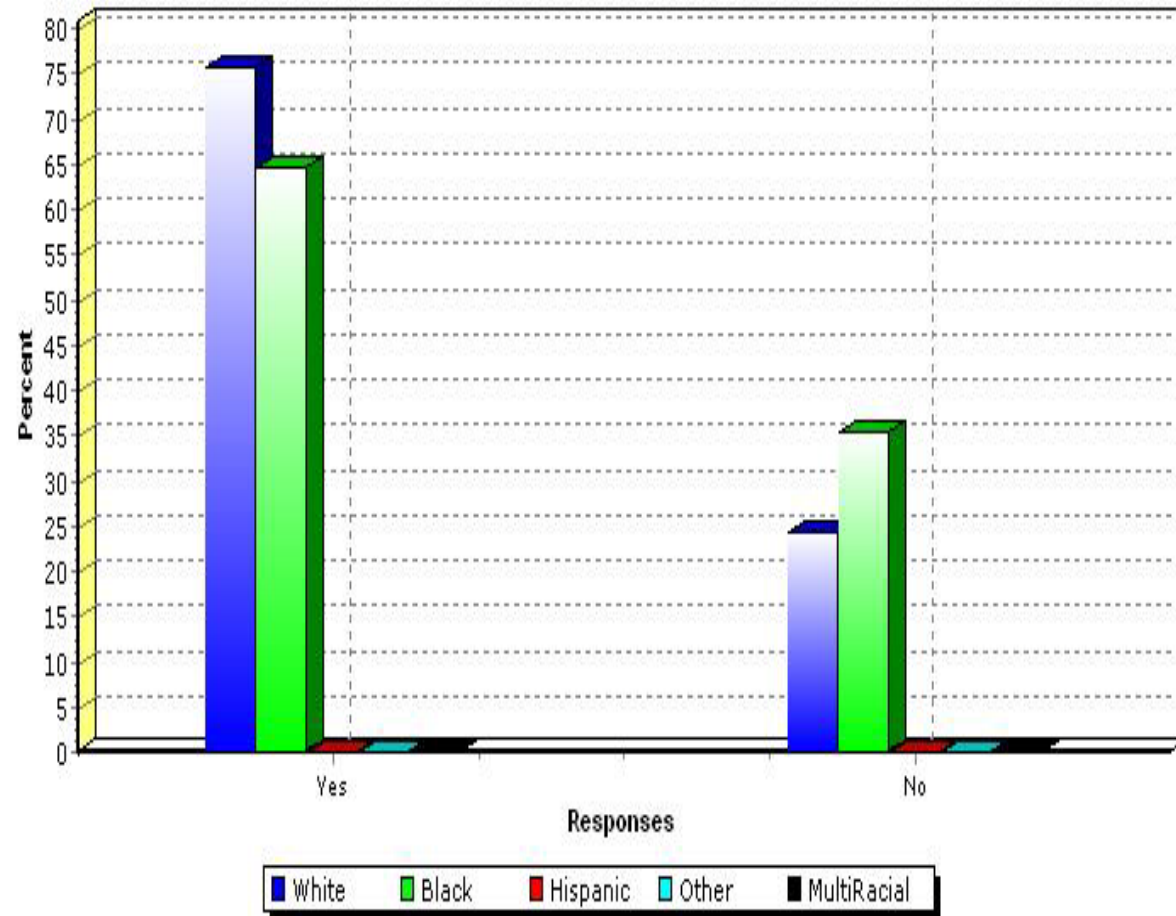
➤ 2011 19% 

# Dental Care Among Persons With and Without a Disability

Dental				
Variable	Categories	Without a Disability	With a Disability	Total Percentage
Any visit to dentist in last 12 months	Yes	76.2%	67.7%	74.4%
	No	23.8%	32.3%	25.6%
Teeth cleaning in last 12 months	Yes	77.7%	72.8%	76.7%
	No	22.3%	27.2%	23.3%

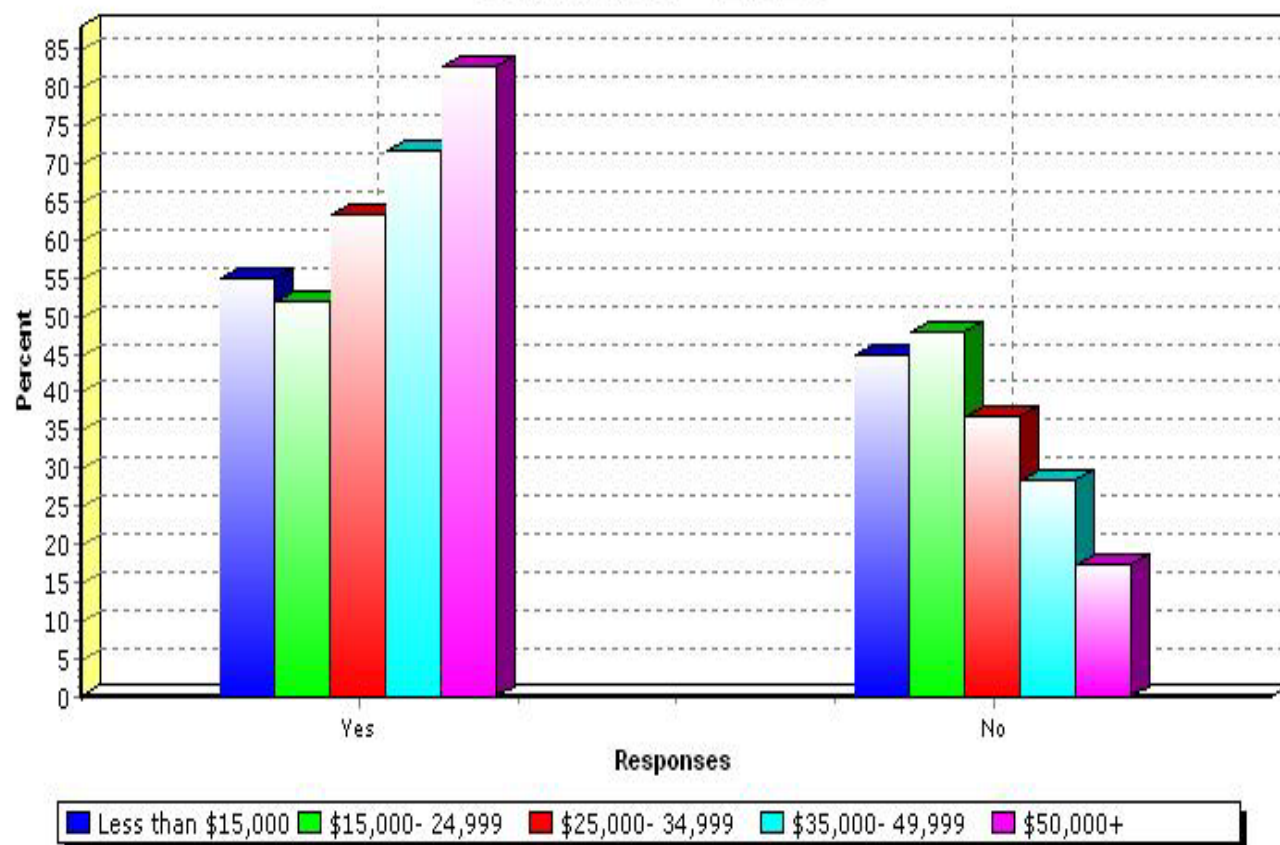
Source: University of Delaware, Center for Disabilities Studies, Healthy Delawareans with Disabilities Project. (2009). Disability and Health in Delaware: Delaware Behavioral Risk Factor Surveillance System, 2006 – 2008 Selected Data. By P. Tressell, P. Galonsky, S. Romelczyk, I. K. Riddle, and E. Sparling. Newark, DE.

## Dental Visit Within Past Year Delaware - 2010

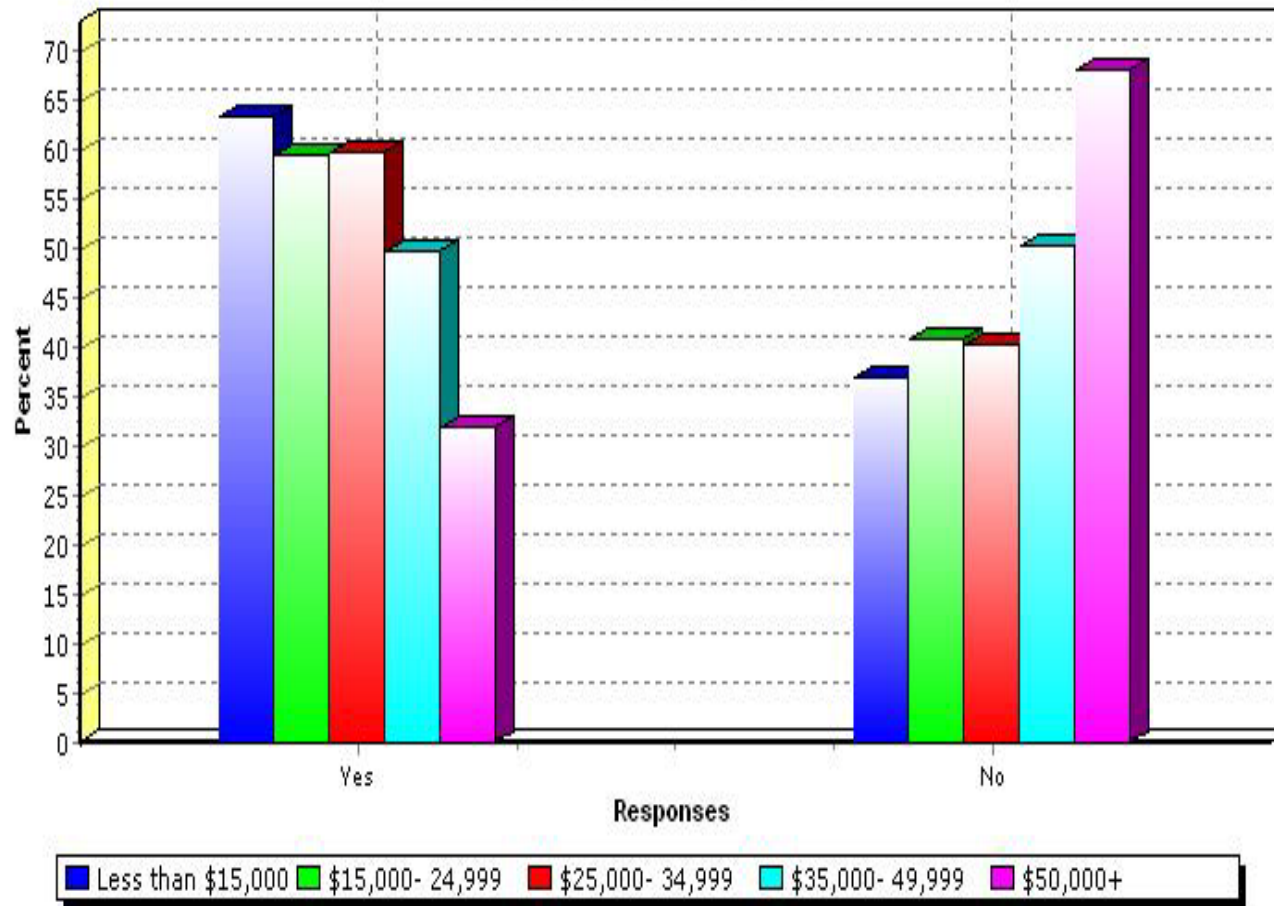




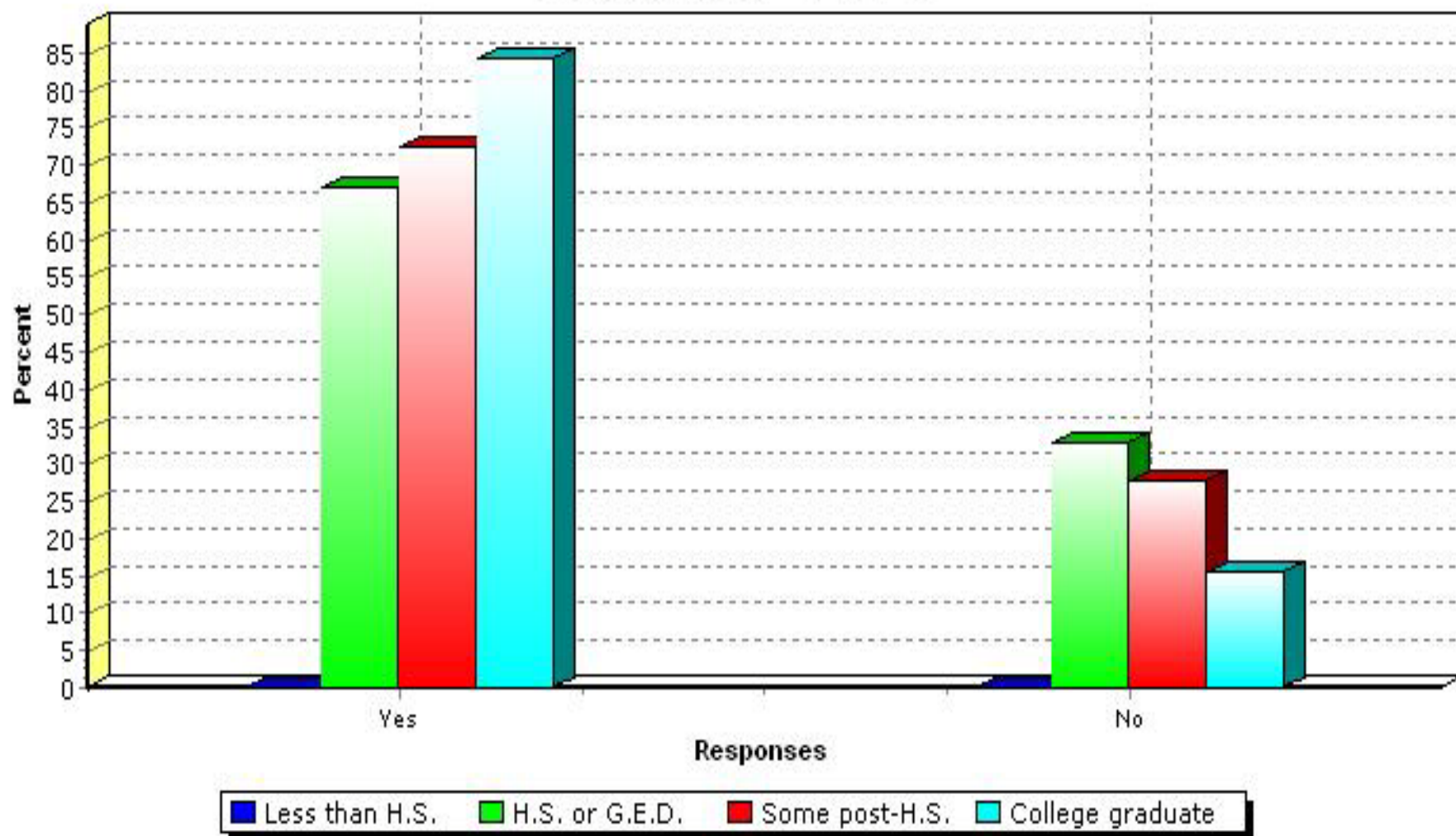
## Dental Visit Within Past Year Delaware - 2010



## Any permanent teeth extracted Delaware - 2010

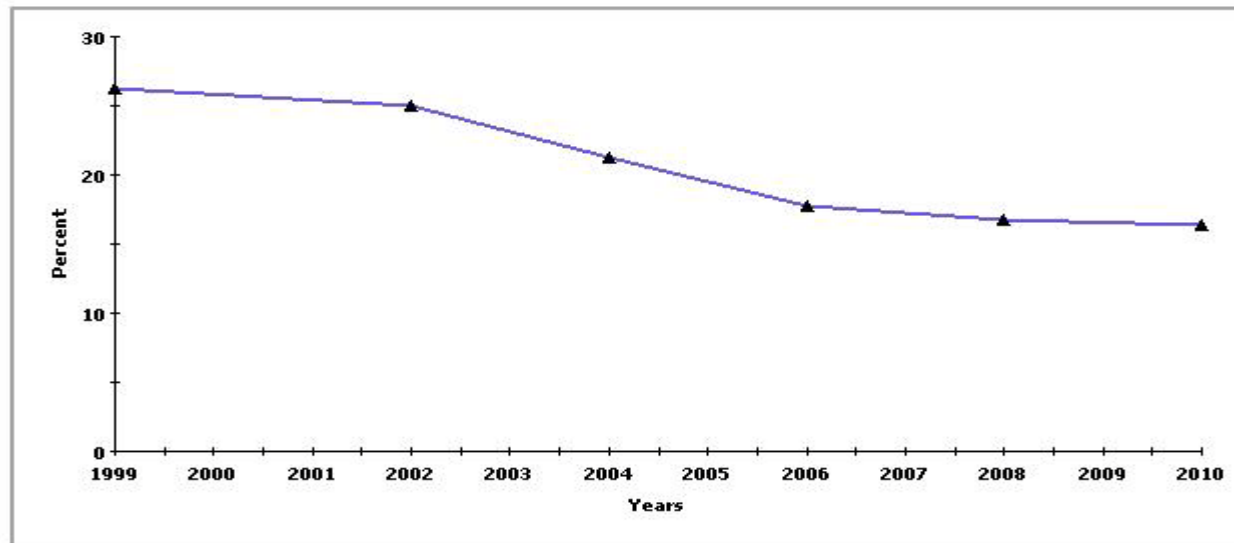


## Dental Visit Within Past Year Delaware - 2010



# Adults aged 65+ who have had all their natural teeth extracted

**Delaware - All Available Years  
Response = Yes**



# Demand

- Social Determinants
- Enabling Factors
- Oral Health Literacy

# Delaware First Smile Initiative

- Qualitative And Quantitative Research
- Implementation Plan
  - Target Audiences
  - Partnerships
  - Messaging
  - Outreach
  - Grassroots Community Outreach
  - Evaluation

# Elderly

- No Data
- Known Problems
- Changing Needs and Health Conditions

Evaluations By State: Alphabetical

STATE	Edentulism	Community Water Fluoridation	Adult Medicaid Coverage	Dental HPSA Need Met	State Oral Health Plan addresses Older Adults	Final Rating 1-100 (Percent of Possible Top Score of 28)
Delaware	3	4	1*	3	1	42.9



# Long Term Care

- Federal and State Regulations
- Other State Requirements
- Medicare- Minor Coverage for Medically Related Conditions
- Comprehensive assessment within 14 days of admission includes dental needs; responsibility for oral care of unconscious residents;

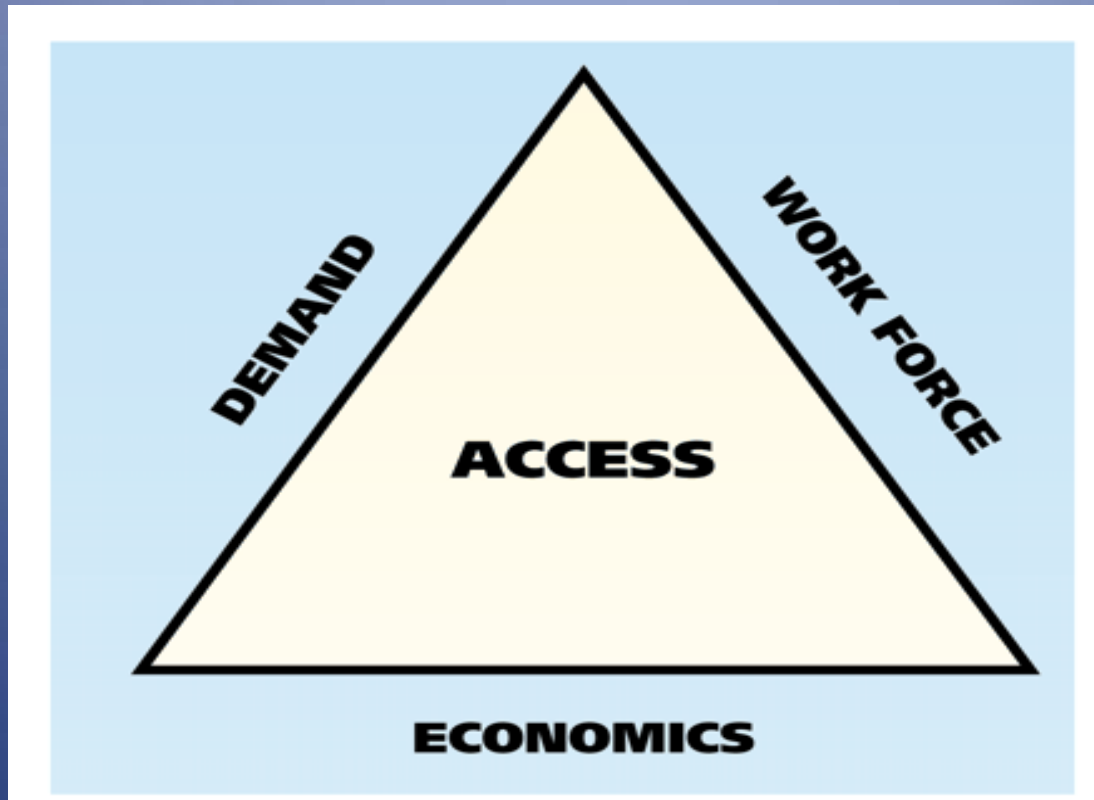
# Disease Prevention

- Healthy Behaviors
- Personal Hygiene
- Disease Management
- Fluoride

# Economics

- ◆ Medicaid- Children under 21
  - 46% Utilization
- ◆ Medicaid- Adults are not covered
- ◆ Community Dental Clinics
  - Sliding Fee Scale
- ◆ Charity

# Access Determinants



# Dental Workforce

- ✓ Dentists- 378
  - ✓ Medicaid 276+
  - ✓ Dentist (>50 Clients) 166
  - ✓ Dental Hygienists 548
  - ✓ Pediatric Dentists
- ✓ Community Health Centers
- ✓ DPH Dental Clinics
- ✓ Hospitals
- ✓ Del Tech Dental Hygiene Program

# Core Elements

- **Assessment**
- **Assurance**
- **Policy Development**

# Assessment

- Most people enjoy good oral health and have access to care
  - 81% of children have dental insurance (including Medicaid)
  - 72% of children had a dental visit during the last year
  - 34% percent of third grade children had dental sealants
  - 74% of adults visit a dentist each year
  - 71% of parents reported their children's oral health as excellent or very good.

# Surveillance

**3<sup>rd</sup> Grade Needs Assessment**

**Dentist Capacity Studies**

**Medicaid Utilization**

**BRFSS**

**NCHS**

**Special Smiles**

**Other National and State Data**



# Dentist Shortage Areas

- Dentist to Population Ratio

	<u>2012</u>	<u>2008</u>	<u>2005</u>
– Statewide	1:2806	1:2300	1:3100
– New Castle County	1:2282	1:1800	1:2500
– Kent County	1:3470	1:3700	1:4800
– Sussex County	1:5125	1:4200	1:5300
– Federal Shortage Designation	1:5000		

**Table 18.6. Five-Year Average Age-Adjusted Oral Cavity and Pharynx Cancer Mortality Rates\* and 95% Confidence Intervals by Race and Sex; U.S., Delaware and Counties, 2005–2009**

\* = Rates are per 100,000 population and age-adjusted to the 2000 U.S. standard population.

--- = Rates based on fewer than 25 deaths are not shown.

SOURCES: Delaware Health Statistics Center, 2012; U.S.: National Center for Health Statistics, 201

RACE AND REGION	All	Male	Female
ALL RACES			
United States	2.5 (2.4 , 2.5)	3.8 (3.7 , 3.8)	1.4 (1.4 , 1.4)
Delaware	2.4 (2.0 , 2.9)	3.7 (3.0 , 4.6)	1.3 (0.9 , 1.8)
Kent	---	---	---
New Castle	2.0 (1.5 , 2.7)	3.0 (2.1 , 4.1)	---
Sussex	3.4 (2.5 , 4.6)	5.6 (3.8 , 8.0)	---
CAUCASIAN			
United States	2.4 (2.4 , 2.4)	3.6 (3.6 , 3.7)	1.4 (1.3 , 1.4)
Delaware	2.5 (2.0 , 3.0)	3.6 (2.8 , 4.6)	1.5 (1.0 , 2.1)
Kent	---	---	---
New Castle	2.1 (1.5 , 2.8)	2.8 (1.8 , 4.1)	---
Sussex	3.3 (2.3 , 4.6)	5.2 (3.4 , 7.7)	---
AFRICAN AMERICAN			
United States	3.2 (3.1 , 3.3)	5.7 (5.5 , 5.8)	1.4 (1.4 , 1.5)
Delaware	---	---	---
Kent	---	---	---
New Castle	---	---	---
Sussex	---	---	---

Table B: Average Annual Age-Adjusted Cancer Mortality Rates with 95% Confidence Intervals; Delaware vs. U.S., 2005–2009

Cancer Site	DE Mortality Rate 2005–2009	U.S. Mortality Rate 2005–2009	DE % Change: 95-99 to 05-09	U.S. % Change: 95-99 to 05-09
All site *	185.7 (181.9 , 189.6)	178.7 (178.4 , 178.9)	-18.7%	-12.5%
Brain	4.4 (3.9 , 5.1)	4.3 (4.2 , 4.3)	9.7%	-8.5%
Female breast	22.5 (20.7 , 24.4)	23.0 (22.9 , 23.1)	-29.0%	-19.0%
Cervix	2.1 (1.6 , 2.8)	2.4 (2.4 , 2.4)	-54.3%	-22.6%
Colorectal	16.7 (15.6 , 17.9)	16.7 (16.6 , 16.8)	-29.0%	-22.7%
Esophagus	4.2 (3.6 , 4.8)	4.3 (4.3 , 4.3)	-23.7%	0.0%
Kidney / renal pelvis	3.7 (3.2 , 4.3)	4.0 (4.0 , 4.0)	-11.3%	-4.8%
Larynx	1.3 (1.0 , 1.7)	1.2 (1.2 , 1.2)	-22.0%	-20.0%
Leukemia	6.8 (6.0 , 7.5)	7.1 (7.1 , 7.1)	-12.9%	-7.8%
Liver and bile duct	5.3 (4.6 , 5.9)	5.5 (5.4 , 5.5)	40.0%	22.2%
Lung / bronchus *	56.0 (53.9 , 58.1)	50.6 (50.5 , 50.7)	-16.8%	-11.5%
Melanoma of skin	2.8 (2.4 , 3.3)	2.7 (2.7 , 2.8)	-12.5%	0.0%
Multiple myeloma	3.5 (3.0 , 4.1)	3.4 (3.4 , 3.5)	-14.1%	-12.8%
Non-Hodgkin lymphoma	6.3 (5.6 , 7.1)	6.6 (6.5 , 6.6)	-22.2%	-24.1%
Oral cavity / pharynx	2.4 (2.0 , 2.9)	2.5 (2.4 , 2.5)	-25.2%	-16.7%
Ovary	8.0 (7.0 , 9.2)	8.2 (8.2 , 8.3)	-17.1%	-7.9%
Pancreas	10.7 (9.8 , 11.7)	10.8 (10.8 , 10.9)	-0.3%	2.9%
Prostate	24.3 (22.1 , 26.7)	23.6 (23.5 , 23.7)	-35.0%	-31.2%
Stomach	3.8 (3.3 , 4.4)	3.6 (3.6 , 3.6)	-25.5%	-28.0%

**Table 18.2. Five-Year Average Age-Adjusted Oral Cavity and Pharynx Cancer Incidence Rates\* and 95% Confidence Intervals by Race and Sex; U.S., Delaware and Counties, 2005–2009**

\* = Rates are per 100,000 population and age-adjusted to the 2000 U.S. standard population.

--- = Rates based on fewer than 25 cases are not shown.

SOURCES: Delaware Cancer Registry, Delaware’s Division of Public Health, 2012;

U.S.: Surveillance, Epidemiology and End Results Program, National Cancer Institute, 2012.

RACE AND REGION	All	Male	Female
ALL RACES			
United States	10.8 (10.7 , 10.9)	16.1 (15.9 , 16.3)	6.2 (6.1 , 6.3)
Delaware	11.3 (10.4 , 12.3)	17.0 (15.4 , 18.8)	6.4 (5.5 , 7.4)
Kent	11.8 (9.6 , 14.5)	18.8 (14.6 , 24.0)	6.1 (4.0 , 8.9)
New Castle	9.8 (8.6 , 11.0)	14.3 (12.3 , 16.6)	6.0 (4.9 , 7.4)
Sussex	14.2 (12.1 , 16.4)	21.4 (17.9 , 25.5)	7.6 (5.6 , 10.2)
CAUCASIAN			
United States	11.0 (10.9 , 11.1)	16.5 (16.3 , 16.7)	6.3 (6.2 , 6.4)
Delaware	11.5 (10.4 , 12.6)	16.9 (15.1 , 18.9)	6.8 (5.7 , 8.0)
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Sussex	14.5 (12.3 , 17.0)	21.6 (17.9 , 26.0)	8.1 (5.9 , 11.0)
AFRICAN AMERICAN			
United States	9.8 (9.5 , 10.1)	15.4 (14.8 , 16.0)	5.6 (5.3 , 5.9)
Delaware	9.9 (7.8 , 12.4)	16.7 (12.7 , 21.7)	---
Kent	---	---	---
New Castle	9.4 (7.0 , 12.5)	16.7 (11.7 , 23.2)	
Sussex			

# Early Childhood Caries

- Increasing Tooth Decay Age 2-4
- Oral Health Literacy
- Dental Home
  - First Preventive Visit by Age One
    - Endorsed by AAPD, ADA, AAP, APHA, ASTDD
- Home Care
- Age- One Dental Visits
- Oral Health Integration into Primary Care
- Multi-Faceted Strategy

# Oral Health Promotion and Disease Prevention

- Seal-A-Smile Program
- Dental Home
- Fluoridation- Mandatory
- First Smile Delaware
  - Oral Health Literacy Campaign
  - Tooth Troop
  - Integration of Oral Health into Primary Care
  - First State Dental Visit (Age One)
  - Professional Education

# First Smile Delaware



The Campaign is Comprised of Four Main Components:

- A comprehensive oral health literacy campaign;
- Primary Care oral health risk assessment;
- Promotion of and training for early visits to the dentist, including case management and a dental referral network; and
- Leveraging existing oral health efforts and developing collaborative relationships between dental, medical and public health professionals and community groups.

# Early Childhood Caries (ECC)

- Dental tooth decay is the most common chronic childhood disease in the U.S.
- Approximately 20%-40% of young children suffer from Early Childhood Caries (ECC)
- Tooth Decay has decreased except in children ages 2 to 5 where it has increased from 24 percent to 28 percent between 1988-1994 and 1999-2004.
- Cavities are five times more common than asthma.
- Nearly all dental problems are 100% preventable!



# Fluoride Varnish

## Economics

- **Simulation Model CDC**
  - **Fl Varnish >6 months: Caries Rate Reduction from 18% to 12%**
  - **10 Year Saving in Restorative Care: \$65 Million**
- **Medicaid Costs (2010)**
  - **Children Under Age 4**
    - **Restorative \$689 per Child (\$607,886)**
    - **Hospital ER \$1551 per Child (\$390,806)**

# Seal-A-Smile

- **Evidenced Based Community Program- CDC**
- **Second Grade Children- Targeted Schools**
- **Volunteer Dentists- Screenings**
- **Sealants**
- **Fluoride Varnish**
- **Education**
- **Referrals- Case Management**

# Delaware First Smile Initiative

- Oral Health Literacy
  - Strategic Communications Roadmap
    - Raise the Profile of Oral Health Issues
    - Decrease Prevalence of Dental Disease
    - Infant and Childhood Disease
    - Encourage an Added Importance of Oral Health Among Health Care Providers and Key Influencers
    - Increase Medicaid Dental Utilization (37%)
    - Research

# Delaware First Smile Initiative

- Tooth Troop Campaign
  - Pilot 2010-2011
  - Increase Awareness and Knowledge About Oral Health and Disease Prevention
  - Dental Professionals Train Community and Agency Leaders to Conduct Pre and Post Surveys of Targeted Families to Increase Dental Visits and Promote Healthy Behaviors and Home Practices
  - Implemented by DOHC 2012
- Age One Dental Visits
- Dental Home- Case Management
- Oral Health Training for Physicians and Nurses

# Delaware First Smile Initiative

- Qualitative And Quantitative Research
- Implementation Plan
  - Target Audiences
  - Partnerships
  - Messaging
  - Outreach
  - Grassroots Community Outreach
  - Evaluation

# Next Steps

- Planning Group Meetings
  - November 22
  - December 6
  - January 10, 2014
- Begin Oral Health Literacy Planning
- Begin Case Management- Referral Planning
- Community Disease Prevention Planning
- Implementation Grant Application- December 19

# Mobile Dental Van Plan

- **1<sup>st</sup> Priority: Expansion of the Delaware Seal-A-Smile Program**
  - DPH coordinates, plans & staffs with part volunteer coordination with DOE/DSDS/DDHA
- **2nd Priority: Community Organizations**

# Oral Health Literacy

## Capacity To

- Obtain, Process, Understand
  - Oral & Craniofacial
    - Health Information
    - Services
- Needed to Make Appropriate Health Decisions



# Healthy Smile, Healthy You

## Partnering With Health and Early Childhood Professionals to Promote Oral Health

Presented by:

Jessica Finan, Social Service Administrator

Rumiko Nelson, Public Health Dental Hygienist

These slides are based on the curriculum *Open Wide: Oral Health Training for Health Professionals* prepared by the National Maternal and Child Oral Health Resource Center.



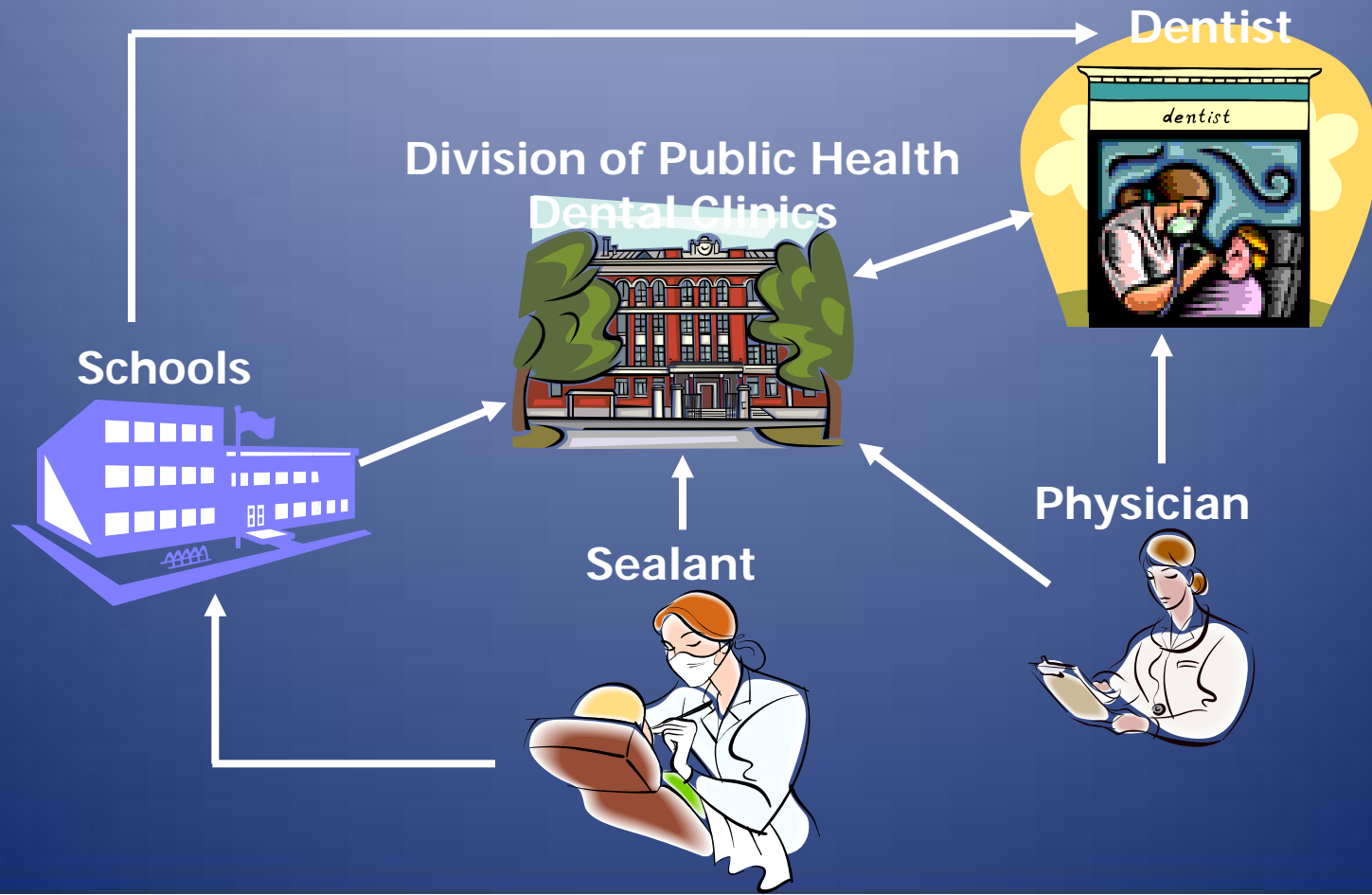
# Assurance

- Access to Dental Care
  - Financial
  - Workforce
  - Demand

# Assurance

- DPH Dental Clinic System
  - Five Clinics
  - Medicaid-Eligible Children Under 21
  - Comprehensive Dental Services
  - School Linked

# Integrated Network of the Future Dental Home



# Community Dental Clinic Development

- FQHC Dental Clinics
  - La Red
  - Westside
  - Henrietta-Johnson
  - Kent Community Health Center
- Hope Clinic
- Pierre Toussaint
- Nemours
- Wilmigton Hospial
- A.I. duPont Children's Hospital

# Policy Development

- Delaware Oral Health Coalition
- Professional Dental Organizations
- Oral Health Plan
- Collaborations and Partnerships
- Oral Health Summits
- Legislation
- DIDER
- Loan Repayment Program

# Community Partnerships, Planning, Policy Development

- Delaware Oral Health Systems Improvement Plan
  - Dental Public Health Infrastructure
    - Oral Health Plan Revision
    - Delaware Oral Health Coalition
    - Case Management and Referral
    - Increased School and Community Outreach
  - Oral Health Literacy

# Medicaid Issues

- Appropriateness of Care
  - Variation among states, providers
  - Evidence Based
  - Over and Under Treatment
  - Effectiveness and Efficiency
  - Prior Authorization and Utilization Reviews
- Disease Management
- No Shows
- “Non-Participating” Enrolled Dentists
- Episodic, Uncoordinated Care
  - Root Canals without treatment plans
  - Restorative
- Dental home
- Early Child Care
- Special Health Care Needs
- Varying Perceptions among dentists about Medicaid



# Summary of Issues

- Prevention, Prevention, Prevention
- Children's Dental Home
- Adult Financing of Dental Care
- Geriatric Dentistry
- Long Term Care
- Disparities
- Oral Health Literacy
- Oral Cancer Prevention and Detection
- Dental Workforce to Meet Future Demand

*Thank You!*

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