

Oral Health

Vision Statement:

We envision a South Carolina where every child enjoys optimal oral health as part of total well-being and:

Prevention and education are priorities,

Treatment is available, accessible, affordable, timely, and culturally competent

Responsibility is shared among parents, providers, and insurers; and

Collaboration by government, higher education, and the private sector ensures resources, quality, and patient protection.

1. PRIORITY ONE

Policy and Advocacy

1.1 Strategy: Establish Blue Ribbon Committee through Governor's Office.

It has been emphasized repeatedly during the NGA Policy Academy and the state summit on access that the most critical aspect of the state's response to the silent epidemic of dental disease is to assemble a group of high profile stakeholders to guide the process of increasing recognition of oral health issues among policy makers and the public. As the US Surgeon General recommends in his 2000 Report on Oral Health in America, we should "Change perceptions regarding oral health and disease so that oral health becomes an accepted component of general health."

Action Steps

- 1.1.1 First meeting of Committee in November
- 1.1.2 Quarterly meetings
- 1.1.3 Recommendations and Report by December following year
- 1.1.4 Committee continues as Advisory Committee for DHEC Oral Health

2. PRIORITY TWO

Education and Prevention

Education of the public, policy makers, and providers are essential elements of the US Surgeon General's "Framework for Action" in addressing oral health needs. Especially critical is the integration of oral health into the general health care system and recognition of oral health as part of primary health care and an emphasis on primary prevention.

2.1 Strategy: Increase Public Awareness of Oral Health Benefits

Action Steps

- 2.1.1 Recognition of OH as health disparity in State of State Address.
- 2.1.2 Create Public Awareness campaign
- 2.1.3 Disseminate media campaign on oral health

2.2 Strategy: Increase Knowledge of Non-Dental Providers

Action Steps

- 2.2.1 Partner with AHEC and MUSC to develop OH training modules for physicians and Nurse Practitioners.
- 2.2.2 Involve Commissioner's Pediatric Advisory Committee in outreach to medical community to increase knowledge of oral health assessments and prevention.

2.3 Strategy Assure Access to Optimally Fluoridated Water Healthy People Objective 21- 9: Increase persons on public water receiving optimally fluoridated water

Action Steps

- 2.3.1 Develop amendment to DHEC policy for monitoring of fluoride levels in drinking water requiring daily monitoring with monthly reporting and participation in the Centers for Disease Control and Prevention's free Water Fluoridation Reporting System (WFRS).
- 2.3.2 Advocate for public access to fluoridation levels.
- 2.3.3 Partner with Bureau of Water to provide GIS mapping of community water fluoridation levels for publication in print and electronic format.

2.4 Strategy: Establish a statewide spit tobacco education program Healthy People Objective 21-7: Increase number of oral cancer examinations

Action Steps

- 2.4.1 Actively participate in National Spit Tobacco Education Program
- 2.4.2 Expand partnerships with DAODAS and American Cancer Society
- 2.4.3** Include tobacco education in school health programs
- 2.4.4** Emphasize importance of early detection to public and providers

3. PRIORITY THREE

Dental Public Health Infrastructure Development

In Oral Health in America: A Report of the Surgeon released in the spring of 2000, the Office of the Surgeon General recommends the building of an effective health infrastructure to meet the oral health needs of all Americans and to integrate oral health effectively into overall health. Cutbacks in many state budgets have reduced staffing of state dental programs and curtailed oral health promotion and disease prevention efforts. An enhanced public health infrastructure will facilitate the development of strengthened partnerships with private practitioners, other public programs, and voluntary groups.

3.1 Strategy: Obtain Resources for a state Dental Public Health Program

Action Steps

- 3.1.1 Pursue Tobacco Settlement funds.
- 3.1.2 Pursue Grant funds. (CDC grant)
- 3.1.3 Pursue Foundation funds.

3.2 Strategy: Implement recommendations from ASTDD Program Report

3.3 Strategy: Conduct a statewide oral health needs assessment

3.4 Strategy: Create a state oral health surveillance system

Healthy People Objective 21-16: Increase number of state-based surveillance systems.

3.5 Strategy: Expand number of community health programs with oral health program

Healthy People Objective 21-14: Increase the number of community health centers and local health departments with oral health component.

4. PRIORITY FOUR

Dental Workforce Development

The Surgeon General's Report on Oral Health states that a closer look at trends in the workforce discloses a worrisome shortfall in the numbers of men and women choosing careers in oral health. Government and private sector leaders are aware of the problem and are discussing ways to increase and diversify the talent pool, including easing the financial burden of professional education, but additional incentives may be necessary.

4.1 Strategy: Obtain Outside Technical Assistance

Action Steps

- 4.1.1 Convene group to develop action plan based on HRSA Report
- 4.1.2 Address number and distribution of providers

4.2 Strategy: Expand system capacity

Healthy People Objective 21-14: Increase number of community health centers and local health departments with oral health component.

Action Steps

- 4.2.1 Expand Community Health Center participation in dental care
- 4.2.2 Increase public-private partnerships through Medicaid and provider recruitment.
- 4.2.3 Include oral health component in local health department operation plans

4.3 Strategy: Advocate for the creation of a licensure by credentials program

4.4 Strategy: Pursue provider incentive programs for under served areas

5. PRIORITY FIVE

Access to Oral Health Services

The Report on Oral Health in America presents data on access, utilization, financing, and reimbursement of oral health care. The data indicate that lack of dental insurance, private or public, is one of several impediments to obtaining oral health care and accounts in part for the generally poorer oral health of those who live at or near the poverty line. In addition, individuals whose health is physically, mentally, and emotionally compromised need comprehensive integrated care. The Report calls for the use of public-private partnerships to improve the oral health of those who still suffer disproportionately from oral diseases.

5.1 Strategy: Expand community-based dental partnerships

Healthy People Objective 21-2: Reduce untreated dental decay in children and adults

5.2 Strategy: Expand school-based dental programs targeting services based on economic indicators.

Healthy People Objective 21-12: Increase preventive dental services for poor children

Action Steps

- 5.2.1 Compile list of existing programs
- 5.2.2 Distribute state public health guidelines for school-based programs
- 5.2.3 Secure Department of Education support for programs
- 5.2.4 Establish and expand community-based Adopt-A-School programs
- 5.2.5 Advocate for expansion of state CHIP coverage to 165% federal poverty level

5.3 Strategy: Establish statewide program providing dental sealants to targeted children
Healthy People Objective 21-8: Increase sealants in 8 yr old children with first molars and in 14 yr old children with first and second molars.

5.4 Strategy: Establish early childhood dental prevention program.
Healthy People Objective 21-1: Reduce caries experience in children

Action Steps

5.4.1 Establish “First Smiles” oral health program for Medicaid children

5.4.2 Train and certify pediatric office staff on oral health assessment, education, and fluoride varnish application for 0-3 yr old children

5.4.3 Partner with Medicaid and private pediatricians to implement program

5.4.4 Establish state guidelines for child care and Head Start oral health programs based on existing Head Start Standards

5.5 Strategy: Continue to improve state Medicaid and CHIP program including appropriate fee reimbursement rates, streamlining procedures, provider and client education, improved primary care enhancement services (FSS).

5.6 Strategy: Expand outreach efforts to enroll “potentially eligible” children into both Medicaid and CHIP.
Healthy People Objective 21-12: Increase preventive dental services for poor children

5.7 Strategy: Include oral health assessment and targeted treatment in pre-conceptual health and the Family Planning Waiver.
Healthy People Objective 21-5b: Reduce periodontal disease among adults.